

Taiwanese Women's Experiences of Lactation Suppression After Stillbirth

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ABSTRACT

Objective: To explore the experiences of lactation suppression (LS) among Taiwanese women who experienced stillbirth after 20-weeks gestation.

Design: Qualitative research combining practitioner ethnography and the observ-view method (participant observation and unstructured interviews while caring for participants).

Setting: Participants were recruited from a medical center in central Taiwan between June 2013 and November 2014.

Participants: Seven Taiwanese women who had stillbirths.

Methods: Data were collected by the observ-view method. Recorded interviews were analyzed by content analysis.

Results: Participants described three core experiences: deciding to use LS without careful deliberation; psychological pain is substantially stronger than physical pain; and not regretting their choice regarding method of LS.

Conclusion: Physical pain often remains unaddressed because of the greater psychological pain following fetal death. Therefore, LS should be an essential component of follow-up care as part of the discharge plan. Follow-up should be for at least 14 days. More research is needed on nonpharmacological LS to address cultural differences and personal beliefs about methods of LS.

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Women who experience fetal death or stillbirth undergo intense emotional distress. Researchers on this topic have focused on the emotional effects of stillbirth and women's adaptation (Hsu, Tseng, Banks, & Kuo, 2004) as well as supportive interventions (Koopmans, Wilson, Cacciato, & Flenady, 2013). However, the issue of postpartum physical recovery is rarely discussed, particularly the demands of lactation suppression (LS) (Cole, 2012; Moore & Catlin, 2003; Pugmire, 1999).

Breast milk production is a normal physiological process that starts when the pregnancy exceeds 16 weeks and continues after childbirth, regardless of the birth outcome (Lawrence & Lawrence, 2014; Pugmire, 1999). When a fetus is stillborn, postpartum breast milk secretion and constant breast engorgement may remind a woman of the failed pregnancy and may cause sadness because the woman has no newborn to feed, rendering this natural body function meaningless (Cole, 2012). Furthermore, breast engorgement causes discomfort, pain (Smith, 2008), and possible mastitis that can be detrimental to subsequent conception and breastfeeding (Cole, 2012; Pugmire,

1999). Therefore, LS is required during the postpartum period after stillbirth (Monari, Pugliese, & Facchinetti, 2010). While developing a care model for Taiwanese women after stillbirth, we discovered that despite the availability of drugs for LS, most women preferred nonpharmacological methods, and they frequently asked about issues related to breast engorgement. Accordingly, we investigated Taiwanese women's experiences with LS after fetal death, including breast engorgement, to understand their perspectives regarding methods for LS and to promote more culturally sensitive nursing care.

Literature Review

Physical Recovery After Stillbirth

In Taiwanese culture, a stillbirth is not considered a problem worthy of discussion (Hsu et al., 2004; Hsu, Tseng, & Kuo, 2002). A woman who fails to bear a child will believe that this failed attempt was her fault (Hsu et al., 2002), perhaps due to her own poor physical state (Hsu et al., 2004). Chinese people are generally more reserved about expressing their feelings than those from other cultural backgrounds, and Chinese women tend to

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suppress their emotions and hide their pain (Sun, Sinclair, Kernohan, Chang, & Paterson, 2011). However, this sadness may develop into physical symptoms (Chen & Liu, 1995) and consequently worsen their physical pain and discomfort (Pugmire, 1999).

One approach used by Chinese people to express their concern for others is to provide physical care (Tien, 2003). An example of this care for postpartum women is “doing the month,” a highly valued ritual in East Asia (Chien, Tai, Ko, Huang, & Sheu, 2006) in which Chinese women stay at home for the first postpartum month. This ritual provides the main source of physical recovery and social support in the puerperium (Chen & Liu, 1995; Chen & Wang, 2000).

Doing the Month and LS for Women After Stillbirth

Doing the month focuses on helping women recover from physical changes, the most distinct of which are uterine involution and breast milk secretion (Callister, 2006; Callister, Eads, & Yeung Diehl, 2011; Tien, Chao(Yu), & Chen, 2007). Doing the month involves eating a hot and replenishing diet to restore *qi* (essential life force) and blood (Tien, 2003) and includes behavioral taboos such as avoiding cold water and ice (Callister, 2006; Callister et al., 2011). However, doing the month also includes ensuring that women have sufficient breast milk to feed their newborns (Holroyd & Katie, 1997; Tien et al., 2007), which is contrary to the needs of women after stillbirth who require LS.

Methods of LS

During pregnancy, estrogen and progesterone stimulate the mammary glands and cause breast growth. When the placenta is expelled, progesterone levels decrease and breast milk secretion is no longer suppressed; milk is also produced under prolactin stimulation in preparation for postpartum breastfeeding (Lawrence & Lawrence, 2014; Swift & Janke, 2003). Prolactin concentrations remain high for the first few weeks postpartum, even when women do not breastfeed their newborns (Lawrence & Lawrence, 2014). Not breastfeeding results in breast engorgement in approximately 25% to 85% of women (Hill & Humenick, 1994), usually within 24 to 96 hours of childbirth (Melis et al., 1988). Thereafter, the LS process completes in approximately 7 to 10 days (Swift & Janke, 2003).

The physical pain of postpartum breast engorgement seemed inconsequential to women compared to the psychological pain of stillbirth.

Methods for LS can be pharmacological or non-pharmacological. A comparison of both methods showed that the majority of women (68%) in the United States preferred pharmacological treatment (Wong & Stepp-Gilbert, 1985). Pharmacological LS in Taiwan includes bromocriptine (Parlodel) and cabergoline (Dostinex) in some clinics; Parlodel is no longer used in medical centers. Pharmacological LS is clearly superior to nonpharmacological LS during the first-week postpartum (Oladapo & Fawole, 2012).

Nonpharmacological LS methods include reducing breast stimulation (Lawrence & Lawrence, 2014), wearing a tight bra for 6 hours postpartum, avoiding heat, using ice or cold covering to reduce breast engorgement pain (Cole, 2012; Lawrence & Lawrence, 2014), and following a diet for LS (Pugmire, 1999). Chinese practice emphasizes reducing liquid foods and eating malt, leeks, cauliflower, barley tea, and Sichuan peppers.

Methods

Design

In this qualitative study, we used a combination of practitioner ethnography (Barton, 2008) and observe-view (Kragelund, 2013) approaches. Practitioner ethnography differs from classical or specialist ethnography because it allows clinical practitioners to interpret participant data on health and illness from a more experienced practical perspective than that of the traditional specialist ethnographer (Barton, 2008). Observe-view is a method with no guide and no planned questions in which questions are asked while observing participants' behavior (Kragelund, 2013). These methods were chosen because of cultural taboos related to fetal death that make many women unwilling to be interviewed because of concern about the feelings of their families (Hsu et al., 2004) and the tendency to express themselves minimally. Thus, the first author collected data by observing participants and conducting unstructured interviews while caring for them.

Sample and Setting

Following approval of the study by the Institutional Review Board of a medical center in central Taiwan, women were recruited from that center

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