JOGNN

RESEARCH

Women's Experiences With Early Breastfeeding After Gestational Diabetes

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Keywords
gestational diabetes mellitus
breastfeeding
lactation
phenomenology

ABSTRACT

Objective: To explore the lived experience of early breastfeeding for postpartum women who had gestational diabetes mellitus (GDM) in pregnancy.

Design: A qualitative phenomenological research design.

Setting: Participants were recruited from community hospitals, postpartum clinics, and lactation clinics in rural and urban facilities in the Midwest and Atlantic Regions of the United States.

Participants: A purposive sample of 27 women who had been diagnosed with GDM and who had initiated breastfeeding following delivery.

Methods: Questions were used as prompts to initiate conversation and to provide structure for focus group discussions and interviews. Data were analyzed independently and then collaboratively with the researchers and experts to compare findings, including interpretations and concerns before revisions were made in preparation of the final, composite description.

Results: Three themes emerged from the data reflecting the participants' interpreted experience: *Breastfeeding Challenges and Breastfeeding Support*, *Milk Supply Challenges*, and *Concern for Infant Health*. Delayed lactogenesis II was reported by 30% of the women, and 44% perceived decreased milk supply.

Conclusions: Participants identified breastfeeding facilitators and barriers, many of which could have been modified. The women expressed a need for consistent lactation advice, education, assistance, and strategies to address breastfeeding challenges and milk supply issues.

JOGNN, 44, 500-509; 2015. DOI: 10.1111/1552-6909.12658

Accepted March 2015

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Supported by the West Virginia March of Dimes and the James Madison University Department of Nursing.

Breastfeeding is considered the most complete form of nutrition for infants and provides health, growth, development, and immunity benefits (American Academy of Pediatrics, 2012), yet many women do not breastfeed. Specifically for women with gestational diabetes mellitus (GDM) or preexisting diabetes, breastfeeding is recommended to promote maternal and infant metabolic health (American Diabetes Association [ADA], 2012; Metzger et al., 2007). However, some researchers have found that women with diabetes in pregnancy have lower rates of breastfeeding initiation (Finkelstein et al., 2013). Similarly, breastfeeding duration rates have been noted to be shorter among breastfeeding women with diabetes compared to women without diabetes (Dewey, Nommsen-Rivers, Heinig, & Cohen, 2003; Soltani & Scott 2012). With an increasing trend in the number of women diagnosed with GDM (Hunt & Schuller, 2007), the need to address issues associated with breastfeeding by women with GDM is critical.

Background

Limited research has been published on the breastfeeding challenges faced by women with diabetes. Much of the research on the effect of diabetes on the breastfeeding process has focused on women with type I diabetes mellitus (T1DM) (Berg & Sparud-Lundin, 2009; Stenhouse, Letherby, & Stephen, 2013), even though type II diabetes (T2DM) and GDM are more common during pregnancy and differ in nature from T1DM. The treatment for each is not necessarily insulin dependent. Furthermore, qualitative researchers focused on women with GDM and evaluated the experience of having diabetes in pregnancy

without exploring the perception of the breastfeeding process (Berg, Erlandsson, & Sparud-Lundin, 2012; Carolan, Gill, & Steele, 2012; Hjelm, Bard, & Apelqvist, 2012; Nolan, McCrone, & Chertok, 2011; Sparud-Lundin & Berg, 2011). Women with GDM who participated in a qualitative study in Vietnam regarding health attitudes and behaviors expressed fear of transmitting diabetes to their infants through breastfeeding (Hirst et al., 2012), which indicates a need for evidence-based information about breastfeeding and GDM.

Among the limited research conducted on breastfeeding in the GDM population, one area of examination has been perceived milk supply and its effect on infant feeding practices. Various factors have been associated with no or limited breastfeeding among women with GDM, including perceived inadequate milk supply or delayed onset of copious milk production with lactogenesis II (Brownell, Howard, Lawrence, & Dozier, 2012; Dewey et al., 2003; Matias, Dewey, Quesenberry, & Gunderson, 2014; Trout, Averbuch, & Barowski, 2011). Additionally, insulin treatment, obesity, increased maternal age, and relatively low breastfeeding assessment scores were significant factors in delayed lactogenesis II (DL2) among women with a history of GDM when comparing the timing of lactogenesis II to the expected time of 72 hours postpartum (Matias et al., 2014).

Women who feel that their infants are unsatisfied after nursing are more likely to supplement with formula and to cease breastfeeding (Brownell et al., 2012; Gatti, 2008). However, the use of formula supplementation may contribute to a further reduction of milk supply and sabotage breastfeeding efforts (DaMota, Banuelos, Goldbronn, Vera-Beccera, & Heinig, 2012). Additional factors identified as associated with DL2 in women who had diabetes during pregnancy (T1DM, T2DM, or GDM) included delayed breastfeeding initiation following delivery, failure to breastfeed for first feed, elevated maternal Body Mass Index (BMI), and maternal insulin treatment during pregnancy (Matias et al., 2014). cesarean birth has also been associated with DL2 in women with T1DM (Sorkio et al., 2010).

The purpose of this qualitative study was to gain insight into the breastfeeding challenges that women with GDM face in the early postpartum period. The research question was "What is the structure of meaning of the lived experience of early breastfeeding for postpartum women who had GDM?"

Limited research has been conducted on the breastfeeding experiences of women with gestational diabetes.

Methods

A qualitative, phenomenological approach using focus groups and interviews was employed to elicit the experience of women who had been diagnosed with GDM and who had initiated breastfeeding. *Early breastfeeding* was defined as any attempt to breastfeed in the first week postpartum. Questions were used as prompts to initiate conversation and to provide structure for focus group discussions and interviews. The participants completed brief demographic surveys at the start of each session. The focus groups and interview sessions were audio-recorded using a digital recorder with permission from participants. Additionally, notes were taken by a member of the research team for data checking. Transcripts of the audio recordings were compared with the notes and were deidentified for analysis. Prior to initiating the study, ethical approval was obtained from the researchers' institutions.

Setting and Participants

Using a purposive sampling method, women who had been diagnosed with GDM and had initiated breastfeeding following birth were identified by the lactation consultant, medical, or nursing staff member in the hospital during postpartum visits or at the lactation clinic visits. The health care professionals provided the interested women with the research team's contact information. Additionally, flyers were posted at the postpartum clinics. Women who were interested contacted the research team and received an explanation of the study procedures, including the audio recording of the sessions and signed informed consent prior to participation. The study took place over a 3- month period, from October 2013 to January 2014, in rural and urban facilities in the Midwest and Atlantic regions of the United States. Inclusion criteria were women who delivered term infants without serious health problems or anomalies diagnosed at birth, maternal history of GDM during pregnancy within the past year (9 months), any attempt to breastfeed in the first week postpartum, maternal age ≥18 years, fluency in English, and willing to participate in the focus groups.

Participants were invited to join one of the focus groups scheduled in their regions, located in private conference or meeting rooms at a clinic