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## Realities, difficulties, and outcomes for mothers choosing to breastfeed: Primigravid mothers experiences in the early postpartum period (6–8 weeks)

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## ABSTRACT

**Objective:** to develop an understanding of primiparous women's experiences and challenges of breast feeding in the early postpartum period at two BFI accredited hospitals in the East Midlands in the UK that has lower rates of sustained breast feeding.

**Design and setting:** a hermeneutic or interpretive phenomenology study was conducted across two hospitals in the East Midlands, UK.

**Data collection:** 22 primigravid women completed a daily written diary maintained for six weeks post birth. In addition, interviews were conducted with 13 women, nine who had completed a diary and four who did not return a diary but wanted to be interviewed, providing 26 different women's perspectives on their breast feeding experiences either from a diary or interview.

**Findings:** three main themes emerged from the interviews and written diaries: (1) mothers experience a 'roller coaster' of emotions in relation to trying to establish breast feeding, (2) mothers perceive health care professionals as the 'experts' on breast feeding and (3) mothers had difficulties in breast feeding their infants in public, including in front of family and family and when away from their homes.

**Conclusions:** women were ill prepared for the realities of breast feeding despite their antenatal intention to breast feed. Mothers had a preconceived idea that breast feeding would be 'natural' and without difficulty. When problems occurred, they perceived this to be a breast feeding problem and so choose artificial milk. Mothers require ongoing support to breast feed, especially in the early postpartum period, but more realistic messages about breast feeding need to be included.

**Implications for practice:** there is a clear need for antenatal education to focus on preparing women for the realities of breast feeding, including newborn behaviour, which may affect women's perceptions of breast feeding. Local health care professionals need to draw upon national breast feeding strategies but develop a localised approach in order to address the regional variance.

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## Introduction

Breast feeding is a key public health priority (World Health Organisation (WHO), 2011). On a population basis, exclusive breast feeding for the first six months of life is the optimal way of feeding infants (World Health Organisation (WHO), 2011; Kramer and Kakuma, 2012). International initiatives have been instigated over the past 30 years in an effort to increase breast feeding rates,

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including the WHO code of marketing breast milk substitutes (WHO, 1981), the *Innocenti Declaration on the protection, promotion and support of breastfeeding* (WHO, 1991), the WHO/UNICEF Baby Friendly Initiative and the WHO Global statement on infant feeding (WHO and UNICEF, 2003).

The latest UK quinquennial survey results (Health and Social Care Information Centre (HSCIC), 2012) shows that breast feeding prevalence at 6–8 weeks is 55% in the United Kingdom, 46% in England and 42% in the East Midlands. In accordance with NICE (2006) postnatal care guidance, this region is UNICEF UK Baby Friendly Initiative accredited in both local hospitals and community health care services. However, the HSCIC survey data indicates that breast feeding initiation and continuation rates

remain stubbornly low. Whilst there is a plethora of studies exploring breast feeding, many of these studies have been concerned with infant feeding decision-making, attitudes towards breast feeding, initiation, and breast feeding support. There is a relative lack of qualitative research studies focussing on primigravid women's experiences of breast feeding in the first six to eight weeks after the birth of their infant.

## Aim

The aim of this study was to develop an understanding of primiparous women's experiences and challenges of breast feeding in the early postpartum period (6–8 weeks) in one geographic location in the East Midlands, UK.

## Methods

### Analytic approach

The methodological orientation of this study was that of hermeneutic or interpretive phenomenology (Heidegger, 1962), an approach that seeks to understand human experience from the perspective of individuals' experiences of life events, and the meanings these events have for them. The aim of interpretive enquiry is to identify common themes across the participants and form a pattern of understanding. This involved immersion in the data by reading and re-reading each diary and interview in a search for emerging themes. Individual segments of texts were considered in relation to the overall text, and each sentence was assessed for meaning of the phenomena. Each researcher carried out simultaneous analysis (KHS, DW, RS). Collaborative reflective discussion took place between the three researchers to generate deeper insights and understandings.

### Participants

A non-probability purposive sampling technique was used to recruit antenatal participants over 34-week gestation who give birth and receive their antenatal and postnatal care in the region and who indicated that they intended to breast feed.

The setting for the study is two UNICEF BFI accredited hospitals in a county located in the East Midlands who have a lower rate of breast feeding at 6–8 weeks than the rest of the East Midlands region and lower than the national picture. The local acute hospital Trust had been awarded Stage 2 accreditation, and the community health service Trust had achieved Stage 1 accreditation of the BFI.

### Data collection

Two methods of data collection were used to obtain data immediately following the birth. Twenty-two mothers completed a written diary recording their infant feeding experiences for six weeks. They were encouraged to record something daily, although this was not prescriptive and some women recorded a detailed account of their experiences both daily and at the end of the 6-week period. In addition, in order to triangulate the data interviews were conducted with 13 women, nine who had completed a diary and four who did not return a diary but wanted to be interviewed, providing 26 different women's perspectives on their breast feeding experiences either from a diary or interview. Interviews were conducted in the mother's home between July and September 2012, were tape recorded with participant's

permission and lasted between 30 and 55 minutes. The interviews were transcribed verbatim.

## Ethics

Ethics approval to conduct this study was granted by the University ethics committee, the National Research Ethics Service (NRES), and the acute hospital Trust Research and Development department. Participants were recruited from the maternity units of two hospitals, one acute hospital and one-community health service maternity units in the East Midlands of England. The study, which took place in 2012, was advertised in local GP surgeries and antenatal clinics. Written consent was in line with NHS REC guidelines. Confidentiality and data protection principles were strictly observed, for example, the identities of participants were protected by the use of a code that ensures that all written data are anonymised. The code was allocated once informed consent had been given by the participant.

## Findings

The findings indicated that although participants planned to breast feed, for many, their feeding experience was not as they anticipated. Whilst all 26 participants initiated breast feeding, on discharge from hospital seven were providing artificial milk, one combination feeding (artificial milk and solely expressing breast milk), 18 (69%) were exclusively breast feeding. By the 6–8 week postpartum period, only 10 mothers (38%) were still exclusively breast feeding as shown on Table 1.

All quotations are referenced by the participant code and source of data (diary or interview) as shown on Table 1.

### Emotional roller coaster of infant feeding

A key aspect that emerged from the data was how unprepared the mothers were for the demands and needs of their newborn and how this contributed to a roller coaster of emotions. Most mothers felt ill prepared for breast feeding, and how to meet the continual demands whilst carrying on with the lives they had prior to giving birth. The coded data identified three subthemes: maternal guilt, their unpreparedness for their newborn needs including breast feeding and, new mothers unrealistic expectations about the demands of breast feeding and continual care of the infant. The following section discusses the themes and subthemes in more detail (Fig. 1).

### Maternal guilt

Of the 26 mothers, 10 were still exclusively breast feeding in the early postpartum period, but for the 16 mothers that stopped breast feeding there was a sense of maternal guilt. This emanated

**Table 1**  
Infant feeding outcome of participants.

	Feeding at hospital discharge	Feeding pattern at six weeks
<b>Breast feeding including EBM (expressed breast milk)</b>	18	10
<b>Artificial milk</b>	7	16
<b>Mixed</b>	1	0
<b>Total</b>	<i>n</i> = 26	<i>n</i> = 26

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