I’ve been noticing a rather worrying trend in midwifery, medical and parenting journals lately, and it is a trend which is echoed on the walls of antenatal clinics and in some of the leaflets given to pregnant women. In a nutshell, some of the companies who are seeking to sell their products to new parents are increasingly using tactics and “evidence” which appear to be designed to directly undermine parents’ own knowledge and ability. While I cannot name the companies directly, one example is the company which has recently launched a campaign citing in-house data “proving” that, while more than 60 per cent of babies experience a particular (minor) problem, 90 per cent of parents believe that their baby does not experience this problem. The message to parents seems pretty clear: our research shows that you are pretty rubbish at knowing whether your baby has a problem in this area or not, and you should therefore rush out and buy our products which will compensate for your incompetence.

There are a number of other examples. Recent years have seen campaigns along the lines of, “our research shows that your diet is inadequate, so take some of our supplements which will compensate for your poor eating habits”, and “you won’t possibly know if your baby is going to survive the night unless you buy our new whizzy technology that will compensate for your ineptness in this matter”.

The Need for Compensation

Am I being a bit over the top here? Well, maybe, but my consistent use of the word “compensate” in these examples doesn’t result from failure of proof-reading. It is, I believe, the key word here, and I need to disgress slightly into the realms of a well-used preparation-for-parenting game in order to explain why I believe we should look around us and become aware of the messages that are being given to new parents in the areas that we work.

Many of those who facilitate parenting preparation sessions offer activities designed to help parents think through whether they really need to collect the vast array of equipment that is available to feed, transport, change, bathe, soothe and monitor their new baby. One colleague of mine uses cut-out pictures from magazines which she asks parents to place into one of three categories; “essential”, “not essential but would be nice” and “unnecessary”. Invariably, this kind of exercise causes many parents-to-be to realise that, actually, they don’t need to buy that much at all; a realisation that is often a huge relief for those who have less purchasing power or - as we used to call it in the olden days - money.

Meanwhile, the number of companies offering parenting products grows by the year, and the marketing tactics are becoming ever more subtle as a result of increased competition between sales departments and increased sophistication on the part of the consumer. No longer are products simply presented in glossy photographs with cute babies and clever slogans to catch the attention. Advertising departments are using more extreme tactics in order to shift their wares from the marketplace into the household. The “our product will compensate for your failure” message, then, could be seen simply as one of the latest in a string of moves to sell within a culture that has an intensely complex relationship with consumerism.

A Storm in a Tippy-Cup?

Is this really that important in the general scheme of things? Well, it may not be the most serious problem the maternity services face today, but I still believe that this is a significant issue that deserves our attention. What is the point of the work that we do to encourage empowerment - especially of more vulnerable women - if much of the gloss that we hand out or display on the walls is seeking to do the very opposite by convincing women that they need to buy products to compensate for their inadequacies? It is hard enough to try to undo the damage that the biomedical model has done to women’s sense of their own knowledge and birthing ability without these companies adding their own kind of undermining to the melee.

In many cases, the “evidence” offered by the company’s in-house researchers to support the adverts is contradicted by independent research. But we can’t expect parents to have built-in propaganda detectors. Midwives have precious little time to spend talking with women as it is, so it doesn’t seem feasible to include a discussion of this issue amongst all of the other topics that need to be talked through during visits. I know of a few people who have put this issue on the parentcraft agenda, and I have met at least one midwife who has awarded herself the unofficial role of “chief-poster-policer” in her hospital. I realise that this kind of politicking is not for everyone, and I know that the idea of midwives having ‘spare’ time at work is beyond laughable these days but, if you can find five minutes, I would invite you to go and look at the posters on the walls of your workplace and consider how many of them are supporting the messages you’re trying to give, and how many are undermining them.