



ORIGINAL RESEARCH – QUALITATIVE

Maternal perceptions of breastfeeding difficulty after caesarean section with regional anaesthesia: A qualitative study



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ABSTRACT

Background: Caesarean delivery rates have increased in Australia over the last decade creating new challenges for breastfeeding mothers and caregivers. The advantages of breastfeeding are well recognised, however breastfeeding problems are common. Review of the literature revealed limited qualitative research relating to the experience of women having difficulties breastfeeding after caesarean section under regional anaesthesia. This study aimed to fill that gap in the literature.

Methods: Participants were women referred to the hospital Breastfeeding Support Centre with difficulty initiating and establishing breastfeeding. The methodology employed was interpretive phenomenology and purposeful sampling. Data was analysed using van Manen's hermeneutical circular process.

Results: Themes identified included Unnatural birth, Natural instincts compromised, Helping mothers to mother and Sabotage and defeat. These themes elicited ten subthemes which were interpreted and reflected upon to reveal key findings. These findings included the emotional and physical effects of the delivery and anaesthetic, the lack of true skin to skin contact, separation of mother and baby, inconsistent information, inadequate support, unnecessary formula supplementation and feelings of failure.

Conclusion: Key recommendations included increasing skin to skin contact after caesarean section to support the natural instincts of mother and baby, increasing education on possible effects of surgical delivery on breastfeeding and increasing postnatal breastfeeding support for this group of women. Broader issues of inadequate staffing and a changing postnatal dynamic reflecting increased post-surgical care need further exploration.

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1. Background

The advantages of breastfeeding for mothers and babies are well recognised.¹ Despite high initiation rates for breastfeeding in Australia, duration rates of exclusive breastfeeding decrease rapidly and are well below the recommended guideline of six months.² Although exclusive breastfeeding was initiated for 90% of babies at birth, this decreased to 61% within the first month, with breastfeeding rates continuing to decrease to 39% by four months of age and 15% by six months of age.³

Breastfeeding problems are common in the initial postpartum period, particularly for mothers who have had a caesarean section.^{4–9} Caesarean birth rates have increased in Australia over the past decade from 18% in 1991 to 32% in 2011.¹⁰ Nationwide in 2011, 43% of women in private hospitals gave birth by caesarean section, compared with 30% in public hospitals.¹⁰ Thus, the Australian caesarean section rate is two to three times higher than the World Health Organisation recommendation of 15% or less.¹¹

Literature supports the premise that women birthing by caesarean section under regional anaesthesia are at increased risk of breastfeeding difficulty and early cessation of breastfeeding.^{5,7,9} Data surrounding the association between women who experience difficulty breastfeeding and the administration of intrapartum analgesia and anaesthesia is increasing.^{4,6,8} In particular, studies have found an association between the infant's sleepy behaviours,

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mode of birth and the drugs used in regional anaesthesia administered to women.^{4,6,8}

Researchers have investigated some aspects of the experiences of breastfeeding women.^{12,13} However, few qualitative studies have been conducted that specifically addressed the lived experience of women having breastfeeding difficulties after caesarean section under regional anaesthesia. Therefore, this research aimed to explore the experience of women with breastfeeding problems following a caesarean section under regional anaesthesia using interpretive phenomenology.

2. Methods

2.1. Setting

This study was undertaken in a large tertiary referral hospital in Brisbane, Queensland, where almost 10,000 public and privately insured women birth per annum. In 2003, a Lactation Support Service was established to provide more specialised breastfeeding support by a team of three midwives who were International Board Certified Lactation Consultants. The hospital was not Baby Friendly Health Initiative accredited.

2.2. Design

An interpretive phenomenological research design was employed to gain insight into the experiences of women giving birth and then caring for their baby post caesarean section. Phenomenology strives to discover what it means to be human and to gain a deeper understanding of human experience within the context of their culture.¹⁴ Interpretive phenomenology was considered the most relevant approach for this research as rich data could be produced through exploring and interpreting the essence of the lived experience of women. Moreover, findings could inform strategies to support women and enrich midwifery practice.¹⁵

When the decision is made to undertake research from a descriptive phenomenological viewpoint the researcher begins a self-reflective process. These reflections are documented to ensure awareness of personal bias and assumptions in order that they can be bracketed to reduce the impact of preconceived ideas influencing the study.¹⁶ However, in interpretive phenomenology the biases and assumptions are incorporated into the interpretive process. Bracketing does not occur in interpretive phenomenology because it is expected that there is prior understanding by the researcher which will add to the interpretation of data.¹⁷ Hence, interpretive phenomenology aligned with this research topic because the researcher's previous experience as a midwife and lactation consultant would contribute to data analysis.

2.3. Participants and data collection

Ethics approval was firstly obtained from the University's Ethics Committee and then the Health Service prior to recruitment of participants and data collection.

Women were invited to participate in the research if they were referred to the Breastfeeding Support Centre with identified breastfeeding difficulties and had birthed by caesarean section at term with intrapartum regional anaesthesia. Women excluded from the study included those who were not exclusively breastfeeding, women who were being seen by the researcher for Lactation Consultant support and women who were less than 18 years of age.

Therefore, purposeful sampling was employed by the researcher to select participants who fulfilled the inclusion criteria. Purposeful sampling facilitates control and the eradication of

selection bias characteristic of pre-existing population groups, thereby enhancing credibility and providing rigour.¹⁸ Eight women were invited and provided written consent to participate in the research immediately following their referral to the Breastfeeding Support Centre at this major tertiary hospital. Data was collected via interviews in the women's homes two to three weeks after birth over a three month period from February to May 2010. Additionally, a reflective journal was maintained throughout data collection to capture nuances associated with the interview experience and to contribute to researcher reflexivity. Semi structured questions were used during audio recorded interviews of 60–90 min duration. The focus of questions included discovering the perceptions of the women's birth experience, their recollection of their anaesthetic experience, the first breastfeed and subsequent feeding experiences and how they felt about their feeding difficulties. Questions were designed to facilitate the flow of the conversation without obstructing general storytelling to reveal the essence of the women's experiences.

The sample size of eight women is consistent with qualitative research cohorts and was considered adequate when a point of saturation was achieved during data collection. Additional information regarding labour, birth and postnatal care was collected from a clinical audit of medical charts and notes from the reflective journal also added to the data to be analysed.

2.4. Data analysis

Initial data analysis involved the development of a matrix chart and manual coding to group common ideas.¹⁹ Nvivo software Version 9 was also used to further assist sorting and coding of data and visualisation of themes utilising modelling to show relationships. Exemplars emerged from the data, including statements or parts of the stories that characterised common themes from all participants.

Van Manen's circular process of hermeneutical writing, underpinned by Heidegger's hermeneutic circle of understanding also influenced data analysis.²⁰ The hermeneutical circle is a circle of interpretation that moves forward and backward between the parts and the whole. Through this interaction and understanding, the data was reflected upon by two researchers, providing investigator triangulation and further rigour, to enable sub themes and themes to emerge.²¹ Prior knowledge of the researcher was blended with new knowledge gained from the participants' stories and an understanding of the phenomenon was reached.²¹ Therefore, the women's self-interpreted stories of breastfeeding difficulty were gathered, analysed using credible methods and findings emerged.

3. Results

Eight breastfeeding women, five primiparous and three multiparous, consented to participate in this study. Details surrounding the participants' profile (using pseudonyms) are outlined in Table 1. Table 1 also outlines the amount of skin to skin contact (as reported in the participants medical chart), the number of supplementary formula feeds given in the first 72 h and method of feeding three weeks postpartum and the anaesthetic used for the caesarean section.

Following analysis, four major themes emerged from the qualitative data titled, *Unnatural birth*, *Natural instincts compromised*, *Helping mothers to mother*, and *Sabotage and defeat*. These themes represented the mothers' journey through birth, the baby's readiness to feed, postnatal challenges and the mothers' response to these challenges. The four themes were further subdivided into ten subthemes reflecting the essence of the women's stories. Fig. 1 illustrates the connection between themes and sub themes.

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