



First time mothers' experiences of breastfeeding their newborn

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ABSTRACT

Objective: Despite efforts to improve continued breastfeeding, the percentages of exclusively breastfeeding remain low. To help the breastfeeding mother and reshape professional practice, we need more knowledge of maternal experiences of breastfeeding in the first months. The objective was to explore mothers' early breastfeeding experiences.

Method: Qualitative content analysis was used to analyse data from 108 Danish first time mothers who had answered an open-ended question 6 months after birth.

Results: All the mothers started breastfeeding. We identified three overlapping phases presented as dominant themes: (1) *on shaky ground*, characterised by breastfeeding interwoven with mothering, painful breastfeeding, and conflicting advice, (2) *searching for a foothold*, characterised by reading the baby's cues, concerns about milk production, for or against breastfeeding, and looking for professional support, and (3) *at ease with choice of feeding*, characterised by a thriving baby, trust in breastfeeding capability, and approval of feeding preference. Together these themes and subthemes constituted the overall theme: *being on a breastfeeding–bonding trajectory*.

Conclusion: Supporting the new breastfeeding mother should include facilitation of the transition to motherhood, learning to read the baby's cues, developing a sense of the right attachment at the breast, and building up the mother's confidence in her capability to care for the baby and produce a sufficient milk supply.

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Introduction

The benefits of breastfeeding are well-documented. The World Health Organization therefore recommends every woman who is giving birth to breastfeed for 6 months [1]. In Scandinavia, nearly all mothers start breastfeeding. However, despite efforts to improve continued breastfeeding the percentages of women who engage in exclusive breastfeeding until 4–6 months after birth remain low [2–4].

The aetiology of breastfeeding cessation is multi-factorial. Socio-demographic factors (such as age, parity, education, racial/ethnic group and income) and psychosocial factors (such as intention, confidence and knowledge) are well-known determinants of both the choice to breastfeed and the duration of breastfeeding [5]. Further, behavioural factors, such as unrestricted mother–infant contact [6], frequent feeding, and having mastered breastfeeding techniques [7] have been shown to play a role in successful breastfeeding.

Breastfeeding is often described as the most difficult thing in the learning process of becoming a parent [8]. One in every two new mothers reports having experienced early breastfeeding problems [7,9]. Mothers may experience sore nipples and concerns about having enough milk and at the same time experience anxiety about becoming a parent with concerns about the safety of the new baby [10]. The expectations towards breastfeeding being a natural process are replaced by experiences of breastfeeding being difficult and requiring perseverance to succeed [11]. Giving up breastfeeding is often described by mothers as experiencing mixed feelings of guilt and failure [12]. The decision made by some mothers to cease breastfeeding may be based on family needs and individual attitudes towards breastfeeding [13] or necessary for the well-being of their child [11].

To help the breastfeeding mother, health care providers need extensive knowledge of the maternal situation in the first months to provide individualised guidance and ensure that early breastfeeding problems are resolved [14]. The main barrier related to breastfeeding counselling may be deficits in knowledge among health professionals [15]. A number of studies concerning the mothers' needs for support call for reviewing practices that provide an individualised approach to meet the needs of the breastfeeding mother and guide her to feel secure in caring for her baby [10,13,16,17]. Individually adapted types of support seem to have a more positive outcome

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than support focusing on generalised instructions [18], and long-term interventions using various methods have been shown to be more effective than interventions that focus only on the technical aspect of breastfeeding [19].

Despite the continued search for a more complete understanding of first time mothers' breastfeeding experiences and why mothers decide to stop or continue in spite of initial problems, there is a need to disseminate additional personal stories to inform practice and improve knowledge [20]. To help understand the mothers' reflections and choices about breastfeeding their newborns, this study employs a secondary analysis of qualitative data previously collected in a randomised trial [21]. This paper reports findings from first time mothers' answers to an open-ended question about their breastfeeding experiences. The aim of the study was to explore Danish mothers' breastfeeding experiences when they were given the opportunity to describe them in writing.

Material and methods

Design and Setting

We used qualitative data from a cluster randomised community-based trial, aimed at prolonging the breastfeeding period by focusing on improving maternal confidence [21]. The trial took place in 22 municipalities in Western Denmark including both rural and urban areas in 2004. Nearly 98% of all births took place in five hospitals that had adopted the standards of The Baby-Friendly Hospital initiative. Primiparae mothers and those who had a caesarean section usually stayed in the hospital for 4 days, whereas multiparae without complications returned home within 24 hours of giving birth. Following hospital discharge, the new family received home visits by a health visitor for approximately 1–2 weeks post-partum. Denmark is known for its high social support for breastfeeding and new parenthood, including a 14-week paid maternity leave followed by a 32-week paid parental leave, which is often utilised by the mother. The proportion of Danish mothers who breastfeed is high compared with other western countries. In Denmark nearly every new mother (96–98%) starts breastfeeding after having given birth and about 60% of the mothers continue full breastfeeding until the infant is 4 months old [4].

Participants and data collection

The mothers in this study were enrolled by the health visitor at the first visit 1–2 weeks after their births and followed for a 6 month period (26 weeks) from February 2004. All Danish speaking mothers who lived in the study region and gave birth to a single child with a gestational age of not less than 37 full weeks and who started breastfeeding were invited to participate. Mothers of non-Danish ethnicity were excluded because of cultural and language differences, mothers with premature deliveries or twin births were excluded because of difference in breastfeeding practice.

Data were collected from mothers by two self-administrated questionnaires together with stamped addressed envelopes for reply. Questionnaire I was delivered by the health visitor at the first visit and questionnaire II was delivered or mailed to the mothers approximately 5 months after birth. Both questionnaires contained structured questions that related to the breastfeeding period. In questionnaire II, we included an open-ended question inviting the mothers to describe their breastfeeding experiences. This question had the following wording: "Here at the end of the questionnaire, you have the opportunity to describe in your own words your breastfeeding experience. Please give examples". The open question was phrased so that the mothers could decide which experiences they found essential to share. Our request for examples aimed to ensure detailed descriptions for analysis.

Of the 1760 mothers who fulfilled the inclusion criteria, 1597 agreed to participate. Questionnaire II was returned by 1336 (84%). Of these, 280 mothers answered the open question, 108 primiparae and 171 multiparae. All of these mothers had started breastfeeding after having given birth. Their child was approximately 5–6 months old when they answered the question. A supplemental quantitative analysis revealed that the responding 108 primiparae did not differ from the 474 primiparae who had not responded with respect to age, educational level, smoking habits, social group family or BMI. In comparison with the non-responding mothers, the responding mothers had a significantly higher frequency of reporting breastfeeding being more difficult than expected. This was interrelated with having early breastfeeding problems and a delayed onset of milk.

Analysis

For the purpose of this study, the mothers' written answers to the open-ended question were transcribed verbatim including details such as capital letters, dashes, and underlines and after that compiled into one document comprising 82 pages.

Data were analysed for both manifest and latent content by using a qualitative content analysis, a method that is suitable when analysing texts, distilling by analysing words into a few content-related categories, ensuring that words when clustered and categorised share the same meaning [22]. We considered the mothers' writings to convey what was really going on related to their breastfeeding experiences. The study epistemology was based on the assumption that data are truthful expressions of an experienced reality [23]. The inductive analysis process ran in three phases.

In the first phase, we read all the transcribed text to get a big picture of the entire content. In the second phase, and in order to group the data and increase the trustworthiness and dependability of the analysis [22,24], we reread the text independently word by word while going back to the aim of the study and going forward looking for sentences that connected to meaning units, asking the text for mothers' expressed experiences and use of special words and metaphors in their descriptions. In this second phase, we realised when discussing the meaning units that the narratives from multiparous mothers often referred to their previous breastfeeding experiences. Taking into account that these mothers' earlier experiences were unknown to us and that primiparous and multiparous mothers' experiences may differ [6], we decided to continue the analysis focusing only on narratives from the 108 primiparous mothers. In the third phase, the text was clustered and the meaning units were organised into themes with particular attention to the patterns and time frame in the data material. Subsequently, we discussed the themes until we reached consensus on an overall theme, 3 dominant themes and 10 subthemes. There was good inter-rater reliability, and all three authors found the presented themes. Finally, a description of the substance of each theme was put into writing, citations from the original text were selected to illustrate themes and subthemes, and a figure was elaborated, all issues to help the readers judge the credibility of the analysis process.

Results

The mothers' breastfeeding experiences in the first 6 months were characterised by a range of emotions from deep frustration to confidence and a sense of capability of doing anything that was necessary for their baby. The mothers' descriptions of their breastfeeding experiences had focus on the expectations of they had, why they started, why they continued or stopped, and how they regarded the professional help that they did or did not receive. Regardless of whether the stories were brief or detailed, their

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