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Beguiling Baby Tech, Bewildering Bodies: Technological Creep Into Sacred Space

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By Berlin Krebs

I went into labour a little after midnight on June 7th. By late morning, my contractions were strong and quite close together, so I called my midwife. She instructed me to download an app to track my contractions. That tracking data would then be sent to her iPhone automatically via the app. Once I started swiping and tapping on the bright screen, I was gone from my body (*search app store, learn that app is not sending data because I did something in the wrong mode, redo, rate intensity with a colored smiley face, attempt to drop back into the felt sense*). After a while, she asked me to hop on a video call (*find charger, set up laptop, search for meeting link, text her to resend meeting link, talk to floating head on screen*). She wondered aloud why, if contractions were as strong and as close together as I claimed they were, I was able to talk during them. I didn't have an answer for her. *Maybe I'm tracking them wrong?* I wondered, doubt setting in as the app flashed messages at me that said *time to go to the hospital! Baby is coming!* My daughter wasn't born until late in the afternoon on June 9th.

We spend so much of pregnancy and postpartum *counting*, wondering about enough-ness. Fundal height, due dates, glucose measurements, weights, percentiles, blood panels, heart rates, centimeters dilated, length of contractions, length between contractions, blood pressure readings, pain scales. Then: how big is the baby when they're born, and how about now, and how about now? How long did they sleep for, and how long was their first wake window? Wait, how much do *I* weigh now? What week are we on and what does Google say they are supposed to be doing this week, and are they doing that thing? It continues into

breastfeeding: we want to know exactly how much milk we're making, exactly how much baby*needs*—and we really can't know this (remember, the amount of milk you are able to pump is not indicative of how much milk you are making, or how much your baby can remove!) Us Westerners like data. We like information. We find comfort in what the evidence says, we take solace in the numbers. But the process of growing, birthing and feeding a baby is subsumed in mystery, and though we try our darnedest with ultrasound, fetal monitoring, robot bassinets, smart socks and bluetooth milk trackers, there is no eradicating it. The whole thing requires a certain degree of surrender. Dr. Sarah Buckley said it best when she wrote, "We diminish our own authority in birthing and in mothering—we disempower ourselves—when we put more faith in information from the outside (tests, scans, others' opinions) than our internal knowing of our bodies and of our babies."

That early app-tracking had a subtle but significant effect on my labour. The 'information' it provided was just enough to seed distrust, just enough to sprinkle the fairy dust of confusion and disembodiment over us. It was the first of many instances in parenthood which would highlight the near-impossibility of trying to integrate cold, unfeeling technology into these warm, iridescent moments meant for presence and connection; how the "intelligence" of technology dulls our requisite relational sensitivity and hardens that which requires such softness. When parents are habitually conditioned to idolize the apps, stats and machines over all else within the sacred events of birth, breastfeeding and mothering, it can be hard to stop. There's an app for everything, and baby tech is marketed to new parents as a must-have, promising safety and peace of mind. Nowadays, a Snoo is regarded as a postpartum essential. It'll not only put your baby to sleep for you, but "tend" to them in the night when they wake– and fascinatingly,insurance might be covering it soon, despite the risks of torticollis and plagiocephaly,[1] which occupational therapists and IBCLCs (International Board Certified Lactation Consultants) are beginning to report more and more frequently in babies who are strapped down and whose movement is restricted during sleep. Carrying and tending to our babies all day is seen as inconvenient. We worry it's spoiling them and creating bad habits – enter the Babocush, meant to mimic the irreplaceable safety and comfort of mom's chest, so she may be free to go about her day, unfettered! No need to learn your baby's tired cues when Huckleberry's SweetSpot will tell you exactly when they should be put to sleep! Worried about SIDS? Track your baby's vital signs and sleep trends by slipping them into an Owlet Sock!

All of these products are problematic, but there are a couple new breastfeeding gadgets poised to hit the market soon that have me especially concerned. One is a yet-to-be-named "soft, wearable device," developed by researchers at Northwestern University, which is said to measure milk volume via bioimpedance. The results are available immediately via your tablet or smartphone. The other is called Coro. Essentially a nipple shield, Coro is another wearable bluetooth device that supposedly will tell us how much milk we are producing and how much milk a baby consumes, then send that data to a handy app on our phones. Somehow, for years and years, women have been breastfeeding without fancy gadgets and smartphone apps, but these companies convince us we need more than just our soft, animal bodies. The allure is hard to pass up. These devices promise to make new motherhood not just easier, but *clearer*, more *precise*, more *accurate*, more *certain*. And that accuracy equates to responsibility, which we equate to "Good Mother Status."

Unfortunately, and ever-so-inconveniently, there is no "right number" of ounces that every breastfed baby should consume. On the Coro device, lactation consultant and former NICU dietician Sanja Nel writes:

"Knowing how many milliliters of breast milk your baby consumed is not actually particularly useful. How do I know this? From years of working in NICU, where most babies can't breastfeed, but get expressed breast milk. As the dietitian, it was my job to calculate how much milk the babies needed – and that figure could be anywhere from 150 to 220 ml per kg, a huge range. How did we know what was the right amount? We took an educated guess, based on baby's health profile, and then monitored weight gain to know whether we needed to increase or decrease the feeding volume. So we judged adequate milk intake not on milliliters consumed, but on weight gain over time. Which is exactly what you do if you're breastfeeding "the old fashioned way."

This is why lactation professionals ask questions like: how many diapers is baby wetting? Do they seem content after a feed? What are their hands doing, are they squeezed tight into fists or are they open and relaxed? Do your breasts feel softer after you nurse? While milk intake can be measured by weighing baby pre- and post-feed with lactation scales (which cost, for a very accurate one, around $2,000) that number still doesn't erase the fact that every baby is different, every day is different, every week is different, your baby is growing rapidly and their needs are changing rapidly, and your milk composition and quantity are impacted by those factors. Breastmilk is *alive*, and changing all the time.

There are a few issues with these breastfeeding devices. One is that babies do not eat exactly the same amount every time they nurse. Sometimes they nurse because they are hungry, sometimes they nurse because they are thirsty, sometimes they nurse because they are seeking comfort. There is no specific number of milliliters or ounces that we are trying to hit every time we nurse our baby. The breasts produce milk constantly, even when the baby is drinking. Developers at Northwestern describe testing their device by having mothers wear the sensors while pumping to know "precisely the amount of milk mothers expressed." We know that the amount we pump does not always correspond to how much milk a baby can remove at the breast; that actually, mothers often pump less than their babies are able to

remove because our bodies don't respond as enthusiastically to the pump as to our babies. There are also other fluids moving around in the breasts (blood, lymphatic fluid, Montgomery gland secretions) not just breastmilk, so I am curious how these devices distinguish milk from other fluids? To me, these products feel disrespectful to the perfect intelligence of breastmilk, in the sense that it says that an ounce is just an ounce is just an ounce. In other words, they don't account for the variances in fat, hormonal, nutritional, immunological (and so on) content of breastmilk. They just say that milk is food, and here is how much your baby ate today. All of these devices – the Snoo, the Huckleberry app, Coro – weasel their way into, and between, the mother-baby dyad. They chip away at a new mother's maybe already fragile trust in herself and prey on her anxiety for profit. They encourage mom to farm out her intuition and pay more attention to an app than to her baby (like me, with my not-so-textbook contraction patterns). I imagine this misdirection of attention could also make reading and intuiting newborn cues more difficult, which is a big part of the bonding process. We don't know the neurological or developmental implications of a baby sucking on a bluetooth device. And not insignificantly: another thing to wash, charge, learn, troubleshoot and remember during the marathon that is postpartum? No thanks.

When introducing anything that promises to provide you with information, whether it be a cervical check in labour, an ultrasound during pregnancy, an electrode that tracks your baby's sleep trends and vital signs, or a smart nipple shield, we must ask ourselves: *what do I plan to do with this information?* Often, there is actually nothing to *do*, no action to be taken, just numbers to obsess over.

I understand the appeal. A lot of this stuff seems innocent enough— practical, even!— but I see a problem blossoming here. Opportunities to lure us deeper into our devices, coax us out of our own brains, and dismiss the quiet importance of heart-centeredness in birth and mothering abound. There is a pernicious insistence that we outsource our instincts to others before checking in with ourselves, that we rely on apps to tell us how to feed solids, sleep train, breastfeed, track labour contractions, and then, to obsess over our bodies and babies when they land outside the algorithm's recommended range, but within the very wide range of normal— and now we can look forward to having a smart little piece of silicone available to track our milk production and comfort us with probably-lacking data.

Of course we gravitate towards the ease, validity, mastery and logic that shiny new baby tech promises us— but when it comes to pregnancy, birth and parenting, perhaps we are becoming a little too data-driven. We revere the black-and-white nature of numbers and downplay the luminosity of our intrinsic mothering capabilities.

Data provides us with good info, but it doesn't tell us the whole story. Data is information stripped of its humanness. All of these devices are touted as things that will support breastfeeding, that will bring peace of mind to new mothers, that will protect and encourage nursing and help new moms last longer in their breastfeeding journeys. But how many moms using these devices will stop breastfeeding early, when actually, everything is fine— because they provided them with only one piece of the whole lactation picture? How many women will actually *feel comforted* by the numbers they see on their phones enough to continue breastfeeding *longer* than they might have *without* this gadget, and how many women will use the numbers as a reason to quit? Does the Owlet actually bring peace of mind, or does it increase the

likelihood of postpartum anxiety? What are the consequences of letting an 8-week old sleep through the night in the Snoo? How many ways can we data-fy birth, pregnancy and parenthood? How many ways can we get women to second-guess themselves? How many ways can we dampen the feminine flame of intuition?

We are really good at overcomplicating things. I worry that in all of our earnest, borderline obsessive efforts to be good parents, we wind up making things harder, more exhausting, more confusing for ourselves; that our insatiable *need to know* just leads us further and further into the deep dark woods of disconnection. The practical guidance of our instincts should hold the same weight, if not more, as the linear, unfeeling sharpness of the numbers.

The best way to measure that your baby is getting enough milk is that they are swallowing when drinking, producing plenty of wet and dirty diapers, gaining weight, and seem happy and healthy in other respects. That's pretty much it. Pay attention. Keep your baby close. Trust. And if something*is* wrong? If baby *isn't* getting enough? There will be signs. Trust yourself to recognize them, and get help from a human, not an algorithm.

Intellectualizing our way through pregnancy, muscling our way through birth and tracking our way through parenthood seems to be our preference as Westerners. But the external seeking of tests, scans, apps and plans will only get us so far. The more difficult, limbic work of this season of life is surrender. When we reach the edge of predictability and understanding— and we always will— an invitation to drop inward lies on the other side. Becoming a mom is a wild ride. We're not going to know everything. We can't! Leave some space and some quiet to allow those maternal spidey-senses to prickle up, though, and we might find ourselves surprised at how much we*do know*.

We don't need smart bassinets, or bluetooth on our breasts.

We need to let go.

Author Bio: Berlin is a birth doula, breastfeeding counsellor, yoga teacher, culinary school drop-out, writer and mother of one. She lives near Baltimore with her family.

1 Editor's note: Torticollis in babies, also known as "wry neck," is a condition where the neck muscles are tight, causing the head to tilt to one side and the chin to turn to the other. Plagiocephaly is a disorder that affects the skull, making the back or side of a baby's head appear flattened.