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## **Motherhood and breastfeeding**

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## **Abstract**

Breastfeeding becomes part of a women's identity as she enters the journey into motherhood. As women face the challenge of balancing the care of a new baby with the rest of life they come across many different ideas about the qualities of a 'good mother' from within their social networks. Throughout their journey into motherhood women weigh up information about breastfeeding in relation to this as they decide what to do. This article identifies the kinds of knowledge women draw on that reinforce their idea of themselves as 'good mothers' and the implications of this for midwifery practice.

## **Motherhood and breastfeeding**

### **Introduction**

Breastfeeding is much more than the healthiest way to feed a baby. For women who choose to breastfeed it is part of their journey into motherhood (Marshall et al 2007). The social nature of both motherhood and breastfeeding is highlighted by considering the way infant feeding practices have changed over time and the way that knowledge and beliefs differ across countries, cultures and socio-economic position. In this article, by drawing on the findings of a qualitative research study, I will examine the interplay between women's identity as mothers and breastfeeding and consider implications of this for midwives supporting women who have chosen to breastfeed.

Accumulating evidence suggests that conditions in pregnancy and early childhood (including infant feeding) affect children's health and life chances (Barker 2004, Marmot 2010, Field 2010) and consequently breastfeeding has featured prominently in recent public health policy (Department of health 2004a&b, Darzi 2008,). Despite this, there has been little change in breastfeeding rates in the UK. There are multiple reasons for this that cannot be understood without considering the social, emotional and cultural meaning of breastfeeding for mothers and the effect on their view of themselves as breastfeeding mothers (Marshall & Godfrey 2011). I will now highlight some of the key points relating to motherhood, identity and breastfeeding by drawing on the findings of a research study that combined observation of community midwifery practice with

interviews with both breastfeeding women and midwives and I will draw out the implications of these for midwifery practice.

### **Motherhood, identity and breastfeeding**

Women encounter many contradictions with regard to breastfeeding. It has been argued that because breastfeeding is the healthier option, women who choose to breastfeed are more likely to see themselves as 'good mothers' than women who choose to formula feed (Murphy 1999). However, whilst this may be so during pregnancy when women are thinking about whether or not to breastfeed, once the baby is born the situation becomes much more complex. As women start to face the challenge of balancing the care of a new baby within the context of their lives they come across many different ideas about the qualities of a 'good mother' from within their social networks and within this breastfeeding does not necessarily equate to being a 'good mother' – particularly if for example a baby is unsettled and feeding frequently. Throughout their journey into motherhood women weigh up information about breastfeeding in relation to this need to maintain their idea of themselves as good mothers as they decide what to do; including whether or not to continue to breastfeed.

At the beginning of their breastfeeding journey many women feel uncertain and vulnerable and their initial experiences do not always live up to expectations (Schmeid and Lupton 2001, Marshall et al 2007). Gaining confidence in themselves as good mothers and in their ability to breastfeed is not a simple linear process; rather there are

specific issues that can undermine their confidence. Whilst learning the physical skills of breastfeeding in the early days, many women feel overwhelmed and a key point is that many women, whether or not they are experiencing problems, want reassurance that they are 'doing it right'. Although learning the physical skills of breastfeeding is essential and many women will need help with this, the emotional aspects of support are equally important to enable women to develop confidence with both breastfeeding and mothering.

Developing ways of knowing the baby is getting enough milk is also very important to breastfeeding women. Ways of making the invisible visible have potential to increase women's confidence in this respect, such as the baby appearing healthy, having wet and dirty nappies, the way their breasts feel in relation to feeds and the baby gaining weight. Conversely, if a baby is unsettled this alone can undermine women's confidence but this is often compounded by negative comments from family or members of women's social networks. Such comments do not only undermine women's breastfeeding but also implicitly questions their qualities as 'good' mothers.

Becoming a new mother is a kind of balancing act whereby women try to do their best for their baby and achieve things they want to do and this is easier for women with a baby perceived to be 'good'. Women often struggle with the unpredictable nature of their baby's feeding pattern coupled with a reluctance to feed in public places. Rules about the social acceptability of breastfeeding in public places is variable and is perhaps questioned less when other members of women's social network also breastfeed.

## **Implications for midwifery practice**

Breastfeeding should not be considered in isolation; outcomes women want to achieve are usually broader than feeding their baby. For example, breastfeeding may simply be a means to achieve the outcome of a happy, healthy baby or women may be trying to balance caring for their baby with other valued activities. It is particularly important for midwives to consider the kinds of knowledge women might draw on that reinforce their idea of themselves as good mothers and these may include the following:

- Women value empirical knowledge highly. Such as, direct experience of unambiguous cues (e.g. a settled and contented baby) or measurable and quantifiable information (e.g. weight)
- General or abstract advice or help is not as useful to women as input that is of direct relevance to resolve a particular issue
- Possible solutions must make sense to women. Simply telling women to try something is not enough; they also need to understand why a solution might work
- Women's emotional well-being is important in addition to good evidence-based practical support and information
- Constructions of good or bad mothering vary between individuals, are produced or modified as a result of social interactions, and breastfeeding may or may not be a part of this

As midwives support women for a relatively short time after the birth of their baby it is likely to be useful to discuss with women how they might seek 'breastfeeding allies' as

one part of a strategy to increase their confidence and reduce uncertainty. Currently a range of locally based opportunities exist or are developing within for example Children's Centres (such as attending Baby Café or Baby massage groups) and these can provide women with important opportunities for discussion with other mothers.

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