

# Breastfeeding Experiences of Urban Adolescent Mothers

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This qualitative descriptive study examined the breastfeeding experiences of urban adolescent mothers using a combination of focus groups and semi-structured interviews. Analysis of verbatim interview text, field, and debriefing notes was undertaken to discover categories, themes and an emerging conceptual framework. Twenty-three teens, between the ages of 14 and 18, enrolled from two postpartum clinics described the process of teens' breastfeeding decision-making, initiation, continuation, and termination of breastfeeding. Roughly half of the teens were currently breastfeeding and the other half had weaned their infant within the last six months. Adolescent mothers chose breastfeeding mainly for infant health reasons, closeness and bonding. Positive and negative events; barriers and facilitators to continued breastfeeding; and types of support received during breastfeeding illuminated the experience starting in the hospital and extending over time. Among those who weaned, a combination of primary and secondary obstacles or problems, such as perceptions of insufficient milk supply, nipple/breast pain, time demands of school or work, problems with pumping, and feeling overwhelmed and frustrated led to weaning. Many who weaned did not seek out available help and ultimately many reported regret about weaning earlier than intended. Those who continued breastfeeding beyond six weeks reported significant emotional, informational and instrumental support from family, friends, school, and their babies. Implications for nursing practice and research are discussed.

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**I**N 2002 APPROXIMATELY 426,000 adolescents between the ages of 15 and 19 gave birth in the United States (Martin et al., 2003). Low breastfeeding initiation rates as well as short duration of breastfeeding are common in this population. For example, among 29,589 low-income pregnant women in Missouri, 75% of the adolescent mothers never breastfed or did so for only 1 week (Misra & James, 2000). Thus, adolescent breastfeeding rates fall well below the *Healthy People 2010* objectives that recommend 75% of all mothers initiate breastfeeding, 50% continue to 6 months, and 25% continue to 1 year (Department of Health and Human Services, 2000).

Interventions to increase breastfeeding initiation and duration are needed for this vulnerable population. However, to better tailor interventions to teen mothers, especially disadvantaged teens, more description is needed of the breastfeeding experiences from the teen's perspective. Although there are multiple studies concerning adolescents and breastfeeding that contribute significantly to knowledge in this area, there are few recent descriptive or qualitative studies that focus explicitly on the breastfeeding experiences of American teens (Hannon, Willis, Bishop-Townsend, Martinez, & Scrimshaw, 2000; Nelson & Sethi, 2005; Spear, 2006). One recent study described experiences of breastfeeding adolescents in the United Kingdom (Dykes, Moran, Burt, & Edwards, 2003). Other studies are many years older (Baisch, Fox, & Goldberg, 1989; Benson, 1996; Lipsman, Dewey, & Lonnerdal, 1985; Swanson, 1988). In particular, empirical evidence related to the urban, disadvantaged adolescent breastfeeding experience is needed because of low breast-feeding rates in this subpopulation. Such evidence can be used to design

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and tailor interventions to assist these teens in breast-feeding decisions and support. Therefore, the purpose of this study was to examine urban adolescent mothers' breastfeeding experiences to fill this evidence gap by providing description from a contemporary American perspective.

### BREAST-FEEDING EXPERIENCES OF TEEN MOTHERS

Descriptive studies of teen mothers' experiences illuminate breastfeeding as a bio-psychosocial process including negative and positive aspects as well as the importance of social support during the initiation, establishment, and discontinuation of breastfeeding. This literature review is limited to findings from recent research literature that either focused primarily on or presented information incidentally on teen breastfeeding experiences. Comprehensive reviews of more general studies or of studies on decision-making and breastfeeding experiences conducted prior to 2000 are available for the interested reader (Bar-Yam, 1993; Wambach & Cole, 2000).

#### Negative Aspects of Breastfeeding Among Teen Mothers

Several barriers or negative events may occur during establishment and maintenance of breastfeeding among teen mothers and in some studies were cited as reasons for weaning. Pain during breastfeeding (e.g., sore nipples, engorgement, mastitis) was cited as both a problem (Dykes et al., 2003; Nelson & Sethi, 2005) and a reason for weaning (Brownell, Hutton, Hartman, & Dabrow, 2002; Hannon et al., 2000; Spear, 2006). Other researchers also identified that difficulties with positioning and latch on, fatigue, and medical complications occurred during breastfeeding (Dykes et al., 2003; Hannon et al., 2000; Nelson & Sethi, 2005; Spear, 2006). In addition, combining breastfeeding with return to school or work caused anxiety and concern for teens in both the studies by Hannon et al. (2000) and Spear (2006), and they expressed particular reluctance to use a breast pump in these settings. Embarrassment during breastfeeding in the presence of others or outside the home was noted repeatedly (Brownell et al., 2002; Dykes et al., 2003; Guttman & Zimmerman, 2000; Nelson & Sethi, 2005; Raisler, 2000) and may be a strong concern for adolescents due to their evolving body image. In contrast, Spear reported that many teens in her study denied embarrassment at breastfeeding

around family or friends. Hannon et al. described a subtheme of teens' unease with the act of breastfeeding that involved a discomfort with using the breast for feeding and others' criticism of public breastfeeding. Similarly, a lack of confidence and a feeling of being judged by others during the early breastfeeding period were highlighted by Dykes et al. (2003). Nelson and Sethi (2005) in their description of the breastfeeding experience described the early breastfeeding period as one of "learning how to breastfeed" with problems being offset by patience and support from others.

#### Benefits

Researchers also reported positive aspects of breastfeeding. Closeness and bonding were cited as benefits of breastfeeding in some studies (Brownell et al., 2002; Nelson & Sethi, 2005). In addition to bonding, African American teen mothers in the study by Brownell et al., 2002 reported less infant illness and optimal nutrition as benefits of breastfeeding. Likewise, the grounded theory study by Nelson & Sethi (2005) involving 15- to 19-year-old Canadians who breastfed for relatively long durations illuminated many "good things" such as "advancement of their infants' health, the close relationship, the enjoyment of breastfeeding, personal changes and evolution, convenience, and economic savings" (p. 620). Almost all the teens in the study by Spear (2006) defined their breastfeeding experiences using terms such as *worthwhile*, *great*, and *excellent* (p. 110).

#### Support

The influence of personal and professional support was important in the initiation and maintenance of breastfeeding. Teens' mothers, partners, friends, or sisters encouraged breastfeeding by giving advice and urging perseverance in the face of barriers (Hannon et al., 2000; Nelson & Sethi, 2005). Dykes et al. (2003) specifically focused on and described support needs of adolescent mothers in England, citing emotional, esteem, instrumental, informational, and network support needs from personal and professional sources. Postpartum support from health care professionals was cited in several studies. One 17-year-old mother in the qualitative study by Raisler (2000) spoke of the "really, really good start" that she experienced by breastfeeding her infant immediately postpartum with the help of the midwife (p. 255). In the American study by Hannon et al. (2000), a teen

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