

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 8 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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19 Introduction

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

30 Due to a number of unnecessary deaths from bottle-feeding in the 1970s, the WHO and
31 United Nations International Children's Emergency Fund (UNICEF) collaborated to
32 introduce the Baby-Friendly Hospital Initiative (BFHI) which promotes the uptake of the
33 'Ten Steps to Successful Breastfeeding' in hospitals across the world (WHO & UNICEF,
34 1991). This policy attempts to encourage all healthcare providers interacting with
35 mothers to promote breastfeeding with appropriate training, policies, and practice in
36 hospitals, before, during and after birth. One of the steps states that babies should be
37 placed in skin-to-skin contact with their mother immediately to allow the infant to make
38 their own way to the breast in order to latch on themselves (Mannel, Martens & Walker,
39 2013). This policy could put pressure on mothers to breastfeed and be counterproductive
40 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).

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

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 who were confident with breastfeeding were more likely to breastfeed for longer. Inconsistent or limited professional support was associated with a decline in continued breastfeeding (Thulier & Mercer, 2009). Healthcare providers seemed reluctant to encourage breastfeeding in case they made mothers feel guilty or coerced into

breastfeeding. However, mothers stated they had only chosen formula bottle feeding due to a lack of breastfeeding role models and a lack of information about the benefits of breastfeeding (Miracle, Meier & Bennett, 2004).

Further research by Blyth et al (2002) addressed the role of self-efficacy in breast feeding. A mother's self-efficacy was determined by: her intention to breastfeed, her well-being in terms of how well she can overcome breastfeeding difficulties emotionally, and observations of positive breastfeeding experiences (Blyth et al, 2002). Using the Breastfeeding Self-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 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 mothers (Shakespeare, Blake & Garcia, 2004). For some women, breastfeeding was so difficult it made the mother miserable to the point it affected her feelings towards her infant (Shakespeare et al, 2004). Shakespeare et al (2004) also found that seeking help from health care professionals was "...emotionally charged and negative' (p. 256). Finally, bottle feeding was found to be obsolete from pre-natal classes meaning women

could not make a fully informed decision about feeding their infant (Shakespeare et al, 2004).

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. Consent was provided by participants in writing.

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

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

134 **Attachment**

135 The attachment the mothers felt towards their infant elicited negative or positive feelings
136 depending on their overall breastfeeding experience (Table 1). In the present study,
137 some women found that breastfeeding acted as a stressor, making it harder for them to
138 establish a good attachment relationship with the child. Ultimately, removing
139 breastfeeding and the stress surrounding it allowed for mothers to rekindle a positive
140 attachment relationship to her infant.

141 ***Insert Table 1 here***

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

144 Alternatively, some of the mothers who had more positive experiences with
145 breastfeeding found that it increased their feelings of attachment towards their infant
146 and believed that the same bond could not be recreated by bottle feeding and the
147 positioning used is very different.

148 The attachment between a mother and her infant begins in pregnancy and birth, where
149 she takes on her new mothering role (Hammonds, 2012). Having a complicated birth
150 with medical intervention can make her feel out of control and traumatised which makes
151 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).

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 (Table 2).

Insert Table 2 here

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. 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

172 observed a feed, if the mother does not initiate contact with a health care professional
173 and correct the problem herself as it is difficult to know the cause of this problem.

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

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

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

185 Alternatively some midwives took a more 'hands off' approach to breastfeeding, letting
186 the mother's innate abilities take over making the establishment of breastfeeding less
187 stressful and more successful.

188 Within information provision, there is the advice provided by partners, family and friends.
189 In the interviews where partners were mentioned, most mothers spoke of them being
190 useful in supporting breastfeeding. Help was also provided by female members of the
191 family who had breastfed themselves. This practical knowledge helped some of the
192 mothers get through difficult situations.

However, the support of partners and family members alone is not enough to maintain a successful breastfeeding routine (Rempel & Rempel, 2011).

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).

Having a partner who is supportive of a breastfeeding mother, and takes on a more nurturing role makes it more likely that breastfeeding will be maintained for a longer period of time (Maycock et al, 2013; Remple & Remple, 2011).

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).

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 (Table 3).

Insert Table 3 here

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

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

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

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

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

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

231 This need to breastfeed is associated with the cultural view that breastfeeding is the
232 best option for their infant health-wise and the perceived social norms of how to feed an
233 infant (Guttman & Zimmerman, 2000).

The role of the mother as dictated by society puts a huge emphasis on breastfeeding which is further enforced by policies stating 'breast is best'. This policy is widely known and mothers who do not, or cannot breastfeed, could feel pressured into it. The mothers should be supported for the effort they put into breastfeeding in the first instance. The 'breast is best' campaign makes it hard to avoid the value society places on breastfeeding, yet women receive inadequate, practical support when they experience difficulties with breastfeeding.

Alongside the pressures of a new role, looking after a new-born infant and trying to maintain a breastfeeding relationship, for some mothers can be too much and lead to postnatal depression.

Maternal Role

The final theme from the interviews was the part breastfeeding played in the maternal role (Table 4). Almost all the mothers made the inference that to breastfeed was to be a good mother.

Insert Table 4 here

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

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

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

If women did not feel under so much pressure to feed their infants themselves, mothers may feel more relaxed making the hormonal process of breastfeeding easier, enabling them to feel empowered and successful.

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

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).

Discussion

276 The recurring theme throughout the interviews was that the information provided from
 277 healthcare professional was deemed inadequate. The UK National Institute of Health
 278 and Clinical Excellence (NICE) guidelines stipulate that post natal care for women
 279 should involve good communication between the mother and health care professionals
 280 but also to provide evidence-based information which is tailored to the individual woman
 281 (NICE, 2006). Healthcare professionals need to help mothers practically by helping
 282 them recognise the signs of hunger their infant displays, cluster feeding behaviours,
 283 sleep/wake patterns, and observing nappy contents. This will help mothers realise that
 284 certain newborn behaviours are normal and that breast milk can satisfy their infant
 285 (Fraser & Cullen, 2003). Additionally, healthcare professionals simply need to spend
 286 more time with mothers, observing their feeding techniques and give mothers the
 287 opportunity to ask questions. Mothers receiving physical support could overcome
 288 breastfeeding problems and reduce the number of women saying they do not have
 289 enough milk to satisfy their newborn (Fraser & Cullen, 2003).

290 Past research has shown that face-to-face help was the most effective form of support
 291 and leaving the mother to seek help herself was the least effective method (Renfrew et
 292 al, 2012).

293 In other countries around the world, breastfeeding rates for infants and toddlers vary. In
 294 India, exclusive breastfeeding up to six months of age was at 46% with breastfeeding at
 295 two years was 77% (UNICEF 2011). In the United Kingdom, it is mandatory that rest
 296 breaks and a private place to express milk is provided for the mother upon her return to
 297 work, however there is no mention of being able to breastfeed an infant if necessary
 298 during a break in the working day (Department for Business Enterprise & Regulatory

299 Reform, 2009). It has been suggested that attitudes towards breastfeeding may be
300 formed before childbearing age and thus using the theory of planned behaviour model,
301 one study suggested educating school-aged pupils about breastfeeding in order to
302 encourage positive attitudes towards it. This may help to make breastfeeding a more
303 culturally accepted way to feed an infant (Swanson & Power, 2005) and thus increase
304 breastfeeding rates generally.

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

318 This study suggests that tailored information needs to be presented at both ante and
319 post natal time points to address the difficulties which accompany breastfeeding. New
320 mothers need to be explicitly informed that breastfeeding is a learning process
321 undertaken by mother and infant together. Information also needs to be provided about

physical problems which can arise from breastfeeding such as pain, cracked nipples, baby blues and mastitis. Once the birth is over the mother should discuss ways to overcome or avoid these problems. 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.

Conclusions

The results suggest that initiating breastfeeding is done due to the external pressures of healthcare professionals and what is expected by society, whereas stopping breastfeeding is often not a choice and is forced upon mothers by the circumstances that they face post-partum. Those who are able to continue breastfeeding often do so due to internal pressures to continue, and to live up to their own ideals of being a good mother.

REFERENCES

- Blyth R, Creedy DK, Dennis CL, Moyle W, Pratt J, & De Vries SM. 2002. Effect of maternal confidence on breastfeeding duration: an application of breastfeeding self-efficacy theory. *Birth*, 29(1): 278-284.
- Britton JR, Britton HL, Gronwaldt V. 2006. Breastfeeding, Sensitivity, and Attachment. *Pediatrics*, 118(4): 1436-1446.
- Department for Business Enterprise & Regulatory Reform. 2009. *Pregnancy and Work: What you need to know as an employer*.
<http://www.nhs.uk/planners/breastfeeding/documents/pregnancy%20and%20work%20what%20you%20need%20to%20know.pdf>.
- Fraser DM, Cullen L. 2003. Post-natal management and breastfeeding. *Current Obstetrics & Gynaecology*, 13(3): 127-133.
- Guttman N, Zimmerman DR. 2000. Low-income mothers' views on breastfeeding. *Social Science & Medicine*, 50(10): 1457-1473.
- Hammonds M. 2012. Linking early healthy attachment with long-term mental health. *Kai Tiaki Nursing New Zealand*, 18(1): 12-14.
- Hives-Wood S. 2013. Trial will test whether shopping vouchers encourage breast feeding. *British Medical Journal*, 347: f6807.
- Horwood JL, Fergusson DM. 1998. Breastfeeding and Later Cognitive and Academic Outcomes. *Pediatrics*, 101(1): e9-e9.
- Husmillo M. 2013. Maternal role attainment theory. *International Journal of Childbirth Education*, 28(2): 46-48.

365 Mannel R, Martens PJ, Walker M. 2013. *Core Curriculum for Lactation Consultant*
366 *Practice*. Massachusetts: Jones and Bartlett Learning.

367 Marshall J L, Godfrey M, Renfrew MJ. 2007. Being a 'good mother': managing
368 breastfeeding and merging identities. *Social Science & Medicine*, 65(10): 2147-2159.

369 Maycock B, Binns C W, Dhaliwal S, Tohotoa J, Hauck Y, Burns S & Howat P. 2013.
370 Education and Support for Fathers Improves Breastfeeding Rates: A Randomized
371 Controlled Trial. *Journal of Human Lactation*, 29(4): 484-490.

372 Mercer RT. 2004. Becoming a Mother Versus Maternal Role Attainment. *Journal of*
373 *Nursing Scholarship*, 36(3): 226-232.

374 Miracle DJ, Meier PP, Bennett PA. 2004. Mothers' Decisions to Change From Formula
375 to Mothers' Milk for Very-Low-Birth-Weight Infants. *Journal of Obstetric Gynecologic &*
376 *Neonatal Nursing*, 33(6): 692-703.

377 National Health Service (NHS). 2012a. *Breastfeeding is a team effort*.
378 <http://www.cumbriapartnership.nhs.uk/breastfeeding.htm>.

379 National Health Service. 2012b. *Infant Feeding Survey*.
380 <http://www.hscic.gov.uk/catalogue/PUB08694>.

381 NICE. 2006. *Postnatal care: Routine postnatal care of women and their babies*.
382 <http://www.nice.org.uk/CG037>.

383 Rempel LA, Rempel JK. 2011. The Breastfeeding Team: The Role of Involved Fathers
384 in the Breastfeeding Family. *Journal of Human Lactation*, 27(2): 115-121.

385 Renfrew MJ, McCormick FM, Wade A, Quinn B, & Dowswell T. 2012. Support for
386 healthy breastfeeding mothers with healthy term babies (Review). *The Cochrane Library*,
387 16(5): Doi: 10.1002/14651858.CD001141.pub4.

388 Schilling Larsen J, Kronborg H. 2013. When breastfeeding is unsuccessful – mothers'
 389 experiences after giving up breastfeeding. *Scandinavian Journal of Caring Science*,
 390 27(4): 848-856.

391 Scharfe E. 2012. Maternal Attachment Representations and Initiation and Duration of
 392 Breastfeeding. *Journal of Human Lactation*, 28(2): 218-225.

393 Shakespeare J, Blake F, Garcia J. 2004. Breast-feeding difficulties experienced by
 394 women taking part in a qualitative interview study of postnatal depression. *Midwifery*,
 395 20(3): 251-260.

396 Smith J A, Osborn M. 2003. *Qualitative Psychology: A Practical Guide to Research*
 397 *Methods*. London: Sage Publications.

398 Swanson V, Power KG. 2005. Initiation and continuation of breastfeeding: theory of
 399 planned behaviour. *Journal of Advanced Nursing*, 50(3): 272-282.

400 Thulier D, Mercer J. 2009. Variables Associated With Breastfeeding Duration. *J*
 401 *Obstetric Gynecologic & Neonatal Nursing*, 38(3): 259-268.

402 UNICEF. 2011. *India: Statistics*. http://www.unicef.org/infobycountry/india_statistics.html.

403 World Health Organisation (WHO). 2011. *Exclusive breastfeeding for six months best*
 404 *for babies everywhere*.
 405 http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/.

406 World Health Organisation (WHO) & United Nations International Children's Emergency
 407 Fund (UNICEF). 1991. *Baby-friendly Hospital Initiative*.
 408 <http://www.who.int/nutrition/topics/bfhi/en/>.

411 **Table 1: Quotations Associated with the Theme of Attachment**

Basic Concept within Theme	Quotation
Breastfeeding affecting the attachment relationship between mother and child	<i>"...she could see how badly it was affecting me and how badly it was affecting my son, it just wasn't working." (participant 6; line 221)</i>
Removing breastfeeding stress allowed the attachment relationship to improve	<i>"...If you could just get rid of one think that just wasn't working that was great...could just focus yeah, on trying to keep him happy." (participant 6; line 284)</i>
Cessation of breastfeeding lead to a loss of the bond shared between mother and infant	<i>"... I think I lost some connection for a little while..." (participant 2;line 424)</i>
The positioning of the infant when breastfeeding increased feelings of attachment in the mother	<i>"I'm sure it's not just about umm, food, it's about that cuddle, that very special cuddle..." (participant 11; line 231)</i> <i>"...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>

413 **Table 2: Quotations Associated with the Theme of Information Provision**

Basic Concept within Theme	Quotation
Information from non-professionals	<i>"I breastfed because my mum breastfed, and I was successful at breastfeeding because I had that support..." (participant 8; line 1440)</i>
Insufficient information provided	<i>"He wasn't latching on properly...after two and a half weeks I had to stop 'cause it, it really hurt and he took a few layers of skin off..." (participant 4; line 122)</i>
Contradictory advice	<i>"...all the advice I was given from different people was all completely different and some of it was quite contradictory..." (participant 9; line 729)</i> <i>"...they said [hospital midwife] 'oh no, your nipples are slightly inverted, that's it you'll not be able to do it'... they shouldn't have said that..." (participant 8; line 1298)</i>
Healthcare professionals lacked time and did not provide a relaxed atmosphere	<i>"...if you asked too many questions of some of the um, midwives it was 'oh well, we're busy' and 'sort it out yourself'..." (participant 2; line 100)</i> <i>"I think in the hospital they're quite fast... maybe if they'd spent a bit more time with me and relaxed with me, then maybe it would've worked better..." (participant 6; line 301)</i>
Support received from healthcare professionals	<i>"...They were good in terms of the sort of emotional support of kind of, you know, keep going at it, keep trying...they were quite good, they just kept checking on me..." (participant 1; line 343)</i> <i>"I could sit and man-, help you by manhandling you and all the rest of it, but that's gonna be stressful for you and the baby, and that will be a last resort, I'd rather you went away... in a relaxing place and you will work it out..." (participant 8, describing the advice given to her by her midwife; line 520)</i>
Support from lay persons e.g. family and friends	<i>"...my mum was really good 'cause she was quite open and honest about it 'cause she'd breastfed both me and my sister, and she was like yeah, you know...this is, you know, do it, it's natural, it's what you should be doing." (participant 8, line 1111)</i>

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417 **Table 3: Quotations Associated with the Theme of Socio-Cultural Factors**

Basic Concept within Theme	Quotation
Western culture and breastfeeding	<i>"...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)</i>
Information about alternative feeding options	<i>"... 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 for and against for both..." (participant 6; line 405)</i>
Feelings towards artificial milk	<i>"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> <i>"...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)</i>
Breastfeeding duration	<i>"I was naughty with Jordon I breastfed Jordon until he was twenty six months. He had teeth." (participant 3, line 681)</i>
Pressure to breastfeed from external sources	<i>"No-one put me under pressure except my dad..." (participant 11; line 1134)</i> <i>"...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)</i>
Pressure to breastfeed from internal sources	<i>"...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)</i> <i>"...I turned into this absolute advocate for breastfeeding...you have breasts for a reason." (participant 3; line 823)</i>
Providing information to other women	<i>"...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)</i>

	<i>"I just look at society today and I think eventually, breastfeeding's really gonna take a hammering along the lines...it will die down... it's possible it could die out..." (participant 8; line 1426)</i>
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420 **Table 4: Quotations Associated with the Theme of Maternal Role**

Basic Concept within Theme	Quotation
To breastfeed is to be a good mother	<i>"I would've felt like I'd failed if I hadn't been able to breastfeed" (participant 9; line 1070)</i>
Emotions surrounding cessation of breastfeeding	<i>"I felt I'd let her down, yeah I did feel that I'd sort of, not been able to give her what I should've been able to give her..." (participant 7, line 377)</i> <i>"I still do [feel guilty]. I feel really bad. I wish I could. It's like if I just got over that..." (participant 4; line 353)</i>
Societal expectations of a mother	<i>"...I should want to be with my daughter all the time and I should happily give up my everything umm, in order to, to fulfil this little creature's needs..." (participant 5, line 490)</i> <i>"...I felt it was all tied up in my worth as a mother...this is about whether or not you're a good mum..." (participant 5; line 448)</i>
Initial separation from the infant	<i>"...They took her away as soon as she was born and then I didn't see her for about six hours and that was pretty disastrous for me, um, because as soon as she went out of the room, she didn't exist." (participant 5; line 860)</i>

421

422