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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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Introduction

Because there is clear evidence of the benefits of breast milk for infants and mothers (Kramer & Kakuma, 2002), breastfeeding has become a heavily researched, scrutinised and promoted health behaviour (Marshall et al., 1999), arguably creating a moral imperative for mothers to 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 traumatic nipples, and concerns over the adequacy of milk production or consumption (Berridge et al., 2007). Many women, particularly first-time mothers, experience difficulties breastfeeding including problems latching the infant onto the breast effectively, painful, and/or traumatic nipples, and concerns over the adequacy of milk production or consumption (Berridge et al., 2007)

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 were 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 diary 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).

Other researchers have also noted this discrepancy that many women experience between the difficult reality of breastfeeding their baby and cultural constructions 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.

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:

‘Don’t blink or wince, cos if you blink, that’s a sign that you’re in pain.’ (Queenie, 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 have been told that in the hospital you are taught for the first feed or two I thought, oh, you know, this is fine, then it started to get painful, then a start to get really painful and you think, oh, I’m not doing it right. Your confidence just goes Flop into the floor and you think, ‘Oh God’, (Lisa, interview).

Feeling insufficiently supported by midwives

Although some 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’s a total learning curve that you need somebody to show you… it’s like anything you need more than one lesson and (. . .) in my limited experience I certainly didn’t even get half a lesson (Uma 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 inadequate, infeasible in some way and incompetently dependent on others help. It may be the case that some of them could in fact have been assisted further to adopt their feeding techniques so that breastfeeding was less painful and their baby able to feed more easily (see Renvall 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.

Problems breastfeeding as threat to maternal identity

‘...you feel really blamed, if you don’t breastfeed, you feel that society’s judging you can I not do this?…, my baby would die if he was in a country where they didn’t breastfeed’ (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.

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’ (test) embodied experiences 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.

Conclusion

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 inadequate, infeasible in some way and incompetently dependent on others help. It may be the case that some of them could in fact have been assisted further to adopt their feeding techniques so that breastfeeding was less painful and their baby able to feed more easily (see Renvall 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.

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