'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 over-arching theme identified was of a tension between the participants' lived, 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 heavily researched, scrutinised and promoted health behaviour (Marshall 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 (Bolling 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 (Berridge 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 find the situation of struggling or 'failing' to breastfeed distressing, anxiety provoking and damaging 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 occurr 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 22 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 these 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 38 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 twice 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).

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 (Willig, 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

...try and get his arms out the way ...,you're trying to hold and support his head which wobbles, and getting him to open his mouth wide, and it's just so much to do! I know it sounds pathetic, it must be, should be the most natural thing in the world, but ... so difficult isn't it, baby boy? (Queenie, diary, day 1)* * pseudonyms used throughout

I think the first few days were horrific and I would emphasise to anybody I spoke to again just really how painful it is (laughs) …and you really do have persevere through the first 3 or 4 days (. . .) that's not made clear enough to people (.) certainly wasn't made clear enough to me (Robin, diary, day 5)

... You just assume, as a woman, you can do this, and you can't. And that's a very sobering experience. (Uma, interview)

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 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.

Problems breastfeeding as threat to maternal identity

...I just cried and cried …cos it was just such a big disappointment....I still felt like, really felt a failure, almost as a woman really, you feel like this is natural thing, why can I not do this?…, my baby would die if he was in a country where they didn't have bottles… (Queenie, interview)

And you feel really blamed, if you don't [breastfeed], you feel that society's judging you for not being able to do it, and you're not normal. (Gina, interview)

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 discourses, mothers should be able to do with their bodies. They blamed them*selves* for what they felt their bodies could not produce:

... but it [topping up with a bottle] also made me feel very, um, just like a really crap mother, to be honest... I just felt that I couldn't um, produce what she was needing... It just made me feel very inadequate (Caitlin, interview)

For some of the women, their diaries over the seven days demonstrated how their well-being and confidence as a mother fluctuated with the ups and downs of their battle to breastfeed.

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 no confidence in it, in the hospital, cos 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 hits the floor and you think, 'Oh God'. (Uma, interview)

Despite the uncertainty, avoidance of perceived 'failure' at something supposed to be 'natural' and enoyable 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:

It absolutely kills still. I'm actually starting to feel nauseous now when I feed him and I'm dreading every feed time now which is every 2 ½ hours which is not a nice feeling because I should be enjoying these moments. I am starting to hate it more and more. (Arabella, diary, day 4)

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's a total learning curve that you need somebody to show you… it's like anything like driving a car. You need more than one lesson and (. . .) in my limited experience I certainly didn't even get half a lesson (Uma diary, day 3)

…but one'll tell you to give boiled water and one'll tell you not to give boiled water so one day you think you' re doing one thing and the next you are doing another so she said, well just take the bits you want but I said you don't know when you are a new mum…there are no standard procedures with it ...so I found that very difficult when you don't know what's right (Queenie, interview)

However, despite their desire for support and guidance, it was possible sometimes to feel inadequate for asking for help, because there was some sense that they *ought*, as women and mothers, to be able to breastfeed:

And I thought well, I'd like you [midwife] to come tomorrow, but it makes me feel inadequate if I have to ring you. (Gina, interview)

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 or failures in some way and inappropriately 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 Renfrew 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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