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Leeming, Dawn, Williamson, Iain, Johnson, Sally and Lyttle, Steven

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Becoming a breastfeeding mother: An interactionist perspective

Dawn Leeming¹, Iain Williamson²,
Sally Johnson³ & Steven Lyttle²

1. University of Huddersfield 2. De Montfort University 3. University of Bradford

Background

Importance of:

- Understanding processes by which breastfeeding becomes established or ceases
- Looking beyond mother-child dyad to understand this:
 - Broader network of relationships
 - Wider cultural context

Previous research

- Becoming a mother involves redefining roles and relationships with others (*e.g. Nelson, 2003*)
- Breastfeeding – part of renegotiation of roles
- Key others can have significant impact on establishment and continuation of breastfeeding (*e.g. Rempel & Rempel, 2004; Sikorski et al., 2003; Piscane et al., 2005; McInnes & Chambers, 2008*)
- Breastfeeding women find it challenging to negotiate wider cultural expectations re. breastfeeding & motherhood (*e.g. Johnson et al., 2009; McBride-Henry, 2010; Stearns, 1999*)

Aim of present investigation

To extend understanding of how breastfeeding mothers experience and make sense of their relations with others, and how these are implicated in their experiences of breastfeeding.

Methods

- Qualitative study of early experiences of breastfeeding (1 & 5 weeks postpartum) for first-time mothers
- Audio-diaries and semi-structured interviews
- Nine participants purposively sampled for detailed analysis (analysis ongoing)

Approach to analysis

- Interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009):
 - Understanding meaning of lived experience
 - In-depth analysis of few participants
- Symbolic interactionism:
 - relations with others are part of, rather than external to, lived experience
 - shared meanings - 'looking glass self'

Analysis to date

Three overarching themes identified to date:

- Shifting dyads
- Causing no ripples
- Others' expertise as both empowering and disempowering

Expertise as empowering & disempowering

Those with perceived breastfeeding expertise could be experienced by the participants as:

- empowering and validating their transition to motherhood

OR

- disempowering and invalidating them and their performance of mothering through breastfeeding

Others' expertise as enlightening

Those with expertise in breastfeeding perceived as able to **interpret** woman's own body and breastfeeding process & confirm acceptability of this:

“the midwife thought he'd had a good suckle, like one or two sucks, but I didn't really feel anything, I didn't really know what it would feel like” (Gina, interview)

Reassurance – I’m doing it right

*“she’s going to come tomorrow, to have a look and see what I’m doing ...I think that the reason why my nipple’s so sore is cos he’s just not latching on properly, and, err, that was probably my bad technique..... **she can say, you know, exactly what’s happening**, you know, give you reassurance, so you know you’re doing the right thing” (Erica, diary)*

Techno-medical approach to breastfeeding can be reassuring

- can also lead to reduced confidence in interpreting own body (e.g. Dykes, 2002)

The power to validate: You're OK

Not just reassuring but also **normalising** and therefore validating experience as OK:

*“...so I had the midwife saying **this is completely normal**, plug away at it and keep going, keep going. But had I been at home, I'm sure that I would have faltered.” (Robin, interview)*

‘Rescuing’ by transmission of expertise

Strong sense of gratitude to healthcare professionals who had ‘rescued’ them by sharing skills & knowledge:

*“but she kind of showed me this position, which is on my lap, and ...it saved me, because I only need two cushions, it’s comfortable, I don’t have to hold him up... Yeah, **it really saved me**, cos I think by that point I was (.) I don’t know if I would have given up ...**I think I would have cracked** at some point emotionally” (Gina, interview)*

Disabling by limited sharing of expertise

Sometimes felt disabled by limited tutoring in breastfeeding skills:

*“...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)*

The authority to invalidate: Am I measuring up?

Experts' perceived authority to define 'normal' & 'acceptable', made their judgement more threatening:

*“I didn't well I didn't want my baby screaming if nobody else's baby was screaming I ...didn't want the nurses coming in all the time or the midwives thinking **what's wrong with her (.) she's not managing very well.**” (Robin, diary)*

*“I felt more relaxed at home because there was almost a pressure in hospital, because ...you knew that they were checking to see if he was feeding alright...and therefore **there was a pressure to make sure, to prove that you were feeding ok.** (Emma, interview)*

Can I, as a novice, measure up to experts?

*“being at home as opposed to in the hospital ... I feel a lot more comfortable in just experimenting with different things for a while, I don't feel that there's **people who know 25 times or 3 thousand times more than I do**, sort of like trying to help” (Emma, diary)*

- ❖ Why is it not OK for her to be a novice?

The stakes are high

Perceived pressure from others (e.g. partners) to be a happy, successful, breastfeeding ‘Madonna & Child’:

*“And she was showing me how to put him in that position [for feeding]... and I was really nervous because I remember thinking, this isn’t going to work, and **Gordon [husband] was there, all sort of excited to watch,** and I felt really on display, even though I was still sort of overwhelmed ...and I felt really like, **this is a sort of test.**” (Robin, interview)*

*“but I knew that, I felt that I was letting him [husband] down, cos we’d been to these classes read about, heard about how natural it is, you know. **Seeing all these happy mothers breastfeeding on videos and things.**” (Gina, interview)*

The stakes are high

Difficulties with breastfeeding were experienced as highly significant ‘failure’:

“I just cried and cried and cried 'cos it was just such a big disappointment I felt like I had failed really..., almost as a woman really, you feel like this is a natural thing, why can I not do this?” (Queenie, interview)

Paradox in accepting help of experts:

- Successful breastfeeding has become linked to idealised views of 'good' mothering' (Marshall et al. 2007; Murphy, 1999) and 'natural' mothering (Williamson et al., 2011)
- However, breastfeeding often relies on transmission of skills from others

Validation / invalidation & the importance of relationships

Quality of relationship seemed crucial for determining whether women felt supported or judged.

- e.g., recognising and positively validating efforts to breastfeed was important:

*“and I found myself feeling very guilty about contemplating one little top-up formula feed...if they were encouraging you, saying **you’re doing really, really well, just keep going**, you know, if somebody said that to you ... **just keep going because you’re doing really, really well**, then I might have reacted better.” (Robin, interview)*

Validation / invalidation & relationships

Importance of establishing a meaningful & continuing, **valuing** relationship

- advice does not feel like criticism and monitoring does not feel like judgement:

Interviewer: *What about the support from your midwife since you've come home?*

Participant: *Um, I don't really know her so ... it is quite hard to open up to new people about ... I'd gone to the bottle and um she was really supportive... but **she doesn't know me or the baby soit was just kind of patter** (Caitlin, interview)*

Conclusions

- Women become breastfeeding mothers within a complex network of relationships, at a time when they may feel particularly vulnerable to the scrutiny and judgement of others
- In order to understand processes in the establishment of breastfeeding, it is important to explore how social processes are experienced as facilitating or inhibiting breastfeeding (it's not just about 'choices')
- Healthcare professionals can play a key role in reflecting back to women a view of themselves as credible, competent breastfeeding mothers

Conclusions

However:

- Maternity services are not often organised or funded in order to prioritise forming valuing relationship (*Dykes, 2005; Furber & Thomson, 2007*)
- Without meaningful and sustained relationships between healthcare professionals and new mothers there is a risk that:
 - advice will be heard as criticism
 - monitoring will be experienced as judgement
 - expertise will be perceived as ‘rescuing’ rather than empowering