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‘This is a natural thing, why can I not do this?’:
The impact of early breastfeeding difficulties on first-time mothers.

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Summary
Knowledge of how breastfeeding difficulties are managed in the very early post-partum period, and the impact of these difficulties on mothers, is still limited. In this study we used a social constructionist version of interpretative phenomenological analysis to explore the experiences of eight first-time mothers who struggled with breastfeeding in the first post-partum week. Data were collected through semi-structured interviews and audio-diaries. The overarching theme identified was of a tension between the participants’ best-embodied experience of struggling to breastfeed and the cultural construction of breastfeeding as ‘natural’ and hence relatively trouble-free. We discuss three ways in which this tension was problematic for the mothers and sometimes led to high levels of distress. We also outline some of the implications of these findings for supporting mothers for whom breastfeeding is difficult.

Introduction
Because there is clear evidence of the benefits of breast milk for infants and mothers (Kramer & Kakuma, 2002), breastfeeding has become a highly researched, scrutinised and promoted health behaviour (Marran et al., 1999), arguably creating a moral imperative for mothers to at least attempt breastfeeding in the early postpartum period (Murphy, 2000). However, although the majority of mothers initiate breastfeeding in the UK, this is usually discontinued long before the recommended six months and often earlier than women intended (Bolton et al., 2007). Many women, particularly first time mothers, experience difficulties breastfeeding including problems latching the infant onto the breast effectively, painful and/or traumatised nipples, and concerns over the adequacy of milk production or consumption (Bertridge et al., 2005). It is important to develop understanding of these difficulties, not only to reduce barriers to breastfeeding but also to understand better the impact of such problems on mothers and on their relationship with their child. Breastfeeding research has to date often prioritised the first of these goals, paying less attention to how breastfeeding difficulties are experienced by women. However, there is now a growing body of literature which seeks to understand breastfeeding by exploring the perspectives of breastfeeding mothers (see Larson et al., 2008; Nelson, 2006). This literature has highlighted the heterogeneous nature of breastfeeding experiences (e.g. Schmied & Barclay, 1999) and the way in which women can find the situation of struggling or ‘failing’ to breastfeed distressing, intrinsically provoking and attributable to their sense of self-worth (Mozingo et al., 2000). However, much of this research has relied on retrospective reporting some weeks after the birth, so that knowledge about the impact and management of breastfeeding difficulties as they occur in the first few days is still rather slim.

Aims of study:
To explore the experiences, as they unfolded, of eight first time mothers who struggled with breastfeeding in the first week following the birth of their baby, and examine their ongoing attempts to make sense of this situation.

Methods
The data are taken from the first phase of a larger short-term longitudinal study which involved a sample of 21 first-time mothers engaging in semi-structured interviews and keeping daily audio-diaries of their breastfeeding experiences during both the first and last seven days of the first month postpartum. The eight discussed below were selected for analysis due to the difficulties they experienced in week one during the first phase. They were all white, aged between 25 and 36, either married or cohabiting with the father of the child and reported a range of occupational backgrounds, though the majority described themselves as professional or managerial. Eligibility for participation in the study required a declared intention to breastfeed for at least one month and that the infant was a singleton, born at a gestational age of between 36 and 42 weeks, without incidence of significant child or maternal illness. Participants were visited by the researcher as soon after the birth as practicable and ethically appropriate (typically immediately following discharge from hospital), and asked to make daily dairy entries about their experiences of breastfeeding (e.g. how the feeding was going and how they felt about this) for a seven-day period using simple portable voice-recording equipment (shown above). They were then interviewed about their experiences at the end of this period. Ethical approval for the project was gained from both university and NHS regional research ethics committees. The data were analysed using interpretative phenomenological analysis (Smith, Larkin & Flowers, 2009), but a version of this which assumed that individual experience is mediated through wider cultural discourses (Whitt, 2000; Yardley, 1997). Therefore in making sense of the women’s accounts as socially and culturally constituted we paid particular attention to the availability of discursive resources for enabling and limiting their sense-making.

Overview of analyses
Superordinate theme: Breastfeeding as ‘natural’ versus the lived embodied struggle to feed

Problems breastfeeding as threat to maternal identity
‘... and get at arms out the way... you’re trying to hold and support his head which wobbles, and getting to
open for mouth wide, and it’s just as much as it can... I know it sounds pathetic, it must be, should be the most natural
thing in the world... so difficult for it, baby’ (Gina, interview) ...I think the first few days were horrific and I would emphasise to anybody I spoke to again just really how painful it is
(shows) ...and you really do have to persevere through the first 3 or 4 days... I just cried and cried…. I’m crying because...’

Uncertainty interpreting pain
All eight women were surprised by the intensity and duration of pain they experienced breastfeeding. Several were confused as to whether or not this signalled a problem, leading to reduced confidence in breastfeeding:

‘...it badly hurt the first time in the hospital, I thought for the first feed or fail I thought, oh, you know, this is flaming then, it
started to get painful, then it starts to get really painful and you think, oh, I’m not doing it right. Your confidence just falls
and you think, oh God, I’m inadequate’ (Gina, interview).

Despite the uncertainty, avoidance of perceived ‘failure’ at something supposed to be ‘natural’ and enjoyiable meant that most of the women felt the need to endure the pain and continue in spite of it, at least in the short-term.

Feeling insufficiently supported by midwives
Although several of the women made positive comments about midwives, their experience was sometimes of a service which, while strongly promoting breastfeeding as the natural and right thing for mothers to do, did not always recognise the reality of their struggle to breastfeed or the extent to which they needed support:

‘...it a total learning curve that you need somebody to show you... it’s like learning how to drive a car. You need more than one lesson and... (my limited experience I certainly didn’t get half a lesson) (Gina, diary, day 3)

Concluding comments
This brief overview of the findings from our study suggests that where breastfeeding is constructed predominantly as unproblematically natural, significant problems breastfeeding may not only be trivialised but become seen as women’s own deficiencies. In this context, a conclusion reached by many of the women in our study was that they were deviant, inadequate in some ways and perhaps less desirable (in the eyes of others) as a result of their struggle to breastfeed. It may be that some of them could in fact have been assisted further to adapt their feeding techniques so that breastfeeding was less painful and their baby able to feed more easily (see Renfree et al., 1996). As such there is an extremely important role to be played by breastfeeding support workers who can provide the detailed and sustained one-to-one tuition that many of our participants were seeking. However, we would also argue that there is an onus on health practitioners, researchers and policy makers to facilitate ways of talking about breastfeeding which, while supporting as many women as possible to breastfeed, are accepting of the possibility that some women may struggle to do so. The goal to improve breastfeeding rates needs to be managed carefully with attention paid also to the possibility that a perceived moral imperative to breastfeed may be experienced by women who find breastfeeding challenging as damaging to their sense of self-worth, their emerging maternal identity and developing relationship with their child.

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