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Mothers' Milk and Mothers' Time: Childcare Advice and the Conceptualization of Demand Feeding in Post-1945 Britain and Italy

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Abstract

This article draws on childcare advice to investigate the shift from breastfeeding by the clock to feeding on demand in twentieth-century Britain and Italy, to demonstrate that it was not just mothers' bodies, nor what they fed their children, but their time that was subject to political, medical, and cultural attention. The comparative approach highlights the convergences and divergences in breastfeeding advice, illuminating the interactions with political and intellectual currents, as much as social and economic patterns. 'Scientific motherhood' and the promotion of feeding by the clock dominated in Britain and Italy at the beginning of the century, and persisted under fascist initiatives to regulate breastfeeding. Some existing differences, however, contained the seeds of greater divergence after 1945 in the two countries. Shaped by differing intersections of medical, psychoanalytic, and feminist thinking, the uneven shift to the concept of demand feeding slowly took root in Britain in the post-war period, but in Italy only in the context of 1968 counter-cultural ideas. The 1970s brought the conversation back to a point of convergence between Britain and Italy in the feminist recognition of the complexities of balancing the 'rights and duties' of mothers and children when it came to feeding babies.

In 1954, physicians Ronald Illingworth and Cynthia Illingworth declared in a popular childcare manual that 'we cannot see any point in leaving a baby howling for food because the alarm clock has not yet said that it is time for the baby to feel hungry'.¹ In 1973, feminist and natural birth advocate Elena Gianini

¹ Ronald S. Illingworth and Cynthia M. Illingworth, *Babies and young children: feeding, management and care* (London, 1954), p. 29.

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Belotti posited that ‘it is in the feeding of the newborn that violence emerges against him most dramatically’. The advice to make a hungry baby wait or to wake them before they were ready was unacceptable to her.² Both of these assertions, one published in Britain and the other in Italy almost twenty years later, were responding to the widely disseminated advice that breastfed babies should be fed according to a strict schedule. If mothers were indeed making their babies wait to be fed, it was because most childcare advice told them that this was the correct way to care for a baby. This orthodoxy, however, began to be questioned when mothers were gradually encouraged to take a less rigid approach to feeding in post-war Britain, although advice in Italy was slower to abandon the clock.

Historians have shown that theories of childhood underwent significant change in the twentieth century, as did conceptualizations and experiences of motherhood.³ Drawing on breastfeeding advice in print over the course of the twentieth century in Britain and Italy, this article will argue that these changes had particular pertinence for conceptualizations of early infancy and the mother–infant relationship. Maternal lactation was positioned as critical to individual and collective welfare, even when rates were in decline generally in the post-war decades in Britain and slightly later in Italy, and formula feeding was increasingly common. Yet it was not enough that women breastfed: *how* they did it was critical. How often and when should women offer a feed and for how long? Shaped by social and political contexts and diverging ideas on infancy and motherhood, this question remained central, even as the advice changed from strict schedules to a more ‘demand’-led approach over the course of the twentieth century.

By focusing on advice literature, the article engages with a crucial point of encounter between the intimate sphere of women’s bodies and their families, and the public sphere of experts and the state, with the interventions of the second-wave feminists attempting to mediate between these two spheres in the 1970s. By centring changes in breastfeeding advice, the article situates the practice of maternal breastfeeding at the fulcrum of relations between mothers, children, state, and nation. A comparative approach illustrates how the advice was shaped by the complex and shifting concerns of authoritarian, imperial, and democratic politics, as well as by social, cultural, and environmental factors. Scholars have explored the ways in which breastfeeding was politicized in fascist Italy.⁴ Yet this article finds that the advice manuals – in their strict regulation of mothers’ time and babies’ needs – reflected the ideology of scientific motherhood that predated the rise of fascism. Differences in

² Elena Gianini Belotti, ‘C’è modo e modo di venire al mondo’, *Effe*, December 1973. All translations from Italian by Niamh Cullen unless otherwise stated.

³ For instance, Harry Hendrick, *Child welfare: England, 1872–1989* (London, 1994); Colin Heywood, *Childhood in modern Europe* (Cambridge, 2018); Helen McCarthy, *Double lives: a history of working motherhood* (London, 2020); Penelope Morris and Perry Willson, eds., *La mamma: interrogating a national stereotype* (London, 2018).

⁴ Elizabeth Dixon Whittaker, *Measuring mama’s milk: fascism and the medicalization of maternity in Italy* (Ann Arbor, MI, 2000); Diana Garvin, ‘Taylorist breastfeeding in rationalist clinics: constructing industrial motherhood in fascist Italy’, *Critical Inquiry*, 41 (2015), pp. 655–74.

the details of the early twentieth-century feeding schedules, however, contained the seeds of the more significant national differences that became apparent in the post-1945 breastfeeding advice, explored in this article.

The transition to demand feeding gathered momentum in Britain in the post-war period, underpinned by new ideas on infancy and the mother-child relationship. Recent scholarship has detailed the traction that psychoanalysis gained within medicine and more widely in the decades after the Second World War.⁵ The popularization of psychoanalytic ideas was also reflected in changing parenting advice. This, however, was an uneven process across the West.⁶ The article explores the differences in the application of psychoanalysis to advice on how women should breastfeed their children in post-war Britain and Italy. Demand feeding was not an unknown concept in Italy, but there was considerably more resistance towards it than in Britain, where the new approach was underpinned by an emerging psychoanalytic focus on mother-infant relations. This we explain through the different experiences of the Second World War. However, other factors were influential too: the Italian pattern of industrial and urban development happened later than in Britain – only on a large scale from the late 1950s onwards. While in Britain, the medical profession abandoned the early twentieth-century fear of ‘overfeeding’ babies – and with it the need for schedules – the link between overfeeding and gastric illness lingered longer in Italian medical thinking, as comparatively high rates of infant mortality persisted in rural areas. As the article argues, medical and social ideas were formed as much by the environment and development patterns as by political and intellectual currents.

A shift in thinking about breastfeeding in Italy – from schedules to the needs of babies – happened rather in the context of the social radicalism of the late 1960s and 1970s, when psychoanalytic theories of maternal devotion and bonding started to have a more significant influence. However, if the conversation about breastfeeding in both Britain and Italy had shifted away from schedules by the late 1970s to centre instead the individual needs of babies, the concern with regulating mothers’ time remained. Feminists in Britain recognized the burden that theories of attachment placed on mothers by the late 1960s, in the context of the maternalist and socially conservative climate of the post-war decades. In Italy, it was the interventions of second-wave feminists and natural birth advocates who drew attention to the perspectives of mothers. By the late 1970s and 1980s, feminists in both countries both embraced and problematized the idea of demand feeding. In centring these perspectives in the final section, this article also contributes to the scholarly history of second-wave feminism and pushes beyond the question of reproductive choice, which has dominated both the movement itself and recent

⁵ Dagmar Herzog, *Cold War Freud: psychoanalysis in an age of catastrophe* (Cambridge, 2017); Michal Shapira, *The war inside: psychoanalysis, total war, and the making of the democratic self in postwar Britain* (Cambridge, 2013).

⁶ Richard Bates, ‘Democratic babies? Françoise Dolto, Benjamin Spock and the ideology of post-war parenting advice’, *Journal of Political Ideologies*, 24 (2019), pp. 201–19.

scholarship.⁷ Instead, it explores attitudes towards, and experiences of, motherhood itself through the lens of infant feeding advice. As this article shows, it was not just mothers' bodies, nor what they fed their children, but their time that was, and is, the subject of political, medical, and cultural attention.

Advice to feed babies on a schedule was closely connected to the principles of 'scientific motherhood', developed in the late nineteenth century. Already recommended in infant care manuals aimed at middle-class mothers, the emerging European infant welfare movements concerned with reducing infant mortality promoted maternal breastfeeding according to a schedule to poor mothers in the new infant welfare clinics.⁸ According to contemporary medical opinion, mothers needed to be educated in how to take care of their children, and scheduled feeds ensured that babies were neither underfed nor overfed; babies' stomachs needed to be emptied between feeds to avoid dangerous gastric illness, the cause of many infant deaths.⁹ Infant welfare was transformed by professionalization, medicalization, and state involvement in the early twentieth century. The developing discourse and policy about mothers and children was often bound up with demographic anxieties about declining populations, and sometimes but not invariably contained eugenic overtones. The population losses of the First World War heightened alarm about infant mortality and declining birth rates. Concern about lowering the infant mortality rate remained strong in Britain, but pronatalism was not reflected in official measures, unlike 1920s Italy, where it became an important force.¹⁰

Maternity and infant welfare was provided in Italy under the new organization Opera Nazionale per la Maternità ed Infanzia (ONMI). Although the groundwork was laid after 1918, by the time of its establishment in 1926, it fell under the control of Mussolini and was co-opted into the fascist project of pronatalism, which aimed to increase the population by improving maternal and infant health outcomes while promoting traditional models of motherhood.¹¹ The organization politicized maternal breastfeeding, making its

⁷ See Claire Duchén, *Feminism in France: from May '68 to Mitterrand* (London, 1986); Maud Anne Bracke, 'Feminism, the state, and the centrality of reproduction: abortion struggles in 1970s Italy', *Social History*, 42 (2017), pp. 524–46, and Special Issue: 'Reproductive politics in twentieth-century France and Britain', *Medical History*, 63 (2019), pp. 117–229.

⁸ For example Pye Henry Chavasse, *Advice to a wife* (5th edn, London, 1863), p. 147; Sophia Jex Blake, *The care of infants: a manual for mothers and nurses* (London, 1884), p. 27.

⁹ Katharina Rowold, 'Modern mothers, modern babies: breastfeeding and mother's milk in inter-war Britain', *Women's History Review*, 28 (2019), pp. 1157–76.

¹⁰ Jane Lewis, *The politics of motherhood: child and maternal welfare in England, 1900–1939* (London, 1980). By 1934, the infant mortality rate in Italy was twice as high as in England and Wales. See Paul Ginsborg, *Family politics: domestic life, devastation and survival, 1900–1950* (New Haven, CT, 2014), p. 186.

¹¹ See Victoria De Grazia, *How fascism ruled women* (Berkeley, CA, 1992), pp. 41–76; and Sandro Bellasai, 'The masculine mystique: antimodernism and virility in fascist Italy', *Journal of Modern Italian Studies*, 10 (2005), pp. 314–35.

promotion as well as the manner of its practice a concern of the newly established fascist state and relegating the ‘mother-breeder’ to the role of ‘technical assistant’ in the project of feeding her child.¹² Although the ONMI brought many poorer women into the orbit of state welfare and control, the trend towards scientific mothering and scheduled feeding was firmly embedded in Italian public health circles before 1926.

The two main advice books available in early twentieth-century Italy bridged the liberal and fascist eras. Carlo Valvassori-Peroni’s 1900 manual, *How to raise and care for my baby*, remained in print for over six decades, reaching its 21st edition in 1965. The second, *il bambino* (The baby), was by Francesco Valagussa (1872–1950), professor and leading paediatrician in Rome.¹³ While Valvassori-Peroni died in 1910, Valagussa’s career was firmly intertwined with the development of the fascist welfare state. Founding vice-president of the ONMI, he played a key role both in the professionalization of paediatrics in Italy and in the design of the fascist welfare organization.¹⁴ Published in 1910, *il bambino* reached six editions by 1941. The key advice was also condensed into a 1926 ONMI pamphlet, *The mother’s book*.¹⁵ The feeding schedules followed the same broad principles, with minor variations between Valvassori-Peroni and Valagussa, and over time, in the updated editions of both. Valgussa’s routines – the ones most associated with the fascist period – advised slightly shorter intervals, while the intervals in Valvassori-Peroni’s book were very slightly lengthened in later editions. Valagussa’s 1941 edition carries a drawing of a mother feeding her baby, gazing up at the clock. The caption reads: ‘The mother must watch the clock to maintain the feeding intervals if she wishes her child to grow up healthy.’¹⁶ According to Valvassori-Peroni, the first feed was to take place between six and twelve hours, and no more than fifteen hours after birth.¹⁷ By the 1938 edition, a twenty-four-hour wait was preferred, while Valagussa advised to feed eighteen hours after birth, with no change between the two editions (although his 1926 ONMI booklet advised a twenty-four-hour wait). Advice was converging, by the mid-1920s, on a longer wait after birth for the first feed, though this was not uniform.

Valvassori-Peroni recommended feeding intervals of between three and five hours for the first week, reduced to two hours (1913 edition) and two and a half hours (1938 edition) for the first month, and then three hours. Valagussa advised intervals of two hours from the fifth to the fortieth days

¹² Whittaker, *Measuring mamma’s milk*; Garvin, ‘Taylorist breastfeeding’; Maria Sophia Quine, *Italy’s social revolution: charity and welfare from liberalism to fascism* (London, 2002), pp. 130–6. Local ONMI leader quoted in Quine, *Italy’s social revolution*, p. 132.

¹³ ‘Scheda Francesco Valagussa – Senato della Repubblica’ (Valagussa was made senator in 1935), <https://notes9.senato.it/Web/senregno.NSF/d7aba38662bfb3b8c125785e003c4334/1e54c90edeb7ef934125646f00614a05?OpenDocument>.

¹⁴ Francesco Valagussa, ‘Finalità’, *Maternità ed infanzia*, 1 (1926), pp. 5–8.

¹⁵ Francesco Valagussa, *il bambino* (1910) (references to 3rd edn, Rome, 1924, and 6th edn, Rome, 1941), and *il libro della madre* (Rome, 1926); issued by ONMI.

¹⁶ Valagussa, *il bambino*, p. 60.

¹⁷ C. Valvassori-Peroni, *Come allevare e curare il mio bambino* (Milan, 1913).

and three hours between the third and seventh months.¹⁸ His 1926 ONMI booklet advised intervals of two hours for the first forty days, two and a half hours between forty and sixty days, and every three hours thereafter. While Valvassori-Peroni advised against night feeds, Valagussa allowed for one. All advice strongly discouraged mothers from shortening the intervals due to the perceived health risks of overfeeding.

While there is a degree of continuity between the Italian pre-and post-war schedules, Britain was different. The aftermath of the First World War saw the introduction of new recommendations, embedded in transnational and imperial connections and underpinned by the theories of the New Zealand physician Frederic Truby King, who founded the Mothercraft Training Society in London in 1918.¹⁹ Mothercraft Training Society advice was offered in its infant welfare centre, affiliated clinics, and in a magazine column. Most influentially, the matron of the Society, Mabel Liddiard, published a childcare advice manual, *The mothercraft manual*, in 1923, which appeared in its 12th and last edition in 1954.²⁰ Before the First World War, infant care advice in Britain mostly recommended two-hourly feeding intervals with night feeds, often stretching to slightly longer intervals as the baby grew.²¹ The popular *Our baby*, by Mrs Langton Hewer, for instance, suggested feeding every five to six hours until the milk came in, and then every two hours 'by the clock'. Night feeds should occur in four-hourly gaps. After the first month, intervals of two and a half hours were appropriate, with five- or six-hour intervals at night.²² After the war, however, Truby King drew up revised schedules following, as he explained, American and German investigations.²³ *The mothercraft manual*, closely based on his ideas, hence encouraged intervals of four hours during the day and eight hours at night from birth, although small babies could start off on a three-hourly schedule, also without night feeds. Babies ought to be fed starting at 6am and ending at 10pm. According to *The mothercraft manual*, the mother and the baby should 'live by the clock' from birth, but there was no suggestion of a twenty-four-hour wait before the first feed.²⁴

As in Italy, the notion of routine feeding – albeit in longer intervals – was firmly rooted in the understanding that schedules avoided overfeeding, which could lead to dangerous gastric illness. While the association of scheduled feeding with babies' health remained paramount in interwar Britain, stretching the schedule to four-hourly intervals was also thought to make

¹⁸ Valagussa, *Il bambino*, p. 58.

¹⁹ Linda Bryder, *A voice for mothers: the Plunket Society and infant welfare, 1907–2000* (Auckland, 2003); Philippa Mein Smith, *Mothers and King baby: infant survival and welfare in an imperial world: Australia, 1880–1950* (Houndmills, 1997); Ranjana Saha, 'Motherhood on display: the child welfare exhibition in colonial Calcutta, 1920', *Indian Economic and Social History Review*, 58 (2021), pp. 249–77.

²⁰ See Rowold, 'Modern mothers, modern babies'.

²¹ Edmund Cautley, *The natural and artificial methods of feeding infants and young children* (2nd edn, London, 1903), p. 59; Eric Pritchard, *The physiological feeding of infants: a handbook of the principles and practice of infant feeding* (3rd rev. edn, London, 1909), p. 14.

²² Mrs J. Langton Hewer, *Our baby: for mothers and nurses* (9th rev. edn, Bristol, 1904), pp. 21–3.

²³ Mary Truby King, *Truby King – the man: a biography* (London, 1948), p. 217.

²⁴ Mabel Liddiard, *The mothercraft manual* (4th edn, London, 1925), pp. 48–50.

breastfeeding more appealing to mothers. 'The mother is able to carry on her work or outings, and life is not made a burden', Mabel Liddiard explained.²⁵ The implication was that the new routine would lower infant mortality and raise the birth rate. Moreover, Truby King associated schedules with habit-formation, meant to influence the child's character development: routine feeding and infant management instilled discipline and self-control, making it a matter of national and imperial importance.²⁶ Although there were connections made between food deprivation, discipline, and manliness in fascist Italy, a behaviourist understanding of character formation did not filter into infant feeding advice.²⁷ Even in a chapter on wartime nutrition (1941 edition), Valagussa reiterated the importance of maternal breastfeeding in times of scarcity and made a clear difference between the necessary sacrifices made by adults and the importance of infant nutrition.²⁸ The political focus was instead on the correct shaping of women into mothers, rather than babies, through breastfeeding.

The second important measurement in the medicalization of infant care, after time, was weight.²⁹ The advice in Britain and Italy agreed that weight should be carefully charted to establish not only growth but also proper milk intake. Eric Pritchard, prominent in the infant welfare movement in Britain, introduced 'test feeds' in the infant welfare centre he oversaw. A method borrowed from Pierre Budin in Paris, it consisted of weighing the baby before and after breastfeeding – the difference representing the amount of milk taken by the infant.³⁰ While Pritchard argued before the First World War that test weighing ought to take place after every feed, *The mothercraft manual* and other advice books of the interwar years no longer recommended this. Instead, it was to be used intermittently to check milk intake, particularly, although not only, in cases of feeding difficulty.³¹

In Italy, Valvassori-Peroni advised weighing baby three days after the birth, every eight days thereafter (in both 1913 and 1938 editions) and more often if needed, using what he called the 'double weighing' method, which mirrored the French and English test weighing. Elizabeth Whittaker attests that this usage became widespread in Italy during the fascist period.³² Valagussa, writing at least a decade later, implied that double weighing should be used as a rule, rather than as a last recourse (in both 1924 and 1941 editions). A table

²⁵ *Ibid.*, pp. 50–1.

²⁶ Frederic Truby King, *Feeding and care of baby* (London, 1924), pp. 104, 122; Frederic Truby King, 'Babies of the empire: public meeting at the mansion house. December 17th, 1918', Archives of the Highgate Literary and Scientific Institution; Liddiard, *The mothercraft manual*, pp. 46, 51.

²⁷ Philip Morgan, *The fall of Mussolini: Italy, the Italians and the Second World War* (Oxford, 2007), pp. 42–3.

²⁸ Valagussa, *Il bambino*, pp. 249–55.

²⁹ Lawrence T. Weaver, 'In the balance: weighing babies and the birth of the infant welfare clinic', *Bulletin for the History of Medicine*, 84 (2010), pp. 30–57.

³⁰ Eric Pritchard, 'Harley Street calling: some reminiscences of a medical man' (unpublished), Eric Campbell Pritchard, GC49, Archives and Manuscripts Wellcome Library.

³¹ Pritchard, *Physiological feeding*, pp. 18–19; Liddiard, *The mothercraft manual*, pp. 54–5.

³² Whittaker, *Measuring mamma's milk*, pp. 160–2.

showed correct milk intake per feed (slightly adjusted in the 1941 edition), to encourage precise, regular measurement. The tables for weekly weight measurement in the ONMI booklet suggests that weekly clinic visits were encouraged in the first year. Those who could afford to were expected to keep their own scales at home.

While there was a strong emphasis on scientific mothering and scheduled breastfeeding in early twentieth-century Britain and Italy, the advice diverged after 1918 with longer intervals advised in Britain, and the fascist state innovating instead in its strict emphasis on double weight measurement. These differences laid the seeds of greater divergence in the post-war period, as British advice manuals reacted against the rigid intervals of Truby King and began to suggest a different approach, informed by new understandings of infancy and the mother-child relationship and a weakening of the medical case.

II

The impact of the war on the private and family sphere in Europe was immense. After 1945, there was a broad consensus across the political spectrum for a return to traditional values in relation to women and the family. However, the widespread rhetorical emphasis on the family took on distinctive connotations in different national contexts. The meanings attached to motherhood and infant feeding developed in two distinct although interlocking directions. On the one hand, the upheaval produced by war created a strong desire for a return to the so-called traditional family, while on the other, the trauma of war gave greater purchase to new ways of thinking about the mother-child relationship.

In Italy, the Catholic church stepped in to fill the moral and political vacuum left by the fall of fascism so that the discourse on the reconstruction of family life came to be seen in largely moral terms.³³ The strength of both the Catholic church and the Cold War driven moral panic meant that even the Italian Communist Party emphasized traditional morality and family values. After the institutional breakdown of the wartime and immediate post-war years, there were also many continuities with the fascist period. ONMI, the maternity and infant welfare organization set up in 1926 under the fascist regime, continued to run clinics and publish a regular magazine on childcare, providing welfare and advice for mothers and babies that was broadly consistent with that of the fascist period – emphasizing the importance of breastfeeding and the formation of ‘good’ mothers – until it was finally disbanded in 1975.³⁴

Britain was less profoundly disrupted but nonetheless deeply affected by the war. While in Italy the war had led to the collapse of an already patchy state welfare system as well as a massive disordering of family life through

³³ Stefania Bernini, *Family life and individual welfare in post-war Europe: Britain and Italy compared* (Basingstoke, 2007), pp. 26–7, 49, 61–4.

³⁴ On the ONMI after 1945, see Bernini, *Family life*, pp. 63–6; and Stefania Bernini, ‘Teaching morals and parent-craft in Italy, 1945–1960’, *Modern Italy*, 9 (2004), pp. 21–33.

occupation and civil war, in Britain, the civilian bombings and large-scale evacuations of children profoundly affected thinking about families. While the re-creation of family life was important in Britain too, the discussions about how it should be re-created took different forms.³⁵ In the face of the threat from Nazism, international aggression, and later Communism, the family came to be perceived as a pivotal site for the creation of democratic citizens.³⁶ In this process, psychoanalytic ideas on the mother–infant relationship took precedence over the ‘moral’ framework that dominated thinking about the family in post-war Italy.

Even as a certain image of the family was embedded in ideas of post-war reconstruction, families were themselves changing. In Britain, the ‘traditional family’, as Pat Thane has outlined, in fact reflected patterns established in the 1930s, and in Italy, as Lesley Caldwell has explored, the 1950s family of political and religious rhetoric was ‘a notion in conflict with reality’.³⁷ In Britain, post-war families had on average two children, both now likely to survive childhood.³⁸ For working-class women, smaller families, better housing, and stable incomes meant that housework ceased to be unrelenting heavy labour. The demise of domestic service meant that middle-class mothers, on the other hand, were less likely to benefit from the help of nursery nurses or other domestic staff. The dominant post-war association of women with motherhood and full-time housewifery, however, worked to exclude black women, recruited from the Caribbean to fill labour shortages, who were defined as ‘workers’, as Wendy Webster has shown.³⁹ White married women’s employment rose from the mid-1950s onwards, often taken up part time after children had reached school age.⁴⁰ The emphasis on mothers’ prime responsibility for the care of babies and young children, however, remained.

In Italy, there was huge regional disparity when it came to economic development, family structure, and size. Unlike Britain, Italy was still a predominantly rural nation until the economic miracle took hold from the mid-1950s. Although large families were still common in rural and southern Italy, the picture in the cities was quite different, despite the fascist demographic campaigns. The average size of the urban family in 1934 was 3.55 children (and much lower, at 1.66 between 1934 and 1937 in the northern industrial city

³⁵ Pat Thane, ‘Family life and “normality” in postwar British culture’, in Richard Bessel and Dirk Schumann, eds., *Life after death: approaches to cultural and social history of Europe during the 1940s and 1950s* (Cambridge, 2003), pp. 193–210.

³⁶ Michal Shapira, ‘Psychoanalysts on the radio: domestic citizenship and motherhood in postwar Britain’, in Bonnie Smith and Joanna Regulska, eds., *Women and gender in postwar Europe* (New York, NY, 2011), p. 74.

³⁷ Thane, ‘Family life’; Lesley Caldwell, ‘The family in the fifties: a nation in conflict with a reality’, in Christopher Duggan and Christopher Wagstaff, eds., *Italy in the Cold War, 1948–1958* (Oxford, 1995), pp. 149–58.

³⁸ Thane, ‘Family life’, p. 196.

³⁹ Wendy Webster, *Imagining home: gender, ‘race’, and national identity, 1945–1964* (London, 1993), p. 94.

⁴⁰ McCarthy, *Double lives*, chs. 7, 8.

of Turin), while for the average rural family it was 5.4.⁴¹ As post-war Italy began to be transformed by migration, with rural Italians flocking to Rome and the northern cities, the picture began to change yet again.⁴² Women did not enter the workforce in the numbers that they did in post-war Britain, despite pioneering new legislation on maternity leave, passed in 1950 but never well enforced.⁴³

In Britain, there were continuities with interwar childcare advice throughout the 1950s and 1960s, with the ongoing recommendation of a feeding schedule in some advice manuals.⁴⁴ The last edition of *The mothercraft manual* was published in 1954, and other manuals – some revised editions, others new publications – also persisted in endorsing the traditional feeding routine.⁴⁵ At a time when hospital births were in steep ascent, a feeding schedule was also implemented in most hospitals. In Margaret Drabble's 1965 novel *The millstone*, the protagonist Rosamund, struggling with a decision of when to breastfeed her baby after leaving the hospital, expressed it thus: 'it was not feeding time and I did not dare. I had been taught to get her out only at the correct intervals, and although I knew this method to be outdated, I did not like to break the rules.' Rosamund put this down to: 'Authority, the war, Truby King.'⁴⁶ When Ann Oakley interviewed breast and bottle-feeding mothers in London in the mid-1970s, some continued to adhere to the four-hourly feeding schedule.⁴⁷ Long after the ideas associated with Truby King seemed outdated, a feeding routine could still resonate and remained more rigid than the shorter intervals advised in Italy.

However, the mid-1950s also saw a significant innovation in the infant care advice literature: the first manuals proposing demand feeding appeared. At the same time, some hospitals experimented with supporting mothers in feeding their babies flexibly.⁴⁸ The popular parenting manual written by paediatricians Ronald and Cynthia Illingworth, *Babies and young children*, first published in 1954 and by 1984 in its eighth edition, for instance, suggested that mothers abandon rigid ideas about feeding schedules and use their 'common sense'.⁴⁹ Winifred de Kok, a doctor, BBC broadcaster, and author of several advice

⁴¹ See Luisa Passerini, *Fascism in popular memory: the cultural experience of the Turin working class* (Cambridge, 1987), pp. 179–80.

⁴² The estimated figure for internal migration in the late 1950s and 1960s ranges between 9 and 25 million. See Paul Ginsborg, *A history of contemporary Italy, 1943–1980* (London, 1990), p. 219; and Guido Crainz, *Storia del miracolo economico: cultura, identità, trasformazioni* (Rome, 2005), p. 108.

⁴³ Molly Tambor, *The lost wave: women and democracy in post-war Italy* (Oxford, 2014), pp. 103–4; Luisa Tasca, 'The "average housewife" in post-World War II Italy', *Journal of Women's History*, 16 (2004), pp. 92–115.

⁴⁴ See Angela Davis, *Modern motherhood: women and family in England, 1946–2000* (Manchester, 2012), ch. 5, for an overview of childcare advice in the post-war period.

⁴⁵ Mabel Liddiard, *The mothercraft manual* (12th edn, London, 1954); Good Housekeeping's *Baby book* (12th rev. edn, London, 1959); 'The Radio Doctor', *Bringing up your child* (London, 1950), p. 16; Dorothy B. Hudson, *Modern parenthood: keeping your children healthy and happy* (London, 1959), p. 7.

⁴⁶ Margaret Drabble, *The millstone* (London, 2016; orig. edn 1965), p. 106.

⁴⁷ Ann Oakley, *From here to maternity: becoming a mother* (Bristol, 2019; orig. edn 1979), pp. 176–7.

⁴⁸ See 'Self-demand feeding in a maternity unit', *British Medical Journal*, 29 Nov. 1952, pp. 1180–1.

⁴⁹ Illingworth and Illingworth, *Babies*, p. 48.

manuals, agreed and advised in 1955: ‘Watch your baby and give him what he needs.’⁵⁰ Also influential in changing the landscape of infant feeding advice was Benjamin Spock with his best-selling *Baby and childcare*. First published in the USA in 1946, in Italy in 1954, and in Britain in 1955, in 1998 the book had sold 50 million copies and been translated into forty-two languages.⁵¹ According to Spock’s 1955 edition, the ‘rhythm of the baby’s digestive system’ should determine the times of feeding.⁵²

The shifts necessary for the appearance of the concept of feeding babies on demand in the British post-war childcare literature had started to develop earlier. The medical profession gradually and unevenly changed its approach to scheduled feeding. Albeit controversial at first, a small number of physicians in the 1940s proposed an initial period of flexible feeding to facilitate the establishment of lactation and stem a decrease in the breastfeeding rate. Moreover, in the context of a steadily declining infant mortality rate, the theory of overfeeding and its association with diarrhoeal diseases was increasingly rejected by doctors after the war. Even more important in underpinning the new approach were theories of infancy and mother–infant relations formulated by psychoanalysts and psychoanalytically oriented psychiatrists, starting in the interwar years.⁵³

By the mid-twentieth century, as historians have detailed, psychoanalysis had become a key avenue through which to understand mother and infant relations as the foundation of democratic selfhood in Britain.⁵⁴ The psychoanalytic turn from the internal dynamics of the unconscious of Kleinian theories to the mother–infant bond became, in the words of Sally Alexander, ‘an orthodoxy of the post-war settlement’.⁵⁵ While developing different notions of child development, the theories of Donald Winnicott and John Bowlby came to be particularly influential and were increasingly reflected in interventions in family life, as well as in parenting advice. Bowlby’s ideas on the importance of a ‘warm, intimate and continuous’ relationship with the mother as foundational for healthy maturation were put forward in his widely selling WHO report of 1951 and later popularized in *Child care and the growth of love* (1953), as well as in magazine articles.⁵⁶ Winnicott brought the concepts of psychoanalysis into the domain of parenting advice through his writings, talks, and, most importantly, his BBC broadcasts from 1943 to 1961.⁵⁷

⁵⁰ Winifred De Kok, *You and your child* (London, 1955), p. 20.

⁵¹ Bates, ‘Democratic babies?’, p. 203.

⁵² Benjamin Spock, *Baby & child care* (London, 1955), p. 23.

⁵³ Katharina Rowold, ‘“If we are to believe the psychologists...”: medicine, psychoanalysis, and breastfeeding in Britain, 1900–1955’, *Medical History*, 63 (2019), pp. 61–81.

⁵⁴ Shapira, *The war inside*; Shaul Bar-Haim, *The maternalists: psychoanalysis, motherhood, and the British welfare state* (Philadelphia, PA, 2021).

⁵⁵ Sally Alexander, ‘D. W. Winnicott and the social democratic vision’, in Matt ffytche and Daniel Pick, eds., *Psychoanalysis in the age of totalitarianism* (London, 2016), p. 27.

⁵⁶ For the popularization of Bowlby’s theories, see Mathew Thomson, *Lost freedom: the landscape of the child and the British post-war settlement* (Oxford, 2013), ch. 3.

⁵⁷ For the dissemination of Winnicott’s ideas, see Shapira, ‘Psychoanalysts on the radio’; Anne Karpf, ‘Constructing and addressing the “ordinary devoted mother”’, *History Workshop Journal*, 78 (2014), pp. 82–106.

The engagement of psychoanalysts with the question of feeding schedules varied and evolved over the decades of the mid-century.⁵⁸ In his developing theory of maternal deprivation, John Bowlby paid little attention to feeding or weaning, not in the least to distance himself from the discussions of his contemporaries, including Melanie Klein and Anna Freud.⁵⁹ Donald Winnicott, on the other hand, gave great importance to the place of feeding in the developing mother–infant relationship and frequently addressed it in his BBC broadcasts and writings. In 1945, in one of his broadcasts he made the ‘rather wild’ suggestion of starting the mother–child relationship with a first period of feeding ‘exactly when the baby wants it’ until the baby could tolerate regular timings.⁶⁰ It took until the mid-1950s, however, for the suggestion of demand feeding to figure with some prominence in new childcare advice manuals, where it reflected new conceptualizations of infancy and the centrality of an affectionate mother–child bond in babies’ development, as much as the medical disappearance of the ‘overfeeding bogey’.⁶¹

Discipline and rigid regularity were no longer the foundation of good child rearing, as Ronald and Cynthia Illingworth made clear in *Babies and young children*. The manual reassured mothers that there was no evidence to suggest that elastic schedules produced ‘bad habits’.⁶² Rather, a failure to satisfy basic needs might have a ‘bad effect’ on babies’ emotional development.⁶³ De Kok similarly declared that feeding when hungry instead showed the baby that the mother was a good and loving provider and that the world was a ‘reasonably satisfying place to live in’.⁶⁴

The central focus of psychoanalysts on the mother–infant dyad provided an ideological alternative to scientific motherhood and its privileging of expert over maternal knowledge. The notion of an affective and self-sufficient relationship between mother and baby suggested maternal ‘readiness’ and knowing.⁶⁵ Winnicott explained in one of his broadcasts that no one could get to know the baby as well as the mother; mothering was ‘an entirely personal job’.⁶⁶ Advice manuals of the 1950s consequently suggested that mothers

⁵⁸ Rowold, “‘If we are to believe the psychologists...’”.

⁵⁹ A. Smuts, ‘Interview with Dr John Bowlby’, unpublished manuscript (1977), cited in Robert Karen, *Becoming attached* (Oxford, 1998), p. 89.

⁶⁰ D. W. Winnicott, ‘Infant feeding’ (1945), in *The collected works of D.W. Winnicott*, II (Oxford, 2017), p. 297.

⁶¹ For the ‘overfeeding bogey’, see Illingworth and Illingworth, *Babies*, p. 57.

⁶² *Ibid.*, p. 48.

⁶³ Ronald Illingworth, *The normal child: some problems of the first three years and their treatment* (London, 1953), p. 14. Illingworth, a paediatrician, had spent time in the USA, studying under the developmental psychologist Arnold Gesell. He remained an advocate of Gesell’s approach to child development but was also influenced by Anna Freud’s, Merrell Middlemore’s, and John Bowlby’s theories.

⁶⁴ Winifred Coppard de Kok, *Breast feeding* (London, 1954), pp. 7–8.

⁶⁵ Katie Joice, ‘Mothering in the frame: cinematic microanalysis and the pathogenic mother, 1945–1967’, *History of Human Sciences*, 34 (2020), 9.

⁶⁶ Shapira, *The war inside*, p. 130; D. W. Winnicott, ‘Further thoughts on babies as persons’ (1947), in *The child and the outside world* (London, 1957), pp. 135, 137.

knew perfectly well whether their babies were hungry or not.⁶⁷ Moreover, the psychoanalytic insistence on ‘babies as human beings’ implied that babies were individuals already.⁶⁸ In the USA, Arnold Gesell and his colleague Francis Ilg already in 1937 advocated demand feeding and spelt out that ‘liberal and democratic’ parenting philosophies led to a respect of the individuality of babies.⁶⁹ Winifred de Kok explained in this vein in her breastfeeding guide, ‘every baby is an individual...What suits one baby does not suit another.’⁷⁰ Feeding by the clock presupposed that all babies were the same, but this, as the Illingworths declared, was not the case.⁷¹ A feeding routine was not suitable for babies who were individuals in their own right and whose primary need was an affective maternal bond. Nor was it necessary for ‘ordinary devoted’ mothers, who were able to tell when their babies were hungry.

It should be noted, however, that even in the childcare manuals that proposed demand feeding in the 1950s, there were limits to how far babies’ ‘demands’ were put at the centre of the feeding relationship. In 1963, the psychologists John and Elizabeth Newson observed that while demand feeding was included in the general trend towards greater permissiveness in childcare, it was rarely recommended without reservation.⁷² Indeed, Spock, for instance, did not entirely reject timetables, explaining that it was not harmful to either baby or mother to work towards one.⁷³ De Kok and Ronald and Cynthia Illingworth’s manuals assumed that babies would soon settle themselves into regular schedules, somewhere between one and three months.⁷⁴

In Italy, there was no sharp post-war shift in breastfeeding advice or in thinking about the mother–child relationship. The advice books of Valvassari-Peroni and Valaguzza remained popular without substantial changes, while new manuals persisted with the old advice. Neapolitan obstetrician Rina Gozzini’s manual *Towards a contented motherhood* (1949, reissued in 1956) echoed earlier advice, with only minor adjustments to the schedules.⁷⁵ Regular weighing – ideally double weighing at every feed but at least weekly – was still advised.⁷⁶ Gino Frontali, writing in the manual *The baby: from birth to 6 years* (two editions: 1957 and 1968), cautioned that offering the breast every time the baby cried could cause an upset stomach. Neither did mothers know best: better to get medical advice if baby was unsettled.⁷⁷

⁶⁷ Illingworth and Illingworth, *Babies*, p. 28; Winifred De Kok, *Milestones in the first four years* (London, 1959), p. 6.

⁶⁸ D. W. Winnicott, ‘Getting to know your baby’, in *The child*, p. 20.

⁶⁹ Arnold Gesell and Francis Ilg, *Feeding behaviour of infants* (Philadelphia, PA, 1937), p. 133.

⁷⁰ Winifred Coppard [de Kok], *Breast feeding* (London, 1954), p. 11.

⁷¹ Illingworth and Illingworth, *Babies*, p. 29.

⁷² John Newson and Elisabeth Newson, *Infant care and motherhood in an urban community* (New Brunswick, NJ, 2008; orig. edn 1963), p. 57.

⁷³ Spock, *Baby & child care*, p. 23.

⁷⁴ Illingworth and Illingworth, *Babies*, pp. 29–30; De Kok, *Breast feeding*, p. 17.

⁷⁵ Rina Gozzini, *Verso una maternità felice* (Naples, 1949), pp. 168–86.

⁷⁶ *Ibid.*, pp. 178–9.

⁷⁷ Gino Frontali, Alberto Marzi, and Luigi Volpicelli, *Il bambino (dalla nascita ai 6 anni)* (Turin 1957), pp. 27–9 (no relevant changes in 1968 edition).

The diverging attitudes towards overfeeding reflected different patterns of infant nutrition and mortality between the two countries. The ONMI professional magazine *Maternità ed infanzia*, was, in the 1950s, regularly reflecting doctors' concerns about infant welfare in rural and southern Italy, where breastfeeding was widespread, although high rates of infant mortality persisted, perhaps explaining the continued concerns about feeding and gastric illness.⁷⁸ Fears about disordered feeding and lack of maternal discipline blended with both concern and prejudice about rural ignorance and child neglect.

Anecdotal evidence from literary and memoir sources suggests that weighing at home was common practice, just as Whittaker attested.⁷⁹ Just as the advice manuals suggested, it was intended to guard against overfeeding at least as much as underfeeding. Amalia gave birth to her daughter in Milan in the late 1950s.⁸⁰ Her infant daughter was frequently unsettled and she rented a set of scales to practise double weighing. She discovered that her daughter was drinking twice the recommended amount and once she cut down on the feeds, her daughter was apparently more contented. In Natalia Ginzburg's 1973 novel, *Happiness, as such*, Mara, a young single mother in Rome, scraped together the money to rent a set of scales in order to practise double weighing as expected, despite being effectively homeless.⁸¹ Feeding schedules, underpinned by weight measurement, were still central to breastfeeding advice long after they had begun to be dismantled in Britain.

Neither psychoanalytic theories nor new ideas about feeding babies were seized on in Italy in quite the same way as in Britain. There was a measure of resistance to psychoanalysis in Italy until the late 1960s, when the theories began to take greater hold in the context of 1968 anti-establishment and counter-cultural ideas.⁸² A psychoanalytic discourse about maternalism, influenced by Jung and Sigmund Freud, did emerge after the war although it was focused on the over-arching social meanings of the maternal rather than on the mother–infant relationship.⁸³ Theories about mothers' role in psychic development and ideas on attachment were not unknown. Anna Freud's *The psycho-analytical treatment of children* was translated in 1954 with a preface by psychoanalyst Emilio Servadio, while John Bowlby's *Maternal care and mental health* was translated in 1957.⁸⁴ However, Bernini confirms that while Bowlby

⁷⁸ Bernini, *Family life*, pp. 63–4.

⁷⁹ Whittaker, *Measuring mamma's milk*, pp. 252–5.

⁸⁰ Amalia Molinelli, *I pensieri vagabondi di Amalia* (Milan, 2002), p. 51.

⁸¹ Natalia Ginzburg, *Happiness, as such* (London, 2019). First published in Italian as *Caro Michele* (Turin, 1973; 2001), p. 12.

⁸² Fabio Camilletti and Alessandra Diazi, 'Conscience, consciousness, the unconscious: the Italian subject and psychoanalysis', in Charles Burdett and Loredana Polezzi, eds., *Transnational Italian studies* (Liverpool, 2020), pp. 309–26, at pp. 311–12; Alessandra Diazi, 'Il sapere inquietante di Elvio Fachinelli: una psicoanalisi "anni Settanta"', *Enthymema*, 7 (2012), pp. 360–71, at p. 361.

⁸³ Silvana Patriarca, 'Mammismo/momism: on the history and uses of a stereotype, c. 1940s to the present', in Morris and Willson, eds., *La mamma*, pp. 29–50.

⁸⁴ Anna Freud, *Psicoanalisi e bambini* (Milan, 1954); John Bowlby, *Cure materne e igiene mentale del fanciullo* (Florence, 1957).

was referenced in 1950s Italy, his work was used to confirm traditional, Catholic ideas of motherhood, family, and home, with little attention paid to the psychoanalytic foundations of his thinking.⁸⁵ Psychoanalytic ideas on the mother–infant bond consequently had a very limited effect on Italian infant feeding advice. Gino Frontali was aware although unconvinced by emerging advice about demand feeding.⁸⁶ Psychiatrist Franco Fornari’s *The affective life of the baby* (two editions: 1963 and 1966) discussed Anna Freud and René Spitz’s ideas on the mother–child bond and infant attachment, but was dismissive of the implications for breastfeeding because of the persistent concern about the perceived risks of overfeeding.⁸⁷

III

While in Britain scheduled feeding resonated ever less with the medical establishment as with the broader public, it was only in the late 1960s that ideas about breastfeeding began to shift in Italy. There was by then a much more sustained cluster of Italian interest in British-led psychoanalysis with further translations of Anna Freud and Bowlby, as well as the first translations of Donald Winnicott and Melanie Klein.⁸⁸ Italian society was also much changed; the economic miracle of the late 1950s and 1960s had brought about mass internal migration, urbanization, the rise of mass culture, and secularization.⁸⁹ Arranged marriages were giving way to relationships of love and companionship while families were declining in size.⁹⁰ Since ideas of scientific motherhood and the structures of the ONMI had penetrated rural and southern Italy much less than the urban and provincial north, different cultures of breastfeeding were also brought into contact with each other in the northern cities of the 1960s.

While rural migrants often brought their own ideas about breastfeeding – neither to a fixed schedule nor exactly the demand feeding of post-war Britain, but informed instead by the advice of their mothers and the rhythms of agricultural work – they came under pressure to conform to modern, scientific ideas once they arrived in the cities, in a similar manner to how welfare authorities approached working-class mothers in early twentieth-century Britain.⁹¹ In 1970s Britain, in contrast, the concept of demand feeding was,

⁸⁵ Bernini, *Family life*, p. 74.

⁸⁶ Frontali, Marzi, and Volpicelli, *Il bambino*, pp. 27–9.

⁸⁷ Franco Fornari, *La vita affettiva originaria del bambino* (Milan, 1963).

⁸⁸ Anna Freud, *L’Io e i meccanismi di difesa* (Florence, 1968); John Bowlby, *L’attaccamento alla madre* (Turin, 1972); Donald Winnicott, *La famiglia e lo sviluppo dell’individuo* (Turin, 1968); Melanie Klein, *La psicoanalisi del bambino* (Turin, 1969).

⁸⁹ Between 9 and 25 million people were internal migrants between 1955 and 1970. See Ginsborg, *A history*, p. 219; and Crainz, *Storia del miracolo economico*, p. 108.

⁹⁰ Niamh Cullen, *Love, honour and jealousy: an intimate history of the Italian economic miracle* (Oxford, 2019). On the changing family, see also Ginsborg, *A history*, pp. 243–4; Chiara Saraceno, ‘Changes in Italian families, from the sixties to the present’, in Daniela Del Boca and Margherita Repetto Alaia, eds., *Women’s work, the family and social policy: focus on Italy in a European perspective* (New York, NY, 2003), pp. 1–32.

⁹¹ On breastfeeding culture in late 1970s Turin, see Franca Balsamo et al., ‘Production and pleasure: research on breastfeeding in Turin’, in Vanessa Maher, ed., *The anthropology of breastfeeding*

at times, embedded in an imagined African ‘natural’ style of breastfeeding, juxtaposed to that ‘mother in a “developed” country’ overwhelmed by conflicting demands and expectations, despite a context of an ongoing devaluation of black motherhood in Britain.⁹² In rural Italy, the focus was usually on the increased medicalization of childbirth and infant care, understandable given the regional patchiness of the Italian healthcare system outside the major cities and the provincial north, and the persistently high rates of infant mortality.⁹³ At the same time, the broader intellectual climate of 1968, with its emphasis on anti-authoritarianism and radical approaches to care, prompted new ways of thinking about childbirth, infant feeding, and childcare, including the rediscovery in Italy of the psychoanalytic texts that had been so influential in Britain.

Marcello Bernardi’s 1972 advice book *Il nuovo bambino* reflected a more open and permissive approach to infant care in many ways, although he remained resistant to new ideas about breastfeeding. A follower of Winnicott, he saw babies not as animals to be trained or inferior beings; he advised that they should be treated with respect and encouraged to develop as individuals. The emphasis was enjoyment and affection rather than duty, with a special emphasis on the maternal bond.⁹⁴ Breastfeeding was preferred, and demand feeding was acceptable, with some precautions.⁹⁵ Bernardi’s preference was for a more flexible schedule, to offer structure and reassurance to the anxious mother: he suggested 3.5 hourly intervals while also encouraging mothers to develop their own schedules.⁹⁶ At the same time, routine double weighing was no longer necessary. Bernardi continued to be more concerned with overfeeding than underfeeding, allowing only for a little flexibility with schedules, the fear of overfeeding persisting long after those ideas had fallen out of fashion in Britain.

In Britain, where attachment theory and the idea of demand feeding were well established, the conversation took a different direction in the late 1960s. Mathew Thomson has argued that as confidence in the home as the ideal environment for child development began to falter, some key tenets of Bowlbyism came to be questioned in professional circles.⁹⁷ Moreover, the emerging Women’s Liberation Movement (WLM) challenged the idealization of the symbiotic mother–child dyad and rejected the vision of the post-war settlement of home and family as the basis of national life.⁹⁸ Already in

(Berg, 1992), pp. 59–86. On the adaptation of breastfeeding to the rhythms of agricultural labour, see Rudolph Bell, *Fate and honour, family and village: demographic and cultural change in rural Italy since 1800* (Chicago, IL, 1979), pp. 40–1.

⁹² Hugh Jolly, *Book of child care* (London, 1975), p. 71; Patricia Hamilton, *Black mothers and attachment parenting: a black feminist analysis of intensive mothering in Britain and Canada* (Bristol, 2021), pp. 29, 34; McCarthy, *Double lives*, pp. 292, 311.

⁹³ Ginsborg, *A history*, pp. 210–53; Crainz, *Storia del miracolo economico*, p. 108.

⁹⁴ Marcello Bernardi, *Il nuovo bambino* (Milan, 1972), pp. 7–12.

⁹⁵ *Ibid.*, p. 76.

⁹⁶ *Ibid.*, pp. 74–81 and 144–50.

⁹⁷ Thomson, *Lost freedom*, pp. 93–103.

⁹⁸ Alexander, ‘Winnicott and the social democratic vision’, p. 127.

1966, Hannah Gavron argued in the posthumously published *The captive wife* that the dyadic ideal was emotionally stunting for both mothers and children.⁹⁹ Despite these challenges, the 1970s saw the publication of a plethora of new childcare manuals, all of which advocated now unambiguous demand feeding. Its authors came from various professional backgrounds, espoused different views on bottle versus breastfeeding, and sometimes presented opposing ideas on mothers' employment, but there was remarkable consistency in supporting that babies should be fed on demand, neither following a schedule nor working towards establishing one. For instance, Hugh Jolly, a paediatrician who became one of the better-known childcare experts of the 1970s, confirmed that the early years were vital in laying down the foundations of a 'secure and well-rounded' personality. He could not overemphasize the need to 'let your baby decide on the frequency with which you breastfeed him'.¹⁰⁰ Penelope Leach, a social psychologist, was more concerned about mothers' needs and suggested that adopting demand feeding was easier for them. Seeking to impose schedules on babies was bound to lead to periods of acute distress and hunger cries, as mothers of the Truby King era could attest.¹⁰¹ Miriam Stoppard, a physician, positioned breastfeeding as 'natural' and argued that schedules were 'unrealistic', asserting that it was far better to demand feed.¹⁰² The doctors Penny Stanway and Andrew Stanway, who also referred to attachment theory and babies' need to feel secure in their mothers' love, italicized '*Don't feed on any sort of schedule*', not in the least because it reduced the likelihood of successful breastfeeding.¹⁰³

The mid-1970s saw renewed medical engagement with the breastfeeding rate, which was at an all-time low after declining steadily since the end of the war.¹⁰⁴ Contributing to a context of reinforced breastfeeding advocacy, the first La Leche League groups, founded in 1956 in the USA, were set up in the early 1970s, and a British edition of the League's manual, *The womanly art of breastfeeding*, appeared.¹⁰⁵ The Natural (later National) Childbirth Trust when founded in 1956 already had included in its aims that emphasis should be given to 'self-regulated feeding', but a growing commitment to provide postnatal support and encourage breastfeeding in 1968 led to a Breastfeeding Promotions Group.¹⁰⁶ A decade later, in 1979, one of the founding members of the National

⁹⁹ Joice, 'Mothering in the frame', p. 7.

¹⁰⁰ Jolly, *Book of child care*, p. 17.

¹⁰¹ Penelope Leach, *Babyhood: infant development from birth to two years* (London, 1974), p. 57.

¹⁰² Miriam Stoppard, *Miriam Stoppard's book of baby care* (Bungay, 1979; orig. edn 1977), p. 51.

¹⁰³ Penny Stanway and Andrew Stanway, *Breast is best: a common sense approach to breast feeding* (London, 1978), pp. 89, 56. This consensus was only broken with the publication of Gina Fords's *The contended little baby book* in 1999.

¹⁰⁴ S. M. Crowther, S. M. Reynolds, and E. M. Tansey, eds., *Wellcome witness seminar: the resurgence of breastfeeding, 1975-2000* (London, 2009).

¹⁰⁵ Charlotte Faircloth, *Militant lactivism? Attachment parenting and intensive motherhood in the UK and France* (Oxford, 2013), p. 90; *The womanly art of breastfeeding* (London, 1970).

¹⁰⁶ Amanda-Jane Raphael, 'Natural childbirth in twentieth century England: a history of alternative approaches to birth from the 1940s to the 1990s' (Ph.D. diss., Queen Mary University of London, 2010), p. 91, Gwen Rankin, 'The birth of the BPG', National Childbirth Trust, SA/NCT/B/1/6/4, Archives and Manuscripts Wellcome Library.

Childbirth Trust, Sheila Kitzinger, well known for her natural childbirth activism, published a book on the experience of breastfeeding.¹⁰⁷ As with other books of the decade, it positioned demand feeding as the best way of baby feeding, and Kitzinger celebrated that women were, by the late 1970s, more likely than ever to find themselves in hospitals that encouraged it. Referring to a notion formulated by the psychoanalyst Merrell Middlemore, Kitzinger declared that there was now widespread recognition of the importance of mother and baby being able to function as ‘a dyadic unit, a nursing couple’.¹⁰⁸

In contrast to Britain, where demand feeding was facilitated in many hospital settings by the late 1970s, most Italian maternity hospitals still practised strict separation of mother and infant, with the newborn brought to the mother for scheduled breastfeeding.¹⁰⁹ In Italy, where scheduled feeding was still the dominant model, the strongest arguments in favour of feeding on demand came from a union between feminism and child-centred natural birth advocacy. Elena Gianini Belotti was a natural birth and breastfeeding advocate, a feminist and writer. She was the first director of the Montessori Birth Centre, founded in Rome in 1960 by Adele Costa Gnocchi and focused on natural childbirth and child-centred infant care, a position which she held until 1980.¹¹⁰ At a time when medicalized childbirth and scheduled feeding dominated the medical establishment in Italy, the centre was at the radical edges of maternity care.

Writing in the new feminist *Effe* magazine in 1973, Belotti argued that the discouragement of breastfeeding and the promotion of scheduled feeding in hospitals were forms of violence against the newborn.¹¹¹ In line with the child-centred Montessori method, she centred the baby’s perspective, pointing out that the appetites and eating pace of adults varied. Such tight regulation of the infant’s appetite was unreasonable and could even be considered ‘torture’.¹¹² Although building firmly on the ideas of Maria Montessori, Belotti’s argument also carried echoes – whether intentional or not – of British psychoanalytic thinking in the 1940s and 1950s.

Maternity was a key theme in the magazine *Effe*, although in the early and mid-1970s, the treatment was mostly negative, ambivalent, or focused on the right to choose, as was the case more broadly in second-wave feminist

¹⁰⁷ Sheila Kitzinger, *The experience of breastfeeding* (London, 1979).

¹⁰⁸ *Ibid.*, p. 61. See Merrell P. Middlemore, *The nursing couple* (London, 1941). Kitzinger also made reference to Kleinian theories of the conflicts of babies’ inner worlds. See Kitzinger, *Experience*, p. 92.

¹⁰⁹ This was the experience of breastfeeding mothers interviewed in Turin in the late 1970s/early 1980s. Balsamo et al., ‘Production and pleasure: research on breastfeeding in Turin’. An online resource for expectant mothers in Rome suggests it may still often be the case: www.vitadidonna.it/sanita/luoghi-parto-roma/dove-partorire-a-roma-ospedali-cliniche-accreditate-consultori.html.

¹¹⁰ ‘Centro Nascita Montessori – our history’, www.centronascitamontessori.it/chi-siamo/la-nostra-storia/.

¹¹¹ On *Effe* magazine, see Penny Morris, ‘Feminism and emotion: love and the couple in the magazine *Effe* (1973–1982)’, *Italian Studies*, 68 (2013), pp. 378–98, at pp. 381–2.

¹¹² Belotti, ‘C’è modo e modo di venire al mondo’.

movements of the early 1970s.¹¹³ The WLM in Britain also stressed the isolation, exhaustion, and economic dependence women faced as full-time mothers. Just as in Italy, they demanded reproductive rights and more comprehensive childcare.¹¹⁴ Belotti's 1973 article was thus at odds with mainstream feminist attitudes to maternity at the time.

It was only from the late 1970s – and following the 1978 introduction of legal abortion in Italy – that there was greater space for more nuanced discussions of motherhood. In Italy, a series of national feminist conventions on childbirth were reported in *Effe*, the first in Rome in 1978. The keynote speech of the second conference (Florence, 1980) was given by the second director of the Montessori Birth Centre, Grazia Honegger Fresco, and printed in *Effe*. She outlined the Montessori Birth Centre approach to natural childbirth.¹¹⁵ She advocated demand feeding – emphasizing that the baby should be fed soon after birth and as often as she wanted afterwards – although she was wary of 'rooming in'. Defining it as an 'English' policy – still seldom practised in Italy – she preferred to speak of rights rather than duties in relation to mothers and babies being together. The Montessori Birth Centre published its own magazine, the *Quaderno Montessori*, while Honegger Fresco's own parenting advice book was published some decades later in 2003, giving these ideas a broader, if belated, readership.¹¹⁶

In Britain, as in Italy, feminist engagement with natural birth and baby feeding appeared more consistently in the later 1970s. As Sarah Crook has pointed out, at this point approaches to motherhood emerged in the women's movement, which, following Adrienne Rich's thought, distinguished between motherhood as an institution and motherhood as an experience, and also reflected the fact that a growing number of WLM members became mothers themselves.¹¹⁷ This shift invited greater personal feminist engagement with infant feeding, a shift which also reflected critiques of medical and healthcare systems as disempowering to women and undervaluing their embodied experiences.¹¹⁸ In 1980, *Spare Rib*, for example, published an article on breastfeeding by Shân Evans. Recounting her experiences of breastfeeding after a hospital birth, Evans was critical of the rules and rigid attitudes encountered during her hospital stay, declaring that: 'Every single thing the staff at my hospital had been taught to do was wrong' and the breastfeeding advice 'came

¹¹³ Duchen, *Feminism in France*, pp. 49–66.

¹¹⁴ Diane Richardson, *Women, motherhood and childrearing* (London, 1993), pp. 115–16.

¹¹⁵ Grazia Honegger Fresco, 'Partorire come?', *Effe*, July 1980.

¹¹⁶ Grazia Honegger Fresco, *Essere Genitori: Come prepararsi ad accogliere il bambino e poi educarlo come amore, serenità e attenzione* (Novara, 2002).

¹¹⁷ Sarah Crook, 'The uses of maternal distress in British society, c. 1948–1979' (Ph.D. diss., Queen Mary University of London, 2016), p. 175. For personal reflections on the early WLM and the family, see Mica Nava, 'Looking back: "1968", women's liberation and the family', *Free Associations*, 78 (2020), pp. 66–84.

¹¹⁸ Lesley Doyle, 'Women, health and the sexual division of labour: a case study of the women's health movement in Britain', *Critical Social Policy*, 3 (1983), pp. 21–33; Zoe Strimpel, 'Spare Rib, the British women's health movement and the empowerment of misery', *Social History of Medicine*, 35 (2022), pp. 217–36.

straight out the 1940s'. Evans provided an account of how she approached childbirth with a vague idea of wanting to do everything 'spontaneously and naturally', rejecting the paraphernalia of modern childbirth and childcare as 'part of a capitalist patriarchal plot'. She ultimately resisted the hospital routine, fortified by the practical breastfeeding literature, including Penelope Leach's *Babyhood*, Sheila Kitzinger's *The experience of breastfeeding*, and La Leche's *The womanly art of breastfeeding*. She was careful, however, to distance herself from La Leche's understanding that women's true fulfilment lay in their role of wife and mother. While deciding that demand feeding was correct for her, Evans was clear in her conclusion that there was no such thing as a 'neutral' or "scientific" philosophy of childcare'. Rather, it was always culturally mediated.¹¹⁹

In Italy, Belotti continued to develop her ideas about feminism and motherhood. Her 1985 book, *Not just a mother*, was a feminist study of the ways in which women's experiences of childbirth and motherhood were structured by the patriarchy.¹²⁰ The separation of mothers and babies, timed feedings and double weighing were in her view all practices designed to take control of breastfeeding away from women themselves.¹²¹ At the same time, she was critical of the 1981 WHO International Code of Marketing of Breastmilk Substitutes, the timing of which she suspected was least partly a reaction to second-wave feminism. She was equally wary of the initiatives of La Leche League (active in Italy from 1979) and the Baby Friendly Hospitals, arguing that none of the public health policies – whether intended to reinforce scheduled or demand feeding – paid enough attention to women, but rather used changing sets of rules to govern them. As with Evans in *Spare Rib*, Belotti continued to advocate demand feeding and reject 'modern' scientific approaches to childcare, while remaining aware that 'natural' approaches to motherhood, including childbirth and breastfeeding, might equally be used to restrict as to empower women.

The social radicalism of late 1960s Italy created a new space for the consideration of psychoanalytic approaches to infant and childcare, although there was still only a limited openness towards demand feeding. It was in the 1970s, in the context of the second-wave feminist movement and the Montessori Birth Centre, that the first really impassioned cases for feeding on demand began to be made in Italy. Second-wave feminists in both Britain and Italy ultimately retained a complex and ambivalent approach towards the idea of breastfeeding on demand, poised between the rejection of the regimented, scientific model of motherhood still upheld by both state and medical establishment in 1970s Italy as well as in at least some hospital settings in Britain, and a model of motherhood, whether framed as natural or based on psychoanalysis, which privileged the needs of infants above all. If the psychoanalysts of the mid-twentieth century centred their discussions around the infant, then the 1970s feminists sought to redress this balance by focusing

¹¹⁹ Shân Evans, 'Breastfeeding', *Spare Rib* (Dec. 1980), pp. 49–51.

¹²⁰ Elena Giannini Belotti, *Non di sola madre* (Milan, 1985).

¹²¹ *Ibid.*, pp. 81–108.

on mothers. They warned about the complex interplay of balancing 'rights' and 'duties', while recognizing that the apparently 'natural' was always mediated through politics and culture.

IV

This comparative analysis of the advice literature about breastfeeding in Britain and Italy finds that, despite the rhetorical importance of breastfeeding to fascist propaganda and control of women, the advice given in practice to mothers in interwar Italy was broadly similar to that dispensed to mothers in Britain. The transnational nature of the infant welfare movement meant that recommendations about schedules and scientific mothering were disseminated across borders, between the USA, Europe, and parts of the British empire even before the political changes of the 1920s and 1930s. The national variations that can be observed – in the length of feeding intervals and in the differing emphasis on weight measurement – were in the details rather than the broader principles, although they did lay the groundwork for the sharper divergences between Britain and Italy after 1945. Indeed, advice in both democratic interwar Britain and fascist Italy sought to control and shape character through the strict feeding regimen, although the emphasis in Britain was on the formation of children into disciplined imperial citizens while in Italy it was on the training of disorderly women to be proper mothers.

After 1945, the advice about breastfeeding diverged much more as the idea of feeding on demand rather than to a schedule began to slowly take hold in Britain, while schedules, and strict measurement of time and weight, continued to be advised in Italy for several more decades. There was no one single or simple reason for this divergence. The changes in breastfeeding advice in Britain were in part a reaction to the much stricter four-hourly schedules advised after 1918. The divergences can also, however, be located partly in the differing experiences of war and the meanings created from them. While in Britain the state intervened to separate parents and children on a huge scale, Italy saw instead the collapse of state welfare institutions in the chaos of war, occupation, and liberation. Furthermore, psychoanalytic ideas resonated with expectations of the family as the locus of the formation of civic-minded, democratic personalities in the British post-war settlement. This led to a new emphasis on the mother–child bond in Britain while in Italy, emerging from fascism and civil war, the focus was instead on continuity and reconstruction through an emphasis on the traditional, patriarchal family, leaving little room to question established practices and sources of authority.

Another key factor was differences of physical environment, climate, and patterns of industrial and urban development. Unlike Britain, Italy was still largely a rural nation up to the late 1950s, with industrial development concentrated in the more urban north, and persistently high rates of infant mortality in the rural and southern regions, due in part to the continued prevalence of infectious diseases. This meant that while the idea of overfeeding a baby as dangerous was abandoned after the war in Britain, where the

infant mortality rate had been decreasing consistently, it persisted in Italy for much longer. Prejudice about disorderly and neglectful rural mothers also contributed to the continued support for schedules in the Italian medical establishment.

The social radicalism of the late 1960s opened up some spaces for the cautious consideration of demand feeding in Italy, but it was only in the context of second-wave feminism that a stronger case was made for the practice, already by this stage deeply rooted in Britain. Feminists in both Britain and Italy ultimately converged in their ambivalence towards the idea of demand feeding. They tended to recognize the paternalism of the experts and medical professionals who attempted to regulate the minds and bodies of women and babies through the advice about schedules and measurements, while also drawing attention to the needs and rights of the mother, as well as the child. Although the medicalization model and the advice about measurement persists in Italian society, the 1970s brought the conversation back to a point of convergence between Britain and Italy, at least in the recognition of the complexities of balancing the 'rights and duties' of mothers and children when it came to feeding babies.

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