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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 breastmilk for infants and mothers (Kramer & Kakuma, 2002), breastfeeding has become a heavily researched, scrutinised and promoted health behaviour (Nelson, 1991; Marshall et al., 1999). Despite the encouragement (e.g. Schmied & Barclay, 1999) and the way in which women can 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 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 301 first-time mothers engaging in semi-structured interviews and keeping daily audio-diaries of their breastfeeding experiences during the first 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 35 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 breastfeeding experiences (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.

Problems breastfeeding as threat to maternal identity

‘...and get into the swing of the way... you’re trying to hold and support his head which wobbles, and getting to open his mouth wide, and it’s just as much as I can... I know it sounds patently, I mean it, it should be the most natural thing in the world... it’s so difficult, it’s a baby’ (Christine, interview)

Seven of the eight women referred to their struggle to breastfeed or consequent outcome of 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 themselves for what their bodies could not produce:

If I’m in a situation where... (laughs) …and you really do have to 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)

...try and get his arms out the way..., you’re trying to hold and support his head which wobbles, and getting to open his mouth wide, and it’s just as much as I can... I know it sounds patently, I mean it, it should be the most natural thing in the world... it’s so difficult, it’s a baby’ (Christine, interview)

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 just done 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 Aflas the floor and you think, oh God, (Christine, 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.

It absolutely hurts. I’m actually starting to feel nauseous now when I feed him and I’m shaking every feed now because it’s a very strong feeling because I should be enjoying these moments. I am starting to have more and more (vomiting, 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:

...I have a long-term curve that you need something to show you... it’s like anything like driving a car. You need more than one lesson and (…) no limited experience I certainly didn’t even get half a lesson (Lisa, day 3)

...but one half you lose it and you’re not given water as one day you think you’re doing one thing and the next you are doing another and she said, well I’ll take the kids the next day but just past you don’t know when you are a new mom... there are no standard procedures with it, so I found that very difficult when you don’t know what’s right (Queens, 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, if you [breastfeed] it’s going to become some, but it makes me feel inadequate if I have to give up. (Lisa, 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 inadequate, deviant or failures in some way and that this problem was either disavowed or not acknowledged independently 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 Rowe 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 as supporting women as possible to breastfeed, are accepting of the possibility that some women may struggle to do so. The goal is 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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References


