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Women's perceptions of successful breastfeeding during the early stages of being a mother

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**WOMEN'S PERCEPTIONS OF SUCCESSFUL BREASTFEEDING
DURING THE EARLY STAGES OF BEING A MOTHER**

BY

Shelagh Lawrence (Bachelor of Nursing)

A Thesis Submitted in Partial Fulfilment of the Requirements

for the Award of

Master of Nursing

at the School of Nursing

Edith Cowan University

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USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

Abstract

The purpose of this qualitative study, guided by Rubin's Model was to describe women's perceptions of successful breastfeeding during the early stages of being a mother. The transition to motherhood marks a time of great developmental change in a woman's life. Infant feeding is an important aspect of this adaptation to the maternal role. The physiological benefits of breastfeeding for mother and baby are well documented, but there is limited research on the psychological advantages of breastfeeding for the mother. This Masters research was a discrete part of a larger research project entitled the Perth Metropolitan Breastfeeding Study. This project comprised two parts: 1) The Breastfeeding Duration Study (conducted by Dr. P. Percival and Mrs. E. Duffy), which investigated the effects of an antenatal group teaching session for 395 breastfeeding mothers on nipple pain, nipple trauma and breastfeeding duration and 2) The Successful Breastfeeding Study, which investigated 20 women's perceptions of successful breastfeeding during the early stages of being a mother. The latter study, which is the focus of this Masters research, recruited a convenience sample of 20 successfully breastfeeding participants from the experimental group of the Breastfeeding Duration Study. Interviews were conducted at four weeks postpartum. Data were generated from audiotaped, open-ended interviews and analysed using the method of content analysis described by Burnard. This method involved describing, interpreting and extrapolating themes and meanings from the data. Validity and reliability were confirmed throughout data collection and analysis. Six main themes

emerged from the data: The Ideal Mother Breastfeeds, Achievements, Accommodating a Breastfeeding Baby, Concerns, Breastfeeding is a Learnt Skill and Approaches to Breastfeeding. The findings provide an increased understanding and knowledge of women's experience of successful breastfeeding during the early stages of being a mother. They have significance for health administrators, prenatal educators, midwives and community nurses in the provision of resources, education, care and support to assist women to meet their desired breastfeeding goals.

Declaration

"I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text."

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CHAPTER ONE

Introduction

This study investigated women's perceptions of successful breastfeeding during the early stages of being a mother. The research was part of the Perth Metropolitan Breastfeeding Study (see page 6) and was linked with a study conducted by Dr. Patricia Percival and Mrs. Elizabeth Duffy that investigated the effect of a prenatal group session on postnatal nipple pain, nipple trauma and breastfeeding rates at four months after childbirth (referred to as the Breastfeeding Duration Study throughout this thesis). In this chapter the background and significance of the present study are discussed, and the purpose of the study and the research objectives are presented.

Background and Significance

First time motherhood is a pivotal point in a woman's life and one which brings about a number of adjustments as the woman adapts to her new role as a mother (Mercer, Nicols & Doyle, 1989; Oakley, 1981). These adjustments are developmental changes, which are necessary during a woman's transition to motherhood (Oakley, 1981; Mercer, 1981; Rubin, 1967a; Rubin, 1967b). Many researchers have studied and described this transition (Brouse, 1988; Majewski, 1987; Mercer, 1981; Oakley, 1981; Rubin, 1967a; Rubin, 1967b; Virden, 1988).

A number of factors impact upon a woman's adjustment to the maternal role. An important dimension of this maternal adjustment is infant feeding which

has been found to be one of the major concerns of primiparae in the first few weeks of their babies' lives (Becker, 1980; Cooke, 1996; Oakley, 1979; Percival, 1990; Virden, 1988; Walker, Crain & Thompson, 1986b). Moreover, Laufer (1990) suggested successful breastfeeding might be the beginning of a woman's adaptation to the maternal role.

Breastfeeding confers benefits on both mother and baby. The physiological benefit for the mother is that the infant's sucking stimulates the release of oxytocin into the mother's bloodstream. This release effects the oxytocin receptors in the uterus causing involution of the uterus and assisting the uterus to return to its pre-pregnant size (Royal College of Midwives, 1989). For the baby, breastfeeding is recognised as the best method to nourish infants under the age of six months. The benefits of breastfeeding, in providing perfect nutrition as well as immunological protection for the infant, are well documented (Ellis, 1983; Hanson et al., 1988; Hartman & Kent, 1988; Howie, 1985; Howie, Forsyth, Ogston, Clark, & Forey, 1990). The World Health Organisation (WHO/United Nations Children's Fund (UNICEF), 1989) states that breastfeeding is important and recommends babies are breastfeed for the first four to six months of life. The National Health and Medical Research Council (NHMRC, 1987) of Australia has also recommended that infants are breastfeed until they are four to six months old.

In addition, breastfeeding has psychological benefits for both mother and baby as it enhances the closeness and communication between the mother-infant dyad (Driscoll, 1992; Renfrew, Fisher, Arms, 1990; Virden, 1988). Breastfeeding is closely allied to mothering and demonstrates a woman's ability

to nurture her baby (Rubin, 1968). A crucial factor in the way a woman gauges her success with motherhood may be her perception of how successful she is with feeding her baby (Virden, 1988). Virden (1988) argued that the intimacy and physical contact of breastfeeding provides increased opportunities for enhancing maternal role attainment and would, therefore, be more likely to effect maternal confidence positively. Finally, it has been suggested women consider breastfeeding to be emotionally satisfying (Virden, 1988).

Successful breastfeeding, as perceived by the mother, enhances women's satisfaction and enjoyment with motherhood (Hauck & Reinbold, 1996). Moreover, Cooke (1996) suggested success at breastfeeding enables some women to perceive themselves as good mothers.

According to Bartlett and Pennebaker (1989), 80% of primiparae attend prenatal classes. However, this does not appear to have increased success with respect to the duration of breastfeeding. Although a large proportion of mothers choose to breastfeed, many discontinue after a few weeks. A Western Australia study revealed that 86% of mothers were breastfeeding on discharge from hospital but only 66% were still breastfeeding at six weeks and 53% at three months (Hitchcock & Coy, 1988). Research by Percival (1990), in Western Australia, revealed that 30% of women had stopped breastfeeding by eight weeks. As far back as 1978, Hall argued that, although an increasing number of women wished to breastfeed, only a small number of women had the knowledge of how to breastfeed, indicating that increased education was needed for women wishing to breastfeed.

Rubin (1967a) and Becker (1980) argued that women do not retain much of the educational information given to them during the first two days after childbirth. During these first few postnatal days, the mother is primarily concerned with recovering from the birth and gaining control of her body and its functions (Becker, 1980). In addition, there is evidence that the timing of the provision of education to primiparae is critical and women will learn more when they are interested in learning (Becker, 1980; McKenzie, Canady & Carrol, 1982).

The correct positioning and attachment of the baby to the breast is an important element in establishing breastfeeding and preventing nipple pain and trauma (Bono, 1992; Fisher, 1995; Minchin, 1989a; Woolridge, 1986a). Mothers need to know how to do this correctly when they commence breastfeeding, in order to prevent nipple trauma. Therefore, prenatal education of prospective mothers on positioning and attachment of the baby at the breast may complement immediate postnatal education. A practical demonstration of this correct attachment, to a small group of women, may also provide more information than a prenatal class comprising a large number of couples.

Health care professionals are concerned with the high cessation rate of breastfeeding within six weeks of childbirth. Researchers have argued that there is a relationship between a mother's failure to breastfeed and decreased confidence in her ability to cope with the baby (Fahy & Holschier, 1988; Laufer, 1990). It has also been suggested that mothers who succeed with breastfeeding have more confidence with motherhood (Cooke, 1996; Hauck & Reinbold, 1996). Although there is literature demonstrating the physiological

benefits of breastfeeding, there is however, sparse existing research of the psychological benefits of breastfeeding to the mother. Therefore, it is appropriate to qualitatively investigate women's perceptions of successful breastfeeding during the early stages of being a mother. The findings will have significance to health professionals in the provision of educational breastfeeding strategies, and to prospective mothers, in providing information on the psychological benefits of breastfeeding.

There is a need for increased breastfeeding knowledge. Correct attachment of the baby at the breast is a significant factor in breastfeeding success. However, the appropriate time for education may not be immediately postpartum, when women are concerned about gaining control of their bodies but prenatally, when they may be more receptive to learning these new skills.

In summary, many changes occur during the transition as a woman adjusts to her motherhood role. One of the prime concerns of mothers, during the first few weeks of their babies' lives, is infant feeding. Although the majority of mothers begin breastfeeding, many stop within a few weeks after childbirth. Breastfeeding has both physiological and psychological advantages for both mother and baby in enhancing involution of the uterus, providing a complete food for the baby and facilitating mother and infant interaction. Breastfeeding success may also affect women's perceptions of themselves as good mothers.

Purpose

The purpose of this study was to explore, describe and analyse women's perceptions of successful breastfeeding during the early stages of being a

mother. The sample consisted of 20 women who gave birth at one public hospital and who attended a prenatal breastfeeding education session in addition to the usual prenatal preparation. This study will increase the midwifery knowledge base concerning women's perceptions of their experience with breastfeeding during the early stages of being a mother.

Research Questions

The following research questions guided this exploratory study:

1. What are women's perceptions of successful breastfeeding during the early stages of being a mother?
2. What are the common meanings of this experience from the women's perspective?

Overview of the Perth Metropolitan Breastfeeding Study

When the Perth Metropolitan Breastfeeding Study was designed it was considered necessary to incorporate both qualitative and quantitative research methods (see Figure 1). Bockman (1987), in supporting the use of both qualitative and quantitative research argued that "...qualitative methodologies which address the whole, and quantitative methodologies, which analyse the pieces, should be considered together to form the whole of nursing research" (p. 72). Furthermore, Corner (1991) argued that nursing research should use the advantages and strengths of qualitative and quantitative research methods so that a fuller understanding of nursing phenomena may be developed. In line with this the larger Perth Metropolitan Breastfeeding Study comprised two

separate but complementary studies: the Breastfeeding Duration Study and the Successfully Breastfeeding Study.

The Breastfeeding Duration Study (carried out by Dr. P. Percival and Mrs. E. Duffy) used a sample of 395 women from six public and private hospitals in the Perth area. This study investigated the effect of a prenatal group education session on postnatal nipple pain, nipple trauma and breastfeeding rates four months after birth. The chief investigator of the Breastfeeding Duration Study carried out random assignment of the participants using random numbers. Women assigned to the experimental group were offered the prenatal group education session in addition to their usual prenatal classes, while the control group received their usual classes. Any women in the experimental group who did not attend the group session were excluded from the Breastfeeding Duration Study.

Five to seven participants from the experimental group attended each education session conducted by a lactation consultant. An essential part of the session was the use of a doll (to simulate the baby) by each woman to practice correct positioning and attachment of the baby to the breast. A breastfeeding brochure was also given to the women to reinforce the practical teaching (see Appendix A). Data collection was carried out in hospital, at four weeks and four months after the birth.

This Masters research, the Successful Breastfeeding Study, was guided by Rubin's Model and designed to complement the largely quantitative design of the Breastfeeding Duration Study. The current study linked into the Breastfeeding Duration Study in the following discrete way: by interviewing, at

four to five weeks postpartum, a convenience sample of women from the experimental group who stated they were successfully breastfeeding.

In addition, as a part of this Masters thesis the researcher examined and triangulated data from the Breastfeeding Duration Study with the data collected from the 20 in-depth interviews (see page 101).

Perth Metropolitan Breastfeeding Study

	Breastfeeding Duration Study	Successful Breastfeeding Study
Investigated	Nipple pain, nipple trauma and breastfeeding duration At 4 months after birth	Perceptions of successful breastfeeding during the early stages of being a mother
Design	Quantitative (Experimental)	Qualitative (Exploratory – Descriptive)
Sample	395 women from 6 public and private hospitals	20 women from one public hospital
Instruments	Structured questionnaires after birth and at four months, plus phone interviews at four months	Unstructured in-depth interviews scheduled at four weeks postnatally
Procedure	Women randomly assigned to a prenatal group teaching session (experimental group) or no treatment (control group)	20 women from the experimental group who stated they were successfully breastfeeding were interviewed at home
Triangulation of Data from both studies	Findings from brief unstructured phone interview at four months	Findings from 20 in-depth interviews

Figure 1. Overview of Perth Metropolitan Breastfeeding Study.

Definition of Terms

Primipara	A woman who has given birth to her first child.
Successful Breastfeeding	As perceived by a mother, who is still breastfeeding at four weeks, by indicating it is going well.
Prenatal	The period of time before the baby is born.
Prenatal Intervention	A one hour session of breastfeeding education for groups of 6 women, conducted by an experienced lactation consultant. Each session included a practical demonstration on positioning and attachment of the baby to the breast.
Postpartum/ Postnatal	The period of six weeks after childbirth

Organisation of the Thesis

Chapter One introduces the research topic and discusses the background and significance of the study. The purpose and research objectives are presented. In addition, terms used in the study are defined.

Chapter Two provides a broad overview of the literature relevant to the study. The nursing theory appropriate for this study is also discussed.

Chapter Three describes the research methodology including the design, sample, data collection and analysis.

Chapter Four discusses the findings of the study. Data triangulation is outlined and brief findings from the interviews from the Breastfeeding Duration Study are presented.

Chapter Five comprises a discussion of the study's findings and the nursing theory relevant to the study.

Chapter Six sets out the conclusions reached from the findings. The implications and recommendations for future research, practice and education are presented.

CHAPTER TWO

Review of Literature

Introduction

This chapter examines the literature concerning the importance of breastfeeding with its physiological advantages to mother and baby. Factors contributing to successful breastfeeding and its duration, as well as prenatal and postnatal strategies and interventions to support breastfeeding are discussed. Women's adaptation to motherhood and factors that impact on this transition are then highlighted. The nursing model that guides this study is presented. The implications and relevance of this study in relation to the existing literature conclude this chapter.

The Importance of Breastfeeding

Breastfeeding is important because it confers psychological and physiological advantages on both the breastfeeding woman and her infant. There is a prolific amount of literature on the physiological advantages that breastfeeding accords the baby and the mother. Breastfeeding not only contributes to the contraction of the uterus, through the suckling of the infant stimulating the pituitary gland to release oxytocin, but has also been shown to have other benefits for the mother. These benefits include decreased risks of: hip fracture later in life (Cummings & Klineberg, 1993); ovarian cancer (Hartge,

Schiffman & Hoover, 1989); osteoporosis, (Aloia, Cohn & Vaswani, 1985) and premenopausal breast cancer (Layde, Webster & Boughman, 1989; Newcomb, Storer & Longnecker, 1994; United Kingdom National Case-Control Study Group, 1993). Lastly, breastfeeding has been shown to suppress the woman's fertility, (Family Health International, 1988; Howie, 1985; Lewis, Brown & Renfree, 1991). This method of contraception prevents more pregnancies than any other form of contraception (Thapa, Short & Potts, 1988).

Breastmilk has beneficial effects on the infant's growth, development and health (Hartmann & Kent, 1988). It is uniquely adapted to provide the baby's nutritional and digestive requirements (Howie, 1985). Breastmilk also provides the baby with immunological protection (Cunningham & Jelliffe, 1991; Goldman, Garza, Nicols & Goldblum, 1982; Victora et al., 1989). A study of 618 mothers and infants indicated that babies who were breastfed for 13 weeks had a significantly reduced incidence of gastrointestinal illness as well as a reduction in the rate of hospital admissions (Howie, Forsyth, Ogston, Clark & Florey, 1990). Breastfed babies are less likely to suffer from otitis media (Aniansson et al., 1994; Duncan et al., 1993; Sassen, Brand & Grote, 1994). Moreover, breastfeeding provides protection against recurring otitis media (Pukander, Sipila, Kataja & Karma, 1993; Saarinen, 1982) and upper respiratory tract infections (Cunningham, 1979; Klein, 1982; Welsh & May, 1979).

In addition, breastmilk contains hormones, growth factors and enzymes, which may influence the physiological growth and development of the infant (Hamosh et al., 1985; Koldovsky et al., 1987; Kulski & Hartmann, 1983; Morriss, 1985). It has been found that breastmilk may also decrease the risk of the infant

developing allergies (Hanson et al., 1988). Finally, there is evidence that breastfed infants are less likely to develop obesity (Dewey, Heinig, Nommsen Peerman & Lonnerdal, 1993; Kramer, Barr & Leduc, 1985) and may have higher IQ scores than bottle-fed babies (Jacobson & Jacobson, 1992; Lucas, Morley, Cole, Lister & Leeson-Payne, 1992).

In summary, breastfeeding has advantages for both mother and baby. The benefits for the mother include decreased risks of hip fracture, ovarian and breast cancer as well as contributing to the involution of the uterus after childbirth. For the infant, breastmilk not only contains the correct nutrients, hormones, growth factors and enzymes but also provides immunological protection and may decrease the risk for allergies.

Factors Influencing Breastfeeding Duration

Regardless of the many benefits of breastfeeding, and although most women choose to breastfeed their babies, there is a high rate of early cessation of breastfeeding in countries such as Australia, the United Kingdom, Canada and the USA. This low prevalence does not meet the recommended standard of four to six months breastfeeding set by The World Health Organisation (WHO/United Nations Children's Fund (UNICEF), 1989). A Western Australian study indicated that 99% of women decided to breastfeed. However, in the descriptive exploratory study, only 86% were breastfeeding at one week postpartum and 69% at seven weeks (Percival, 1990). Similarly, Bartlett and Pennebaker (1989) found 89% of subjects desired to breastfeed but only 69% continued to breastfeed at one week after childbirth.

Many factors contribute to women discontinuing breastfeeding. Two of the most common reasons are nipple pain and trauma (Cox & Turnbull, 1994; Fahy & Holschier, 1988; Fisher, 1995; Glover, 1991; Houston, Howie & McNeilly, 1983) and inadequate milk supply (Fisher, 1995; Glover, 1991; Lawson & Tulloch, 1995; Percival, 1990). Research studies have demonstrated a positive correlation between nipple pain and trauma and inadequate milk supply (Fisher, 1995; Glover, 1991; Woolridge 1986a).

It has been identified that correct positioning and attachment of the baby at the breast can prevent much of the nipple pain and trauma from occurring (Minchin, 1989a; Woolridge, 1986b). If the baby is correctly latched on to the breast, no pain will be experienced (Woolridge, 1986a). Furthermore, Woolridge (1986a) suggested that if the mother feels pain, then the baby is damaging the nipple.

Correct positioning and attachment of the baby also assists in emptying the breast of milk (Glover, 1997). The more the breast is drained, the more the lactiferous sinuses produce milk. Prolactin levels increase as the breast is emptied, thus stimulating milk production (Glover, 1997). Therefore, inadequate removal of breastmilk results in an insufficient milk supply.

If the baby is positioned and attached correctly to the breast at the first breastfeed, the mother is less likely to accept an incorrect position and attachment at subsequent feeds (Emery, 1990). It is, therefore, imperative that the mother has appropriate information to ensure the infant is correctly attached to the breast from the first breastfeed.

In summary, the majority of women choose to breastfeed their infants. However, despite the advantages of breastfeeding it is of short duration for many women. The most frequent reason given for the cessation of breastfeeding is an insufficient milk supply and nipple pain. Correct positioning and attachment of the baby at the breast will prevent most nipple pain from occurring. This correct attachment of the baby to the breast will also empty the breast of milk thereby stimulating milk production. It is essential that the mother has the education and knowledge to ensure that the baby is correctly positioned at the breast from the first breastfeed.

Strategies to Encourage Breastfeeding

Breastfeeding, albeit natural, is not instinctive but a skill that must be learnt (Hall, 1978; Percival, 1994; Woolridge, 1990). Women in western societies are not able to learn and acquire skills through observation of babies at the breast because the nuclear family, and not the extended family, is the norm (Inch, 1990). Therefore, mothers rely on learning these skills from health professionals. Flint (1984) stated that the midwife's role in breastfeeding was to support and educate the new mother.

Given the many benefits of breastfeeding, it is important to do everything possible to encourage an increase in breastfeeding duration. Indeed, a number of researchers have trialed interventions in order to achieve this goal. One such example is the Breastfeeding Duration Study whose research purpose was to investigate the effect of a prenatal breastfeeding education intervention on nipple pain, nipple trauma and breastfeeding duration.

The majority of primiparae (80%) in Western Australia attend prenatal education classes (Health Department of Western Australia, 1995). However, research suggests women feel prenatal classes do not provide them with the initial skills needed to care for their infants (McIntosh, 1993; O'Meara, 1993). General breastfeeding information is usually given during the prenatal course and does not normally involve a practical "hands on" demonstration of positioning and attachment of the baby to the breast. The use of a doll to teach positioning and attachment of the baby at the breast has been found to be very effective (Minchin, 1989b).

Many different interventions to increase breastfeeding duration have been conducted during pregnancy and the postnatal period. The scope of these interventions varies from education sessions, lactation counselling, home visits, and telephone follow-up to breastfeeding information leaflets.

Some studies found no difference in breastfeeding duration between women who received an intervention and those who did not. Firstly, a Western Australian study, which provided a breastfeeding information booklet to 75 mothers, in the experimental group, during the postpartum period (Hauck & Dimmock, 1994). Secondly, another Australian study of 245 primiparae in which the experimental group received a prenatal teaching session at 24-28 weeks gestation and postnatal hospital visits, home visits and two follow-up phone calls (Redman, Watkins, Evans & Lloyd, 1995). Finally, an American study, of 150 mothers, in which the experimental group received in-hospital education conducted 24 hours after childbirth by a lactation consultant again found no

difference in breastfeeding duration between control and experimental groups (Schy, Maglaya, Mendelson, Race & Ludwig-Beymer, 1996).

Conversely, a pilot experimental study of 70 first time mothers in Western Australia investigating the effects of a prenatal intervention on nipple pain and trauma showed that 92% of the experimental group and 29% of the control group were breastfeeding 6 weeks after childbirth (Duffy, Percival & Kershaw, 1997). The experimental group had a practical education session conducted by a lactation consultant using a doll to demonstrate positioning and attachment of the baby to the breast. The control group continued with the usual prenatal education.

In addition, an experimental study by Jenner (1988), of 38 primiparae in England, demonstrated that 58% of the experimental group and 21% of the control group were breastfeeding at three months. The experimental group each received prenatal and postnatal home visits, in-hospital visits and a breastfeeding information package. However, the researcher conducted the intervention, which may have created a bias and, as noted in the study, the psychometric aspects of the questionnaire had not been confirmed. The results, therefore, need to be interpreted with caution.

Hauck and Dimmock (1994), in their study of 150 Western Australian breastfeeding women, argued that education and knowledge of breastfeeding could increase a mother's confidence and thereby assist her to attain her goal for breastfeeding duration. Therefore, a prenatal education class, conducted by an experienced midwife or a lactation consultant involving a practical

demonstration of positioning and attachment of the baby to the breast, may benefit breastfeeding duration and success.

In summary, breastfeeding is a learnt skill. In western societies most women do not have the opportunity to gain this skill through observing babies at the breast. Health professionals assist mothers to acquire breastfeeding expertise. Eighty percent of primiparae attend prenatal education but this may not be as effective in enhancing breastfeeding duration as it could be.

A number of varied interventions to increase breastfeeding duration have been implemented, both prenatally and postnatally. Many have shown no difference between control and experimental groups. However, a Western Australian pilot study, in which the experimental group had a practical demonstration of positioning and attachment of the baby at the breast, did show a significant difference in breastfeeding rates at six weeks postpartum. Therefore as suggested by Duffy et al.'s (1997) study, prenatal education to small groups of women, with a "hands on" component may assist in increasing breastfeeding duration.

Adaptation to Motherhood

The transition to motherhood, especially first-time motherhood, marks an important developmental change in a woman's life. A study conducted by Barclay, Everitt, Rogan, Schmied and Wyllie (1997) concluded that women experience an intense change of self during this transition. Mercer (1985) suggested the motherhood role was one of great consequence that needed a large investment of time. After childbirth, women are required to adapt

themselves to their new role in order to accomplish the change to a maternal identity (Percival, 1990).

Rubin (1967a; 1967b) Mercer (1981; 1985) and Walker, Crain and Thompson (1986a; 1986b) referred to maternal role attainment in describing this life change, while Lederman and Lederman (1981) used the term adaptation to motherhood and Oakley (1981) adjustment to motherhood. These different terms refer to the process that occurs during pregnancy and after childbirth as the mother becomes competent and integrates the maternal role into her current role to achieve maternal identity (Percival, 1990). For women to achieve stability they need to incorporate into their role the developmental changes and adjustments that motherhood brings, as poor adaptation may result in long term problems (Percival, 1990).

Thirty years ago, Rubin (1967a; 1967b) first described the process of maternal role attainment. At this time, Rubin suggested the taking on of the maternal role was a complex cognitive and social process, which had to be learnt, with role-play, mimicry and fantasy being a part of this taking on of the maternal role. Rubin (1967b) also argued that women learnt from role models, such as their mothers at first, and from their peers.

Rubin (1977) identified four developmental tasks necessary for maternal adaptation that women need to achieve during pregnancy. The first task is seeking and ensuring a safe passage for both herself and her infant during pregnancy and childbirth. The second is acceptance and support of her baby by significant others. The third is binding-in to the infant and the last is giving of herself to her infant.

According to Rubin (1984) these four maternal tasks are accomplished with support and feedback from both family and friends, as well as feedback from the infant. It is a constant process involving the self-system, the maternal/child-system and the family-system. The first task, of searching for a safe journey through pregnancy and childbirth, develops, as the woman becomes more attached to, and protective of the child she is carrying. Women collect information from a number of sources about what to expect of, and how to manage pregnancy and childbirth. These include books and magazines, experiences of other women and health professionals (Rubin, 1984).

The second developmental task, acceptance of the baby, requires an awareness of the lifestyle changes that the advent of a baby requires. This awareness involves both parents in their support for each other and their infant (Rubin, 1984). Binding-in to the infant is the third task of maternal adaptation. This task describes the mother's increasing recognition of the infant as a real and living person. As the infant grows and develops, the maternal identity grows and develops correspondingly with the mother's recognition of her child's movements and needs (Rubin, 1984).

The last of Rubin's (1984) developmental tasks of maternal adaptation is the mother's giving of herself to her child and is the most complex of all the tasks. This will be discussed in more detail later in this chapter, in Rubin's Model of the Development of the Maternal Identity.

An interaction evolves during pregnancy between mother and infant. Rubin (1984) described this process as cognitive mapping of the "you" and the "I". There is a continual changing of the idea of "I" in relation to the concept of

“you”. This mapping is a central behaviour during pregnancy and infancy until the maternal and infant identities are fully developed. Integration of the maternal identity characterises the end of the process of acquiring the maternal role (Rubin, 1977).

Mercer (1981) built on Rubin’s work when she described maternal role attainment as a process that had four stages of development: anticipatory, formal, informal and personal. The anticipatory stage is when the mother starts psychological adjustment and learns the expectations of the role. The formal stage commences after childbirth when others, for example health professionals and significant others, guide behaviours and expectations. During the informal phase, the mother develops her own unique way of coping with motherhood. The last or personal phase, of acquiring the maternal role is imprinting individuality of performance on the role and others’ acceptance of this individuality.

As the mother travels through these stages, she graduates from learning the expectations of the role, to following others directions and coping with other role models, to developing her own individual behaviour and gaining confidence in her performance. Furthermore, Mercer (1985) defined the acquisition of the maternal role as an interactional and developmental process, during which the mother achieves competence until she is comfortable with her identity as a mother. Attachment to the infant, learning mothercrafting skills and pleasure in the role are elements of maternal role attainment.

To summarise, the adaptation to the maternal role is a time of developmental change in a woman’s life. Mothers must adjust to this new role in

order to accomplish the taking on of the maternal identity. Rubin first described the process of role attainment thirty years ago. Other researchers have built on the body of knowledge concerning maternal role acquisition.

Factors Influencing Maternal Adaptation

General Factors

Many factors affect the adaptation of women to the maternal role. In a longitudinal study of 294 primiparous women, younger mothers were found to have less psychosocial skills to cope with the maternal role, while older women demonstrated more nurturing behaviours to their infants (Mercer, 1986). In this study, Mercer also observed that women with increased self-confidence and self-esteem were more able to adapt to the maternal role. Majewski (1986), in her descriptive study of 86 first-time mothers, found the quality of the relationship between the woman and her partner to be another factor, as increased conflict in the relationship was linked to decreased maternal adaptation.

Infant Feeding and Maternal Adaptation

One of the critical elements in the transition to the maternal role is infant feeding. Smith (1989) demonstrated, in a survey of 41 women, that infant feeding was one of the most frequently identified concerns of mothers. This was supported by an Australia-wide survey, of 78 first-time mothers, which found that infant feeding was of great significance to new mothers (Lawson & Tulloch, 1995).

As previously discussed, Rubin (1967a; 1967b) argued that feeding and nurturing the infant is an important part in establishing the mother-child relationship. However, it has been suggested that breastfeeding mothers had greater mother-infant mutuality than bottle feeding mothers (Virden, 1988). Moreover, breastfeeding mothers perceived feeding time as satisfying while bottle feeding mothers viewed feeding as a mundane task.

Breastfeeding and Maternal Adaptation

Driscoll (1992) described breastfeeding as more than just a method of nourishing an infant. She suggested it was a dynamic two-way communication and connection between the mother-infant dyad. In addition, breastfeeding may be viewed by women as being a symbol of their ability to nurture (Laufer, 1990). A Western Australian descriptive study of 183 women found one of the reasons for women breastfeeding was the resultant enjoyment and satisfaction (Hauck & Reinbold, 1996).

As early as 1983, Ellis proposed the view that women gained a sense of achievement from successful breastfeeding. A later phenomenological study of persistence in breastfeeding suggested there was also satisfaction in observing the growth of the infant with the knowledge that this growth was through the gift of breastmilk (Bottorff, 1990). Breastfeeding was regarded as a special gift only a mother could give and the signs that their infant was thriving intensified the mother's satisfaction (Hauck & Reinbold, 1996).

Some women perceived the ability to give of themselves, through their breastmilk, as an important factor in maternal adaptation (Hauck & Reinbold, 1996). A research study conducted by Leff, Jefferis and Gagne (1994), that

measured the maternal evaluations of 442 breastfeeding women also described breastfeeding as profoundly gratifying. In addition, in an exploratory study women described successful breastfeeding as an important element in attainment of the maternal role (Leff, Gagne & Jefferis, 1994). Moreover, Beck (1989) suggested that some women viewed breastfeeding as an innate part of motherhood.

In addition, Virden (1988), in her study of 60 first time mothers, concluded there was a relationship between breastfeeding at one-month postpartum and increased adjustment to the maternal role, and decreased maternal anxiety concerning childcare. Laufer (1990) considered that breastfeeding failure decreased a woman's self-confidence, thereby, causing self-doubt concerning her success at motherhood (Laufer, 1990). Mercer (1986) and Rubin (1967a; 1967b) also supported this view that many women equated breastfeeding success with mothering success.

A further study of 124 primiparous and multiparous women demonstrated that a first time mother will often rate her success as a mother according to her perceptions of her success at feeding her baby (Walker et al., 1986a). Moreover, findings of the survey conducted by Lawson and Tulloch (1995) suggested that mothers might equate successful breastfeeding with their mothering ability and that many of these women had a sense of accomplishment with this success.

Conversely, a prospective study of 100 women found a relationship between breastfeeding failure and a mother's decreased confidence in her ability to cope with her infant (Fahy & Holschier, 1988). Furthermore, Lawson

and Tulloch's (1995) survey suggested breastfeeding failure may be seen as personal failure and thus may decrease self esteem. In addition, Cooke (1996), in her descriptive study, found that some women's self esteem and maternal identity may be negatively affected by difficulties with breastfeeding.

An American study (Locklin & Naber, 1993) was an exploratory investigation of the breastfeeding experiences of 10 educated, low-income, minority women. Five themes emerged from the data. The first theme was: achieving a goal despite obstacles; when in spite of medical problems or lack of support these women were determined to breastfeed. The second theme was persistence, where the respondents were personally motivated to continue breastfeeding. The third theme was attachment to the baby when mothers expressed satisfaction in the time spent for the purpose of their child's well being. The fourth theme concerned support, which included lack of, importance of, availability of and finding of support. The fifth and final theme was the urge to share their success and achievement with others. This study also indicated that successful breastfeeding seemingly empowered these women.

Subsequently, Leff, Gagne and Jefferis (1994) in their exploratory study of 26 women's perceptions of successful and unsuccessful breastfeeding found women viewed success with breastfeeding as part of the maternal role. There was also the mother's perception that there was a unique feeling of bonding to the baby during breastfeeding (Leff, Gagne & Jefferis, 1994)

As early as 1981, Oakley argued that adaptation to motherhood should include an assessment by women of their own satisfaction with motherhood and not be based only on questionnaires which measure postnatal depression.

Many of the studies on breastfeeding satisfaction are quantitative investigations that do not examine women's perceptions of their experiences, in-depth.

In summary, an important factor in maternal adaptation is breastfeeding and the mother's perception of her success or failure with feeding her baby. Women may equate their breastfeeding success with successful mothering. Women attained a sense of accomplishment from successful breastfeeding. Women enjoyed it and felt a sense of achievement. Research suggests that breastmilk was perceived as a gift only a mother could give and there was a feeling of accomplishment in the growth of the infant. The giving of the mother in breastfeeding may be regarded as an important element in the transition to the maternal role. However, women who perceived their breastfeeding was unsuccessful may have lowered self-esteem and self-confidence and difficulties in maternal adaptation. Notwithstanding this, few researchers have explored, in-depth, the impact of successful breastfeeding on the early stages of being a mother. Instead, researchers investigating breastfeeding success have used questionnaires (Fahy, & Holschier, 1988; Lawson & Tulloch, 1995; Rajan, 1993; Rentschler, 1991; Stamp & Crowther, 1995) or a large sample with telephone interviews (Hauck & Reinbold, 1996).

Rubin's Model of the Development of the Maternal Identity

Rubin's model of the Development of the Maternal Identity is the model that guides this study. As previously discussed, maternal role attainment is the process by which the mother becomes competent and confident with mothering behaviours and at ease with her maternal identity (Mercer, 1985). This process

begins prenatally and the maternal identity continues to be formed in the first year of the child's life (Rubin, 1967a; Rubin, 1967b). The maternal role is a complex social and cognitive process and is interactive, reciprocal and learned (Koniak-Griffin, 1993; Rubin, 1967a; Rubin, 1967b). A woman interprets her maternal role achievement in response to her interaction with her infant, as well as her values and personal experiences (Mercer, 1985; Rubin, 1967a; Rubin, 1967b).

The integration of the maternal identity into the self system is through an idealised picture of self as a mother. The woman looks for examples and role models to imitate and incorporate new approaches and skills into her own behaviours (Rubin, 1984). At the beginning of the pregnancy, women imitate others who have successfully managed similar circumstances. Women become more aware of other pregnant women and eagerly search for any items concerning childbirth in newspapers, magazines, books and television. In her search for models and information, the woman focuses only on the current and following phase of her experience. For example, during pregnancy she concentrates on the pregnancy and preparing for childbirth and does not consider childcare. However, when the birth is due there is increased interest in childcare (Rubin, 1984).

Women utilise several behaviours to learn the maternal role. Firstly, there is mimicry where women imitate the behaviours of other mothers. Secondly, role play is the acting out or trying on of maternal behaviours. For example, the woman will baby sit another infant. The third behaviour is fantasy when the woman imagines what she will be like as a mother. The mother will also

fantasise about her unborn child. The fourth behaviour is introjection-projection-rejection in which behaviours are compared to role models and either rejected or accepted. An important role model for the women is her own mother. In the last behaviour women have to let their previous identity go (Rubin, 1984; Rubin, 1967a; Rubin, 1967b).

As previously outlined, Rubin (1977; 1984) has identified four developmental tasks that pregnant women must achieve to take on the maternal role. These are 1) seeking a safe passage through pregnancy and childbirth for herself and her infant; 2) ensuring acceptance of the child by her significant others; 3) binding-in to the infant and 4) giving of herself (Koniak-Griffin, 1993; Rubin, 1984; Rubin, 1977) (see Figure 2).

During the first task, of ensuring a safe passage for the child and herself, the woman becomes more aware of and attached to the baby within her as the pregnancy progresses. In the first trimester her concern is mainly for herself, in the second trimester she begins to feel protective of the child and in the last trimester her concern is for both herself and the infant. Throughout this time the woman is collecting information about pregnancy and childbirth. By the end of the pregnancy there is relief and excitement with the idea of labour (Rubin 1984).

The second task of taking on the maternal identity is acceptance by others. An awareness of the sacrifices that will be required from each family member is necessary. The relationships in the family will alter with the arrival of the baby and there may be a lessening of the intimate time spent between

husband and wife and mother and other siblings. The mother ensures that each member of the family is ready for the arrival of the infant (Rubin, 1984).

Binding-in to the infant is the third task of maternal role attainment. The movements of the foetus start the process of it being recognised as a living infant. The development of the maternal identity is in direct relationship to the development of the child. The movements of the child are an intimate experience that others cannot share. The mother becomes increasingly protective of her unborn child. The love for her infant develops strongly during the second trimester, is in a hiatus during the third trimester and immediately after childbirth and then increases when the infant responds to her mothering (Rubin, 1984).

The fourth task, of giving of oneself, is the most complex of the tasks of attaining maternal identity. Childbirth is an act of giving, involving the whole family. Giving comprises a giver and a receiver and part of the pleasure of giving a gift is the communication between the two. The gift itself is not as important as the meaning behind the interaction and communication between the giver and receiver. A perfect gift is unexpected, spontaneous and with no strings attached. The gift of food is traditionally symbolic of caring and in providing sustenance for her infant the mother demonstrates her love and caring for the child. For example, children are often rewarded with lollies, cakes and soft drinks (Rubin, 1984).

Time and companionship may also be given as gift. The woman will often seek the companionship of a close friend or loved one to share in her experience. When the child is born any gifts, compliments and attention given to

the infant are regarded as being reflected back to the mother. In addition, a mother gives of her time to the infant, as well as her concern and attention. A mother will ensure that she gives enough time to her infant and her partner even if she does not have enough time for herself. The mother is not aware of personal deprivation but takes pleasure and enjoyment from her child (Rubin, 1984). The development of the maternal role is shown in Figure 2.

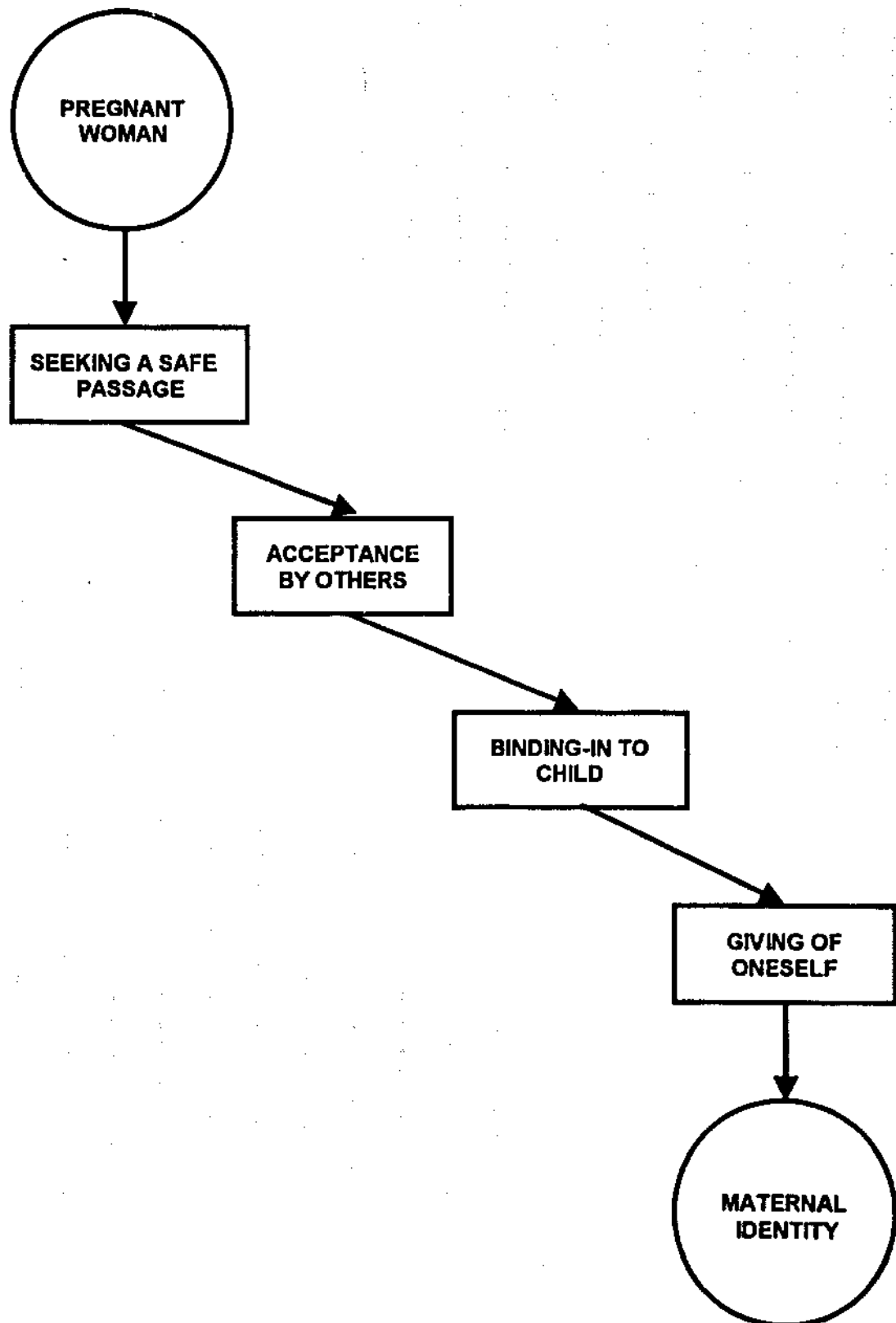


Figure 2. Development of the Maternal Role.

Summary and Conclusion

The importance of breastfeeding and its many benefits to both mother and baby has been established. Although the majority of women intend to breastfeed, many cease in the first few weeks after childbirth. One of the main reasons why women discontinue breastfeeding is nipple pain and nipple trauma. There is evidence to show that correct positioning and attachment of the baby to the breast will prevent both of these from occurring. Mothers need to initiate breastfeeding correctly from the first breastfeed.

Breastfeeding is a learned skill that many women have to acquire. A number of researchers have implemented different types of interventions to increase breastfeeding duration, but many of these found no difference between the breastfeeding rates in experimental and control groups. However, one pilot study in Western Australia demonstrated a significant difference between the two groups. The experimental group received a prenatal, practical session of positioning and attaching the baby to the breast.

Adaptation to motherhood is a time of developmental change in a woman's life. Mothers must adjust to this new role to accomplish the taking on of the maternal identity. Rubin first described the process of maternal role attainment thirty years ago. Other researchers have increased the body of knowledge concerning maternal role acquisition.

One of the crucial factors influencing maternal adaptation is infant feeding and the mother's perceived success or failure with feeding her baby. Mothers may equate successful breastfeeding with successful mothering. Women

attained a sense of accomplishment from and may be empowered by breastfeeding success. Many women perceive breastfeeding as an innate part of motherhood. However, few researchers have studied women's perceptions of successful breastfeeding during the early stages of being a mother. Most other research investigating successful breastfeeding has used either quantitative methods or large samples and has not been in-depth.

In conclusion, there has been little research on successful breastfeeding during the early stages of motherhood from the mother's perspective. This study will investigate women's perceptions of successful breastfeeding during the early stages of being a mother. Rubin's model of the development of the Maternal Identity guides this study. The four tasks of maternal adaptation, especially the fourth task of giving of oneself in the gift of breastmilk, are relevant to this investigation of successful breastfeeding. The results of this study will add to the body of knowledge regarding the impact of successful breastfeeding upon the adaptation to motherhood and will have implications for midwives, prenatal educators, lactation consultants and prospective mothers.

CHAPTER THREE

Methods

Introduction

This chapter describes the research methodology and design of the study. The sample and setting is detailed, and the method of data collection and analysis is presented. There is a discussion of the validity of the study, and the limitations and ethical considerations are also detailed.

The Interpretive Paradigm

The purpose of this research was to investigate, describe and interpret women's perceptions of successful breastfeeding during the early stages of being a mother. The interpretative paradigm is the most appropriate research method of understanding the human experience from the perspective of those involved in the experience (Holloway, 1991; Parse, 1996).

A paradigm is a set of assumptions or perspectives that provides a way of viewing and studying the world (Patton, 1990). Empirico-analytical, interpretive and critical are the three paradigms that have been identified. The interpretive paradigm is one of logical positivism emphasising objectivity and a deductive process (Rissmiller, 1991). Science has traditionally used quantitative research methods for the measurement of data analysis and interpretation (Streubert & Carpenter, 1995). However, participants may have individual responses to a

stimulus or situation that would vary according to their personal beliefs and attitudes. This logical positivism may not fully explain the context and richness of the human experience (Streubert & Carpenter, 1995).

The interpretivist paradigm represents the view that there are multiple realities to be learned (Firestone, 1987). Interpretivist inquiry seeks to understand the phenomenon from the perspective of the persons involved and explores the subjective experiences of people (Artinian, 1988). The goal of qualitative research is to describe and interpret the completeness of the events or experiences being investigated from the participant's point of view.

Qualitative and naturalistic approaches are used to inductively explain the human experience in context (Patton, 1990). Included in this approach is the identifying, describing and analysing of both objective and subjective data so there is an in-depth knowledge and understanding of the human experience. This paradigm provides a method of building meaning that mirrors the complexities of nursing issues (Swanson & Chenitz, 1982). Parse (1996) states that qualitative research is distinguished by an investigator-participant process that describes patterns and themes of the human experience.

The interpretative paradigm, because it seeks to understand the human experience and, thus, takes a holistic approach, is suited to professions such as nursing and midwifery which focus on communication and caring (Holloway, 1991). It presents an opportunity for in-depth investigation (Patton, 1990). It also provides answers as to how social experience is created and how it gives meaning to human life (Streubert & Carpenter, 1995). Therefore, it is an appropriate method to investigate women's perceptions of successful

breastfeeding during the early stages of being a mother.

Sample and Setting

The sample consisted of a purposive, convenience sample of 20 primiparae who gave birth at one public hospital, and who stated they were successfully breastfeeding four weeks after childbirth. This researcher, as part of the Breastfeeding Duration Study initially recruited the participants, at 30 –34 weeks' gestation, from the hospital prenatal classes.

There were four criteria for participation in this Masters study.

1. The women had attended the prenatal group education session on breastfeeding at 35-37 weeks gestation.
2. Participants were still breastfeeding at four weeks postpartum.
3. The participants were fluent in English and able to verbalise their feelings.
4. They stated their breastfeeding was going well when telephoned by the researcher at four weeks after the birth.

Study Design

The design consisted of a field study, which included interviews and observational field notes, to investigate and describe women's perceptions of successful breastfeeding during the early stages of being a mother. One of the goals of midwifery is to provide holistic care and, to achieve this the human experience must be understood (Holloway, 1991). As discussed, a qualitative research method is the most suitable approach to investigate and describe individuals' perceptions of their experiences (Holloway, 1991; Parse, 1996).

As the purpose of the current study was to investigate, describe and interpret women's perceptions of successful breastfeeding during the early stages of being a mother a qualitative approach using content analysis represented the most appropriate method.

As previously stated, this present research was linked with the Breastfeeding Duration Study conducted by Dr Patricia Percival and Mrs. Elizabeth Duffy. Investigator and data triangulation was used, by examining data from the Breastfeeding Duration Study, to strengthen the study design and provide different perspectives of women's perceptions of breastfeeding and being a mother.

Triangulation

Triangulation is the combination of different research methodologies to investigate the phenomenon and thereby strengthen the design of the study (Patton, 1990). The merging of qualitative and quantitative research methods reinforces the research design by confirming the findings via different sources (Knafel & Breitmayer, 1991). Patton (1990) argued that studies using one research method could be more prone to the errors connected to that research approach than studies using different methods so that the various types of data can offer cross-data verification.

There are four types of triangulation. The first is investigator triangulation, which is the use of a number of interviewers, coders, observers and analysts in a study. The potential for bias that may result from single-researcher studies is removed. In the second type, data triangulation, the investigator uses a variety

of sources to collect data. Every data source contributes a different aspect of the phenomenon thus ensuring that it is studied in its completeness. The third type is theoretical triangulation. Different conceptual frameworks or perspectives can be used in analysing data in theory testing or theory generating research (Duffy, 1987; Knafel & Breitmayer, 1991).

The last is methodological triangulation, where a variety of data gathering methods are used in a particular study (Duffy, 1987; Knafel & Breitmayer, 1991). These collection procedures may be within-method, using one method but a number of strategies, or between-method in which more than one method is used to ascertain if there is congruence in the findings. The between-method design allows one type of data to contribute richness and detail to the findings of another type of data (Duffy, 1987).

Methodological triangulation usually uses qualitative and quantitative research methods and ensures the most extensive approach is taken to investigate the research topic. This type of triangulation may be simultaneous, where qualitative and quantitative methods are used at the same time, or sequential where the findings of one method is used to plan the next method (Morse, 1991). Furthermore, Morse (1991) argued that a study would usually emphasise one of the research methodologies more than the other, which would then be a complementary component of the study. In addition, each method must be independent of the other and be complete in itself, meeting all the relevant standards for rigor and validity (Morse, 1991).

Morse (1991) clarified that simultaneous methodological triangulation was indicated by QUAL+quan when qualitative research comprised the major part of

the research and quantitative complemented it. For example, a grounded theory research investigating the experience of anxious, waiting relatives would be strengthened by the use of an anxiety scale that determined the anxiety levels of the waiting relatives. QUAN+qual was used to indicate that qualitative methods provided richness for, and explored unexpected results of quantitative data. A study investigating the spatial distance between sick children and their parents may use a video camera to record the distance between them (Morse, 1991).

In sequential methodological triangulation QUAL $\hat{=}$ quan denotes that the quantitative research followed the qualitative methods. For example, an instrument was constructed from qualitative data. The notation QUAN $\hat{=}$ qual indicates that the qualitative research followed the quantitative methods to further explain the findings. For example, an infant feeding survey in under developed countries showed, unexpectedly, that there was no difference in the occurrence of diarrhoea in infants from houses with or without a refrigerator. Data from qualitative interviews found that formula for the infants was not stored in the refrigerator (Morse, 1991).

Duffy (1987) suggests there are a number of benefits of triangulation. Qualitative data obtained from interviews may be used in devising instruments. Some quantitative findings may be validated through qualitative methods. A conceptual framework may be evolved from qualitative investigation. A questionnaire, gathering data from the study group, may rectify the qualitative research problem of collecting data from only a small sample within the study group. Quantitative methods may furnish information about respondents who

were disregarded. Lastly, a case study may be used to portray statistical models (Duffy, 1987).

The following examples will illustrate how triangulation can be used to investigate the human experience. Data triangulation was used to investigate the relationship between adults with physical disabilities and their primary care attendants (Miller & Opie, 1994). The use of data triangulation was able to provide the researchers with a more comprehensive view of the relationship between the primary care attendants and the adults with physical disabilities. Between-method triangulation was used to study the sleep concerns of older adults (Floyd, 1993). The combination of qualitative and quantitative methods strengthened the study design. The use of quantitative and qualitative findings in a between-method triangulation revealed a convergence of relationships between vigour perceived health and physical performance (Fontana, 1996). Lev (1995), in a study investigating the theoretical aspects of psychosocial support, used data triangulation to strengthen the study design.

The four types of triangulation (data, theory, investigator and methodological) were used in a study which investigated the attitudes and needs of newly registered nurses with regard to the care of clients with cancer (Corner, 1991). A learning package to meet their identified needs was then developed and evaluated (Corner, 1991). Methodological triangulation was used in two studies with content analysis of interviews and quantitative analysis of a questionnaire (Herth, 1996; Slevin & Sines, 1996). Herth (1996) examined hope, from the viewpoint of 52 homeless families, using the Herth Hope Index to give a different perspective from data gathered during interviews. A Likert scale

measured the attitudes of graduate and non-graduate nurses to people with disabilities, while qualitative data from interviews gave richness and depth to the description of the phenomenon (Slevin, & Sines, 1996).

Duffy (1987) concludes that triangulation, in combining a variety of research methods, provides a more vivid and meaningful understanding of intricate phenomenon than may be attained from using either method alone. Furthermore, Banik (1993) argues that triangulation is an approach to research, which can offer benefits as complex nursing phenomena are better understood to facilitate changes and improvements in clinical practice. Therefore, it was appropriate for this study to use data triangulation to investigate women's perceptions of successful breastfeeding during the early stages of being a mother. Data from qualitative interviews were validated with data from telephone interviews of 395 subjects of the Breastfeeding Duration Study conducted by Dr Percival and Mrs. Duffy. A research assistant of this latter study conducted the telephone interviews at four months postpartum.

Instruments

The interview was semi-structured and an interview guide, comprising seven mostly open-ended questions, was developed (See Appendix B). This guide was not strictly adhered to as this enabled the researcher to further explore topics as they emerged. The order in which the questions from the guide were asked was determined by the progress of the interview. Most of the information given during the interview was volunteered without prompting. As the interviews progressed, other prompts were used if, towards the end of each

interview, the participant had not mentioned a topic or topics that other participants discussed.

Two pilot interviews were conducted to verify the effectiveness and clarity of the questions. The question guide was modified slightly following these pilot interviews. It was further refined following a Thesis Development Seminar attended by expert qualitative researchers and expert midwives. The suggested changes arising from the seminar were incorporated into the final question guide.

Procedure

Twenty-three women were telephoned four to five weeks after childbirth in the same order in which they had given birth. The type of childbirth was not part of the criteria so that these women had experienced normal vaginal births, instrumental deliveries and caesarean sections.

Three were no longer breastfeeding. The researcher established that the remaining twenty participants felt their breastfeeding was going well. The women confirmed that they would be willing to participate in taped interviews, and arrangements were made for the interviews to be conducted in the women's own homes at a time convenient to them. Data saturation was reached at the seventeenth interview. However, to ensure no new data emerged, twenty interviews were completed. Morse (1995) described data saturation as occurring when no new data is obtained.

The researcher attempted to create a rapport with the participant so she would share her experiences more openly. Informal conversation, before and

after the interview, was used to create an atmosphere conducive to the sharing of experiences. After the initial informal conversation, the participants were given the information sheet (see Appendix C) which explained the voluntary nature of the research and written consent was obtained (see Appendix D). The use of a tape recorder was also explained. All the women consented to take part in the study. The information sheet, with a contact telephone number, was left with each participant.

Each interview took between 30 and 45 minutes. A question guide, consisting of mostly open-ended questions, was used (see Appendix B). The researcher ensured that the women were comfortable and relaxed before the interview commenced. The first question, which was "Tell me how you feel your breastfeeding is going?" was asked after the tape recorder was turned on. The researcher encouraged the respondents to describe their experiences as fully as possible but did not suggest what they should say.

The researcher maintained eye contact and encouraged the participant to keep talking with nonverbal cues of facial expression and body language. Verbal responses of the researcher were kept to a minimum. Forrest (1989) stressed the importance of the interviewer being a sensitive listener. Effective listening consists of reflecting, attending and following (Bolton, 1986). Reflecting is paraphrasing back to the respondent the meanings, or feelings she may have verbalised. Attending skills include appropriate non-verbal cues of body language and eye contact. Following skills comprise attentive silence and few interruptions to the speaker. Any questions the respondent asked of the

researcher about breastfeeding or care of the infant were answered after the interview had finished, when the tape recorder was turned off.

During the interview, observations were made of respondents' verbal and nonverbal behaviour. After each interview, as soon as the researcher was alone, observational field notes were made of these impressions, as well as the researcher's own reactions to the interview.

Data Analysis

The data from the interviews and observational notes was interpreted and analysed using content analysis.

Content Analysis

Content analysis provides a systematic method to interpret and find meaning from oral, written and visual data so the phenomenon may be described (Downe-Wamboldt, 1992). The context of the experience has to be considered together with the words and phrases, so that meanings can be determined (Downe-Wamboldt, 1992) and inferences made about the phenomenon (Norman, 1989). Furthermore, Cavanagh (1997) argued that content analysis provided a method to investigate and analyse a wide variety of nursing problems.

As early as 1980, Krippendorff identified content analysis as a scientific process. He identified four phases: data collection, data reduction, inference and analysis (Krippendorff, 1980). In the first stage, data are collected and interviews transcribed. The second stage involves identifying themes or

categories and quotations that exemplify these themes (data reduction). In the data inference phase, quotations from all the interviews are combined under the theme to which they pertain. The fourth phase is the methodical and objective analysis of the data in each theme (Krippendorff, 1980; Norman, 1989).

Burnard (1996) described four steps of content analysis as follows: 1) Data are read and categories identified; 2) The data are placed into categories. If all the data is not accounted for the categories should be amended; 3) A report is drawn up with the categories as subheadings. Verbatim sections of the data provide descriptions of the particular topic under each subheading; 4) When the analysis is completed, explanations for the emergent themes should be suggested.

Content analysis may be utilised for a number of purposes: to determine the focus of individuals or groups; discover the psychological attitudes of groups or individuals; describe beliefs, aims and themes emerging from the data, as well as the analysis of the data (Krippendorff, 1980; Polit & Hungler, 1991).

A number of recent studies have used content analysis to describe and interpret data. Twinn (1997) examined the reliability and validity of qualitative research that had been translated from Chinese. Content analysis was used to identify breastfeeding beliefs of 41 low-income first time mothers (Libbus, Bush & Hockman, 1997) and also to investigate the experiences of 77 mothers of children with eczema (Elliott & Luker, 1997). In a study conducted by Zabielski (1994) content analysis of the recognition of maternal identity of 42 preterm and fullterm first time mothers revealed eight themes. These were role expectations, role partner contact/interaction, role acknowledgment, role qualities, role actions,

role readiness, self-continuity and role change.

The goal of content analysis is to furnish the researcher with an increased knowledge and understanding of the phenomenon being investigated (Downe-Wamboldt, 1992). This aim is achieved with the least amount of information from the original data being lost (Downe-Wamboldt, 1992). Therefore, this method of qualitative research was appropriate to investigate successful breastfeeding during the early stages of being a mother from the viewpoint of women experiencing the phenomenon.

Data Analysis

In the present study, data collection and analysis commenced at the first interview. The researcher was analysing and reflecting on the data as the respondents were talking. This process of intuiting, analysing and describing continued throughout each stage of the analysis. Intuiting is the process of understanding the phenomena, as the respondent describes it (Parse, Coyne & Smith, 1985). It requires complete concentration and absorption with the experience being described (Oiler, 1982).

The data were formally analysed according to Burnard's method of thematic content analysis (Burnard, 1991). This method has been adapted from Glaser and Strauss' grounded theory approach (Glaser and Strauss, 1967) and different content analysis approaches (Babbie, 1979; Berg, 1989; Fox, 1982). Congdon and French (1995) used Burnard's method of thematic content analysis in their study of the process of the developing collegial relationships within a tertiary institution.

Data analysis, in the present study, consisted of the following steps:

1. The taped interviews were transcribed verbatim by a professional typist. The researcher then listened to the tapes and amended any incomplete or incorrect sections in the transcriptions.
2. The transcripts were read a number of times so that the researcher gained a familiarity with each participant's descriptions and implied meanings. In doing this, the researcher became immersed in the data. Notes were made on the general themes that emerged from the data.
3. The transcripts were read through again and all the different aspects or categories contained in the data were listed. Intuiting and reflecting took place so that the researcher could understand the individuality of each description. This process of open coding accounted for all the data.
4. The categories were reviewed until no new categories could be identified and significant statements or phrases were illustrated by verbatim quotes. These quotes were listed under each category. Combining similar categories together reduced the number.
5. The new list of categories was resurveyed and reworked to generate a final list of themes and subthemes and to ensure that all themes were identified.
6. Transcripts were re-read, together with the list of themes and their subthemes, and changes made as required.
7. Each transcript was worked through and coded according to the list of themes and subthemes.

8. The coded sections of the interviews were gathered under the relevant theme and subtheme. A complete copy of each transcript was kept intact for reference purposes and to ensure the meanings were taken in context.
9. The findings of the data analysis were incorporated into a detailed description of women's experiences of successful breastfeeding during the early stages of being a mother. The final number of themes was six.
10. A summary of the six themes was checked with five participants. They were asked to comment on and verify the themes. Any new data was analysed and incorporated into the final report.

Validity

There has been much discussion on the methods of ensuring rigour and validity in qualitative research (Appleton, 1995; Beck, 1993; Burns, 1989; Hoffart, 1991; Koch, 1994; Krefting, 1991; Rodgers & Cowles, 1993; Sandelowski, 1986; Sandelowski, 1993). Guba and Lincoln (1985) proposed four criteria to comply with the test of rigor in qualitative research methods. These criteria are truth value, applicability, consistency and neutrality. They suggested that these criteria should themselves be evaluated – truth value by credibility; applicability by fittingness; auditability by consistency and confirmability by neutrality.

The truth value, or credibility, of this study was based on verifying women's perceptions of successful breastfeeding during the early stages of being a mother. Five respondents were contacted five months after their

interview. Information from the transcription of their own interviews was discussed with them to confirm and validate that the themes identified by the researcher correctly portrayed their experiences at the time of the interview. The participants read a transcript of their interview and were invited to suggest additions, corrections and/or deletions. However, they did not make any changes. These respondents were also given a list of the six themes, with a description of each theme and its subthemes, and they confirmed that the researcher had captured the essence of their experience.

Another credibility check involved sharing the descriptions, themes and phases of the analysis with the researchers two supervisors, who were experienced nurse midwife researchers. Another nurse researcher, who was currently studying for a PhD, conducted a third check by reading and coding six interview transcripts. The categories suggested by this nurse researcher were in agreement with the original list of categories that had emerged from the data. A further credibility check involved the analysis of two interviews by a group of PhD and Masters' students who were currently conducting qualitative research. The analysis of the group was congruent with the analysis of this researcher. In addition to these credibility checks, the researcher 'bracketed' her assumptions concerning women's experiences of satisfaction with motherhood in order to limit any potential bias. Bracketing consists of the suspension of any existing beliefs or preconceptions about the phenomenon so that the researcher may remain neutral and not demonstrate any bias (Streubert & Carpenter, 1995).

Sandelowski (1986) indicated that fittingness was achieved when the findings could fit into other contexts and when they were viewed as meaningful and applicable to the audience's own experiences. Thus, fittingness is the ability of the findings to have meaning and relevance to others in a similar situation. This study met the criterion of fittingness by selecting respondents who perceived they were successfully breastfeeding and who were able to articulately describe their experiences.

A study is deemed to be auditable, or consistent, when other researchers are able to follow the method of sample selection, procedure, data collection and analysis and report equivalent findings (Appleton, 1995; Sandelowski, 1986). A decision trail is produced from the commencement to the conclusion of the study. A sample of a coded transcript (see Appendix E) is included to further elucidate the transition of the emerging meanings to themes.

It is suggested that confirmability, or neutrality, is attained when credibility (truth value), fittingness (applicability) and audibility (consistency) have been ascertained (Guba & Lincoln, 1985; Sandelowski, 1986). Each of these criteria was conducted to meet the required rigour.

Limitations

The fact that the data was collected at one maternity unit; was a purposive and convenience sample, and was the personal experiences of only twenty women limit the generalisability of the study. However, the findings of the Breastfeeding Duration Study of 395 participants, which were triangulated with the findings of the current study, may be generalised to the population of

new mothers in the Perth Metropolitan area. This is because the sample was representative of most primiparae giving birth in the Perth Metropolitan area at the time of the sample selection. Therefore, because similar themes emerged from the findings of the present study and the findings from the telephone interviews of the Breastfeeding Duration Study, triangulation certainly increases the transferability of the findings of the current study to other successfully breastfeeding women.

Ethical Considerations

Permission to undertake this study was granted by the Committee for the Conduct of Ethical Research at Edith Cowan University and the study hospitals. Women were approached and invited to participate in the study. Verbal and written explanation of the study was given, including the completely voluntary and confidential aspect of the research. Participants were assured the study would involve no risk to themselves or their baby. They were not deprived of any treatment because the education intervention in the Breastfeeding Duration Study was in addition to the usual, available prenatal education classes. An informed, written consent was obtained (see Appendices C and D). Participants were informed that they could withdraw from the study at any time without any consequence.

All information gathered was treated with the strictest confidence. The data was coded and the master list, with the codes and corresponding names, was kept separate from the data, in a locked file. The consent forms were kept in a different, secured filing cabinet available only to the researcher. The

respondents were not identified on the transcripts nor were any other names mentioned during the interview. Raw data, consent forms, audiotapes and transcripts, will be destroyed after five years. Participants were reassured that they would not be identified when the findings are published.

The researcher would have informed the chief investigator of the larger study if a respondent had become distressed during the interview. The chief investigator would have contacted the respondent to ascertain if help was required so that referrals could be made to appropriate agencies, such as, Child Health Nurse, General Practitioner, Nursing Mothers Association and Ngala. However, no respondent became distressed or upset, therefore, no referral was made.

CHAPTER FOUR

Findings of Exploratory Phase

Introduction

The data collected during the study was analysed and the findings are presented in this chapter. A description of the participants will be given first. The six themes and their subthemes, which emerged during the content analysis of the interview data, are presented in a list and then discussed in detail.

Participants

Twenty women were interviewed four to five weeks after the birth of their baby. They were all first time mothers whose infants had been born in a Perth metropolitan public hospital. Most of the women were married or living with a partner. Their ages ranged from 17-38 years.

The socioeconomic level of the participants varied, with more than half having a combined family income of \$30,000 or above. The education level of the women also varied from having completed Year 10 to having completed a university degree with most having a certificate, diploma or degree. The type of childbirth experienced by the women included spontaneous normal deliveries, vacuum extractions and caesarean sections.

Themes

Six themes emerged from the analysis of data. These consisted of: The Ideal Mother Breastfeeds; Achievement; Approaches to Breastfeeding; Accommodating a Breastfeeding Baby; Concerns and Breastfeeding is a Learnt Skill.

The first theme of The Ideal Mother Breastfeeds describes perceptions of mothers and society concerning breastfeeding and motherhood. Approaches to Breastfeeding outlines the two groups that these mothers fell into according to the manner in which they viewed themselves as being able to achieve their goal of successful breastfeeding. This theme also discusses how these two groups of women viewed breastfeeding failure. The third theme of Achievement looks at the sense of accomplishment and satisfaction derived from breastfeeding. The changes that an infant brings to women's lifestyles are detailed in the fourth theme, Accommodating a Breastfeeding Baby. The fifth theme, Concerns, discusses the issues that concern mothers, such as, milk supply, tiredness and differing advice. The last theme, Breastfeeding is a Learnt Skill, is a description of how the mothers acquired breastfeeding knowledge and skills. The mothers also gained confidence, as they became proficient at breastfeeding. The themes and their subthemes are detailed in Figure 3.

In portraying components of the themes and subthemes, verbatim quotes are used. The participants have all been given a pseudonym to ensure confidentiality. In a direct quote, where a person is referred to by name, the title

of that person will be placed in parenthesis, for example, (partner) is used instead of the real name.

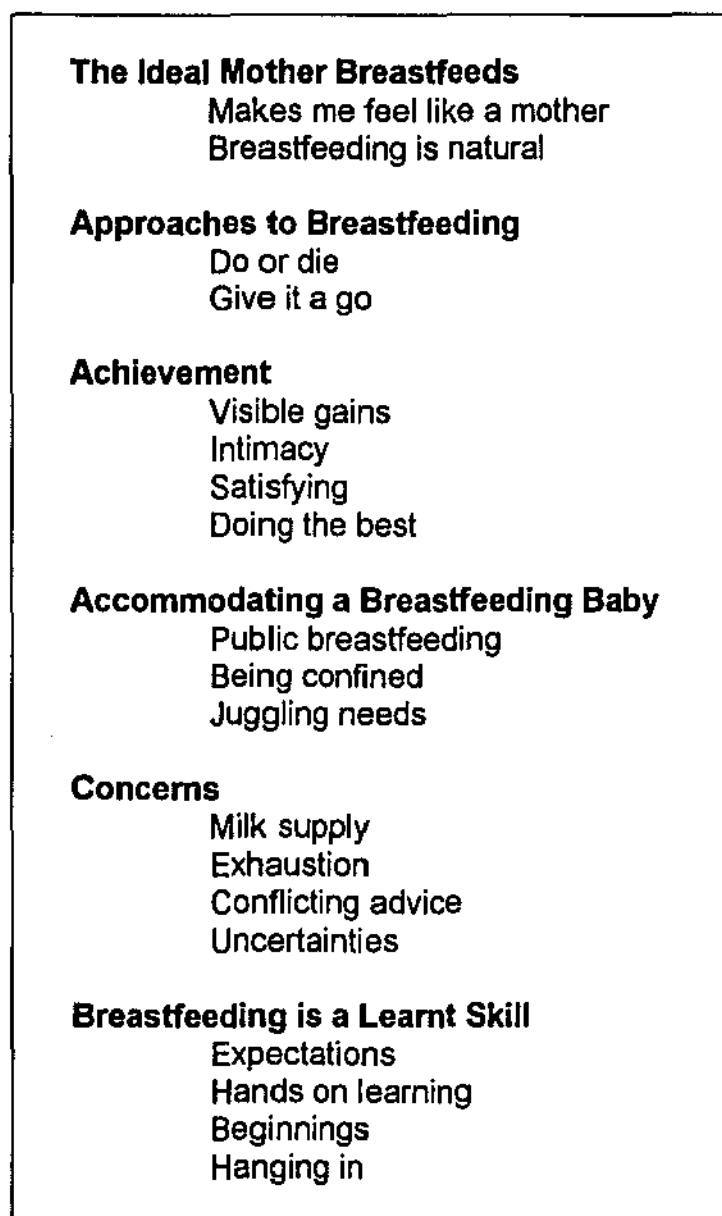


Figure 3. Themes and Subthemes

The Ideal Mother Breastfeeds

The main focus of this first theme was the perception that a perfect mother breastfeeds her infant. The women believed that breastfeeding embodied the essence of motherhood. The expectation women have of themselves as mothers and the expectations of society are reflected in this theme. Mothers felt they were following a correct and proper course by breastfeeding their infant. It reaffirmed their motherhood in that they are the only one who can supply nourishment for their baby. Women felt good about themselves because they believed they were fulfilling their role as a mother by breastfeeding. The definitions of the theme of The Ideal Mother Breastfeeds and its subthemes Makes me feel like a mother and Breastfeeding is natural are presented in Figure 4.

The Ideal Mother Breastfeeds		
Definition: Breastfeeding embodies the essence of motherhood		
Subtheme	Definition	Exemplar
Makes me feel like a mother	Breastfeeding is central to a mother's role	It completes the picture of being a mother
Breastfeeding is natural	Breastfeeding is an instinctive part of nurturing infants	It is Mother Nature's way isn't it

Figure 4. Definitions of The Ideal Mother Breastfeeds and Subthemes

Makes me feel like a mother

The first subtheme of The Ideal Mother Breastfeeds is Makes me feel like a mother. Breastfeeding was seen by many of the women to be central to a mother's role and an integral part of motherhood:

It completes the picture of being a mother (Barbara).

It was also perceived by many participants that breastfeeding their infant affirmed their motherhood:

...so I know that I'm being a mum (Diane).

There was a sense of superiority and being different to those women who were bottle-feeding:

I feel a better mother than somebody who was bottle-feeding (Erin).

I feel more as a mum breastfeeding than I would if I was a bottle-feeder (Naomi).

Women also verbalised that breastfeeding was more maternal than bottle feeding:

Whether you've got a maternal state of mind as to whether you choose to do it [breastfeed] or not. I'm more maternal and that's why I choose to breastfeed (Barbara).

I certainly do feel more maternal for it (Carol).

One participant believed that part of this sense of motherhood was because breastfeeding was specific only to motherhood:

It is a much more I think a maternal thing because it's unique really, isn't it? To motherhood and to breastfeeding, it's something that can only happen when there are babies (Robyn).

The awareness that no one else could breastfeed their baby also reinforced a distinct sense of motherhood:

You can always bung a bottle into any child you know, but the breastfeeding is something very...unique...to motherhood...and the mother/baby relationship (Robyn).

Women perceived their relationship with the infant to be special because they were the sole source of the baby's sustenance:

It's something that you have to provide for your baby that nobody else can (Sarah).

Anyone can do it [bottle-feed] whereas breastfeeding - yes, it's me and him alone (Olive).

A number of women perceived that breastfeeding was the proper thing for mothers to do for their babies:

It just seemed the right way of doing it (Gail).

It makes me feel good that I'm doing the right thing by him (Trudy).

The pregnancy and childbirth experience of one mother did not meet her expectations; after planning a "natural" birth she had to have an emergency caesarean section. This participant now believed that breastfeeding her baby at least went according to her plan:

With a few disappointments with other aspects of my pregnancy it's like I want to be able to do this right (Robyn).

Mothers believed that society expected that "good" mothers breastfed their infants. This had the effect of causing one respondent guilt and to feel that she may harm her baby by giving him a bottle-feed:

Sometimes I feel guilty. Like the other night we went out and we had... dinner and instead of going and hiding in the bedroom I gave him formula and I felt very guilty about that, but then they said it doesn't hurt but, yes, so I ...felt really bad (Trudy).

The belief that breastfeeding affirmed their motherhood was linked with the view that breastfeeding was instinctive.

Breastfeeding is natural

The second subtheme of The Ideal Mother Breastfeeds is Breastfeeding is natural. Many women viewed breastfeeding as the way nature had intended infants to be nurtured:

It's Mother Nature's way isn't it (Fiona).

It's nature - it's the way it's supposed to be. Don't try and make something different from what it's supposed to be (Jenny).

A few respondents expressed the belief that babies should be breastfed because a woman's body was created for such a purpose:

It's natural, the boobs are there for a reason - now I know why they are there, it's a good purpose (Fiona).

That's what you're designed for (Megan).

In addition, breastfeeding was seen as an instinctive behaviour:

To me it's a natural thing and it's the way it's meant to be - like just nature (Patricia).

It's the natural way of doing it. It has been done for years and years (Olive).

This concept was linked to the viewpoint that it was the "right" thing to do:

I found for myself that it was just the natural way of doing it. It just seemed the right way of doing it (Gail).

There was also an expectation that because breastfeeding was perceived as a natural behaviour it should be easy and effortless:

He feeds really well and to me it's just a natural, you know, process (Patricia).

Another respondent confirmed this link and said:

It just seems very natural now - I just whip him on one breast and then he might go over to the other...you're worried about how long it will be on one breast to the other breast, it just comes naturally, really. I mean your own body tells you (Imogen).

In summary, the main theme The Ideal Mother Breastfeeds reflected the perceptions that the archetypical mother breastfed. Society and the mothers themselves expected that they would breastfeed their infants. The first subtheme was Makes me feel like a mother, which discussed women's belief that breastfeeding, affirmed their motherhood. The second subtheme was Breastfeeding is natural which included the view that breastfeeding was instinctive and because it was regarded as natural it should be easy.

Approaches to Breastfeeding

The second theme is Approaches to Breastfeeding. This theme involves the different ways in which women viewed the outcome of their breastfeeding. Participants fell into two groups according to how they anticipated managing breastfeeding and its successful or unsuccessful outcome. Some were only prepared to contemplate a successful outcome while others were more flexible. The two subthemes are Do or die and Give it a go. The definitions of Approaches to Breastfeeding and its subthemes are detailed in Figure 5.

Approaches to Breastfeeding		
Definition: The different ways that women view the outcome of their breastfeeding of their babies		
Subtheme	Definition	Exemplar
Do or die	Breastfeeding will be done at all costs, bottle-feeding is not contemplated	I didn't want to think about it – About not being able to breastfeed
Give it a go	A good attempt will be made to breastfeed but if it is unsuccessful the infant will be bottle-fed	I always thought I'd definitely give it a go whether it was for me or not, I really didn't know until I had tried it for myself.

Figure 5. Definitions of Approaches to Breastfeeding and Subthemes.

Do or die

The first subtheme in Approaches to Breastfeeding is Do or die. Women in this group believed breastfeeding was the only way to nourish their infant.

These mothers were not able to even contemplate not being able to breastfeed:

I always knew that I wanted to breastfeed from the start and I was quite determined to because I know it's best for the baby (Fiona).

Their view was that mothers breastfed and that is what they were going to do:

I'm a mum, I've got a baby and I've got to feed it (Naomi).

They did not even consider bottle-feeding:

I just knew it was something I was going to do. We weren't going to bottle feed we were definitely going to breastfeed that was pretty much the only thought we had given it (Diane).

These mothers speculated how they would feel if they were unable to breastfeed:

I think it would've been very difficult if I'd been told that I couldn't breastfeed (Sarah).

One mother viewed being unable to breastfeed her infant as not doing the right thing or giving him a correct start:

Disappointed... yes, that I couldn't do the right... give him the right thing or do the right thing by him (Trudy).

In contrast, the women who fell into the second group had different views on the outcome of infant feeding.

Give it a go

The second subtheme of Approaches to breastfeeding is Give it a go.

The women in this group were willing to try breastfeeding and were more flexible in that they would consider bottle-feeding if they were unsuccessful:

I thought, well I'd give it a go and hopefully it would work, you know, and everything would fall into place....I was just going to...do whatever happened and if it wasn't going to work then I would've bottle-fed (Kate).

They did not place too many expectations on themselves about a successful outcome:

I always thought I'd definitely give it a go whether it was for me or not, I really didn't know until I had tried it for myself (Carol).

Many of them perceived that too high an expectation might place too much stress on them:

I just decided that I'd keep a very open mind. That I would just try and remain relaxed about it and I thought I would want to do it and I'd give it a go and if it worked for me and the baby then fine - I would continue. But if we were running into problems and it was causing problems then I would

have stopped, so I've just got a very open mind about it, really. I thought it would just put stress on myself to be adamant that that's what I wanted to do and then if I didn't achieve it (Imogen).

They were more pragmatic about being unable to breastfeed:

It would've been a little regretful. Obviously a little...sorry, but it's better to have a full baby than a starving baby (Una).

One mother stated that being unable to breastfeed would not make her feel less of a mother:

That would make me feel...not...unmotherly or unfeminine, but I'd feel disappointed - a bit disappointed in myself although I feel quite knowledgeable so I feel like if I hadn't been successful that I could separate that and say 'well I can still look after her. This is a separate [issue] (Patricia).

To summarise, the Theme of Approaches to Breastfeeding reflects two contrasting ways women viewed the outcome of their breastfeeding. The Do or die participants only considered breastfeeding and would have been very disappointed if unable to breastfeed. However, the Give it a go respondents were more flexible and pragmatic and would have adjusted more readily to being unable to breastfeed.

Achievement

The third theme emerging from the findings was Achievement. The mother and the baby both gained from breastfeeding. These achievements were physical and psychological. They encouraged the mother and assured her that she was doing a good job. There was a sense of accomplishment from the knowledge that she and her infant had attained benefits from her efforts. The four subthemes are Visible signs, Intimacy, Satisfying and Doing the best. The

definitions of the theme of Achievement and its subthemes are presented in Figure 6.

Achievement		
Definition: The mother and the baby both gain from breastfeeding		
Subtheme	Definition	Exemplar
Visible signs	The discernible indications of the mother's breastfeeding efforts	I figured I must be doing it right because she's obviously gaining weight
Intimacy	The feeling of closeness between mother and baby	It's the closeness it's just having him there and feeling him really close right next to me
Satisfying	The sense of accomplishment as the mother gives of herself to her baby and the baby responds to her	the fact that she wants mum, that that's something that I know I can give her and that she's so contented after that
Doing the best	What the mother and baby specifically acquire from breastfeeding	It's just so convenient ...she's getting everything she needs

Figure 6. Definitions of Achievement and Subthemes.

Visible signs

The first subtheme of Achievement is Visible signs. The indication that the infant was putting on weight demonstrated to the mother that her efforts were being rewarded:

Seeing that [he has] gained that amount of weight it's like...that's why I was sat up with him for 6 hours yesterday (Jenny).

Mothers had pride in their achievement:

I figured I must be doing it right because she's obviously gaining weight (Fiona)

It gives me a feeling of...satisfaction, accomplishment, I suppose because I can see he's putting on weight and that makes me feel good (Patricia).

It was reassuring to the women to be able to observe that the baby was thriving:

He's put on weight that's a great relief (Kate).

...putting on lots of weight...he's not missing out (Sarah).

It was also important for the women to have family and friends acknowledge their endeavours, as the following quote demonstrates:

Considering the amount of weight he's put on I know that it's definitely good for him, and everybody else comments that my milk must be very good for him because they can see how big and chubby and fat he's got since I first had him. So yes, that's good for other people to say that to me as well (Trudy)

The appreciation of their efforts by health professionals was also meaningful to some respondents. As one mother stated:

When I actually went to the baby clinic and he had put on quite a bit of weight and she was surprised that I was just giving him my breast milk. She thought I was giving him formula as well, so she said, "You're definitely doing the right thing", and that made me feel pretty good (Olive).

The Visible signs of breastfeeding encouraged the mother to feel that the time and effort expended was worthwhile:

He's put on x amount of weight it's almost like a consolation - it's worth the whole process (Carol).

Although women welcomed the Visible signs of breastfeeding they also enjoyed a closeness with their infant.

Intimacy

The second subtheme of Achievement was Intimacy. Every participant perceived that one of the most significant advantages of breastfeeding was intimacy with the baby. There were many different facets to this subtheme.

Some mothers enjoyed the physical closeness:

It's the closeness it's just having him there and feeling him really close right next to me (Hazel).

It just brings you closer and I think it's good for bonding - you know, that physical contact. I just think it's a...great and wonderful thing for me (Patricia).

Others took pleasure in the rapport and togetherness that developed with their infant:

...[breastfeeding is] better for us to get to know each other (Kate).

One participant looked forward to feeding time, as she explained:

If by chance he does tend to sleep 3 - 4 hours I actually find myself wanting him to wake up so he will breastfeed (Diane).

Another aspect of Intimacy was enjoyment of the time spent with the baby during feeding. A few mothers delighted in feeding time because that was when the baby was awake:

I get to hold her. I just sit there and hold her and look at her. Instead of her always sleeping (Linda).

The fact that he's often wide awake so he's looking around (Diane).

Some respondents observed all the little changes in the babies as they developed; as one mother shared:

I tend to just look at her every little detail of her little body and you know, notice little things that you hadn't noticed before and it's just nice time (Sarah).

Other mothers viewed breastfeeding as a chance to rest:

You just manage to sit and relax for half an hour and go in a quiet room and just sit and read (Erin).

Breastfeeding was regarded as a unique time for interaction between mother and infant:

It's sort of a special time we have together. That when the phone rings or if the door [bell rings]...I refuse to answer it because it's a time that, I suppose it's our special time where I feed her and it's a bonding time for us (Naomi).

This interaction time was identified by other women who stated:

I'm able to cradle him and also to get that eye contact as well. And I'm just able to talk to him much better (Hazel).

I just talk to her and sing to her and that sort of thing while I'm feeding her and...so I suppose you develop quite a strong bond (Megan).

The response of the infant to the mother was an important factor in the feeling of togetherness. Many women believed their infants recognised them and reacted differently to them than to other people:

When she first wakes up and she knows it's me. That recognition... you can see it (Fiona).

Mothers believed that their infant seemed to recognise their smell:

He definitely knows when I pick him up, you know he starts rooting around whereas where if [his father] picks him up there's none of that, so he knows the smell (Diane).

The reaction of the baby was also perceived to be due to the knowledge that food was near:

She knows the nipple's there and she gets all excited and shakes her hands and everything - it's good (Fiona).

Some respondents felt the sense of closeness between infant and mother, which existed when the baby was in utero, as well as the dependence of pregnancy was continued by breastfeeding:

The emotional link with the mother - that he's been dependant on you for so long beforehand and it's a continuation of that outside the womb (Carol).

When I was carrying her there was a bond there but now it is...a special time we have together. It...just continues. We're attached together as one (Naomi).

One participant believed this link was the result of supplying nourishment to the baby:

...being pregnant and...whatever you eat is feeding her and then once you've had her when you breastfeed you're still feeding her (Barbara).

Most of the mothers did not believe breastfeeding made a difference to the way they looked after their baby:

If I'd had to bottle-feed for any reason I think it would've still been ... I still would've cared for her the same. If for some reason ...I couldn't feed her or whatever. I think the...love and everything is still there and being able to care for her (Sarah).

However, a few stated that their intimacy with the infant would not have been the same if they were bottle-feeding:

Yes. If I wasn't breastfeeding and just giving him the bottle - I think it would've made a difference (Olive).

The feeling of pride in their Achievement also enhanced the closeness that mothers experienced towards their infants during breastfeeding.

Satisfying

The third subtheme of Achievement is Satisfying. In this subtheme mothers discussed the pride and sense of satisfaction in being able to breastfeed and nourish their infant:

It's good that you can actually feed your baby (Megan)

There were many different aspects to the feeling of accomplishment experienced by the respondents. Firstly, they felt good about themselves because of their achievement, as one participant expressed:

It gives me a feeling of I'd say...satisfaction, accomplishment, ...just the personal satisfaction and accomplishment (Patricia).

Secondly, they felt rewarded by the baby's enjoyment:

He seems very happy and content (Trudy),

and that the baby was flourishing:

He's thriving so it makes me feel good as well (Patricia).

One participant, who was not able to breastfeed her baby and hold him in the beginning, was delighted when she could at last feed him:

I didn't feed him the first week when he was in the oxygen. That was a real disappointment, but as soon as he did attach and took that first feed I don't think you can describe the feeling of it, really. If you...had a successful time, then you know that you're satisfying them (Jenny).

Part of the sense of Achievement was the knowledge that the mother was giving something of herself to her child during breastfeeding:

It just makes you feel really special - like you're actually giving him something of yours. It just makes you feel really good (Hazel).

Another factor was that only the mother could provide nourishment for her infant and this made her feel needed by her baby:

It does give you a sense of...amazing satisfaction - it's something that you have to provide for your baby that nobody else can (Sarah).

The fact that she wants mum, that's something that I know I can give her and ...she's so contented after that (Erin).

Some babies were comforted by breastfeeding:

I can...stop her crying by sticking her on the breast (Anna).

Respondents felt positive about themselves because breastfeeding was going well:

I'm...feeling better about myself because I have been [able to breastfeed (Anna).

The confidence...because everything is working and going right naturally its sort of a bonus (Barbara).

One participant expressed amazement at her confidence:

I'm quite confident. I'm surprised at myself (Erin).

Many women enjoyed breastfeeding, "I'm content with it so" (Carol), and "I found it wonderful" (Jenny). One participant declared that one of the reasons she enjoyed breastfeeding was knowing it would only be for a certain length of time:

To be able to breastfeed and you know it's not forever. I...they're only little for such a short time...I enjoy that, yes (Robyn).

Some participants said that as they enjoyed breastfeeding they would continue for at least a few months:

I'll not give up I'm saying that now, I'll do it for months. Six months, a year (Erin).

One respondent felt she would not want to bottle-feed after having breastfed:

Now I've done breastfeeding I don't know if I'd ever want to think about actually bottle-feeding the baby (Jenny).

Finally, the satisfaction that respondents felt was increased by the perception that they were giving their infant the best nourishment.

Doing the best

The third subtheme of Achievement is Doing the best. All the mothers were aware of the advantages to the baby of breastfeeding and stated that this was one of the main reasons for them breastfeeding:

Only because I knew it was ... the best, really, for the baby (Olive).

Some said breastfeeding gave their infant a healthier start to life:

I think if you bottle-feed you're not giving them the best in the beginning (Erin).

Others gave reasons why breast milk was better for babies.

One explanation was the immunological protection afforded the baby by breastfeeding "*It's better for...his immune system*" (Kate), and "*...the antibodies she gets from it*" (Gail). A couple of women were satisfied the baby would have protection until the immunisation programme could be initiated:

It's [the] confidence that it's all right...from the point of antibodies...up to 8 weeks when they get their vaccinations (Carol).

Another reason was that breastmilk contained the correct combination of nutrients for the baby "*...knowing what I was giving him had everything in it*" (Jenny), and was at the correct strength:

When you mix up formulas...I think sometimes you can maybe mix a bit too strong, mix a bit too weak (Jenny).

One mother had read a comparison of breastmilk and formula and was surprised at the difference between them:

I've been reading the La Leche book and they analysed like breast milk and bottle milk and...there's quite a lot of difference (Kate).

A father suffered from asthma and the mother believed that breastfeeding might protect her child from this disease:

My partner actually has got asthma so...breastfeeding her, you know prevents or at least gives her a chance of not having asthma (Fiona).

Many respondents recognised breastfeeding also provided numerous advantages for themselves. These benefits related mostly to the various facets of the ease and convenience of breastfeeding. In particular, the infant's food was always available:

She's hungry, just get your breast out and feed her (Barbara)

That threatened power strike the other day...this was one less worry, ...when mum's milk is there the baby doesn't have to worry about what I'm going to do with heating bottles or sterilising (Carol).

Breastfeeding was found to be less effort during the night, as one mother explained:

If I had to get up and heat bottles the child would...the house would be screamed down by then whereas if you just pick them up straight onto the boob and it's just a little whimper and that's it - and he falls asleep and I come back in, back to bed, back to sleep within minutes (Carol).

In addition, breastfeeding was believed to be more cost effective "it's cheap" (Linda), and time saving:

You'd probably have more time...rather than having to sterilise bottles and... make up formulas (Sarah).

One mother perceived she had lost weight due to breastfeeding, as she stated:

...because I hadn't been able to wear these jeans since I was about 5 months pregnant and I just put them on...yesterday and I went up and thanked her [the baby] (Fiona).

While another mother said her appetite had increased:

It's made me very hungry, I know that. My appetite is horrendous (Imogen).

Some participants said breastfeeding was easier when going out:

When we go out so there's no worry about making up bottles (Barbara).

Breastmilk was stated to be perfect for the infant's needs:

At least no matter what happens it's the right temperature, the right amount, sterilised - the baby's going to survive (Carol).

To summarise, the theme of Achievement and its subthemes of Visible signs, Intimacy, Satisfying and Doing the best, presented the psychological and physiological benefits women and their babies gained from breastfeeding. Participants felt a sense of pride in their accomplishment and felt close to their infants. Mothers also required acknowledgment from others of their achievements.

Accommodating a Breastfeeding Baby

The fourth theme of Accommodating a Breastfeeding Baby focuses on the changes in lifestyle that a mother makes to incorporate the breastfeeding baby into her life. These changes include issues of privacy during breastfeeding and other people's reaction to seeing an infant being breastfed; always being accessible for infant feeding; and the continual adjustments needed to meet the

baby's and her own needs. The three subthemes are Public breastfeeding, Being confined and Juggling needs. Figure 7 presents the definitions of Accommodating a Breastfeeding Baby and its subthemes.

Accommodating a Breastfeeding Baby		
Definition: Lifestyle changes that a woman makes to incorporate a breastfeeding baby into her life		
Subtheme	Definition	Exemplar
Public breastfeeding	Breastfeeding in front of family and friends as well as strangers	I wasn't sure how I would be with that, but most people I feel very comfortable feeding in front of and they're very happy for me to do it. Some places I ... like my partner's family - with the male side, I prefer to go in the bedroom
Being confined	Breastfeeding can place limitations on a mother as she needs to be accessible for breastfeeds and other family members may miss out on feeding the baby	if you're the only one that's able to do it [feed the baby] then you are constricted sometimes, in that way ... you've lost that little bit of... freedom that you've had before
Juggling needs	The manner in which a mother adapts to the constant changing of focus to meet both the baby's and her needs	I was... holding her in one arm and feeding her -- breastfeeding, whilst I was eating lunch with the other. I said 'Oh well, I'm hungry and she's hungry so why should we both miss out?'

Figure 7. Definitions of Accommodating a Breastfeeding Baby and Subthemes.

Public Breastfeeding

The first subtheme under Accommodating a Breastfeeding Baby is Public breastfeeding which involved feeding in front of family and friends as well as strangers. There were various approaches to breastfeeding with other people present. Some mothers were happy to breastfeed at home with people present:

It doesn't bother me at all...I feel quite comfortable (Robyn).

However, others were uncomfortable with feeding with people present:

Not quite confident yet of breastfeeding in front of people. I...will go into another room (Diane).

The mothers had different viewpoints on what their actions would be if anyone present was uncomfortable with them breastfeeding their infant. A few mothers thought the person who was uneasy with the breastfeeding should go outside:

In my home, I mean it's my home and if they feel uncomfortable they can slip out of the room (Naomi).

However, others would go somewhere else to feed their baby

Sometimes I'll go into the other room to breastfeed mainly because I know that there are certain ones there that are uncomfortable with it, but personally I'm not uncomfortable with it at all. I just go by other people and how they feel. But yes, it doesn't bother me (Robyn).

Participants were most often ill at ease breastfeeding with men present:

Males generally...I don't mind breastfeeding in front of...my girlfriend... in front of her husband, it's different (Fiona).

At times it was the men who were not happy to be present during breastfeeding:

My brother usually walks out...he just feels uncomfortable with it (Naomi).

Many women found their own attitude to public breastfeeding changed now they were breastfeeding:

I thought I'd be really quite uncomfortable out in public doing it...it doesn't seem to bother me so much. Maybe that's a part of just being a mother, you know, before I thought it would bother me but now I don't find any problem sitting down and breastfeeding her (Barbara).

A few women talked about society's attitudes and the disapproval of mothers' breastfeeding in public:

The stigma of breastfeeding...the stereotype, you know, the people that can tell you...please don't do that (Barbara)

...the social stigma (Naomi).

One mother expressed that she felt self-conscious about public breastfeeding:

I was out having coffee somewhere...and I knew he needed a feed and I could've perhaps sat there and breastfed, but I didn't and I...hurried and had my coffee and whizzed off to the car. When I was in the car and I thought I was daft really because I could've done it quite discreetly and sat outside, but I...I just felt conscious about doing that but I realised afterwards...Well, I could've done it - nobody would've bothered (Imogen).

As women gained confidence with breastfeeding they were happier to breastfeed in public:

I was just getting used to it and I didn't want a lot of people watching - it's harder to learn when people are watching (Sarah).

Most respondents who breastfeed in public did so discreetly:

As long as I'm covered (Olive)

You don't just lift your top up and go (Una).

Many mothers actually felt ill at ease breastfeeding in a public place in front of strangers:

I couldn't see myself just...feeding her straight in front - like on a bench somewhere in a crowded shopping centre...I'd like a little bit more privacy than that (Robyn).

A few women had breastfeed in a public place:

I've only needed to breastfeed in public twice. Like real public (Una).

However, one mother felt her baby's needs had first priority:

To me it's just a natural thing, I think - if the baby's hungry and you can't make it to a mother's room or nursery room I mean you just have to - you have to, really. So if he's hungry I'm afraid he's hungry. I think we should put their needs first (Patricia).

Another mother supported this:

I mean [the baby] needs to be fed and I'm not going to go and sit on a toilet. I wouldn't want to have my meal in the toilet so I don't see why he should have to, and...no, it doesn't bother me at all - feeding in front of people. If I'm in a certain place where I know that people might feel that it's not appropriate I will be discreet about it, but...I don't find it a problem at all, it's just natural (Sarah).

Some participants perceived that they felt too conscious of themselves and other people's reactions to breastfeeding the baby in public. This view in part contributed to their feeling of having limited freedom.

Being confined

The second subtheme under Accommodating a Breastfeeding Baby is Being confined. Women discussed the sense of being tied down and losing some of their freedom. Participants fell into two groups depending on how they managed being always available for breastfeeding. The majority of them felt restricted because they were the sole source of the baby's nourishment:

If you're the only one that's able to do it [feed the baby] then you are constricted sometimes, in that way (Imogen).

One thought she would be able to go out more if the baby was bottle-fed:

Maybe I'm confined to the house a little bit more. But I just feel that if I had bottles...I would be able to go out just that little bit more. In the morning I feel tied to the house until at least 1.00pm because she's feeding every hour in the morning. So I do stay in more (Erin).

There was also the perception of a loss of liberty:

You've lost that little bit of...freedom that you've had before. I've been used to doing my own thing before I had [the baby] you know, so it's just adjusting to that (Imogen).

However, a second, smaller group of women had given their infants expressed breastmilk and were pleased at the freedom it gave them, as a mother stated:

I'm expressing a little, it's basically I guess to give me a little bit of a break and to give my husband (and my mom in law is here as well). - they can take over and give him a feed (Carol).

Another mother viewed it this way:

I can get out of the house without [the baby] and I can still feel like I'm doing something for myself as well. Which I think you need to do - you need to have that bit of time to get about (Jenny).

The partners of women who were expressing breastmilk were able to share in feeding the baby and enjoy the intimacy this generated. A participant shared this:

Its important for my husband that he can give him a little feed because I think half the joy of nursing your boy is being able to give him a feed, apart from just being able to wash or change them (Carol).

The ability to share in the feeding was regarded as important for family members:

His grandma's here...and she can have a go at feeding him and that's important for me and it's important for her (Carol).

One mother stated that her partner felt deprived by not being able to feed the baby:

He misses out on that closeness of actually participating in doing something nice for the baby rather than just changing his nappies and giving him a cuddle - which is what he's doing now which is great as well. But I think he's looking forward to actually giving him something that is going to make him happy and make the baby settle (Hazel).

Another said her partner was envious of her ability to breastfeed:

We went to parents' education classes and there was a class on breastfeeding and on the way home he said, 'I'm really jealous that I can't breastfeed (Sarah).

As a result of the previous statement she made an effort to share feeding time:

He likes to get involved and I encourage my partner to sit and talk to us while we're feeding. It's nice to have him sit and we can catch up on everything else. It's like a dinner...a family dinnertime, really. It's just we're not getting the dinner [the baby] is. So it's good (Sarah).

The feeling of Being confined by the babies needs was connected to the mother having to constantly adjust in order to meet both her own and the infant's needs.

Juggling needs

The last subtheme of Accommodating a Breastfeeding Baby is Juggling needs. The focus of this subtheme is the manner in which women adapted to the changes of emphasis to meet both their and their babies' needs.

Respondents were adjusting to their infants' requirements:

What I found was he fell asleep after the first side and then when I woke him...and changed him he either got hiccups or after the second side he wouldn't fall asleep. So, I'm still trying to work on that (Una).

Some mothers were having difficulty adjusting and reading their infants cues:

I still feel like I don't understand her when I feed her and she just keeps crying...it's just frustrating because I don't like her crying - it just upsets me (Anna).

Others found adapting easier:

I was...holding her in one arm and feeding her - breastfeeding, whilst I was eating lunch with the other. I said, 'Oh well, I'm hungry and she's hungry so why should we both miss out?' (Barbara).

For many women the adaptation process was one of trial and error:

When I got home I thought "Well, I'm home with [the baby] now and I can see which way of breastfeeding whether it's on my side or sitting up whatever is more convenient for me and easier (Naomi).

Experience taught mothers to be equipped for the unexpected:

I've had leakage from the breasts when I've been out and...that's been a bit difficult so I'm just trying to prepare for that - when I'm going out I take an extra T-shirt and bra (Imogen).

Some women were flexible in meeting their infants needs and were able to allow the babies' demands to guide them. A mother stated this:

If he's had a feed about an hour ago then you know he's not due for another few hours and also...the only thing that I find quite hard is you don't actually know how much he's had. But I myself I think 'Well, if he settles and he goes to sleep...then he must've had enough and if he wakes up after an hour then he obviously didn't have enough (Hazel).

One respondent realised that she to learn to reconcile her own needs with her baby's behaviour:

I had to get this passport picture taken. Anyway we got up the other morning and had his hair done, washed and changed and he was wide-awake. I thought "right" I didn't even have my own shower so I said, 'that's it', in the car straight up to get the photograph taken...when he's content and all the rest. We got up to the photographer and as soon as I took him out of the car he's into a coma, an absolute coma. So we got there and no, he wasn't going to wake come hell or high water so that was it, so I had to wait for another day to get him organised but that's the whole thing isn't it...trying to work around them...it was funny. There he was all ready to go

with big bright eyes and as soon as we got there – boom. But we worked around it; we got the pictures (Carol).

A participant recognised that her anxiety could affect the feeding by slowing the let down of the milk:

After a fairly stressful day and I realised maybe that's why it was so stressful is because I wasn't letting down, but...I hopped in the shower and my husband took him away. I hopped in the shower and did some relaxation exercises and 6 hours later woke up with my husband bringing [the baby] in (Una).

In summary, the theme of Accommodating a Breastfeeding Baby and its three subthemes of Public breastfeeding, Being confined and Juggling needs focused on the lifestyles that women make with a breastfeeding baby. These changes and the manner in which respondents coped with them were discussed.

Concerns

The fifth theme is Concerns, which discusses issues about breastfeeding and the baby that may cause mothers distress. The first subtheme is Milk supply in which mothers expressed concern about the adequacy of their milk supply. The second subtheme is Exhaustion, which discusses the feelings of tiredness due to breastfeeding. The third subtheme is about Conflicting advice that was given to women and lastly, Uncertainties reflects other problems about the baby that caused worries. The definitions of the theme of Concern and its four subthemes are detailed in Figure 8.

Concerns		
Definition: The different aspects of breastfeeding and of the baby that cause women disquiet		
Subtheme	Definition	Exemplar
Milk supply	The fear that insufficient breastmilk is being produced	she'd keep feeding and you think, "am I running out". That's probably my main concern
Exhaustion	Breastfeeding can be arduous and tiring at times	you ... think sometimes "Oh gee, I'm sure it was only 2 hours or an hour and a half ago and I think he's hungry again"
Conflicting advice	Differing information that is offered to new mothers by family friends and health professionals	I felt confused because everyone kept telling me different things
Uncertainties	Issues regarding the baby that causes the mother anxiety	She seems to get a lot of wind and I thought that when you breastfed that they didn't get so much, but it seems quite bad at the moment

Figure 8. Definitions of Concerns and Subthemes.

Milk supply

The first subtheme of Concerns is Milk supply. Many mothers were concerned about the adequacy of their milk supply. There were various reasons why the respondents were concerned. Some women worried whether or not they were producing sufficient milk:

She'd keep feeding and you think, 'am I running out' (Fiona).

One of the main concerns was not knowing how much the baby was taking:

I don't know how much she's getting. I can sometimes just start to feel a little bit unsure as to whether she's being satisfied. Not so much during the day but come evening time her pattern changes a little bit and she seems to want the feeds more regularly and doesn't seem to get that satisfaction. So that's a bit unsettling, but you know it settles itself down and then she goes to sleep. With a bottle, you know that they're getting "x" amount and they're satisfied and you know everything is going okay. I find that's a bit hard to come to grips with...you're just always wanting her to be satisfied (Robyn).

A few mothers were anxious about milk supply when the baby fed frequently:

That time when he was up during the night that he was continually feeding for about 2 hours I wondered what was going on, because he hadn't really sort of done that before. But she [Child Health Nurse] said my milk supply might be a bit diminished (Imogen).

One woman discovered that, by expressing in between feeds, she was able to increase her milk supply to meet her baby's needs:

I feel I'm producing enough milk at this stage. I'd say he went through a growth spurt about 2 weeks ago where he just didn't seem to be getting enough. He cried and he cried and my nipples got really red and sore and I persevered. I guess I just had to realise that you just have to be patient for a couple of days. I found that with expressing between feeds seems to stimulate it a bit more and bring it on quicker (Carol).

Another's milk supply concerned her because her breasts did not leak any milk:

I worried because I don't have any leakage at all after buying breast pads and everything and you start to think well maybe you're not producing enough milk (Erin).

In addition to the worry over the adequacy of their milk supply women, also had Concerns about feeling tired.

Exhaustion

The second subtheme of Concerns is Exhaustion. Many women said they found breastfeeding was arduous and at times, tiring. The main difficulty was getting up for feeds during the night:

The only problem is...sometimes getting up during the night. I find that more difficult (Imogen).

However, one participant said it was only for a minute or two after first waking up that she felt reluctant to feed her baby. Once she was up and awake she was happy to feed him:

No, not regret...I don't want to feed him for the first minute or so, but once I'm actually sitting up it's okay (Una).

Another said she found it taxing when her infant would not settle at night after a feed. She would take a break for a few minutes to regain her composure and then go back to the baby:

You get those nights when maybe I'm getting a little bit frustrated that he won't go back down again. You just have to take a few minutes and calm yourself down because they sense it - they pick it up straight away (Jenny).

Some mothers said the amount of time taken to feed the baby was tiring:

But it takes ages to feed her. I like it but it does get annoying at times (Linda).

Occasionally, when her baby fed for a long time, one mother wished that someone else could feed him:

He does feed for a long time so it does get to the stage sometimes when you think... maybe I could just do it with a bottle now and pass him onto somebody else (Jenny).

Others stated that being available all the time for feeds was exhausting:

Sometimes it tires me out and I know that...in 3 hours he will be at it again, it takes a lot out of you...a lot of mothers say that they kind of feel like a milk machine because they're always at your breast (Olive).

The fact of having to stop whatever they were doing when the baby was hungry was also fatiguing:

It can be demanding - you have to drop everything and just sit down..., whatever you're going to do to make yourself comfortable and just feed (Patricia).

Other times they had planned something but could not do it as the baby needed a feed:

It can be a pain at other times...when you've got other things to do and you think "I've got to feed the baby." Whereas, if there was a bottle I could give her to Dad (Robyn).

Besides having to cope with feeling tired women found that many people gave different advice to them.

Conflicting advice

Conflicting Advice is the third subtheme of Concerns. This subtheme reflects the Concerns about differing advice offered to mothers by family, friends and health professionals. A few respondents were unsure about differing information and advice that was given to them. Some of the conflicting information came from health professionals. As one respondent stated:

I found it impossible...that every, you know all the midwives do have different opinions and different ways of doing things and it can be quite difficult from one shift to the next. I mean, they're all trying to be very helpful...you would've thought that...because...they are midwives and they've been trained to be midwives and you would have thought they'd all have had the same kind of...experiences, but that's not the case. Some

have quite different views on things. It is the same with any profession, I suppose (Sarah).

To some women the result of this inconsistency was bewilderment as to what course of action to follow:

The midwives would tell me different ways of breastfeeding and I was immensely confused (Naomi).

Family and friends also gave inconsistent advice. One participant found the information that was given to her by a family member after discharge was different to the advice given in hospital:

Not knowing, am I doing this right. Like the breastfeeding - what I was told in the hospital and then being told [differently] by the older generation. I'm doing what they told me in hospital - just use the one boob and wait until the next feed. But at the same time you have to think back to when...the previous generation breastfed their children and they did 10 minutes on either boob. I mean, they didn't seem to suffer all that much, did they? But it makes sense also because you're emptying one breast and then emptying the other so you're not sort of lopsided. I mean you've got this boob sitting here waiting for the next three, no it could be six, hours by the time it's emptied (Fiona).

There were also other matters about the baby and breastfeeding that concerned mothers.

Uncertainties

The final subtheme of Concerns is Uncertainties. Various issues in regard to the baby concerned mothers. Some problems related to breastfeeding. A few mothers developed sore nipples:

It hurts when I latch her on (Linda)

In the last couple of days I've got sore nipples and it's a bit frustrating (Anna).

This last participant believed her painful nipples also affected how the baby fed and settled after the feed:

When it's hurting you're definitely more tense yourself. That's probably affecting the way she's feeding but it's probably also affecting her settling... after the feed (Anna).

A few babies had difficulty attaching to the breast:

Sometimes it's a little bit difficult for him to latch on or it'll take him a while to get on so that gets a bit frustrating sometimes (Olive).

A mother found that the baby was not able to attach correctly when her breasts were very full. She managed by expressing breastmilk to soften the areola and overcame the problem:

I have problems sometimes with the right breast because it's like rock hard and he has trouble gripping. So sometimes I express a little bit from this one and so the next feed will be easy for him (Trudy).

One respondent was concerned that her infant cried at the breast and had tried to find out the cause:

Occasionally I'm worried...especially when she cries on the boob - you don't know what's going on. At about 4.00pm in the afternoon...that's when she starts playing up with the boob...starts crying. I'm trying to read up on why she's crying at the boob but there's no sort of information to tell you what the reasons could be - could it be belly ache or your milk's not good...or...it doesn't actually say (Fiona).

Another baby threw her head around during feeding:

Just the last couple of days she's started tossing her head, sort of from side to side. But it doesn't seem to alter the way she's feeding or anything. She just sort of shakes her head around. She seems to be attached all right. I'm not really sure what she's doing there, but she seems to be feeding all right so I'm not too worried (Megan).

The lack of routine in the baby's feeding caused a participant concern:

I'm just finding it difficult. I'm not really sure about everything [because the baby has no routine] (Anna).

Comfort sucking at the end of a feed was a problem experienced by one woman:

He tends to comfort suck towards the end a little bit, and that hurts a little bit, but he won't take his dummy, or he spits it (Una).

A baby who had been given a dummy suffered from nipple confusion:

They'd given him a dummy in hospital which I...don't mind...we've given [it] to him occasionally here. I don't know whether that's confusing him for sucking (Kate).

Another mother was concerned that her baby was vomiting two hours after a feed:

Is it normal for her to throw up after 2 hours after the last feed and how much does she puke up? Is that any reflection that she's overfed herself and is naturally bringing up the excess? (Fiona).

One mother was worried that her infant suffered from wind:

She seems to get a lot of wind and I thought that when you breastfed that they didn't get so much, but it seems quite bad at the moment (Erin).

A woman was confused about changing information in regard to Sudden Infant Death Syndrome:

I mean, they change it all the time. Especially with SIDS and they used to put them on their tummies but now they say not to. You don't know what to go by (Fiona).

To summarise, the theme of Concerns describes aspects of breastfeeding and the baby, which worried respondents. The subtheme of Milk supply reflected women's fear about insufficient milk, and Exhaustion presented women's concerns about tiredness and getting up to feed at night. Conflicting advice discussed the differing advice given to mothers by health professionals

and family. The last subtheme of Uncertainties described different concerns about the baby such as wind.

Breastfeeding is a Learnt Skill

The sixth theme is Breastfeeding is a Learnt Skill. Although breastfeeding is a natural process, women discovered that it is a skill that needs to be learned. Women have to acquire knowledge and practice to gain proficiency in breastfeeding. Initially many women equated natural with easy and did not realise that they need to acquire this skill. Often the experiences of breastfeeding were different to the expectations, especially during the initial stages. Most women became more confident as their skill with breastfeeding increased.

The four subthemes of Breastfeeding is a Learnt Skill are Expectations, Hands on, Beginnings and Hanging in. Figure 9 presents definitions of the theme and its subthemes.

Breastfeeding is a Learnt Skill		
Definition: Women need knowledge and practice to acquire proficiency at breastfeeding		
Subtheme	Definition	Exemplar
Expectations	The anticipation a woman has of how she and the baby will manage breastfeeding	I did think it was going to be a lot easier than what it was. Um, I just thought you stuck it on and it drank and that was it... but I was still under that impression even though I'd been to classes and I just thought it was going to be easy.
Hands on learning	A small group that incorporate a practical demonstration is more conducive to learning	I did think it is more difficult to read yourself rather than when you've got somebody there that you can ask questions and they can demonstrate to you practically what to do or answer your questions face to face.
Beginnings	The initial stages of breastfeeding	We had so much difficulty in the early days getting him attached
Hanging in	As the mother perseveres with breastfeeding her skill and confidence increases and it becomes easier	It gets easier, gets better, you get more confident and everything and it just improves.

Figure 9. Definitions of Breastfeeding is a Learnt Skill and Subthemes.

Expectations

The first subtheme of Breastfeeding is a Learnt Skill is Expectations. In this subtheme women discussed the expectations they had of breastfeeding before the birth of the baby. There were two opposing views on the

expectations participants had of breastfeeding. Some thought that breastfeeding would be effortless:

I did think it was going to be a lot easier than what it was. I just thought you stuck it on and it drank and that was it...but I was still under that impression even though I'd been to classes and I just thought it was going to be easy (Kate).

One reason breastfeeding was thought to be easy was that when other mothers were seen doing it they always seemed to manage with little effort:

They were just so confident and sort of casual about it - it was no big deal. They were just so relaxed about it (Patricia).

On the other hand, however, most respondents anticipated difficulties:

I was expecting it to be very hard because everyone I've spoken to had said that birth was nothing, breastfeeding was...the biggest drama. So I wasn't expecting it to be pleasurable to begin with. I'd thought well once you get past that it's going to be good, but...I expected pain, I expected discomfort. I didn't expect it to be very good (Robyn).

Many mothers who expected pain with breastfeeding had acquired these expectations from friends or magazines and books:

In those parenting magazines...[it said] breastfeeding was going to be painful no matter what and...it says that it was like having 1000 razor blades pass over your nipple when you're feeding (Sarah).

One participant stated that she had no expectations and decided to just cope with the experience as it occurred:

For me it was something new and... I suppose it's a new experience that I had to work out for myself. I mean, I had no... idea of what it would be like - whether it would be difficult or hard (Naomi).

Another expressed the view that, as breastfeeding placed breasts in a different context, she had wondered how she would manage this:

I thought ooh...because it puts your breasts in a whole new light basically and I thought..."I wonder if this is going to be a pleasant experience or whether it's going to be something not so pleasant?" (Anna).

The majority of women did not have much contact with breastfeeding before their babies were born. One mother described the amount of contact as *"No, nothing - absolutely nothing"* (Imogen). Although some had friends or family who had breastfed, they had not seen a baby being fed:

I knew...my sister-in-laws breastfed but I never actually saw them breastfeeding (Olive).

One mother said most of her friends bottle-fed their babies:

All my friends [overseas] who have had families, I've found have been bottle-feeding (Hazel).

Only a couple of women had observed a baby being breastfed:

My cousin had breastfed...her three kids and I'm close to my cousin, so I always saw her breastfeeding them (Una).

A number of mothers stated that, when they were pregnant, the focus was on the progress of the pregnancy and the birth of the child. They had not considered what would happen after the birth:

I think I didn't really think enough about after the baby was born. I'd say that's a common thing that happens - you read up heaps on pregnancy and heaps on the birth and it just...stops there a bit (Anna).

One participant said:

I never thought of it. All I thought of was nappies (Linda).

Although many women had not thought prenatally about breastfeeding they found the group sessions, conducted as part of the Breastfeeding Duration Study, assisted them to consider the practicalities of it.

Hands on learning

The second subtheme of Breastfeeding is a Learnt Skill is Hands on learning. Participants reviewed their experiences of the group session with the lactation consultant. Most participants acknowledged that the group session was helpful *"It was worthwhile, definitely"* (Anna). The practical demonstration of breastfeeding contributed a great deal to the reason why the group sessions were of benefit:

Much more practical, I find when it comes to practicality it's more... beneficial than someone shoving me notes and saying, 'Here, there you go'. I find that useless (Naomi).

One respondent described the group session as follows:

It was sort of hands on experience without actually having the baby yet (Kate).

Many participants found using the doll to simulate the baby assisted them to learn the correct position and attachment of the baby at the breast:

We were actually shown with the doll how to attach [to the breast] (Naomi).

Although some women said initially they felt foolish playing with the doll:

It seemed silly at the time playing with the dolls and trying to attach and things - but at least it gave you some idea of actually holding a baby (Jenny).

One respondent did not find working with the doll easy:

I found that quite difficult with the dolls because I've never had anything to do with babies before and...it was all new to me - the positioning (Imogen).

Another said that while breastfeeding the doll was easy it was not so easy with her infant:

I thought the doll was really easy to breastfeed...he wasn't (Una).

One participant stated that the group session provided a substantial amount of information:

She explained it all in great detail (Kate).

Another respondent found the breastfeeding brochure assisted in reinforcing learning:

I found the leaflet very helpful...because you had to follow up information (Imogen).

One mother also indicated that she enjoyed meeting and sharing with other women at the group session:

It was actually nice meeting the other mothers, too. Like you know...in a group session and all sitting around having a bit of a giggle about it. Well, holding these dolls and having to see how we would like to hold our babies and...we all found ourselves holding these dolls and patting them on the bottom (Sarah).

A few women perceived their attendance at the group session had increased confidence in their ability to breastfeed:

It gave me a lot more confidence...that I was going to be able to breastfeed...I came out of that feeling really positive (Sarah).

Another mother said the group session had given her the knowledge to be sure when her infant was breastfeeding correctly:

I...know what to look for to make sure she's on properly. Not so much now but when we first started...and the fact that I know how it's actually working. How she's got the nipple...right at the back and all that sort of thing (Megan).

A couple of women said they had forgotten what they had learned in the group session by the time their babies were born:

I forgot absolutely everything (Una).

One mother said there was too much time between the session and when the baby was born:

It was a month, three weeks...by the time he was born because he was overdue, a week overdue. So by the time he came along I might've forgotten what I learned - that's the only thing (Patricia).

A number of women found the routine prenatal classes were not of benefit in regard to breastfeeding. One of the reasons was the large number of people present:

In the antenatal class really, I mean...there must've been about 20 people there...to have that smaller group in the lactation group was much more beneficial (Hazel).

Another reason was that there was no practical aspect to breastfeeding education in the classes:

The antenatal classes didn't exactly show. They just told you all about it (Linda).

After attending the group sessions, the participants had varying experience when initiating breastfeeding.

Beginnings

The third subtheme of Breastfeeding is a Learnt Skill is Beginnings. Women's experiences of the initial stages of breastfeeding are illustrated in this subtheme. Most of the women had problems with breastfeeding in the early stages:

During those initial days after having [the baby] I did find it difficult" (Imogen).

Some experienced painful nipples:

I had a bit...nipple soreness in the beginning for the first week (Gail).

Others had problems with latching the baby onto the breast:

We had so much difficulty in the early days getting him attached (Diane).

One mother's breasts were engorged and sore:

I have got engorged and that - that was very painful (Patricia).

Many respondents thought breastfeeding would be easy because it was a natural process:

I would have just presumed that it was the most natural thing in the world - put the baby to the breast and everything will happen from you (Carol).

Mothers also assumed that babies would automatically know how to breastfeed:

It's just normal when you just put them on and straight away they're meant to know (Linda).

The realisation that it was "a learning process" (Anna) came as a surprise to some mothers:

That was the biggest shock for me. You...hear about the natural birth and they put the baby straight up there and it instinctively looks for that...starts suckling (Diane)

I found it...harder than what I thought it would be (Patricia).

One mother found her ability to breastfeed improved after a few days:

I did find it difficult until it clicked in around about the third or fourth day (Imogen).

Another women compared the process of learning how to breastfeed to learning to drive a car:

It's like when you first drive a car and you think, 'I'm never going to get this clutch thing' and you're always going to bunny hop and you're always going to stall and then suddenly it clicks (Una).

However, three women had no problems with initial stages of breastfeeding:

to me it just...came naturally (Barbara).

A couple of participants attributed the fact they experienced no problems to their infant knowing how to feed:

Right from when she was born she seemed to have a natural...she was just so good as far as breastfeeding. I had no problems there (Robyn)
It's just incredible that she knew what to do (Fiona).

Three mothers were not able to breastfeed their infants at first because the babies were ill. These women had very few problems commencing breastfeeding once the babies' condition improved:

When he was born he went into the oxygen to start with, from the first feed - I couldn't feed him. I was a bit disappointed with that. But afterwards...he attached himself on so well (Jenny).

Women's experience of breastfeeding changed as time progressed and they became more proficient.

Hanging in

The last subtheme of Breastfeeding is a Learnt Skill in Hanging in. The majority of participants believed breastfeeding became easier with perseverance:

I would say certainly that it gets easier as you go along (Una).

For some the breastfeeding process became easier a little earlier:

Persevering with the help of the midwives in hospital...it clicked in on that fourth day (Imogen),

than for others:

It took a while getting it but now we're there it's going well (Diane).

One participant encountered so many problems that she almost stopped breastfeeding:

It's been such a struggle I...nearly gave up, but I'm glad I've persevered now (Kate).

Some women perceived that both they and the infants had refined their breastfeeding skills:

Now he's doing really well. He's improved and...I've got used to it as well and I've got a better technique now. I think that's improved a lot (Patricia).

One mother felt the infant had improved his skills:

Everyone was saying it'll happen and you don't see...couldn't see that at all. Sure enough he did just get it (Diane).

Mothers' confidence increased with the increase in their breastfeeding skills:

It just gets better. It gets easier, gets better, you get more confident and everything and it just improves...once I got the hang of it and I realised it was getting better, it made me feel better as well (Patricia).

Some women expressed the view that they were gratified they had carried on breastfeeding:

I'm really thrilled that it's gone as well as it has and...I'd recommend it to anyone to persevere if they can (Sarah).

A few mothers had been on the brink of ceasing breastfeeding but had continued:

There was one point in hospital when I thought 'Oh, give me a bottle - I can't deal with this'. You're got to try and overcome those problems (Imogen).

A few mothers talked of the support given to them that assisted them to persevere. Health professionals provided support:

...persevering with the help of the midwives in hospital (Imogen).

Friends also supplied assistance:

I had practical advice on hand as well. I could always...she was there...24 hours if I had any problems with feeding. Yes, I think I probably learned a lot from friends as well (Carol).

In summary, Breastfeeding is a Learnt Skill illustrated the stages in acquiring proficiency with breastfeeding. Overall the subthemes of Expectations, Hands on learning, Beginnings and Hanging in reflected that women's expectations of breastfeeding are often unrealistic and the beginning of breastfeeding can be difficult. Perseverance with breastfeeding brought success.

Summary

Six themes emerged during the analysis of the data. The first theme is The Ideal Mother Breastfeeds and its two subthemes are Makes me feel like a mother and Breastfeeding is natural. The theme discusses the perception that "good" mothers breastfeed and breastfeeding is central to motherhood. The expectation that society has of mothers is highlighted. Breastfeeding was regarded as being a part of nature.

The second theme of Approaches to Breastfeeding had two subthemes: Do or die and Give it a go. The subthemes reflect the groups that mothers fell into with regard to the way they viewed the outcome of their breastfeeding.

Women in the Do or Die group only considered breastfeeding; they did not contemplate bottle-feeding. The Give it a go participants were more flexible in their ideas and desired to breastfeed, but did not wish to place too much pressure on themselves to succeed. They were willing to consider bottle-feeding if unsuccessful with breastfeeding.

The third theme of Achievement and its subthemes of Visible gains, Intimacy, Satisfying and Doing the best illustrate the gains from breastfeeding for both mother and baby. These gains were physical: baby's weight; saving of time; ideal nutrition for the baby; and psychological: a sense of accomplishment; closeness to the baby and having others acknowledge their achievements.

The fourth theme is Accommodating a Breastfeeding Baby. This theme and its subthemes of Public breastfeeding, Being confined and Juggling needs reflect the changes a new mother makes to her lifestyle. The fifth theme of Concerns and its subthemes of Milk supply, Exhaustion, Conflicting advice and Uncertainties presents the issues that cause participants to worry. Respondents were concerned about the fear of insufficient milk, the weariness of night feeding, the problem of differing advice and other issues about breastfeeding and the baby.

Breastfeeding is a Learnt Skill is the sixth and last theme. The subthemes are Expectations, Hands on learning, Beginnings and Hanging in. Many women had little knowledge of breastfeeding and their Expectations were unrealistic. Respondents felt the group sessions were helpful in teaching them about breastfeeding. The majority of participants found the initial stages of breastfeeding difficult but felt it became easier with time.

Triangulation of Data

As discussed in the Methods chapter, the aim of triangulation is "confirmation and completeness of data" (Begley, 1996). Triangulation has been used to strengthen the design of the study and to enable the findings to be generalised to a larger group of successfully breastfeeding first time mothers. Data from interviews conducted at four months postpartum of participants in the Breastfeeding Duration Study were triangulated with the findings from this study. Thus, two types of triangulation, data and investigator, were employed in this research.

Investigator triangulation consists of using more than one observer, interviewer or coder (Corner, 1991; Knafel & Breitmayer, 1991; Rissmiller, 1991). The present study used two interviewers: 1) this researcher conducted 20 in-depth interviews of women who gave birth at one public hospital and 2) a research assistant telephone interviewed the 395 participants of the Breastfeeding Duration Study who gave birth at six public and private hospitals.

As previously discussed, data triangulation is the gathering of data from different sources (Banik, 1993; Corner, 1991; Knafel & Breitmayer, 1991; Rissmiller, 1991). Three types of data triangulation have been identified: 1) time; 2) person and 3) space (Denzin, 1989). All three types of data triangulation were used in this study. The Perth Metropolitan Breastfeeding Study used two sets of interview data: 1) from the Breastfeeding Duration Study and 2) from the Successfully Breastfeeding Study (this Masters research). The two sets of interview data were from different participants and collected at

different times. Additionally, the participants lived in a variety of suburbs and their infants were born at six different hospitals.

Sample and Setting of Breastfeeding Duration Study

As previously stated, the sample for this part of the Perth Metropolitan Breastfeeding Study consisted of 395 primiparae from three public and three private hospitals situated throughout the Perth Metropolitan area. This was a representative sample of the demographic characteristics of most women giving birth in the Perth area at the time of the sample selection. These hospitals were also representative of the various options and support available to new breastfeeding mothers. These women were recruited from the prenatal classes at 30-34 weeks gestation and intended to breastfeed their babies.

Procedure

The respondents from the Breastfeeding Duration Study were interviewed over the telephone at four months postpartum. The interviews were semi-structured, and open-ended questions were asked. Women were asked if there was anything they would like to tell the researcher about feeding their baby and how it made them feel. The responses were recorded in shorthand and then transcribed by the research assistant. The researcher of the present study obtained the transcripts of the interviews from the chief investigator of the Breastfeeding Duration Study. The transcripts were examined in detail in order to ascertain whether there were similarities between the two sets of findings from the Breastfeeding Duration Study and the Successfully Breastfeeding Study.

Triangulation of Data Findings

The data from the four-month interviews of the Breastfeeding Duration Study were examined for themes that were congruent with the themes that had emerged from the present study. Quotations that illustrate how the interview findings from the Breastfeeding Duration Study support the findings from this study are shown below. The coding system refers to the hospital from where the respondents were recruited and not to the number of participants recruited.

Theme One - The Ideal Mother Breastfeeds

Makes me feel like a mother

"No one else in the world can do what I was doing for her." (P 534)

Breastfeeding is natural

"...your breasts are there for a reason." (P 236).

Theme Two - Approaches to Breastfeeding

Do or die

"I think breastfeeding is the only way to feed and I enjoy it for myself ...I'd be devastated if I had to go on formula." (P 540).

Give it a go

"I really wanted to breastfeed but felt if it worked it did and if it didn't work it didn't." (P 432).

Theme Three - Achievement**Visible signs**

"I'm proud my baby boy is big and fat and I can do that and feed him."
(P 619).

Intimacy

"I'm enjoying breastfeeding, especially for the bonding with my baby. No one can take that special time away from me." (P 670).

Satisfying

"It's beautiful to see the look on her face when she latches on, like it's pure gold." (P 457).

Doing the best

"Breastfeeding is easy, convenient, you can feed anywhere and I feel my baby hasn't been sick with all these winter colds because I breastfed him."
(P 614).

Theme Four - Accommodating a Breastfeed Baby**Public breastfeeding**

"Some people's reactions to you breastfeeding in public – it feels natural but they make you feel bad – I've seen people look at you and look at each other like its not natural" (P 603)

Being confined

"You don't get to live a life when you breastfeed – there's certainly no social life." (P 422)

Juggling needs

"I didn't know about variations in milk supply. Another mother told me about topping the baby up in the evening. So I expressed in the morning and gave him that bottle at night." (P 019).

Theme Five - Concerns**Milk supply**

"My one concern has been my supply." (P 687).

Exhaustion

"I think breastfeeding is very tiring, and it takes a lot out of your body " (P 251)

Conflicting advice

"Ten different midwives will tell you ten different things. I felt such a novice and they didn't really help". (P 547).

Uncertainties

"My baby would fall asleep on the breast and I just wasn't sure what to do, if he was getting enough " (P 257)

Theme Six - Breastfeeding is a Learnt Skill

Expectations

"When you have your first baby you envisage it will all be easy – you don't realise both you and your baby have got to be taught breastfeeding."
(P 626).

Hands on learning

"I'd like to say the practical session you gave us really helped – it was excellent. I don't think I'd have known so much just from the video and talk at antenatal class." (P 649)

Beginnings

"Breastfeeding is hard to start off..." (P 128)

Hanging in

"I had a lot of trouble in the beginning and nearly gave up, but now I'm really glad I persevered – it's much easier now." (P 011).

In conclusion, the findings from the four-month interview support the six themes and their subthemes that emerged from the findings of the current study.

CHAPTER FIVE

Discussion

Introduction

This chapter discusses the findings from the study in relation to the literature. The different aspects of successful breastfeeding during the early stages of motherhood are presented under six theme headings: The Ideal Mother Breastfeeds, Approaches to Breastfeeding, Achievement, Accommodating a Breastfeeding Baby, Concerns and Breastfeeding is a Learnt Skill. Finally, the relationship of the findings to Rubin's Model of the Development of the Maternal Identity is discussed.

The Ideal Mother Breastfeeds

Participants believed breastfeeding played a central role in motherhood. There was the view that mothers should breastfeed their babies and that a 'perfect' mother breastfed. Respondents perceived it was more maternal to breastfeed than to bottle-feed. Some mothers were quite critical of bottle-feeding mothers and stated that they felt they were better mothers than those who bottle-fed. There was a perception that breastfeeding was the correct way to nourish an infant. Participants felt society also placed expectations on mothers to breastfeed their infants.

Cooke (1996), in a descriptive study of women's experiences of infant feeding, also described some women as perceiving that breastfeeding was part of the maternal identity and that "good" mothers breastfed. In addition, women in the Western Australian study on mothers' criteria for success with breastfeeding conducted by Hauck and Reinbold (1996) also believed that "good" mothers breastfed their infants.

Moreover, women in the present research felt if expectations for childbirth had not been met, then at least expectations for breastfeeding, and so being a perfect mother, could be met. Laufer (1990) argued that an unhappy birth experience may decrease self-esteem and successful breastfeeding might assist in increasing confidence and self-esteem. Because breastfeeding continues the link with the infant that began in utero, some women may also see it as a way of compensating for the unmet expectations of their birth experience (Laufer, 1990). Further, many women said breastfeeding conformed to their concept of the maternal or nurturing role (Leff, Gagne & Jefferis, 1994).

Breastfeeding, in that it is peculiar to motherhood, also reinforced the participants' sense of motherhood and confirmed they were mothers. This view of breastfeeding and motherhood is supported by the findings of Leff, Gagne and Jefferis (1994) who suggested that, for many women, breastfeeding was an important part of motherhood. Mothers also had a sense of being special and unique because only they could feed their infant. Rubin (1984) argued that the giving of oneself in the gift of food is central to the mother-infant relationship and is the fourth task of maternal adaptation. Rubin's Model of the Development of

the Maternal Identity and its relationship to the findings will be presented later in the chapter.

At the same time, if women believe the ideal mother breastfeeds, then they may feel they are failures as mothers if they are unable to breastfeed. It has been argued that a woman's self esteem and her relationship with her infant are affected by her perception of her success with breastfeeding (Leff, Gagne & Jefferis, 1994).

As well as feeling "good" mothers breastfed, most respondents described breastfeeding as the natural way to nourish infants. There was the belief that a woman's body was designed to nurture a baby. This view, that breastfeeding is nature's way to feed a baby, is supported by a number of other studies (Hauck & Reinbold, 1996; Leff, Gagne & Jefferis, 1994; Stamp & Crowther, 1995).

In addition, participants felt breastfeeding was an instinctive behaviour that had been done since time began. As a result of the belief that it was natural, many participants thought breastfeeding would also be easy. The concept of breastfeeding being easy also had the potential to create feelings of failure when the experience is not congruent with the expectation (Hauck & Reinbold, 1996).

Approaches to Breastfeeding

It was apparent that respondents fell into two groups, according to their philosophy of breastfeeding and motherhood. Cooke (1996), in her descriptive study, named the groups as idealists (Do or die, in the present study) and pragmatists (Give it a go, in the present study).

The participants in the Do or die group perceived motherhood and breastfeeding to be synonymous. There is the belief that, because they know breastfeeding offers immunological protection and the correct nutrition for the infant, they must do the best for their child and breastfeed. They did not consider bottle-feeding their babies. This group would have been devastated if they were not able to breastfeed. Furthermore, they would have felt they were not giving their infant the right start in life.

Cooke (1996) indicated that this type of mother idealised motherhood and viewed breastfeeding as an emotional task connected to bonding with their infant. These women were more likely to have a traditional concept of motherhood and saw breastfeeding as natural and instinctive. Some women believed their role was to give birth and then to breastfeed the infant; they would not be a complete woman if they were unable to breastfeed (Hauck & Reinbold, 1996). Cooke (1996) also argued that successful breastfeeding increased self-esteem and reinforced the belief of the central importance of breastfeeding in the maternal role. On the other hand, problems with breastfeeding may decrease self-esteem and so affect maternal identity (Cooke, 1996). A South Australian study found that at six weeks postpartum 23% of women felt they would be a failure if they could not breastfeeding and 15% felt that if they did not breastfeed other people would view them as failures (Stamp & Crowther, 1995). Katz (1993) argued because American women now expected a perfect baby and a perfect birth experience they may feel they failed or did not perform well when their expectations were not met.

The Give it a go group of mothers had a more flexible outlook on infant feeding. They were more philosophical in their approach and desired to commence breastfeeding but placed no expectations on themselves about the success of the venture. There was the opinion that too high an expectation would put too much pressure on them to succeed. In contrast to the Do or die group, who did not consider failure, these mothers would have regretted not being able to breastfeed but would have come to terms with the reality. They would have preferred a satisfied baby to a hungry, discontented one.

The pragmatists in Cooke's (1996) study did not equate breastfeeding with their maternal identity. They felt whatever was best for the mother was also best for the baby and that milk formula was an adequate substitute for breast milk. Convenience was an important factor for these women, and if breastfeeding was feasible, they would breastfeed, as it was always available, better for the baby and cheap. However, if they were unable to breastfeed, formula was just as good. In other words, Cooke (1996) suggested that the difference between the two philosophies is that the idealists viewed breastfeeding as instinctive and the pragmatists saw it as a convenience.

Achievement

The participants were proud of what they had accomplished with their breastfeeding and in what they had gained for their infants and themselves. The weight gain of the infant was visible evidence to the mothers that their breastfeeding efforts were being effective. Harrison, Morse and Prowse (1985) suggested that one of the criteria, in medical and nutrition literature, for

successful breastfeeding was an increase in the infant's weight. Moreover, mothers also rated their breastfeeding as a success if their baby was gaining weight (Leff, Gagne & Jefferis, 1994).

The mothers, in the present study, were gratified by their accomplishments and felt their time had been well spent. This weight gain reassured them and reinforced that they were following the right path. A healthy, thriving infant completed the cycle of giving that the mother had began with her gift of breast milk. It was important to the mother that feedback from family, friends and health professionals acknowledged her infant's weight gain. It indicated to the women that others recognised their efforts and compliments on a thriving baby reflected back on themselves as being 'good' mothers.

In addition, the mothers perceived another important benefit of breastfeeding was closeness and intimacy with their infant. Similarly, in a study on long-term breastfeeding (Kendall-Tackett & Sugarman, 1995), a major reason for continued breastfeeding was the closeness and strong emotional bond between mother and child. Virden (1988) also indicated that first time mothers who were breastfeeding had higher mother-infant mutuality scores than women who were bottle-feeding.

Women described many different aspects of this intimacy with their infant. Some enjoyed the physical closeness and being able to observe all the little details about the baby. Others looked forward to feeding time because the baby was awake and able to respond to them. This response of the infant enhanced the feeling of closeness. Many women believed their babies recognised them and acted differently towards them.

Driscoll (1992) argued that breastfeeding, as well as being a way of nourishing babies, was also a communication between mother and infant. This breastfeeding communication consisted of verbal and non-verbal cues. Feedback from the baby may lead to reciprocity between mother and infant (Driscoll, 1992). Reciprocity occurs when the mother is encouraged by the infant's response to continue the behaviour. This, in turn, leads to more feedback from the baby. Barnard, in her Parent-Child Interaction Model, defined the parent and child as an interactive system. This system influenced the cues sent between the parent and child. In establishing a relationship the infant responds to the parent and sends cues. These cues assist the parent to modify his/her behaviour. The parent sends cues to the baby, which are interpreted by the infant in order to adapt his/her behaviour. Thus, this interactive system is a continuing cycle (Baker, Borchers, Cochran, Orcutt, Terry & Weslowski, 1986).

Respondents also saw breastfeeding as a continuation of the connection that existed when the mother was nurturing the baby in utero. Driscoll (1992) suggests breastfeeding may be a way of slowly weaning mother and infant from the physical closeness experienced when the baby was in utero.

There were contrasting views on how breastfeeding influenced the manner in which respondents cared for their babies. Some mothers believed breastfeeding had made no difference and they would care for the infant the same way whether breast or bottle-feeding. On the other hand, a few believed they felt closer to the infant because of breastfeeding. An Australian study found there was a relationship between a failure to breastfeed and a decreased confidence in the ability to cope with the infant (Fahy & Holschier, 1988).

As well as feeling greater intimacy, participants described a sense of satisfaction from the knowledge they were giving their baby the gift of breastmilk. It was meaningful to the mothers that they were providing nourishment for their infant. Another important factor was that only they could supply this nourishment; the gift of breastmilk is a gift that cannot be purchased. The infants' enjoyment and contentment, as well the fact they were thriving and healthy, rewarded them. It was evident mothers felt positive about their breastfeeding success and were proud of their achievement. Satisfaction with breastfeeding was strongly linked to the enjoyment of breastfeeding.

This satisfaction women gain from being able to breastfeed their infant is supported by the findings of other research studies. Satisfaction was derived from being the only source of food, and the knowledge that the baby was healthy because of this food (Locklin & Naber, 1993). Hauck and Reinbold (1996) found that the main criterion for women's perception of successful breastfeeding was their own enjoyment of and satisfaction with this activity. Leff, Gagne and Jefferis (1994) supported this finding and in addition, described women as experiencing feelings of calmness, peacefulness, and physical pleasure during breastfeeding.

Women's sense of satisfaction was possibly linked to their awareness of the value of breastfeeding. Indeed, one of the main reasons for breastfeeding was that it was better for the baby. Many women also knew why breastfeeding was more beneficial for the baby than bottle-feeding. Other researchers have also found that mothers have this knowledge. In a study of the factors inhibiting breastfeeding success 83% of first time mothers stated the reason they

breastfed was that it was better for the baby (Fahy & Holschier, 1988). Other studies have supported these findings (Bottorff, 1990; Leff Gagne & Jefferis, 1994; Stamp & Crowther, 1995).

The participants described other advantages for the mother as being convenience, economy and the ease of breastfeeding. Breastmilk was always available, at the correct strength and temperature, and did not rely on outside agencies for its availability. Respondents viewed breastfeeding to be easier at night and when they were going out because there were no bottles to prepare and less luggage to carry. One mother saw breastfeeding as an advantage as it increased her appetite, while another attributed her weight loss to breastfeeding.

Accommodating a Breastfeeding Baby

Although breastfeeding was identified as an overwhelming achievement, most participants spoke of having to make changes to their lifestyles to accommodate a breastfeeding infant.

There were a variety of opinions in regard to how women felt about breastfeeding with other people present. Some would breastfeed at home with others present, while others preferred privacy and would go into another room to breastfeed. The mothers also had different strategies to cope with people who were uncomfortable with babies being breastfed in their presence. One way was for the mother to go out of the room to feed the infant. On the other hand a few respondents felt that, in their own homes, they were entitled to feed anywhere they liked and if a person was uncomfortable, then they could leave the room. Most often it was men who were not happy to be present during

breastfeeding. Moreover, participants were most often ill at ease breastfeeding with men in the room.

Some participants discovered that their own attitude to public breastfeeding changed once they were breastfeeding. Prior to childbirth they had anticipated feeling uncomfortable with public breastfeeding but now, with a baby to feed, this had changed. Confidence with breastfeeding played a part in whether mothers were happy to breastfeed in public. As women became more confident with breastfeeding they were more willing to breastfeed with others present. However, women, who fed while others were present, stressed that it was always done in a discreet manner, which may imply a sense of "shame" associated with breastfeeding in public.

Moreover, many participants felt very uncomfortable breastfeeding in a public place, in front of strangers. Only one or two mothers had breastfeed in public places. These women emphasised that their first priority was their infants' needs and if the baby was hungry then the hunger had to be satisfied, wherever they were.

Hall (1997) argued that there is conflict in society between the nurturing and the sexual aspects of the breast. This conflict has been exacerbated by the manner in which the media portray women's bodies as being young, slim and perfect. Society appears to have a double standard in that babies should be breastfeed, because it is good for them, but the breastfeeding should only be done in private.

Furthermore, Bottorff (1990) suggested that, when a mother breastfeeds her infant and her friends leave the room, the woman may question her feelings

as to the naturalness of breastfeeding and may feel rejected by her friends. However, if the friends share the experience then they may also enjoy and share in the closeness between mother and infant.

Participants' reluctance to breastfeed in public contributed to their feelings of being confined. Although the respondents were enjoying breastfeeding, many expressed feeling being tied down. They perceived that because they had to be always available to feed the baby, and were the only source of the infants' nourishment, restrictions were placed on their freedom. One participant felt she would be able to go out more if she were bottle-feeding. Bottorff (1990) also described this sense of being tied down and a loss of freedom in her study on persistence in breastfeeding. However, women in Bottorff's study also felt restricted by having to watch their diet and make sure they were taking in adequate food and fluids to keep up the supply of milk. The respondents in this study did not share that concern.

Similarly, Sethi (1995) described mothers' feeling of isolation and confinement after childbirth. Women perceived they had to make enormous changes to accommodate the needs of their babies. They felt having to breastfeed the babies frequently restricted them. In addition, they felt they were unable to go out on the spur of the moment but had to plan outings in advance. Yet, in spite of these feelings of confinement, the women in Sethi's study believed they had made a commitment and accepted the isolation as being part of that commitment.

In contrast, a few respondents in the present study had on occasions expressed breastmilk. The breastmilk had been stored and this enabled

someone else to feed the infant so the mother could go out. The occasions varied from daily to weekly to every now and again. These mothers had a greater sense of freedom and felt they were also meeting their own needs. Another important factor of expressing breastmilk was that other members of the family could share in the enjoyment of feeding the infant.

A number of mothers said their partners were envious of their ability to breastfeed. Women were conscious of the fact that the fathers could only change nappies and bath the baby and so missed out on the intimacy of satisfying their babies' hunger. Giving the infant a bottle of breastmilk enabled the father to share in this pleasure. Other researchers have found that fathers may feel alienated and left out of the close mother-infant relationship created through breastfeeding (Anderson, 1996). In addition, fathers have also described feeling inadequate and concerned at the lack of opportunities to develop a relationship with the infant while he or she is being breastfed (Gamble & Murse, 1992; Jordan & Wall, 1990; Jordan, 1986).

Therefore, the ability of the father to feed the infant with expressed breastmilk may contribute towards him establishing a relationship with his child and to feeling that he is sharing the pleasurable part of childcare and not just changing soiled nappies. It is important to keep the father positive about his partner's breastfeeding; research has shown that the positive attitude of the partner towards breastfeeding plays a significant part in the mother choosing to breastfeed (Freed & Fraley, 1993; Freed, Fraley & Schanler, 1993; Libbus & Kolostov, 1994; Littman, Medendorp & Goldbarb, 1994).

In addition to coping with the loss of freedom, respondents had to learn to adjust to their infants' needs while still meeting their own. Some mothers did not find this adjustment easy and were unsure whether or not they were meeting the infants' requirements. Others had no problems with the adjustment. The process of accommodating their babies needs was often found to be one of trial and error. Mothers tried different ways until they found the best method. Being flexible, and able to adjust to meet changing conditions or infants' needs, was usually found to be effective in managing situations.

Other researchers have also described this juggling of needs. Meeting the demands of housework and their partner was found to be a consideration in a study of 41 postpartal women (Smith, 1989). Women had to rearrange social activities, housework and finances to accommodate a new baby (Smith, 1989). Sethi (1995) argued that women make significant adjustments to their lives to accommodate their new baby. Mothers often expressed confusion in understanding and getting to know their babies. However, they preferred to learn for themselves what the infants' required rather than rely on assistance from others (Sethi, 1995).

Concerns

A number of areas concerning milk supply preoccupied many participants. Some mothers were worried about the adequacy of their milk supply. An inadequate milk supply is one of the most frequently expressed concerns of first time mothers up to four months after birth (Chapman, Macey, Keegan, Borum, & Bennett, 1985; Mogan, 1986). In addition, insufficient milk

supply is one of the most commonly cited reasons for ceasing breastfeeding (Bailey & Sherriff, 1992; Fisher, 1995; Glover, 1991; Hill, 1991, Lowe, 1994).

Notwithstanding these subjective reports of insufficient milk, physiologically it is very uncommon for women to suffer from an inability to produce sufficient milk (Feinstein, Berkelhamer, Gruszka, Wong & Casey, 1986; Prentice, Paul, Prentice, Black, Cole & Whitehead, 1986). However, feeding practices may reduce the stimulus for milk production, decrease the energy value of the milk or jeopardise the milk transfer process, which could then result in an insufficient milk supply (Feinstein et al., 1986; Woolridge & Fisher, 1988). One participant in this study discovered, by expressing breastmilk, she could stimulate the production of more milk and thus increase her milk supply.

Another concern was that the mothers felt they did not know how much milk the baby was receiving at each feed, as they could not see the amount the infant was taking. Frequent feeding also worried a few mothers. In their study Graef et al. (1988) also identified that 64% of mothers were concerned about frequent feeds at one week postpartum and this concern decreased to four percent at four weeks.

In addition to their concern about the adequacy of their milk supply, many mothers in the study talked about feeling tired and exhausted at times. This occurred mostly during the night when the baby was unsettled or when the mother needed to get up to feed the infant. This is supported by other research which has found that women rate fatigue as one of five major concerns during the postnatal period (Gjerdinger, Froberg, Cheloner & McGovern, 1993; Smith, 1989).

This fatigue was partly caused by having to be available at all times to feed the infant and also the time some babies needed for their feed. Another factor was having to stop whatever they were doing when the baby wanted a feed. A study conducted by Troy and Dalgas-Pelish (1997) indicated that, at the fourth postpartal week, morning fatigue was at its peak and after that it slowly decreased. It has been suggested that this tiredness may also be related to both the psychological and physical demands of parenthood (Gjerdinger & Froberg, 1991).

Another area of concern to respondents was conflicting advice given by health professionals, family members and friends which caused confusion. A first time mother may find it disconcerting to have contradictory information given to her by health professionals. Conflicting advice has been demonstrated to be a cause of concern to many women (Ball, 1897; Oakley, Rajan & Robertson, 1990; Percival, 1990; Rajan, 1993).

Furthermore, family and friends gave different advice. Midwifery and breastfeeding practice has changed over the past twenty years and information given by the older generation may be very different to current practices. It may be difficult for a first time mother to go against the advice given by an older member of her family.

Additionally, a variety of issues gave rise to some respondents feeling uncertain about what the baby needed or what they should do. Most problems were in regard to breastfeeding. For example, mothers were worried about sore nipples, attachment difficulties, crying at the breast, lack of feeding routine, nipple confusion, comfort sucking and wind. A study conducted by Chapman et

al (1985) found that breastfeeding mothers concerns from birth to four months focused on the three spheres of infant, breastfeeding, and postpartum fatigue and adjustment. Davis, Brucker and MacMullen (1988) also found that most mothers rated information on infant feeding care as a priority.

Maloni (1994), in her study on the content and sources of maternal learning, found that knowledge about her infant's behaviour is of importance to the new mother. Personalised knowledge about the infant assists the mother to tailor the care she gives to meet the unique needs of her child (Maloni, 1994). Crying and fussy behaviour was also found to concern mothers (Graef et al., 1988).

Breastfeeding is a Learnt Skill

Many participants found that their breastfeeding experiences were different from their expectations. Some anticipated breastfeeding would be easy, as after all, it was natural and so should be easy. Also, they felt other women always seemed to manage it with no effort. Hauck and Reinbold (1966) found women expected breastfeeding to be easy and may feel they were a failure if reality did not meet expectations. Even after having received breastfeeding education, one participant still thought that it would be easy.

In contrast, another group of women anticipated problems. The information on breastfeeding difficulties and nipple pain was often gleaned from magazines. McMahon, (1990) found 44% of women described negative expectations regarding breastfeeding. Most mothers in the current study had

experienced little or no contact with breastfeeding. However, a few had seen infants being bottle-fed.

Breastfeeding also placed breasts in a different context; it brought in the issue of the conflict between the sexual and nurturing aspects of a woman's breasts (Hall, 1997). Some women may find it difficult to accomplish the change in focus from viewing the breasts as sexual objects to seeing them as maternal objects providing nutriment to their infant. One woman in the present study was unsure, before she commenced breastfeeding, how she would cope with this change. Hall (1997) also argued the media portray a woman's breasts as perfect and often in isolation from the rest of her body. In addition, after pregnancy, childbirth and breastfeeding a woman's body is unlikely to be the same as it was before.

Some women said they had concentrated on the progress of their pregnancy and the impending birth and had not thought about events after the birth of the baby. They said they could only visualise the baby and not the care it would need.

Although many women had not considered the care the infant would require, many respondents described the group session conducted by a lactation consultant as being informative and helpful. The women cited a number of reasons for this. They found small groups were more conducive to learning. The group session was also found to be a practical, "hands on" session and some participants stated they remembered things better when they practised and tried it out themselves. The use of a doll helped them to learn the

correct positioning and attachment of the baby to the breast. The breastfeeding information brochure reinforced what had been learnt at the sessions.

However, a few respondents said they had forgotten what they had learnt in the sessions, because a few weeks transpired between the session and the birth. A mother commented that it was not easy to work with a doll while another woman said she found it easier to feed the doll than her infant as he wriggled and put his hands in the way. Many women compared the prenatal classes on breastfeeding unfavourably to the group sessions. They said the prenatal classes were too big, and there was no practical component.

Sullivan (1993) described learning needs as a search for knowledge and information or to acquire the skill to do something. She identified four types of learning needs: 1) felt needs - perceived by the person; 2) normative needs - perceived by experts; 3) expressed needs - expressed by actions, questions and use of services and 4) comparative needs - the needs of a target group in comparison to those of a similar group. In adult learning, felt needs are significant because motivation is a requirement for learning. It has been argued that adults have multiple reasons for learning and most often are motivated by circumstances that have significance for them, for example, pregnancy (Hoff, 1989).

Hanson (1996) argued that the three learning domains of affective, cognitive and psychomotor skills, should be elements of prenatal breastfeeding education. Discussion and questions should be encouraged (affective skills). Women require measurable guidelines and practical information to enable problem solving (cognitive skills). Finally, the use of a doll to teach positioning

and attachment of the baby at the breast is recommended, with each woman having a doll with which to practice (psychomotor skills).

Notwithstanding their breastfeeding education session, most participants described the initial stages of breastfeeding as difficult. They had problems attaching the baby to the breast and suffered from painful nipples and breasts. Cooke (1996) also found that many women in her study experienced initial problems with breastfeeding. Many mothers, in the present study, had not anticipated these problems. There was a presumption babies would know how to feed because it was a natural process. Women were astonished that they had to learn breastfeeding skills.

On the other hand, a small number of mothers in the present study found breastfeeding easy from the beginning. They claimed the infant seemed to have a natural instinct and knew how to breastfeed right from the first feed. Lothian (1995) emphasised the contribution of the infant to the success of breastfeeding. In Lothian's study, from the initiation of breastfeeding, the infant had a significant influence on its progress. Some babies attached easily, sucked well and were content. Additionally, in this present study, three mothers were not able to breastfeed until a few days after the birth due to their infants being ill. These women experienced no problems with initiating breastfeeding.

However, as the mothers continued with breastfeeding they found it became easier. For some women it was easier after a few days, while for others it took longer. Mothers believed both their skills and the infants' skills improved. With the increase of skills came increased confidence with breastfeeding. Most women were pleased and gratified they had persevered with breastfeeding.

Other researchers also found that an important consideration, in persisting with breastfeeding, was the commitment to continue breastfeeding (Bottorff, 1990; Hauck & Reinbold, 1996). Mothers said this commitment encouraged them to overcome problems. It was sometimes stretched to the limit by difficulties. The overcoming of problems contributed to an increase in the mothers' confidence (Hauck and Reinbold, 1996). Bottorff (1990) argued commitment to breastfeeding implied a commitment to everything that is involved in breastfeeding.

Respondents attributed some of the success to the support given to them. Both health professionals and friends provided support. Rajan (1993) indicated that satisfaction with midwifery care in the intrapartal and postpartal periods was a factor in successful breastfeeding. Other research has found a positive relationship between a mother's support and her emotional well being (Levitt, Weber & Clark, 1986; O'Hara, 1986; Stemp, Turner & Samuel, 1986), intention to breastfeed (Matich & Sims, 1992) and successful breastfeeding (Isabella & Isabella, 1994). Furthermore, Bottorff (1990) found women believed it was important to have input from friends and family, to encourage and support them. Lastly, there was found to be a relationship between formula supplementation and decreased social support in that women with less social support were more likely to give their infants milk formula (Coriel & Murphy, 1988).

Relationship of the Findings to Rubin's Model of the Development of the Maternal Identity

It is evident that Rubin's model of the Development of the Maternal

Identity corresponds to the themes that emerged from the data. The last of the four developmental tasks women need to achieve to take on the maternal role is most appropriate in relationship to the findings of this study. See Figure 10 for the Model of women's perceptions of successful breastfeeding during the early stages of being a mother.

The fourth task of giving of oneself is the most intricate of the tasks of adaptation to motherhood. Childbirth takes place in a climate of giving. The man gives his partner the "gift of life" and she, in return, gives him a baby. Grandparents, siblings and other family members are also given an infant to welcome into the family. During her pregnancy, the woman has a heightened awareness of gifts. The communication and feeling between the giver and receiver is emphasised. Giving should be spontaneous and without conditions (Rubin, 1984).

Traditionally, food has meant more than just sustenance when given as a present. It depicts the love and caring of the giver for the receiver. Within this traditional model, a woman shows she cares for her family by providing and cooking meals for them. Children are often given treats of certain items of food. During pregnancy, the mother is providing protection, shelter and nourishment for her unborn child (Rubin, 1984).

In the present study, mothers, in breastfeeding their infants, provided them with their only source of nourishment. They enjoyed being the only one that could supply the babies' food. It made them feel good to have their babies rely on them. Giving is a reciprocal process and the child recognised the mother and responded differently to her. The cycle of giving and receiving continues as

the mother-infant relationship develops.

A mother also had an enormous sense of pride and satisfaction in observing what her gift of breastmilk has done for her child. She enjoyed watching this child thrive and flourish. She felt she was achieving something of great significance, the nurturing of a human being. The acknowledgment of her achievement by others is important and increases her self-esteem and confidence. She may also feel the approval of society for breastfeeding her infant. However, some members of society will disapprove if she breastfeeds in public.

This fourth task, of giving of oneself, is the last task the mother needs to complete in her development of the maternal identity. As the mother takes on her maternal identity she makes changes to her lifestyle to accommodate the infant. Many of these changes are not anticipated. She has to continually adjust her focus to ensure she is meeting both her needs and the needs of her infant, as well as coping with the sense of fatigue resulting from night feeds and having to be always available to feed the baby.

In conclusion, the findings of this study correspond with the fourth task in Rubin's Model of the Development of the Maternal Identity. Women who were successfully breastfeeding their infants found it a deep and intensely satisfying experience.

In the model shown in Figure 10 the linking of the central circles of Mother and Infant depicts the closeness and reciprocity that occurs as the mother gives of herself in her breastmilk and the baby responds to her during breastfeeding.

The outer circles represent family and significant others, health professionals and how they impact on the breastfeeding mother.

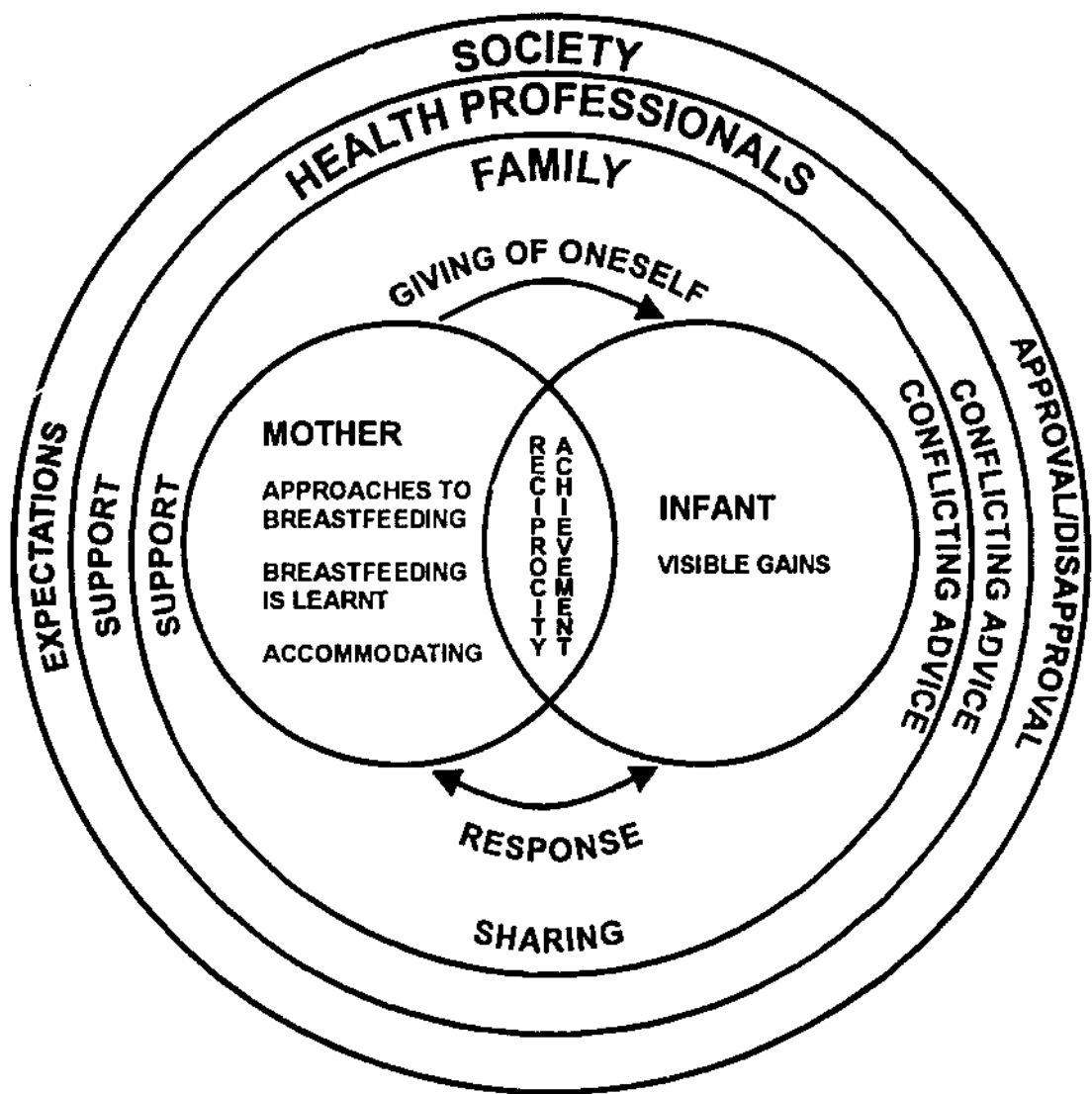


Figure 10. Model of Women's Perceptions of Successful Breastfeeding during the Early Stages of Being a Mother.

CHAPTER SIX

Conclusions, Implications and Recommendations

Conclusions

The purpose of this study was to investigate the perceptions of successful breastfeeding during the early stages of being a mother from 20 women who gave birth at one public hospital. The findings indicated that women have a sense of fulfilment and satisfaction in their breastfeeding achievement, but they also have to come to terms with changes in their lifestyles. The meaning of these mothers' experience of successful breastfeeding and the passage to motherhood was encapsulated in six main themes: The Ideal Mother Breastfeeds; Approaches to Breastfeeding; Achievement; Accommodating a Breastfeeding Baby; Concerns and Breastfeeding is a Learnt Skill.

Breastfeeding was not seen as merely an act of supplying nourishment to infants: many women equated breastfeeding with being a good mother and saw breastfeeding as being of central importance to the motherhood role in that it confirmed their sense of motherhood. Breastfeeding may no longer be only a means of ensuring a healthy, thriving baby but may also be linked to society's expectations and the myth of the "ideal" mother.

A contrast of women's breastfeeding philosophies was noted. Some women (Do or die) were more idealistic and believed breastfeeding was part of motherhood and, therefore, mothers should breastfeed. These women may feel

they failed as a mother if they were unable to breastfeed. They may also feel guilty because they were not giving their infants the best nourishment. On the other hand, the pragmatists (Give it a go) wanted to give their infants the best by breastfeeding but did not want to pressure themselves too much as to the outcome. If these women were unable to breastfeed they may feel that they had done their best in attempting breastfeeding and may be able to resolve any guilt feeling with the knowledge they tried their best.

Participants felt a profound sense of satisfaction in being the only source of their infant's nourishment. They enjoyed the fact that their babies relied on them for sustenance and that the infant was healthy and thriving because of their efforts. Breastfeeding enhanced the closeness and intimacy between the mother-infant dyad. Mothers gained enormous satisfaction from the time spent breastfeeding. They regarded it as a special time with their baby to communicate with and get to know their infant. Participants looked forward to feeding and kept it as interruption free as possible. Mothers also took pleasure in the physical closeness they had to their infants and the changes in the babies as they grew.

It was evident that all the participants knew about all the physiological advantages of breastfeeding for both mother and baby. Many cited these advantages as the reason for breastfeeding. However, many women seemed to have been unaware, before they commenced breastfeeding, that there were also emotional benefits for them and the infants.

Relating to the concept of breastfeeding being a vital part of motherhood was the feeling that breastfeeding mothers were more maternal and more as a

mother should be than bottle-feeding mothers, and were, in fact, superior to them. Some women were quite judgemental about mothers who bottle-fed their babies.

The women who share these feelings, concerning the centrality of breastfeeding to the motherhood role, but are unsuccessful with breastfeeding need to be considered. They may suffer from decreased self-esteem and regard themselves as failures. Society's approval of breastfeeding and censure of bottle-feeding, when the infant is very young may increase this feeling of failure. A decreased self-esteem may increase the risk of postnatal depression with all its adverse effects on the baby, siblings, partner and extended family.

The participants' experience of breastfeeding was different from their expectation. Many thought that, because breastfeeding was a natural process, it would also be instinctive and both mother and baby would know what to do. They were surprised to find that it was a skill that had to be acquired and that the initial stages of breastfeeding may be difficult. However, women found that persevering with breastfeeding brought success.

The format of the breastfeeding education groups being small and very practical, may have been effective in teaching breastfeeding skills. Participants stated that they learnt more about breastfeeding from this small, practical session than from the prenatal classes, which had no practical component and consisted of larger groups.

Many respondents felt uncomfortable with breastfeeding in public. The conflict between the sexual and nourishing aspects of the breasts was obvious in many people's attitudes. There is pressure from society to breastfeed.

However, it must be done in private and this may restrict the mother's activities. There were contrasting attitudes from the participants to public breastfeeding. A few mothers were happy to feed their infants anywhere, while others preferred the privacy of their homes and would even go to the bedroom if others were uncomfortable with a baby being breastfed in their presence. However, as mothers gained more confidence with breastfeeding, and it became easier, they seemed to have more confidence to breastfeed in public.

The mothers felt they had lost some of their freedom, even though they enjoyed breastfeeding and did not wish to stop just yet. Some had overcome this problem by expressing breastmilk that could be stored and given to the infant if they were out. Many respondents had not thought of this solution to the problem of the loss of their freedom. Being able to feed the infant expressed breastmilk may also assist the father to establish a closer relationship with his infant.

Many of the mothers' concerns regarding milk supply were due to a lack of information on the supply and demand of breastfeeding. In addition, many participants were not aware of the ways to ascertain if the infant was obtaining an adequate amount of milk, for example, the colour of the urine, number of wet nappies in a 24-hour period, and how the baby is sucking at the breast. Some mothers had the confidence to try different strategies to resolve problems, while others were still gaining this confidence.

Finally, although other researchers over a number of years have demonstrated the problem of conflicting advice from health professionals, it is evident that it is still of concern to mothers.

Implications and Recommendations for Clinical Practice

The findings of the study have highlighted the profound satisfaction experienced by mothers who are able to successfully breastfeed. Breastfeeding has been shown to be more than just providing sustenance for the infant. Many women believe it is central to the motherhood role. Therefore, there is a need to ensure that all women who wish to breastfeed are enabled to fulfil their desire. Increased resources are required to provide effective breastfeeding education and support, both before and after the birth, to all women wishing to breastfeed.

The knowledge gained from this study provides a greater understanding of women's experience of successful breastfeeding during the early stages of being a mother. This understanding will assist health administrators, prenatal educators, midwives and community nurses in providing appropriate resources, education, care and support to assist expectant and new mothers to meet their desired breastfeeding duration.

The findings indicate the need for practical breastfeeding education, in small groups, in addition to the current format of prenatal classes. Breastfeeding needs to be portrayed realistically so that expectations are realistic. Women also lacked knowledge about increasing milk supply and normal feeding behaviour of breastfeeding infants. This information might also be incorporated into the prenatal classes, and could include the range of normal behaviours for breastfed infants, for example, sleeping patterns, frequency of feeds of breastfeeding babies, settling techniques, bowel patterns, colic and wind. In addition, it was evident that mothers lacked knowledge about the

psychological benefits of breastfeeding. These benefits could also be included in the breastfeeding information given to parents.

Increased postnatal support and follow up, in the form of home visits and phone calls by midwives and/or child health nurses, may provide ongoing and relevant assistance to breastfeeding mothers. It is also important to ensure that mothers are aware of where they can access help when they require it. For example, every parent does not need to know everything about colic, but if it does occur they should be able to readily access information and assistance.

If women are encouraged to express and store breastmilk they may also feel less confined by breastfeeding. The expressed breastmilk could be given to the infant via a bottle. However, infants should only be offered a bottle once lactation has been fully established. The ability to be able to go out and not have to rush back to breastfeed or to be able to go to a movie or out to dinner may reduce their feeling of the loss of freedom.

Moreover, there are implications for health professionals concerning the need to be aware of the expectations that society places on women and that women place on themselves. These expectations, which include the idea that “good” mothers breastfeed their infants, put enormous pressures on mothers. There are many reasons for failure with breastfeeding; women should be supported in their decision to bottle-feed and not made to feel guilty about this decision.

Health professionals can also be encouraged to examine their attitudes towards women who are unsuccessful with breastfeeding and ensure they support the mother in whatever decision she makes concerning infant feeding.

The continuing problem of conflicting advice is of concern to all health professionals. Consistent, current advice, in line with hospital policies guided by the Baby Friendly Hospital Initiative, may be the answer to this problem.

Continuity of carer may also contribute to solving the problem. A primary carer, responsible for directing care given during the hospital stay, and a decreased number of carers, could result in fewer opinions being given to the mother. It is also important that health professionals be encouraged to increase their awareness of the problem of conflicting advice. Keeping up to date with current breastfeeding practices, giving consistent advice and being supportive of colleagues' advice may provide part of the solution. Another aspect is that advice could be presented to mothers as options, which they may or may not accept, as most often there is more than one right way of doing something and the mother needs to find out for herself what is right for her and the baby.

Recommendations for Future Research

As this study focused upon the investigation of mothers' perceptions of successful breastfeeding during the early stages of being a mother, it is recommended that further studies investigate women's perceptions of successful breastfeeding and being a mother during subsequent stages of motherhood.

Another recommended area of research is the investigation of women's perceptions of unsuccessful breastfeeding. The findings of the present study have raised the issue that women who are unable to breastfeed may feel they have failed and could thereby suffer feelings of guilt and decreased self-esteem.

It would be appropriate to investigate their perceptions of their experience in order to gain an increased understanding of that experience. This would benefit both health professionals and the mothers and infants they care for.

Finally, this study has provided current and relevant information that may be used as a basis for further research. Increased understanding of the experience of successful breastfeeding during the early stages of being a mother will be of benefit to midwives and other health professionals in their clinical practice and education. It may also lead to changes and increased resources being invested in breastfeeding education strategies and postnatal support. Any increase in midwifery knowledge benefits midwifery and infant care providers and will, therefore, in turn benefit mothers and their infants.

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Appendix A

Breastfeeding Information

THE KEY TO SUCCESSFUL BREASTFEEDING

By Rebecca Glover
Midwife/Lactation Consultant



THE MECHANISMS OF SUCKLING

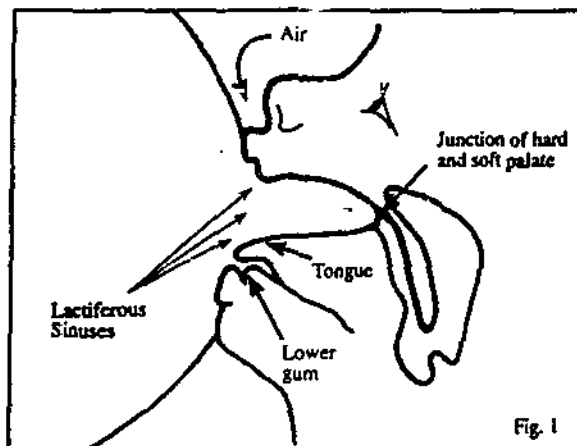


Fig. 1

There are three important mechanisms involved when a baby suckles at the breast. (Ref. 1)

Understanding these mechanisms has enabled us to develop a simple technique for attaching baby in the best possible way. (Ref. 2)

SUCTION

We all know that babies *love* to suck. Now we know the function this performs.

If enough breast and nipple tissue is presented to a baby, the negative suction pressure in the mouth will form a teat, which is approximately three times as long as the nipple at rest, and extends to the junction of the hard and soft palate.

(Try running your tongue back along the roof of your mouth until you feel the soft part, and you will realise how far back this is.)

The suction also creates a vacuum which causes the "breast nipple teat" to completely fill the mouth. There are no gaps between the nipple and mouth and the lactiferous sinuses and ducts within the "breast nipple teat" expand and fill with milk from the breast.

(See Figure 1)

THE "LET DOWN" REFLEX

Under the influence of the "let down" reflex, milk flows into the expanded sinuses. Initially the "let down" causes active expulsion of milk into baby's mouth. This soon subsides but a positive pressure remains in the ducts and sinuses to ensure milk flows into the expanded teat to be ready for the third mechanism.

MILK EXPRESSED BY TONGUE

The tongue and lower jaw rise up trapping the milk in the full expanded teat. The tongue maintains its position over the lower jaw, and a wave of muscular compression begins at the tip of the tongue and rolls backwards pushing the breast against the hard palate. This squeezes the milk out into baby's throat to be swallowed. (See Figure 2)

Figure 2 shows a complete "suck" cycle.

A. The suck cycle is initiated by the welling up of the anterior of the tongue. At the same time, the lower jaw, which had been momentarily relaxed (not shown) is raised to constrict the base of the nipple, thereby pinching off milk within the ducts of the teat (these movements are inferred as they lie outside the sector viewed in ultrasound scans).



B. The wave of compression by the tongue, moves along the underside of the nipple in a posterior direction, pushing against the hard palate. This roller-like action squeezes milk from the nipple. The posterior position of the tongue may be depressed as milk collects in the oropharynx.



C. & D. The wave of compression passes back past the tip of the nipple, in a posterior direction, pushing against the soft palate. As the tongue impinges on the soft palate the levator muscles of the palate contract raising it to seal off the nasal cavity. Milk is pushed into the oropharynx and is swallowed if sufficient has been collected.



E. The cycle of compression continues and ends at the posterior base of the tongue. Depression of the back portion of the tongue creates negative pressure drawing the nipple and its milk contents once more into the mouth. This is accompanied by a lowering of the jaw which allows milk to flow back into the nipple.



In ultrasound scans it appears that compression by the tongue, and negative pressure with the mouth, maintain the tongue in close conformation to the nipple and palate. Events are portrayed here rather more loosely to aid clarity.

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ESSENTIAL FACTS

In these mechanisms there are two **fundamental facts** that influence almost everything we do to attach baby at the breast in the best possible way.

First, we need to present enough **breast and nipple tissue** into baby's mouth for baby to form an adequate teat, which will fill the mouth and extend to the junction of the hard and soft palate.

Secondly it is the **underside of the breast** which lies over the baby's tongue and lower jaw, that is of most importance when attaching baby at the breast.

HERE IS A LIST OF THINGS THAT WILL HELP YOU ATTACH BABY IN THE BEST POSSIBLE WAY

Ensure privacy - feed where you feel comfortable, especially at first, until you gain confidence.

Ensure comfort - use pillows, especially for lumbar support, a foot stool and/ or an air cushion. (for sore tail!).

WHETHER YOU FEED CRADLING YOUR BABY, TWIN-FASHION OR LYING DOWN SEVERAL BASIC PRINCIPLES APPLY

POSITIONING YOURSELF

Allow your breast to fall naturally. This causes the breast tissue to fall forward into the nipple and gives baby maximum access to the deep sinuses. Removing bra and excess clothing is helpful.

WHEN YOU ARE POSITIONED COMFORTABLY, THEN YOU ARE READY TO BRING BABY TO THE NATURAL POSITION OF YOUR BREAST

POSITIONING YOUR BABY

Support baby behind the shoulders and neck allowing baby's head to tilt slightly backwards.

Position baby touching and facing your body **CHEST to BREAST** with baby's arms wrapped around your body.

(If baby can get arms and hands in between your bodies you are not holding baby close enough.)

Remove any clothing which may come between you and baby.

Turn baby's face up towards the breast with the chin pointing into the areola and the mouth directly opposite the nipple. Remember to achieve this by moving the baby's body, not your own.

This important positioning ensures the tongue, lower jaw and chin make good contact with the breast and enables the breast to fall to the back of the mouth when attaching baby.

(Try to put a finger in your mouth with your head in normal position. The first thing you hit is your tongue. Now tilt your head back, your finger just falls to the back of your mouth.)

If you see an older baby at the breast you will notice they adopt this position chin forward and their nostrils clear. Newborns do not have this control so we need to do it for them.

POSITIONING YOUR BREAST

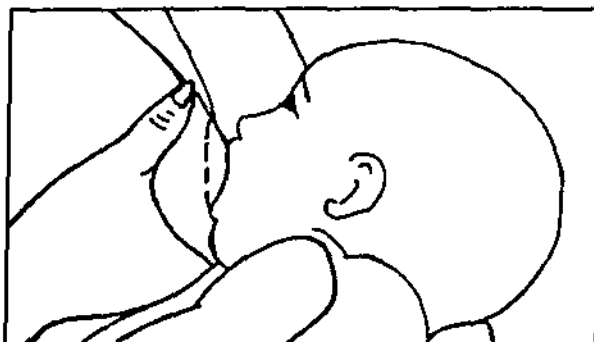
Hold your breast well back from the nipple and present the whole breast to baby. Not just the nipple. (Fingers too close to the nipple prevent baby from grasping an adequate amount of breast.)

The "C-hold", with flat fingers underneath and thumb on the top of the breast can be recommended. Use the thumb to tilt your nipple upwards presenting the underside of the breast to baby. Check your fingers are well away from your nipple and areola.

Experiment. to find a hold which suits you.

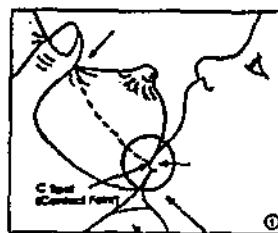
Avoid. holding your breast tightly after baby is attached as this may compress ducts within the breast and interfere with the flow of milk.

You may find it helpful to support the underside of your breast with flat fingers, however in most cases you should not need to hold your breast once baby is attached.

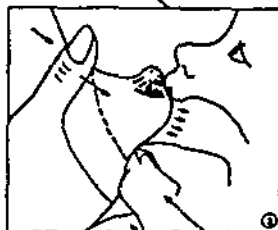


ATTACHMENT TECHNIQUE

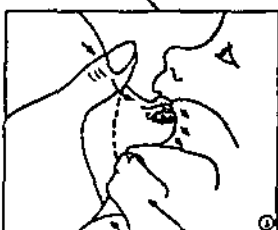
- With baby's chin pointing at the breast and your nipple pointing at baby's nose, initiate the rooting reflex by brushing the underside of the breast and nipple down across baby's lips.



- When baby's mouth is wide open with the tongue down, **BRING BABY QUICKLY FORWARD ONTO THE UNDERSIDE OF YOUR BREAST.**



- Baby's lower lip should make first contact with the breast (approx. 2.5 cm from the tip of your nipple).



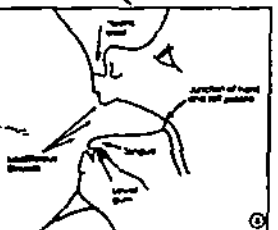
- **THIS FIRST POINT OF CONTACT NEEDS TO BE MAINTAINED THROUGHOUT THE ATTACHMENT.**



- As baby is brought forward the breast is then swept or folded down over the tongue.



- This places the breast along the infant's tongue, right to the back of the mouth. Baby will bring the top jaw down and begin suckling.





INDICATIONS OF GOOD ATTACHMENT

NO PAIN

You may feel some tenderness, but if you experience pinching, burning or stinging, baby is not attached in the best possible way and will be damaging your nipples. Ease your finger into the side of baby's mouth and gums letting air in to break the suction. Take baby off the breast and try again.

OBSERVE BABY'S FEEDING RHYTHM

When attached in the best possible way, baby will be relaxed and comfortable and will maintain a rhythmic suckling pattern. This consists of:

Several rapid shallow sucks, which establish and maintain the "breast nipple teat" in the correct place in the baby's mouth.

Several longer, slower, suck-and-swallows, when the baby is stripping the "teat" with the muscular waves of the tongue.

And a pause. The pause is an important part of the normal feeding pattern. If baby is attached beautifully he/ she will begin the suckling cycle again **without** prompting.

OBSERVE BREAST MOVEMENT

As milk is "stripped" from the breast the **whole** breast moves slightly. You should be able to observe slight movement at the base of your breast, close to the chest wall. If you are holding your breast you can feel the whole breast moving under your fingers.

OBSERVE BABY'S MOUTH

Baby's mouth should be **wide open, lips curled back**. There should be no hollows in the cheeks and no clicking noises in the mouth. However, we do have to distinguish between clicking and noisy swallowing.

During the suck-and-swallow phase baby's **whole jaw** moves which in turn causes movement of baby's ear.

If your breast can be seen moving in and out of the baby's mouth, or just slips out, baby has not been attached in the best possible way. However, if you would have to break the suction to remove the nipple, and you can observe all the above indications, then you can be pretty sure that you and baby have achieved a good attachment.



**IF YOU HAVE DIFFICULTY ATTACHING
BABY IT MAY BE BECAUSE OF:**

Lack of confidence, or practice, or knowledge. Remember breastfeeding is a learned skill, and practice makes progress.

Secondly, the size and shape of your breast and nipples in relation to the size and shape of baby's mouth tongue and palate can also effect the degree of difficulty you may experience, e.g. large nipples and/or baby with a small mouth.

Finally, if baby is sleepy or easily frustrated, attachment can be more difficult.

When attachment difficulties arise, they can often be overcome by practising an exaggerated attachment technique.

However, if you are experiencing difficulties seek help from your Midwife, Child Health Nurse Nursing Mother's Counsellor or a Lactation Consultant.

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Illustrations: Figure 1. Redrawn by Rebecca Glover.
Figure 2. By kind permission Churchill Livingstone.
Attachment Technique Series by Rebecca Glover.

References: (1) Woolridge M.W. 1986 "The Anatomy of Infant Suckling". Midwifery, 2, 164-171
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Appendix B

Interview Question Guide

1. Tell me how you feel about breastfeeding?
2. Tell me how you feel that the prenatal group session has made a difference breastfeeding?
3. Did you have anything to do with breastfeeding or have any knowledge about breastfeeding before your pregnancy?
4. Do you feel the breastfeeding has been different from what you had expected?
5. Has your breastfeeding made a difference with your caring for your baby? (Prompt – settling, bathing and comforting baby).
6. Tell me how your breastfeeding has made a difference in how you feel about being a mother?
7. Is there anything else you would like to say about your breastfeeding and how it makes you feel?

Appendix C

Information Sheet

Dear New Mother,

My name is Shelagh Lawrence, I am a midwife working in clinical practice and I am studying for a Masters Degree in Nursing at Edith Cowan University. I would appreciate your help in research of new mothers who are breastfeeding for the first time. The title of the study I am undertaking is *Women's Perceptions of Successful Breastfeeding during the Early Stages of Being a Mother*.

Should you agree to take part in the study, I will meet with you at your home or wherever is convenient to you about 4 weeks after the birth of your baby. I will ask you some questions about breastfeeding and then ask you to describe your experiences and feelings about breastfeeding your baby. I may need to contact you again after that if I need any further information.

Your participation in this study is strictly voluntary. You may also refuse to answer any questions and you are free to withdraw from the study at any time. The information you give will be given a number and will be held in the strictest confidence. Your name and address will be destroyed when the research data has been gathered. In the research report that is subsequently published, no reference will be made to you by name.

The Ethics Committee of Edith Cowan University and Osborne Park Hospital has given approval for the research.

If you have any questions please feel free to contact me on 9247-2575.

Yours sincerely

Shelagh Lawrence, RN, RM,

Appendix D

Consent Form

Approval for this research has been given by the Ethics Committee of Edith Cowan University and Osborne Park Hospital.

I have been asked to take part in the study entitled *Women's Perceptions of Successful Breastfeeding during the Early Stages of Being a Mother* which is being carried out by Shelagh Lawrence

Name: _____

Address: _____

Phone No: _____

I have read the information sheet given to me on the above research project. I have been informed of all the aspects of the research and any questions I have asked have been answered to my satisfaction. I agree to participate in this study realising that I may withdraw from the study at any time.

I agree that the research data gathered for this study may be published, provided I am not identifiable.

Signature: _____ Date: _____
(Respondent)

Signature: _____ Date: _____
(Researcher)

Appendix E

Coding Sample

Content/Verbatim Quotes	Codes/Tentative
Themes	
<p>Trudy: Oh well, considering the amount of weight he's put on I know that it's definitely good for him, and everybody else comments that my milk must be very good for him because they can see how big and chubby and fat he's got since I first had him. So yes, that's good for other people to say that to me as well.</p>	<p>Baby is gaining weight</p> <p>ACHIEVEMENT/Visible Gains</p>
<p>Imogen: It just seems very natural now. I just whip him on one breast and then he might go over to the other one and, all of those things that you think might be very difficult when you're learning it. You know, you're worried about how long it will be on one breast to the other breast, it just comes naturally, really. I mean your own body tells you I think, anyway, you know.</p>	<p>THE IDEAL MOTHER BREASTFEEDS/ Breastfeeding is Natural</p>
<p>Una: It's kind of like when you first drive a car and you think "I'm never going to get this clutch thing" and you're always going to bunny hop and you're always going to stall and then suddenly...</p>	<p>Breastfeeding has to be learnt</p> <p>BREASTFEEDING IS A LEARNT SKILL/Beginnings</p>
<p>Kate: ...and I just thought well I'd give it a go and hopefully it would work, you know, and everything would fall into place. I presumed it would go okay, but I wasn't going to ... I was just going to do whatever happened and if it wasn't going to work then I would've bottle-fed. But I mean I would've preferred to breastfeed.</p>	<p>APPROACHES TO BREASTFEEDING/ Give it a go</p>
<p>Patricia: ...it just gets better. It gets easier, gets better, you get more confident and everything and it just improves. Once I got the</p>	<p>BREASTFEEDING IS A LEARNT SKILL/Hanging in</p>

hang of it and I realised it was getting better, it made me feel better as well, yes

Carol: I'm quite happy with it. I feel I'm producing enough milk at this stage I'd say he went through a growth spurt about 2 weeks ago where he just didn't seem to be getting enough and he cried and he cried. My nipples got really red and sore and I persevered but he just seemed to not be getting enough so I just substituted one comp bottle to give my nipples a chance and that kept him going for a few hours. So I was able to express for the next feed so therefore I was able to catch up with expressing and I would just put him on the boob for about a 2½ minutes a feed until they got a bit stronger again. I just did that for about 24 hours and got back to normal. By the next day I was breastfeeding again. And I found after a few days that the milk really came in.

Worry about milk supply

CONCERNS/Milk Supply

Robyn: Sometimes I'll go into the other room to breastfeed mainly because I know that there are certain ones there that are uncomfortable with it, but personally I'm not uncomfortable with it at all. I just go by other people and how they feel. But yes, it doesn't bother me.

Breastfeeding in public

ACCOMMODATING A
BREASTFEEDING BABY/
Public Breastfeeding

Naomi: There's more of a bond between us, like a bond in that I'm sure we had it when I was carrying her. There was a bond there but now it's sort of a special time we have together. That when the phone rings or if the door ... I'm not going to ... I refuse to answer it because it's a time that, I suppose it's our special time where I feed her and it's a bonding time for us.

Link from pregnancy
Closeness
Enjoys time with baby
ACHIEVEMENT/Intimacy

Barbara: I think that she's less maternal in that way where as I'm more maternal and that's why I choose to breastfeed. I think that there's more of a ... whether you've got a maternal state of mind as to whether you choose to do it or not.

Breastfeeding is maternal

THE IDEAL MOTHER
BREASTFEEDS/Makes me
feel like a mother