



# Improving Breastfeeding Support by Understanding Women's Perspectives and Emotional Experiences of Breastfeeding

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“Breast is best” may be one of the most familiar public health slogans of our day (Ryan, Bissell, & Alexander, 2010). Such a slogan became necessary to counteract the once pervasive formula-feeding culture (Andrews & Knaak, 2013), and it exists today to promote breast milk as the optimal form of infant nutrition (World Health Organization [WHO], 2013). This stems from evidence that breastfeeding has the most positive health benefits for women and infants, that it is biologically the natural way to feed an infant, and that it is seen as the ultimate mother–infant bonding experience (Williams, Donaghue, & Kurz, 2012). All leading national and international public health organizations recommend exclusive breastfeeding, defined as nothing but breast milk, for at least the first 6 months of life (WHO, 2013). Numerous public health programs are in place to encourage compliance with this recommendation, and the national *Healthy People* goal is for at least 81.9% of mothers to initiate breastfeeding and for 25.5% to breastfeed exclusively by the year 2020 (Healthy People, 2015). Currently, 79.2% of mothers in America have provided their infants with at

least some breast milk, but only 18.8% exclusively breastfeed (Centers for Disease Control and Prevention, 2014). These rates show that although many women initiate breastfeeding, most are unable to sustain those efforts. Simply put, awareness of the “breast is best” message does not necessarily equate to breastfeeding continuation beyond the immediate postpartum period.

However, it is clear from the research evidence on the health outcomes associated with breastfeeding that increasing breastfeeding duration is an important public health goal. To this end, an abundance of clinical research exists to bridge the gap between knowledge and practice. Most of this research, however, focuses on epidemiologic, medical, social, or cultural facets, but the personal experiences of breastfeeding women are often overlooked (Palmer, Carlsson, Mollberg, & Nystrom, 2010). In this article we review the evidence related to breastfeeding women's perspectives and emotional experiences; our hope is to help health care providers—especially nurses, midwives, and nurse practitioners—to promote and support breastfeeding.

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**Abstract:** Exclusive breastfeeding for at least 6 months is universally acknowledged as the optimal means of infant nutrition. However, current studies show that most women are not following this recommendation. Many studies address the issue of increasing breastfeeding rates, but fewer explore the perspectives and experiences of breastfeeding women. In this article we review the literature and identify common themes in women's breastfeeding experiences. Nurses and other health care providers stand to help or hinder breastfeeding women, and they must be aware of and sensitive to women's personal experiences and perspectives to understand how to best promote and support women in their attempts to meet their breastfeeding goals. <http://dx.doi.org/10.1016/j.nwh.2016.08.008>

**Keywords:** breastfeeding | breastfeeding support | literature review | qualitative research | women's perspectives on breastfeeding

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