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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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Uncertainty interpreting pain

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

...I had never thought of it in the hospital, I thought for the first feed or two I thought, oh, you know, this is fine, 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 sinks the floor and you think, oh god, (Uma, interview)

Despite the uncertainty, avoidance of perceived ‘failure’ at something supposed to be ‘natural’ and enjoyable 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:

...I actually think I'm actually starting to feel nauseous now when I feed them and I'm shoving every feed time now which is every three hours... I'm just feeling sick and feeling nauseous... I should be enjoying these moments. I am starting to feel a lot more and more .... (Uma, interview)

Feeling insufficiently supported by midwives

Problems breastfeeding as threat to maternal identity

Seven of the eight women referred to their struggle to breastfeed or consequent use of formula as failure, deviance or inadequacy rather than simply a disappointment. They saw themselves as unable to do something that, according to dominant cultural constructions of breastfeeding as ‘natural’ and straightforward, which are often emphasised in educational and promotional literature for new mothers (e.g. Hauck et al., 2002; Hoddinott & Pill, 1999; Marshall et al., 2007). The themes below show in more detail the particular ways in which it was difficult for these participants to manage this tension.

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 indeed, inadequate in some ways and that they were necessarily dependent on others’ help. It may be the case 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 Renfew et al., 1998). 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.