



## Midwives' lived experience of caring for new mothers with initial breastfeeding difficulties: A phenomenological study



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### ABSTRACT

**Objective:** The aim of this study is to obtain a deeper understanding of midwives' lived experiences of caring for new mothers with initial breastfeeding difficulties.

**Methods:** A reflective lifeworld approach was used. Six midwives were recruited from a hospital in western Sweden. Data were collected via individual lifeworld interviews and analysed using phenomenological methods.

**Results:** The essential meaning can be described as a midwife's wish to help new mothers reach their breastfeeding goals by trying to interact with them as individual women in unique breastfeeding situations. This wish constitutes a contradiction to the midwife's own desire to succeed in enabling mothers to breastfeed and the perceived risk of failure as a midwife if the mothers decide not to breastfeed. This is further described by five constituents: striving to provide individualised care, collegial and personal responsibility both enables and prevents care, a struggle to be sufficient, an uphill struggle and mutual joy becomes the motivation to care.

**Conclusions:** Caring for new mothers with initial breastfeeding difficulties is a balancing act between the midwife's personal desire to succeed in enabling mothers to breastfeed, the mothers' wishes, the infants' needs, the importance of collective collegial competence and the limitations in the health care organisation. This makes the midwife's efforts to provide individualised care frustrating and demanding as well as motivating.

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### Introduction

According to the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) [1], breastfeeding has positive effects for both women and children. Therefore these organisations recommend breastfeeding exclusively for six months and then moving to partial breastfeeding, combined with appropriate supplementation of food, for two years or longer. The Baby Friendly Initiative (BFI) was launched by above mentioned organisations in 1990 to promote breastfeeding and to give health care professionals tools to provide new mothers with adequate breastfeeding support to enable them to breastfeed as recommended [1]. The majority of new mothers in Sweden want to breastfeed, although the breastfeeding rates are lower than when the BFI was more heavily promoted in Sweden [2]. A reason that some mothers stop breastfeeding earlier than planned could be that they

experience difficulties [3]. Severe initial breastfeeding difficulties are experienced by some women as feeling lost as mothers when they are unable to nurture and nourish their infants as expected [4], which in turn can lead to the risk of the mothers deciding to stop breastfeeding [5]. It can also give rise to feelings of insecurity and a fear of breastfeeding, which can in turn also be reasons for breastfeeding cessation [6].

New mothers with breastfeeding difficulties may feel forced to expose their bodies and themselves to non-caring actions at the maternity ward or at the baby health centre. However, they can also draw strength from sharing their experiences with a midwife [4]. A recent study [6] demonstrated the importance of such adequate care for mothers' breastfeeding decisions. Trusting a midwife with the ability to provide care beyond the biological body strengthens a mother's self-confidence and eases any feelings of worthlessness she may have. The opposite could also occur; non-caring actions, for example intrusive hands-on breastfeeding help or care that focuses solely on the mothers' breasts and milk production, is objectifying and makes it challenging for women to overcome the initial difficulties [6].

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The above-mentioned research confirms the findings from a previous study that showed that adequate professional and peer breastfeeding support are important for optimising the length of time a mother breastfeeds her child [7]. Yet, several authors describe a lack of both care and support based on a caring relationship. Such a relationship is built upon empathy, presence and validation in each unique breastfeeding situation [8,9]. It is also obvious that the mother's experience of initiating breastfeeding can be difficult, and that a midwife's caring competence is very important in those situations [4,6].

Care is a central concept within professional health care, which includes both caring care and medical care. While midwives work with both these aspects, they should primarily provide caring care by focusing on childbearing as a normal life event that respects new mothers' experiences and life situations, not just as a biological or medical event or risk [10]. Mother-centred care is necessary to support and enhance a new mother's health and wellbeing [11] and could be seen as an example of caring care, because it enables a midwife to work as a guide who empowers mothers through a caring act that arises from the embodied knowledge of both the midwife and the mothers. This creates an opportunity for the relationship between mothers and midwives to grow [12].

In order to develop and deepen midwives' knowledge about and competence in care specifically related to breastfeeding difficulties, it is fruitful to begin by reviewing research on midwives' experiences of caring for new mothers who are initiating breastfeeding. There is a limited amount of research examining this subject, but it has been shown that midwives experience a lot of challenges in their work with mothers who are initiating breastfeeding. These can include a lack of midwives personal knowledge, a lack of guidance and resources offered from the health care organisation, and conflicts in strategy of care and negative attitudes towards breastfeeding among colleagues [13,14]. Another challenge for the midwives is when lack of time is experienced to inhibit care [15]. This present study aims to deepen the knowledge about midwives' lived experiences of caring for new mothers with initial breastfeeding difficulties.

## Methods

To attain a deep understanding of the phenomenon *to care for new mothers with initial breastfeeding difficulties*, this study used a reflective lifeworld approach. This method is based on Husserl's and Merleau-Ponty's phenomenological philosophy, which focuses on the meaning of a phenomenon [16]. In a phenomenological sense, a phenomenon is something that is perceived by human consciousness, i.e., a lived experience. A research method based on phenomenology describes the essential meaning of the phenomenon, along with constituents that further describe the variations of meanings of the phenomenon in a more contextual way. Throughout the entire research process, the important methodological stance is to be open and reflective in order to be able to describe the otherness of the phenomenon [16].

### Settings and participants

Six midwives between the ages of 34 and 65, who had worked as midwives for 2–42 years, were recruited from a hospital in western Sweden. One experienced midwife at the unit was asked to choose participants with a rich variation in ages and experiences working with breastfeeding mothers. At that hospital, postpartum care is organised as follows: one section cares for mothers and infants with complicated births or in need of observation, while another section cares for mothers with normal births and healthy infants. There is also a breastfeeding clinic and a clinic for early

home discharge. Two of the participating midwives had extra breastfeeding education through a university course about breastfeeding and breast milk; those two also work at the breastfeeding clinic. The other four midwives work on all the other sections, but not at the breastfeeding clinic. All of the study participants had experience of caring for mothers with initial breastfeeding difficulties. Having a lived experience of the phenomenon is a necessary criterion in a lifeworld phenomenological study.

### Data collection

The data consist of lifeworld interviews [16] focusing on the meanings of the phenomenon. The initial question directed the participants' attention to the phenomenon: *'What does it mean to you to care for mothers with initial breastfeeding difficulties?'* The interviewer (IG) maintained an open and reflective attitude towards each midwife's lived experience, and probing questions, such as *'Tell me more about that'* and *'What does this mean to you'*, stimulated further reflection on the research phenomenon. The interviews also included questions about one occasion when the midwives felt that they had succeeded in providing care and one occasion when they felt they had not, in order to obtain variations in the descriptions and to provide a deeper understanding of the phenomenon. The interviews took place in a separate room in the postpartum unit during August 2013. Each interview lasted between 30 and 40 min; all of the interviews were audio recorded and transcribed verbatim.

### Data analysis

The data analysis followed the principles of the chosen reflective lifeworld approach mentioned above using phenomenological methods [16]. Lifeworld phenomenological research requires an open and reflective attitude towards the phenomenon throughout the entire research process. Openness can be clarified as the researcher's efforts to hold back what she/he knows or thinks she/he knows about the phenomenon in order to pay attention to responses that are new and unexpected. Thus, throughout the entire research process the authors attempted to bridle i.e., recognize and suppress their previous understanding of caring for new mothers with initial breastfeeding difficulties in deference to accurately describing the lived experiences articulated by the participating midwives.

The analysis started with a familiarisation phase in which the transcribed interviews were repeatedly read through. Next, meaning units were identified and attention was directed towards the similarities and differences of the meanings in the meaning units. As such, the text was divided into parts where clusters with a similar meaning were identified. When all the meanings were clustered, the essential meaning of the phenomenon was developed as an immersed abstraction describing the phenomenon. The essential meaning is further described by its constituents. Together they constitute the essential meaning of the phenomenon in a more contextual way. Thus, the analysis moved among the initial whole (interviews), the parts (meanings) and the new whole (essential meaning).

### Ethical considerations

This study was performed in accordance with the ethical standards established in the Helsinki Declaration [17]. Ethical considerations were made before and during the study in order to ensure ethical responsibility. Ethical approval was obtained from the headmistress of the clinic. All participants in the study were informed that they participated by their own will; they received both verbal and written information about the study; they were

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