

Why do women choose to start, continue or stop breastfeeding? A qualitative phenomenological interpretive analysis

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The statistics from the National Health Service in the United Kingdom show that despite the current advice to breastfeed an infant exclusively for the first six months of life, less than 1% of mothers are actually doing this. Therefore, it is important it understand the barriers to breastfeeding experiences by women. The study aimed to investigate why some women choose to continue breastfeeding their infant, whilst other women do not. A qualitative semi-structured approach was employed recruiting eight participants interviewed one-to-one and three participants via one mini focus group. It was decided to use a qualitative approach in order to understand the experiences of women who have breastfed. Ethical approval was received from University of Plymouth, Faculty of Health and Human Sciences. Data was analysed using interpretive phenomenological analysis. The analysis identified four main themes centred on; social and cultural expectations of women, the impact of breastfeeding on maternal role, the perceived impact of breastfeeding on the mother's attachment to her infant, and finally, the information provision from health care professional involved throughout pregnancy and after. The study only employed 11 participants. It is hoped that this study can be extended in the future to better understand the experiences of a wider range of breastfeeding women. Increased support and resources are needed to support women through the early stages of breastfeeding. Women need more appropriate help and support from professionals to enable them to breast feed without undue pressure, particularly when breastfeeding becomes problematic. Future research should investigate when different forms of information provision should be provided.

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18 Introduction

19 As mammals, human females have the biological equipment required for secreting milk
20 to feed their offspring in the form of breastfeeding. However, not all humans breastfeed,
21 and do not always breastfeed for the recommended length of time (National Health
22 Service (NHS), 2012a). It is advised that breastfeeding takes place exclusively for the
23 first six months of an infant's life, followed by the introduction of nutritional foods
24 alongside breastfeeding up to, and beyond two years of age (World Health Organisation
25 (WHO), 2011). Breastfeeding an infant up to and over eight months of age has been
26 found to result in a number of increased cognitive advantages, such as higher IQ
27 scores, but also perceived their mothers as more caring and less over-protective
28 (Horwood & Fergusson, 1998).

29 Due to a number of unnecessary deaths from bottle-feeding in the 1970s, the WHO and
30 United Nations International Children's Emergency Fund (UNICEF) collaborated to
31 introduce the Baby-Friendly Hospital Initiative (BFHI) which promotes the uptake of the
32 'Ten Steps to Successful Breastfeeding' in hospitals across the world (WHO & UNICEF,
33 1991). This policy attempts to encourage all healthcare providers interacting with
34 mothers to promote breastfeeding with appropriate training, policies, and practice in
35 hospitals, before, during and after birth. One of the steps states that babies should be
36 placed in skin-to-skin contact with their mother immediately to allow the infant to make
37 their own way to the breast in order to latch on themselves (Mannel, Martens & Walker,
38 2013). This policy could put pressure on mothers to breastfeed and be counterproductive
39 for the mother's feeling of self-efficacy.

Since the 1970s, NHS data show slight improvements in breastfeeding until 2010 (NHS, 2012b). Initial breastfeeding rates, including all babies who attempted breastfeeding and those fed using expressed breast milk, were at 81% in 2010. However, this figure dropped rapidly at 6 months, when exclusive breastfeeding is still recommended, to 34%, with less than 1% of mothers exclusively breastfeeding (NHS, 2012b). The highest prevalence of breastfeeding was found in women aged 30 or over, those from ethnic minorities, those who left education after 18 years of age, and those in managerial or professional careers (NHS, 2012b).

Despite the knowledge about the benefits of breastfeeding, there still remains a low rate of breastfeeding in the UK, and there is still little conclusive, qualitative evidence as to why women cannot start or maintain a successful breastfeeding relationship with their infant. In order to explore this, the present study aims to understand the experiences women encounter when breastfeeding and how this affects their ability to continue breastfeeding, or not.

Materials and Methods

Participants

The study interviewed 11 women (aged 18-42 years) who had attempted to breastfeed. Eight were interviewed one-to-one and three were interviewed within a mini focus group context. The study obtained ethical approval from the Faculty of Health and Human Sciences at the University of Plymouth, UK, reference number 13/14-371. Consent was provided by participants in writing.

The participants included for the study were those who had direct experiences of breastfeeding. There was no time limit on how recently they had breastfed. The exclusion criteria were those who had not breastfed an infant.

In exchange for participating in this study, eight of the participants received a 'participation point' as part of a course requirement. The remaining three participants did not receive an incentive to participate in this study.

The participants of the study were mixed in their experience of breastfeeding. Four participants had breastfed multiple infants and discussed their experiencing with all children, whilst the remaining four who were interviewed one-to-one had only breastfed one child. Of the focus group, all three women interviewed had only one child and one experience of breastfeeding.

Of the 11 participants, nine chose to stop breastfeeding before one year. Of these five had ceased breastfeeding exclusively at six months.

Design and Procedure

The interviews were conducted in a semi-structured format which allows for elaboration, lasting about 30 minutes. Semi-structured interview techniques enable the researcher to gain an insight into how breastfeeding made them feel, how they made sense of their experiences and gave the interviewees a chance to attribute meaning to their experiences giving a richer interview response. In the focus group the first author

acted as a mediator allowing for discussion between the participants. The focus group allowed exploration and clarification on individual issues with a shared perspective. The participants provided a richer source of data as they could share different experiences which they could all relate to.

On completion of the interviews, the recordings were transcribed and the data were then analysed using Interpretive Phenomenological Analysis (IPA) by the first author. This method was deemed appropriate as it gave the participants the chance to actively interpret their experience as they were interviewed (Smith & Osborn, 2003). It enables the researcher to understand more about the interviewees' lived experiences of breastfeeding and the links between the participants' emotional states and their breastfeeding experience (Smith & Osborn, 2003). A selection of the qualitative data was analysed by the second author in order to validate the analysis. Interpretive Phenomenological Analysis (IPA) puts the participant at the centre of the research as they are trying to actively interpret their world and experiences. In this study, the participants are discussing not only their experiences of breastfeeding, but also the emotions which surrounded it at the time and at the time of interviews, reflecting on their experiences. The researcher also takes on an active role whilst conducting an IPA study as they have the chance to pick up on points and issues raised by the participant during an interview to expand on but also they are also making sense of the participants' making sense of their world – a double hermeneutic (Smith & Osborn, 2003).

Results

104 The analysis identified four main themes within the data that influenced whether these
105 women continued or ceased breastfeeding; attachment, information provision, being a
106 'good mother' and socio-cultural pressures surrounding breastfeeding.

107 **Attachment**

108 The attachment the mothers felt towards their infant elicited negative or positive feelings
109 depending on their overall breastfeeding experience. In the present study, five women
110 in the study found that breastfeeding acted as a stressor, making it harder for them to
111 establish a good attachment relationship with the child.

112 *"...she [midwife] could see how badly it was affecting me and how badly it was*
113 *affecting my son, it just wasn't working." (participant 6; line 221)*

114 Ultimately, removing breastfeeding and the stress surrounding it allowed for mothers to
115 rekindle a positive attachment relationship to her infant.

116 *"...If you could just get rid of one think that just wasn't working that was*
117 *great...could just focus yeah, on trying to keep him happy." (participant 6; line 284)*

118

119 However, when three mothers had to, or chose to stop breastfeeding, they felt it had a
120 negative impact on the bond they shared with their infant.

121 *"... I think I lost some connection for a little while..." (participant 2;line 424)*

122 Alternatively, three of the mothers who had more positive experiences with
123 breastfeeding found that it increased their feelings of attachment towards their infant
124 and believed that the same bond could not be recreated by bottle feeding and the
125 positioning used is very different.

“...the one thing people don’t realise is when you bottle feed a baby, the way you hold it is totally different from breastfeeding, bottle feeding they’re lying on their back, whereas breastfeeding they’re kind of on their side, they’re facing you more than looking up at you...” (participant 8; line 131)

“I’m sure it’s not just about umm, food, it’s about that cuddle, that very special cuddle...” (participant 11; line 231)

Information Provision

This was a broad theme which consists of two main areas; information about breastfeeding provided by healthcare professionals, and information from lay-persons.

The underlying message here is that mothers were not provided with enough information about what to expect from breastfeeding, what could go wrong and how to handle those problems. Mothers were often given conflicting information at birth and only three received follow up support from health professionals outside of normal midwife and health visitor care provided to all mothers in the UK. The lack of preparation for the pain of breastfeeding caused by incorrect attachment to the breast was something many women experienced. Due to a lack of appropriate preparation and information, the result was physical trauma from an incorrect latch. This problem can persist if no health care professional have observed a feed, if the mother does not initiate contact with a health care professional and correct the problem herself as it is difficult to know the cause of this problem.

148 *"He wasn't latching on properly...after two and a half weeks I had to stop 'cause*
 149 *it, it really hurt and he took a few layers of skin off..." (participant 4; line 122)*

150 Another issue with the information provided by health care professionals was that the
 151 advice given would often be contradictory and leaves a first time mother confused about
 152 which advice they should follow.

153 *"...they said [hospital midwife] 'oh no, your nipples are slightly inverted, that's it*
 154 *you'll not be able to do it'... they shouldn't have said that..." (participant 8; line*
 155 *1298)*

156 *"...all the advice I was given from different people was all completely different*
 157 *and some of it was quite contradictory..." (participant 9; line 729)*

158 Being provided with inconsistent care can cause a mother to lose confidence in her
 159 innate abilities to breastfeed. Additionally, 10 of the women felt that the midwives did not
 160 have the time to dedicate to them in a relaxed manner to talk through their issues, and
 161 some felt they did not have the opportunity to ask questions about breastfeeding.

162 *"...if you asked too many questions of some of the um, midwives it was 'oh well,*
 163 *we're busy' and 'sort it out yourself'..." (participant 2; line 100)*

164 *"I think in the hospital they're quite fast... maybe if they'd spent a bit more time*
 165 *with me and relaxed with me, then maybe it would've worked better..." (participant*
 166 *6; line 301)*

167 However, not all the women had negative encounters with health care professionals and
 168 two found that they were helpful and supportive. This may have just been in the form of
 169 encouragement but it had a positive impact on the mother's emotions and when it was
 170 absent, the difficulties returned.

171 *“...They were good in terms of the sort of emotional support of kind of, you know,*
 172 *keep going at it, keep trying...they were quite good, they just kept checking on*
 173 *me...” (participant 1; line 343)*

174 Alternatively some midwives took a more ‘hands off’ approach to breastfeeding, letting
 175 the mother’s innate abilities take over making the establishment of breastfeeding less
 176 stressful and more successful.

177 *“I could sit and man-, help you by manhandling you and all the rest of it,*
 178 *but that’s gonna be stressful for you and the baby, and that will be a last resort, I’d*
 179 *rather you went away... in a relaxing place and you will work it out...” (participant 8,*
 180 *describing the advice given to her by her midwife; line 520)*

182 Within information provision, there is the advice provided by partners, family and friends.
 183 In the interviews where partners were mentioned. Where mothers spoke of partners,
 184 they described the support provided as being useful with breastfeeding. Although their
 185 partners did not offer hands-on support, they were there to encourage the mothers to
 186 keep attempting to breastfeed. Help was also provided by female members of the family
 187 who had breastfed themselves. This practical knowledge helped some of the mothers
 188 get through difficult situations.

189 *“...my mum was really good ‘cause she was quite open and honest about it*
 190 *‘cause she’d breastfed both me and my sister, and she was like yeah, you*
 191 *know...this is, you know, do it, it’s natural, it’s what you should be doing.”*
 192 *(participant 8, line 1111)*

193 *“I breastfed because my mum breastfed, and I was successful at breastfeeding*
 194 *because I had that support...” (participant 8; line 1440)*

195

Socio-Cultural Factors

The views of the Western society and the culture we live in have a huge impact on women's attitude towards breastfeeding and feeding options are so centred on breastfeeding that education about alternatives is often left out in ante natal classes.

Three mothers in the present study had quite strong opinions towards artificial milk saying they felt they judged those mothers who used formula, and would not choose to use it themselves.

"I always look down on people who don't breastfeed straightaway if they can, it's like you bottle fed from birth? Oh my god." (participant 4; line 32)

"...I almost had to tell myself that formula was evil...to get myself to stick with breastfeeding...but it was the only I could kind of get myself to stick with it..." (participant 11; line 1082)

Interestingly, there was also some embarrassment about the length of breastfeeding, which could be down to the socio-cultural pressures of today where it is unusual to see toddlers being breastfed.

"I was naughty with Jordon I breastfed Jordon until he was twenty six months. He had teeth." (participant 3, line 681)

But whatever the outcome of their breastfeeding experience, eight of the women felt they had been pressured to breastfeed their infant. Women found that the pressure came from external sources.

"...She [midwife] had this big, big, big thing about getting him onto the breast... it was all about this getting him back on the breast and... that's not entirely gonna help." (participant 1; line 746)

“...It’s more about our fundamental idea of what makes a good woman, what makes a good mother... I never felt any pressure to lose weight, or to look good or anything like that, what I felt pressure about was this thing of attachment parenting and breastfeeding.” (participant 5; line 478)

“... let people make up their own minds, I think there is an awful lot of pressure out there to do breastfeeding, umm and not make it seem that that’s how it should be, you know, give them two options, explain, there’s got to be fors and against for both...” (participant 6; line 405)

“No-one put me under pressure except my dad...” (participant 11; line 1134)

Five mothers felt that the pressure came internally; they were being driven by some desire as breastfeeding was something they really wanted to do.

“...I turned into this absolute advocate for breastfeeding...you have breasts for a reason.” (participant 3; line 823)

“...I was sort of telling myself it’s the right, you know it’s the best thing, it’s the right thing to do, I wanted it to work...” (participant 11; line 1093)

One breastfeeding mother took it upon herself to educate other women about breastfeeding, and felt it was her duty to explain the benefits of breastfeeding to her pregnant friend.

“...I had a friend... and she was pregnant with her third child and she’d never breastfed and I kind of bullied her into it... I just kept going on about... the positive benefits of it...” (participant 8; line 275)

244 One mother felt that breastfeeding would eventually 'die out' because so many women
245 are not able to establish a good breastfeeding routine with their infant, meaning they will
246 have little knowledge to pass down to future generations.

247 *"I just look at society today and I think eventually, breastfeeding's really gonna*
248 *take a hammering along the lines...it will die down... it's possible it could die*
249 *out..." (participant 8; line 1426)*

250

251 **Maternal Role**

252 The final theme from the interviews was the part breastfeeding played in the maternal
253 role. Ten of the mothers made the inference that to breastfeed was to be a good mother.

254 The intertwined idea of breastfeeding and being a good mother was very much
255 internalised by one participant. When it came time to stop breastfeeding, she felt huge
256 amounts of emotion.

257 *"I would've felt like I'd failed if I hadn't been able to breastfeed" (participant 9; line*
258 *1070)*

259

260 For mothers who cannot breastfeed, or struggle to breastfeed, this can cause huge
261 emotional problems. If they had anticipated being able to breastfeed and suddenly
262 cannot they could feel they are not living up to the standard expected of them.

263 *"...if it had just been about me I think I would've been quite happy with that*
264 *decision... but I still felt some guilt about sort of admitting to other people that he*
265 *was on formula." (participant 1; line 1114)*

266 *"I still do [feel guilty]. I feel really bad. I wish I could. It's like if I just got over*
 267 *that..." (participant 4; line 353)*

268 *"I felt I'd let her down, yeah I did feel that I'd sort of, not been able to give her*
 269 *what I should've been able to give her..." (participant 7, line 377)*

270 *"I was more devastated than she was, umm, yeah I was completely bereft umm,*
 271 *when I had to stop and it's still kind of a bit upsetting." (participant 10; line 128)*

272

273 Society expects women to behave a certain way once they become mothers, and to
 274 give up aspects of their life which could define who they are as a person in order to
 275 spend time with their new-born.

276 *"...I felt it was all tied up in my worth as a mother...this is about whether or not*
 277 *you're a good mum..." (participant 5; line 448)*

278 *"...I should want to be with my daughter all the time and I should happily give up*
 279 *my everything umm, in order to, to fulfil this little creature's needs..." (participant 5,*
 280 *line 490)*

281

282 It has been found that in order for breastfeeding to be successfully established, mothers
 283 should have skin-to-skin contact with their infant and attempt to breastfeed within the
 284 first hour of giving birth (Husmillo, 2013). However, for many mothers, a complicated
 285 birth leads to separation from their infants which prevents early breastfeeding.

286 *"...They took her away as soon as she was born and then I didn't see her for*
 287 *about six hours and that was pretty disastrous for me, um, because as soon as*
 288 *she went out of the room, she didn't exist." (participant 5; line 860)*

289

Discussion

This study identified several key themes associated with breastfeeding; attachment, information provision, socio-cultural factors and the maternal role.

The attachment between a mother and her infant begins in pregnancy and birth, where she takes on her new mothering role (Hammonds, 2012). Having a complicated birth with medical intervention can make her feel out of control and traumatised which makes it difficult to establish an emotional connection with her new born infant (Hammonds, 2012). Despite there not being a direct link between attachment and breastfeeding habits, mothers who breastfeed show more sensitivity to their infants' needs and could explain why mothers who breastfed successfully felt a positive attachment towards their infants (Britton & Britton, 2006). Interestingly, when demographic factors are controlled, mothers who were securely attached themselves predicted a longer, more exclusive breastfeeding period, even when faced with difficulties (Scharfe, 2012).

In terms of the role of socio-cultural factors in breastfeeding, the need to breastfeed is associated with the cultural view that breastfeeding is the best option for their infant health-wise and the perceived social norms of how to feed an infant (Guttman & Zimmerman, 2000).

The pressure on women to breastfeed is immense and mothers incorporate the need to breastfeed into their identity as a mother (Marshall, Godfrey & Renfrew, 2007). This can impact on a mother's mental wellbeing as she may begin to question her role if she struggles with breastfeeding. Interviews conducted with mothers having difficulties with breastfeeding were found to feel as though they had lost control and were failing as

312 mothers (Shakespeare, Blake & Garcia, 2004). For some women, breastfeeding was so
 313 difficult it made the mother miserable to the point it affected her feelings towards her
 314 infant (Shakespeare et al, 2004). Shakespeare et al (2004) also found that seeking help
 315 from health care professionals was “...emotionally charged and negative’ (p. 256).
 316 Finally, bottle feeding was found to be obsolete from pre-natal classes meaning women
 317 could not make a fully informed decision about feeding their infant (Shakespeare et al,
 318 2004).

319 Furthermore, the role of the mother as dictated by society puts a huge emphasis on
 320 breastfeeding (Guttman & Zimmerman, 2000), which may be further enforced by
 321 policies stating ‘breast is best’. This policy is widely known and mothers who do not, or
 322 cannot breastfeed, could feel pressured into it. The mothers should be supported for the
 323 effort they put into breastfeeding in the first instance. The ‘breast is best’ campaign may
 324 make it hard to avoid the value society places on breastfeeding, yet the study suggests
 325 that some women receive inadequate, practical support when they experience
 326 difficulties with breastfeeding. If women did not feel under so much pressure to feed
 327 their infants themselves, mothers may feel more relaxed making the hormonal process
 328 of breastfeeding easier, enabling them to feel empowered and successful (Blyth et al,
 329 2002).

330 Blyth et al (2002) addressed the role of self-efficacy in breast feeding. A mother’s self-
 331 efficacy was determined by: her intention to breastfeed, her well-being in terms of how
 332 well she can overcome breastfeeding difficulties emotionally, and observations of
 333 positive breastfeeding experiences (Blyth et al, 2002). Using the Breastfeeding Self-
 334 Efficacy Scale, Blyth et al (2002) were able to identify the main reason for breastfeeding

cessation in their cohort was a perceived insufficient milk supply. Blythe et al (2002) concluded that those mothers who scored highly on the Breastfeeding Self-Efficacy Scale were more likely to exclusively breastfeed. This highlights the importance of a mother's confidence in her ability to breastfeed and in the uptake and continuation of breastfeeding.

The unexpected pain which accompanies breastfeeding has been found to contribute to giving up breastfeeding (Schilling-Larsen & Kronborg, 2013). In order for women to have a more successful breastfeeding experience, health care professionals need to make themselves available and initiate help as many women do not actively seek help or advice when breastfeeding is not going well (Schilling-Larsen & Kronborg, 2013).

The maternal role attainment theory stipulates early skin-to-skin contact, early breastfeeding and minimal separation between mother and infant whilst in hospital needs to be promoted to help the mother settle more easily into her role (Husmillo, 2013). The theory suggests that mothers go through a period immediately after birth where they follow advice from experts and copy their behaviour in order to learn how to respond to and meet their infant's needs (Mercer, 2004). Most women settle into their role as a mother at around four months post-partum when the baby has become part of family life, the mother is confident in her care abilities and it is at this point when the mother reports the greatest feelings of attachment to the infant (Husmillo, 2013; Mercer, 2014).

The recurring theme throughout the interviews was that the information provided from healthcare professional was deemed inadequate. Under the NICE guidelines,

healthcare professionals should have sufficient time to spend with new mothers and their infants to establish and maintain a successful breastfeeding relationship. Infants should be breastfed within the first hour of being born, where appropriate, in order to establish a good breastfeeding technique, however this often is not the case (NICE, 2006).

The UK National Institute of Health and Clinical Excellence (NICE) guidelines stipulate that post natal care for women should involve good communication between the mother and health care professionals but also to provide evidence-based information which is tailored to the individual woman (NICE, 2006). Healthcare professionals need to help mothers practically by helping them recognise the signs of hunger their infant displays, cluster feeding behaviours, sleep/wake patterns, and observing nappy contents. This will help mothers realise that certain newborn behaviours are normal and that breast milk can satisfy their infant (Fraser & Cullen, 2003). Additionally, healthcare professionals simply need to spend more time with mothers, observing their feeding techniques and give mothers the opportunity to ask questions. Mothers receiving physical support could overcome breastfeeding problems and reduce the number of women saying they do not have enough milk to satisfy their newborn (Fraser & Cullen, 2003). Past research has shown that face-to-face help was the most effective form of support and leaving the mother to seek help herself was the least effective method (Renfrew et al, 2012).

Thulier and Mercer (2009) conducted a review of studies looking into the variables which affect how long a mother breastfeeds for. They found that mothers who had an intention to breastfeed whilst pregnant, those interested in breastfeeding, and those

380 who were confident with breastfeeding were more likely to breastfeed for longer.

381 Inconsistent or limited professional support was associated with a decline in continued
382 breastfeeding (Thulier & Mercer, 2009). Healthcare providers seemed reluctant to
383 encourage breastfeeding in case they made mothers feel guilty or coerced into
384 breastfeeding. However, mothers stated they had only chosen formula bottle feeding
385 due to a lack of breastfeeding role models and a lack of information about the benefits
386 of breastfeeding (Miracle, Meier & Bennett, 2004).

387 Having a partner who is supportive of a breastfeeding mother, and takes on a more
388 nurturing role makes it more likely that breastfeeding will be maintained for a longer
389 period of time (Maycock et al, 2013; Remple & Remple, 2011). However, the support of
390 partners and family members alone is not enough to maintain a successful
391 breastfeeding routine (Rempel & Rempel, 2011). Alongside the pressures of a new role,
392 looking after a new-born infant and trying to maintain a breastfeeding relationship, for
393 some mothers can be too much and may lead to postnatal depression.

394 Mental health can affect breastfeeding and those with depression and anxiety disorders
395 can cease breastfeeding sooner than recommended, which can have a negative impact
396 on the mother and infant (Mannel et al, 2013). A mother, who experiences problems
397 when trying to breastfeed, is also at more risk of exhibiting depressive symptoms
398 (Mannel et al, 2013). There are three main stressors which can have a particular effect
399 on the breastfeeding mother (Mannel et al, 2013); pain, a lack of, or interrupted, sleep,
400 and psychological trauma.

Fathers need to be encouraged to be supportive in other ways and encouraged to bond with their infant in different ways. Health care professionals should also be prepared to suggest formula feeding in cases where a mother cannot breastfeed, as it is imperative that women receive the knowledge and support they require to use other approaches. Additionally, more time should be spent with women post-partum where they have the opportunity to ask questions of a health care professional who can provide tailored advice specific to that situation. Societal pressures are more difficult to overcome, but ensuring women are praised for the effort they put into breastfeeding, regardless of duration, will help to positively promote breast feeding. By being more supportive of mothers it will reduce the pressure to incorporate breastfeeding into their 'good mother' ideals.

In other countries around the world, breastfeeding rates for infants and toddlers vary. In India, exclusive breastfeeding up to six months of age was at 46% with breastfeeding at two years was 77% (UNICEF 2011). In the United Kingdom, it is mandatory that rest breaks and a private place to express milk is provided for the mother upon her return to work, however there is no mention of being able to breastfeed an infant if necessary during a break in the working day (Department for Business Enterprise & Regulatory Reform, 2009). It has been suggested that attitudes towards breastfeeding may be formed before childbearing age and thus using the theory of planned behaviour model, one study suggested educating school-aged pupils about breastfeeding in order to encourage positive attitudes towards it. This may help to make breastfeeding a more culturally accepted way to feed an infant (Swanson & Power, 2005) and thus increase breastfeeding rates generally.

424 More recently, researchers have looked into providing breastfeeding vouchers for
 425 mothers who have fed the infant themselves for the first 6 months of life in an attempt to
 426 overcome negative attitudes towards breastfeeding. The study was piloted in one
 427 deprived area where less than 20% mothers are breastfeeding by the time their infant is
 428 aged 6 to 8 weeks old (Hives-Wood, 2013). The current study suggests a more
 429 beneficial approach may be to reallocate this money to providing greater health
 430 information and support to first time mothers. Some NHS Partnerships are attempting to
 431 encourage partners to support breastfeeding with applications which can be
 432 downloaded to a smartphone in order to provide advice on how to support breastfeeding
 433 as part of a “breastfeeding team” (NHS, 2012a). Although this is a step in the right
 434 direction with getting partners involved in breastfeeding, it is important that this does not
 435 lead to feeling under pressure to breast feed as this may prove counterproductive and
 436 increase post-natal mental health difficulties.

437 This study suggests that tailored information needs to be presented at both ante and
 438 post natal time points to address the difficulties which accompany breastfeeding. It was
 439 found in the present study that new mothers felt as though they would have benefitted
 440 from being explicitly informed that breastfeeding is a learning process undertaken by
 441 mother and infant together. This conclusion was drawn from the present sample, but
 442 due to limited sample size, this finding cannot be extrapolated to the general population.
 443 New mothers need to be explicitly informed that breastfeeding is a learning process
 444 undertaken by mother and infant together. Information also needs to be provided about
 445 physical problems which can arise from breastfeeding such as pain, cracked nipples,

446 baby blues and mastitis. Once the birth is over the mother should discuss ways to
447 overcome or avoid these problems.

448 As mentioned above, supportive partners can lead to a successful breastfeeding
449 relationship between mother and infant but they need to be encouraged to be
450 supportive and bond with their infants in different ways ^{16 18}. Health care professionals
451 should also be prepared to suggest formula feeding in cases where a mother cannot
452 breastfeed, as it is imperative that women receive the knowledge and support they
453 require in order to be able to use other approaches. Additionally, more time could be
454 spent with women post-partum where they have the opportunity to ask questions of a
455 health care professional who can provide tailored advice specific for that individual.
456 Societal pressures are more difficult to overcome, but ensuring that women are praised
457 for the effort they put into breastfeeding, regardless of duration, could help to positively
458 promote early breastfeeding. Being more supportive of mothers could reduce the
459 pressure to incorporate breastfeeding into their 'good mother' ideals.

460 To an extent, the present study supports what has been found in previous research
461 such as the level of education of women who breastfeed and the level of support from
462 health care professionals in successful breastfeeding. However this study adds to the
463 existing literature why women discontinue breastfeeding sooner than planned and
464 uncovers some of the reasons why. These reasons focus on the type of support offered
465 by health care professionals (both ante-natal and post-natal), and how this lack of
466 appropriate support is the reason why women may cease breastfeeding sooner than
467 they had anticipated.

468

469 **Strengths and Limitations of the Study**

470 The strength of the study is that it allowed participants to openly discuss issues of
 471 breastfeeding, both positive and negative without a set agenda. The limitations of the
 472 present study are based on the sample size used. Unfortunately, only a small sample of
 473 participants could be recruited by the investigators and due to this, the results cannot
 474 necessarily be extrapolated to a wider population of women who breastfeed. The study
 475 is also limited by the fact that the majority of participants who were interviewed on a
 476 one-to-one basis were students studying at university who gained one participation
 477 point in return for their breastfeeding story. The focus-group did not offer any sort of
 478 reward for participating and was based upon those mothers who chose to share their
 479 breastfeeding story which will not be representative of the more general population. In
 480 any future research, the study would benefit from having a larger population sample
 481 size to include more detailed information about the individual mother.

482 **Conclusions**

483 This study aimed to analyse the conditions that may influence the decision making
 484 process in breastfeeding women. The study highlights the role attachment, maternal
 485 role, socio-cultural factors and information provision may play in influencing whether or
 486 not women choose to breastfeed. Unlike previous research, this study has highlighted
 487 that one of the main reasons for early cessation of breastfeeding may be a lack of
 488 practical appropriate support from health professionals, The results from this study
 489 suggest that for some mothers at least, initiating breastfeeding is done due to the

490 external pressures of healthcare professionals and what is expected by society,
 491 whereas stopping breastfeeding is often not a choice and is forced upon mothers by the
 492 circumstances that they face post-partum exacerbated by a lack of information. In this
 493 study it was found that those who are able to continue breastfeeding often do so due to
 494 internal pressures to continue, and to live up to their own ideals of being a good mother.

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