

“I wanted to do a good job”: Experiences of ‘becoming a mother’ and breastfeeding in mothers of very preterm infants after discharge from a neonatal unit

Renée Flacking^{a,b,*}, Uwe Ewald^a, Bengt Starrin^c

^a*Department of Women’s and Children’s Health, Uppsala University, S-751 85 Uppsala, Sweden*

^b*Center for Clinical Research Dalarna and Department of Pediatrics, Falun Hospital, S-791 82 Falun, Sweden*

^c*Department of Social Science, Section for Sociology, Karlstad University, S-651 88 Karlstad, Sweden and Faculty of Health and Social Studies, Lillehammer University College, N-2626 Lillehammer, Norway*

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Abstract

In mothers of preterm infants, the process of becoming a mother is initiated in a public and medical environment, in which the mothers become dependent on the benevolence and support of the staff. This setting and an experience of insecure social bonds impair the ability to become a mother during the infant’s stay at the neonatal unit (NU), and breastfeeding may become a duty and not be mutually satisfying. Studies on how women experience becoming a mother and breastfeeding after the infant’s discharge are sparse and this question is addressed in the present grounded theory study. Twenty five mothers, whose very preterm infants had received care in seven NUs in Sweden, were interviewed once, 1–12 months after discharge. We propose a model to increase understanding of the process of becoming a mother and breastfeeding, after the infant’s discharge from the NU. The mother’s emotional expressions in this process showed pendular swings from feeling emotionally exhausted to feeling relieved, from experiencing an insecure to a secure bond, and from regarding breastfeeding as being non-reciprocal to being reciprocal. Unresolved grief, the institutional authority at the NU and experiences of shame were three of the central barriers to a secure and reciprocal relationship. The pendular changes give us a deeper understanding of the variations in both attachment and attunement. Perhaps the negative extremes are more prominent among these mothers on account of their infant’s illness and their NU experiences. If our proposed model is valid, it is vital that these findings are considered by those involved in the short- and long-term care in order to support the mothers to establish a secure bond, comprising both attachment and attunement.

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Introduction

The development and subsequent attainment of a maternal identity involves the formation of an emotional bond between the mother and her infant,

a bond which is influenced both by the infant’s characteristics and by the woman’s self-image and support from significant others (Rubin, 1984). In this transitional process of becoming a mother, the woman reformulates herself in relation to her infant. This reformulation takes place in a social world in which experiences and perception of the ‘self’ derive not only from the interaction with the

*Corresponding author. Tel.: +46 23 18331.

E-mail address: renee.flacking@ltdalarna.se (R. Flacking).

infant but also through the process of social interaction with others (Mead, 1934). From this perspective of symbolic interactionism, the individual is seen as deriving meaning from shared interaction, and communication with others in her environment through an interpretive process (Blumer, 1969). In the mother–infant interplay and in the evolving relationship, emotions are vital, as they constitute the principal means of communication and enable reciprocity. Reciprocity is seen as an exchange of recognised rewards necessary for social interaction between individuals and for social systems (Gouldner, 1960). In this exchange, the emotions play an important role in the interactive process (Scheff, 1997; Simmel, 1971). As we have argued elsewhere (Flacking, Ewald, Nyqvist, & Starrin, 2006), reciprocity has been described as a mutually satisfying relationship, in which emotions and experiences are shared (Osofsky & Thompson, 2000; Rubin, 1984). Its achievement requires an environmentally facilitative culture that supports the mother's belief in herself as a mother and enables her to feel free to act in accordance with her wishes (Winnicott, 1990). Stern and Bruschiweiler-Stern (1998) also regard the establishment of an emotional and affectionate bond with the infant as part of the process of becoming a mother. They suggest that the likelihood of establishing a loving bond is dependent on the mother's capability of creating such an affectionate relationship. The foundation of motherhood however, is not only a question of creating loving bonds but also of securing the infants' survival, which can be regarded as a test of biological ability. Feeding, irrespective of method, is one aspect of securing the infants' survival. However, the method of feeding also reflects cultural values of motherhood (Scott & Mostyn, 2003; Tarkka, Paunonen, & Laippala, 1999). Thus, the performance in breastfeeding is a central component in the experiences of motherhood and for some women represent being a "good mother" (Hauck & Irurita, 2002; Schmied & Barclay, 1999).

Women who give birth prematurely become biological mothers at a time when they have not yet dismantled the fantasies about their coming baby, which implies an encounter between a premature mother and a prematurely born, fragile and hyperdependent infant (Bruschweiler Stern, 1998). Furthermore, these mothers cannot initially experience the sensation of being physically close, of cuddling and privately getting to know their infant.

Instead the mother finds herself and her infant in a public and medically oriented setting at a neonatal unit (NU). The attention is focused on the infant's survival and the physical needs of a sick infant. (Fenwick, Barclay, & Schmied, 2001; Flacking et al., 2006; Zabielski, 1994). One major part of the care concerns the infant's nutrition, as it needs to receive enough milk for optimal growth. The mother's ability to produce breast milk and breastfeed her infant becomes of vital importance, and she might find herself in a 'training-camp', struggling to make breastfeeding work (Flacking et al., 2006). The mother cannot take full responsibility for her infant's nutrition and survival in the same way as parents of healthy infants and infants born at term. In this process of becoming a mother and breastfeeding, the mother might experience a sense of powerlessness against the institutional authority with the result that she becomes dependent on the benevolence and emotional support of the staff (Bialoskurski, Cox, & Wiggins, 2002; Bruschiweiler Stern, 1998; Flacking et al., 2006; Holditch-Davis & Miles, 2000; Hurst, 2001). But how does the process of becoming a mother and breastfeeding continue after the infants' discharge from the NU? Some studies have addressed either of these two areas, but as the two areas are closely interwoven regarding concurrence and reinforcement, both areas need to be considered when investigating either the process of becoming a mother or that of breastfeeding. Thus, this study was conducted to find out how mothers of very preterm infants experience the process of becoming a mother and breastfeeding after the discharge from the NU.

The study

Setting and sample

The present study was carried out in Sweden, an affluent society with high rates of social expenditure, social benefits that include free hospital care, and an entitlement to parental benefit for 480 days. In addition, parents are guaranteed temporary parental benefit when their infant is sick. Thus, the Swedish setting provides good opportunities for both parents to be with their infants during an infant hospital stay, as well as being supportive for a long period of breastfeeding. From an international perspective, the frequency of breastfeeding is high. At 6 months of age, 72% of

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