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BREASTFEEDING EXPERIENCES OF TEENAGE MOTHERS IN VERMONT

A Thesis Presented

by

Margaret E. Tarmy

for

The Faculty of the Graduate College

of

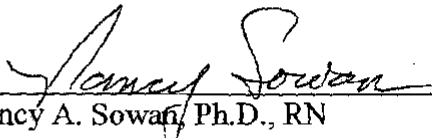
The University of Vermont

In Partial Fulfillment of the Requirements,
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Specializing in Nursing

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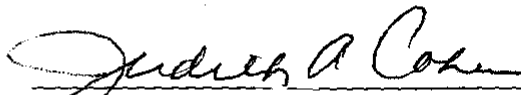
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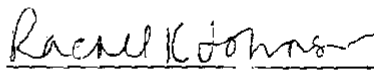


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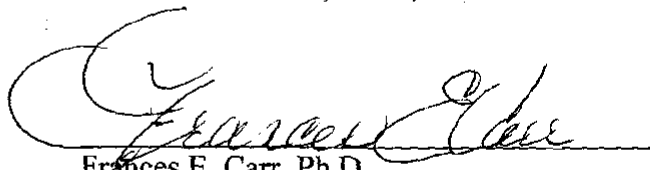


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ABSTRACT

Despite efforts to establish national objectives, legislation, policy statements, advertisement campaigns and other initiatives to promote and support breastfeeding, segments of the population who are lower-income, less educated, and younger than twenty five are least likely to initiate and sustain breastfeeding. The purpose of this study was to understand the meaning of the lived breastfeeding experiences. The qualitative method of phenomenology was chosen to guide in-depth interviews with five women who were 18 or 19 years old and enrolled in the Nutrition Education and Supplemental Nutritional Program for Women, Infants and Children (WIC) while breastfeeding.

Analysis revealed the essential structure of the breastfeeding experience to include three elements: deciding to breastfeed, the breastfeeding experience, and outcomes of the experience. Women formulated their perceptions of breastfeeding through past experiences, identified reasons to choose this feeding method and were supported to breastfeed. The experiences of learning how to breastfeed, coping with challenges and the support they received to continue breastfeeding impacted their experience. All of the women in this study used breast pumps for different reasons and had varying success. Women in this study had a range of comfort levels breastfeeding in front of other people.

Emotionally, women experienced stress, frustration, insecurity, self sacrifice, but also felt empowered to learned how to breastfeed. Being the soul source of their infant's nutritional needs made them feel special and contributed to the close bond they developed with their child. Paradoxical feelings regarding the joys and difficulties of breastfeeding are also experienced by adult women. However, adolescents may be more susceptible to the intensity of the breastfeeding relationship because of other developmental transitions they are undergoing, making adaptation into motherhood more difficult. Overall, women felt that hardships experienced were well worth the benefits.

Implications for nursing and public health practice include promoting awareness of breastfeeding through legislation to support women's right to breastfeed, celebrating breastfeeding publicly, and fostering breastfeeding friendly workplaces. Women should receive anticipatory guidance about what to expect with breastfeeding, how to manage physical and emotional challenges, be educated on ways to minimize embarrassment, and be informed of the availability and use of breast pumps. Young women who have had breastfeeding experiences and desire being role models for other young women should be incorporated into teen pregnancy programs to talk with pregnant adolescents about the breastfeeding experience.

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Thanks to husband, family, and friends who have believed in my ability to succeed in this accomplishment, helped me stay focused, and reminded me that this was a goal I set for myself, not one that was set for me. I want to extend a sincere thanks to my coworkers and community partners who have also supported my efforts to complete my graduate degree and assisted in the recruitment of participants for this study. Finally, I would like to genuinely thank the women who chose to participate in this study and describe their breastfeeding experience.

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CHAPTER I: THE PROBLEM

Introduction

The compelling benefits of breastfeeding for infants, mothers, families, and our society, continue to be well supported by increasing amounts of scientific evidence (American Academy of Pediatrics (AAP), 2005). Infants not exclusively breastfed for six months are more likely to develop a wide range of infectious diseases including ear infections, diarrhea, respiratory illnesses, and have more hospitalizations (USDHHS, Office on Women's Health, 2006). Because breastfed infants typically require less sick visits, prescriptions, and hospital admissions, lower-income families can benefit greatly from the cost savings associated with breastfeeding (USDHHS, 2000).

The evolving scientific discovery of breastfeeding's protective factors has been influential in the development of policy statements, national objectives, legislation, advertisement campaigns, and other health care initiatives with mutual goals to promote and support breastfeeding. Despite these comprehensive efforts, increases in the incidence and duration of breastfeeding at six months have been modest. Furthermore, an examination of these indicators reveals disparities in breastfeeding rates (Ryan, Wenjun, & Acosta, 2002). According to Ryan et al. further educational and promotional strategies are warranted to support mothers who are young, less educated, and participating in the federally funded Nutrition Education and Supplemental Nutritional Program for Women, Infants and Children (WIC) to breastfeed.

Overview of the Problem

The United States Department of Health and Human Services' (USDHHS) *Blueprint for Action on Breastfeeding* (2000) introduced a plan for breastfeeding which provides direction for the health care system, workplaces, families, and communities to achieve the nation's Healthy People (HP) 2010 breastfeeding objectives. These objectives are to increase the proportion of mothers who initiate breastfeeding to at least 75%, increase the proportion of mothers who continue to breastfeed for 6 months to 50%, and, for 25% of women to breastfeed for one year. It must be clarified that these HP objectives do not set goals for exclusive breastfeeding but for any breastfeeding in addition to other supplements.

Ross Laboratory's Mothers Survey has been collecting information on infant feeding and breastfeeding since 1954 (Ryan et al., 2002). This survey will be the main instrument to monitor progress toward meeting HP 2010 goals. Initiation and duration rates of breastfeeding at six months increased in 2001 to 64% of women breastfeeding in the hospital and 29% breastfeeding at six months (Ryan et al., 2002). A closer analysis of these rates reveals a vast inequality in breastfeeding among racial and socioeconomic groups. Furthermore, exclusive breastfeeding rates in the hospital and six months are still lower than they were in 1982. Never before have so many mothers supplemented breastfeeding with formula in the hospital and at six months postpartum. According to the AAP (2005), exclusive breastfeeding for the first six months of life provides improved protection against many diseases and increases the likelihood breastfeeding for the first year of life.

The Ross Laboratory Mothers Survey has found women most likely to breastfeed and exclusively breastfeed are white, older (25 years and older), college-educated, multiparas, not on WIC, and live in Mountain and Pacific regions of the United States. Demographic groups who are least likely to breastfeed are women on WIC, younger (less than 25 years), black, poor, less than high school educated, primiparous, employed full time, and do not live in the western region of the United States (Ryan et al., 2002).

Fifty-eight percent of WIC participants in 2001 were breastfeeding in the hospital and only 20.8% were still breastfeeding at six months. By comparison, 79% of non-WIC participants initiated breastfeeding and 43.2% were still breastfeeding at six months. Data also show that women on WIC are less likely to exclusively breastfeed. In 2001, 33.9% of women on WIC exclusively breastfed in the hospital and ten percent were still exclusively breastfeeding at 6 months. This finding contrasts with 56% of women not on WIC who exclusively breastfed in the hospital and 23.5% exclusively breastfed at 6 months (Ryan et al., 2002).

Increasing breastfeeding rates is a critical strategy for improving children's health, reducing childhood overweight (Harder, Bergmann, Kallischnigg, & Plagemann, 2005) and reducing health care costs (USDHHS, Office on Women's Health). Public health measures should continue to support and promote breastfeeding and should target groups with the lowest initiation rates: women less than 20 years of age, mothers who have not completed high school and participants on the WIC program (CDC, MMWR). A literature review by Wambach and Cole (2000) was conducted to articulate what is known and unknown about breastfeeding and adolescents. This review found a considerable amount of data on infant feeding attitudes and decision making. The review

concluded that further research is needed on actual infant feeding experiences of teens. A study by Moore and Coty (2006) stated that more research is needed that examines breastfeeding among teenage mothers who may face even greater challenges breastfeeding.

Purpose of the Study

The purpose of this study was to explore the phenomenon of breastfeeding as it is experienced by young, lower-income mothers. This study provides valuable information to health professionals working with this population because it will elucidate the meaning of lived breastfeeding experiences women have in our community. Understanding the perspectives on breastfeeding from those who have actually lived such experiences (emic view) will advance the depth of knowledge around the breastfeeding experiences of lower-income young women, and will hopefully influence health promotion initiatives and improve current prevention programs; improving breastfeeding rates and experiences of this population.

Specific Aim

The aim of the study was to articulate the lived breastfeeding experiences of lower-income Vermonters who were teenagers when they became parents. A secondary aim was to gain insight into what factors influenced their breastfeeding experience.

Theoretical Framework

Meleis' mid-range theory of transitions (Meleis & Trangenstein, 1994) was utilized for the theoretical framework for this study. Transition is a concept central to the

nursing profession because nursing is concerned with the process and experiences of human beings undergoing transitions where health and perceived well-being is the outcome (Meleis & Trangenstein, 1994). Nurses often are the primary care givers of clients who are undergoing transitions and can prepare clients for transitions by facilitating the process of learning new knowledge and skills related to the transition. Understanding the transition process can uncover the risks and vulnerability of people undergoing transitions which is necessary for nurses to assess in order to foster positive responses to transitions to ensure outcomes of health and perceived well-being. Vulnerability can be conceptualized through an understanding of client's quality of daily life experiences and response during times of transition (Meleis et al., 2000). Figure number one provides a visual model of this nursing theory.

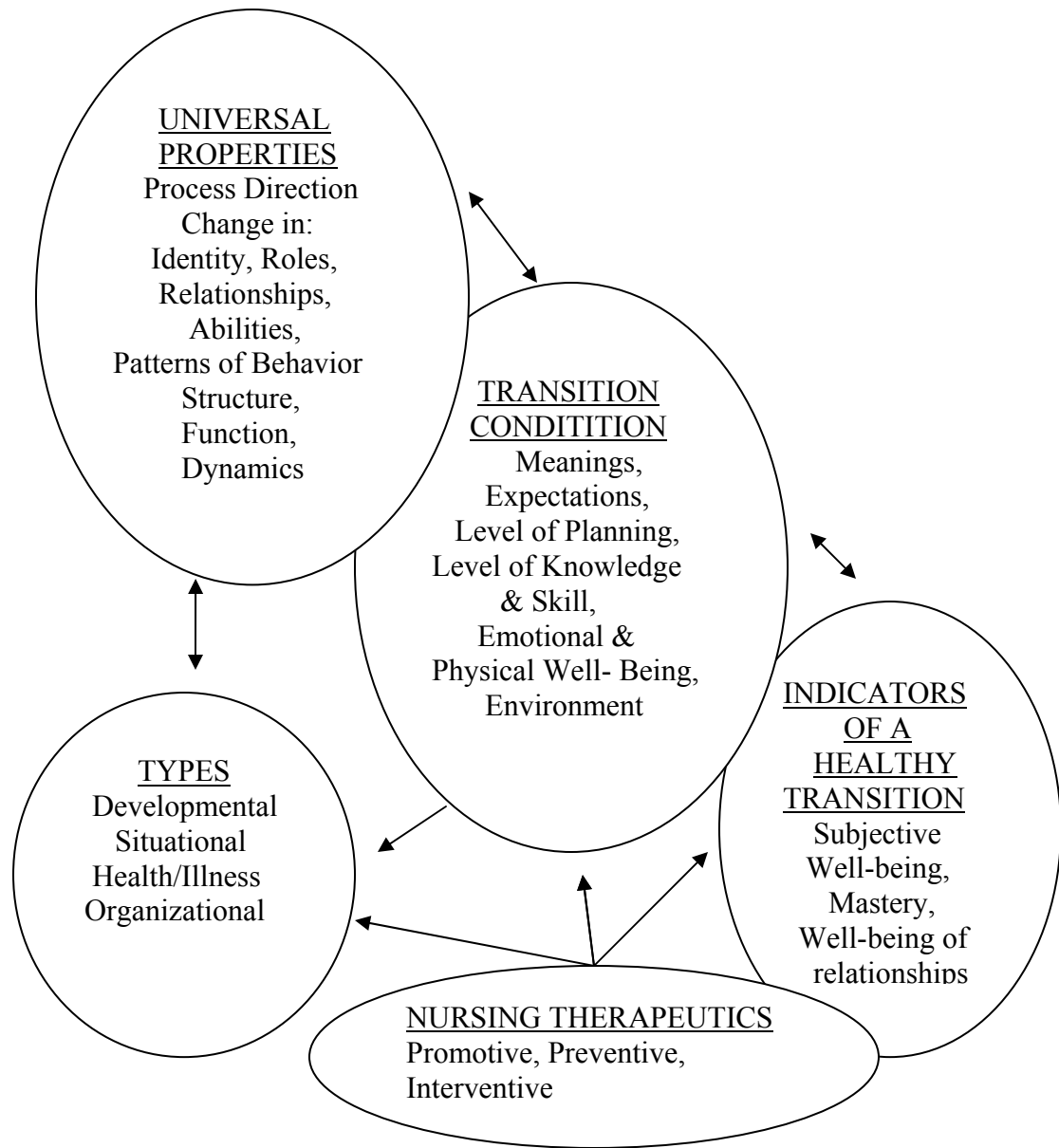


Figure 1. A Model of the Theory of Transitions by Meleis (Schumacher & Meleis, 1994)

There are different types of transitions and they are not discrete or mutually exclusive. Therefore, an individual could be going through many transitions at one time. Transitions can be developmental, (adolescence, pregnancy, parenthood) situational, (change of professional roles, widowhood, immigration, homelessness) health and illness related, (post-operative recovery, spinal cord injury, myocardial infarction) and,

organizational (new leadership, adoption of new policies and procedures, structural reorganization). Despite the various types of transitions, there are universal properties of transition experiences, transition conditions, patterns of responses to transitions, and nursing therapeutics that are designed to prevent negative consequences and enhance health outcomes (Schumacher & Meleis, 1994).

One universal property of transitions is that they occur over time involving flow or movement from one state to another whereas change tends to be abrupt (Schumacher & Meleis, 1994). Another universal property is the nature or the change that occurs during transitions. Examples of the nature of these changes are identities, role relationships, or health status, which require the person to incorporate new knowledge, alter behavior, and therefore change the definition of self in social context (Meleis, 2007).

Transition conditions include meanings, expectations, level of knowledge and skill, environmental, level of planning, and emotional and physical well-being all of which are important factors for influencing transitions. Meaning refers to the subjective judgment of the anticipated change. Awareness of the meaning of a particular transition is critical for the client's understanding of their own experience of it and its health consequences. Included in the definition of meaning, is the importance of being aware of understanding a transition from the perspective of those experiencing it (Schumacher & Meleis, 1994).

Expectations influence the transition experiences as well. When people are more prepared, their level of stress may be somewhat alleviated. Nurses have a role in providing anticipatory guidance on what is expected. The level of skill and knowledge is yet another aspect that influences the outcomes of transitions where nurses can have an

impact. The environment can be an external facilitative resource taking the shape of various forms such as social support, role models, and support groups to help the transition process. Nurses' awareness of the sociocultural context of a transition can foster the development and strengthen the existence of therapeutics at the group, community and societal level. Nurses can also assess the existing familial support systems and facilitate acceptance of other environmental resources of support when needed (Schumacher & Meleis, 1994).

Level of planning requires identification of the problems, issues, and needs which may arise as a result of the transition. Nurses can help the clients plan for the unanticipated components of a transition creating a smoother and healthier transition. Emotional and physical well-being can impact this process as well. Nurses again are instrumental in preparing clients for the emotional and physical changes inherent in transitions. Indicators of a healthy transition include a subjective sense of well-being, a mastery of new behaviors and a well-being of personal relationships (Schumacher & Meleis, 1994).

The young women participating in this study were going through multiple transitions (developmental and situational, and possibly others). The method guiding this research was phenomenology: understanding the lived experiences of breastfeeding as they are perceived by young women. One of the major components of becoming a mother is deciding how to, preparing for, experiencing, and feeling a subjective sense of well-being and mastery of the life sustaining act of feeding your infant. Nurses have a significant role in facilitating the transition into parenthood to achieve healthy outcomes. The theoretical framework of transitions is congruent with the focus of this study. This

particular transition presents the opportunity for nurses to impact considerable health outcomes for these women and their infants, in addition to society's economic and environmental rewards breastfeeding offers.

Significance

According to the United States Breastfeeding Committee (USBC), \$578 million per year of federal funds is spent by United States Department of Agriculture's WIC program to purchase formula for babies who are not breastfeeding and twice the amount to support a formula feeding mother in comparison with a breastfeeding mother (USBC, 2002). Federal WIC funds could save \$750, 000 per year for every ten percent increase in breastfeeding rates (USBC, 2002).

It is estimated that \$3.6 to seven billion dollars are spent every year on conditions and disease that are preventable by breastfeeding (USBC, 2002). Moreover, findings from a meta-analysis strongly support an association between longer duration of breastfeeding and decreased risk of overweight in children (Harder et al., 2005). Obesity and its associated co-morbidities are another financial burden to the health care system preventable by breastfeeding. In addition, the positive contributions that breastfeeding provides infants and families can offset some of the social and economic disadvantages affecting many teenage mothers (Wambach & Cole, 2000).

Little research exists that explores the experiences of adolescent breastfeeding experiences. Young, lower-income women are likely to face greater challenges than higher income and more educated women. How can health care professionals increase the initiation and duration rates of these young women if we do not understand from their

perspective what it is like to breastfeed? This study holds special significance for public health nurses and nutritionists, and other health care professionals who work with lower-income young women who have an influential role in preparing women to achieve the most optimal health outcomes throughout the transition into motherhood. Providing nurses with the emic perspectives found in this study will hopefully foster nursing care that communicates the targeted information and support young women need to prepare for and eventually have mastery of the breastfeeding experience.

Summary

In summary, the benefits of breastfeeding have been extensively researched and promoted, however the rates of breastfeeding are still below the Healthy People 2010 objectives and are lower in certain segments of the population. Feeding human milk to infants offers advantages in general health, growth and development, while significantly decreasing risk of acute disease (AAP, 1997). Women who participate in WIC and are young and less educated have poorer rates of breastfeeding. Increasing these rates is a necessary step to improving health, reducing childhood illness, lowering obesity risk, and, reducing health care costs. Research on the experiences of breastfeeding in the adolescent population is limited. Such research could benefit the health care community in seeking a better understanding of the breastfeeding experiences of young women and the unique challenges they may face.

CHAPTER II: LITERATURE REVIEW

Introduction

The literature on breastfeeding is vast and includes topics such as promotion and support of breastfeeding, influences on feeding decisions and practices, and problems breastfeeding. The existing literature narrows considerably when the focus is specific to adolescents and breastfeeding.

The literature on breastfeeding experiences includes populations from various countries, socioeconomic groups, races, and ages. When reviewing the literature more broadly on breastfeeding and adolescents, it was apparent that most of the literature related to adolescents and breastfeeding centers on the influential factors on infant feeding decision making such as adolescent development, knowledge, attitudes, and social support.

Fourteen studies on breastfeeding experiences that included adolescents in their sample or studied this population exclusively, sought to comprehend these breastfeeding experiences at differing levels of understanding (Baisch, Fox & Goldberg, 1989; Benson, 1996; Dykes, Moran, Burt, & Edwards, 2003; Greenwood & Littlejohn, 2002; Hannon, Willis, Bishop-Townsend, Martinez, & Scrimshaw, 2000; Lipsam, Dewey, & Lönnerdal, 1985; Mirsa & James, 2000; Neifert, Gray, Gary, & Camp, 1988; Nelson & Sethi, 2005; Preston, 2004; Ratananugool, 2001; Spear, 2006; Swanson, 1988; Wambach & Cole, 2000). The vast majority of these studies explained breastfeeding experiences by articulating duration rates, common reasons for weaning and influences upon breastfeeding. These descriptive experiences specific to adolescent women will be

reviewed; however, they neglect to investigate the true meaning or phenomenon of breastfeeding as it is experienced by this population. Of these fourteen, four studies (Benson, 1996; Dykes et al., 2003; Preston, 2004; Nelson & Sethi, 2005) sought to explore and understand the breastfeeding experiences and also aimed to understand the experiences of parenting, choosing an infant feeding method, and explore adolescents' support needs. Only one of these four studies had the sole purpose of exploring the breastfeeding experiences of adolescent women (Nelson & Sethi, 2005).

Because literature specific to adolescent breastfeeding experiences or the meaning of these experiences is sparse, this review of the literature has been broadened to include breastfeeding experiences of older women from various socioeconomic classes. Reviewing research with these populations will allow for a more comprehensive discussion on what is known about the experiences women have breastfeeding. Furthermore, the findings of this study with lower-income adolescents from rural areas in Vermont will be compared to the existing literature which describes the experiences women have breastfeeding.

Nelson (2006) conducted a metasynthesis of 15 qualitative breastfeeding studies, eight conducted in the US, four in Australia, two in Canada, and one in the United Kingdom. This metasynthesis represents data from a total of 247 women who had a wide variety of breastfeeding experiences: women who were successful at breastfeeding, experienced difficulties, mothers who breastfed short term, long term, and, one study sampling women breastfeeding a second time. Other literature found on lower-income women's breastfeeding experiences, (Bailey, Pain, & Aarvold, 2004; Robinson, Hunt, Pope, & Garner, 1993) and studies with mixed incomes (Graffy & Taylor, 2005; Hong,

Callister, & Schwartz, 2003; Moore & Coty, 2006) will be included for the purpose of more broadly understanding what is known about women's breastfeeding experiences. The existing literature discussion will be organized by the factors influencing infant feeding decision making such as development, social influences, knowledge and attitude. The literature on breastfeeding experiences will be reviewed by categorical nature of the experience: the embodied reality of learning to breastfeed, adjusting to breastfeeding, support, and ending breastfeeding.

Adolescent Development and Breastfeeding Decision-Making

The act of breastfeeding can only occur when the decision to breastfeed is made. Therefore, it is appropriate to review literature pertaining to influences upon this decision. Some factors that influence decisions regarding feeding methods are similar for both adult and adolescent women (Yoos, 1985). However, the developmental challenges of adolescence such as searching for identity (e.g., a sense of self, understanding her role in the world along with becoming accustomed to body changes and understanding their sexual identity) could factor into how adolescents choose an infant feeding method.

The concept of egocentrism, a developmental stage of adolescence, originates from Piaget's theory of cognitive development and is known as the inability to differentiate between one's own point of view and that of others (Yoos, 1985) and could impact decisions regarding infant feeding methods. In a review of literature on the development of competent adolescent decision making, Mann, Harmoni and Power (1989) summarized barriers that include poor self-esteem, peer groups, and a breakdown in family structure and functioning.

A study by Jacobson, Jacobson and Frye (1991) sought to understand ego maturity and its relation to breastfeeding among black and white lower-income women in Michigan. This study concluded the principal determinants of breastfeeding were ego and cognitive ability. According to Jacobson et al. (1991) ego mature women may decide to breastfeed due to greater empathy, nurturance, and responsibility. This interpretation is consistent with evidence that mother centered considerations regarding mode of feeding are more prevalent than infant centered ones among women who choose to bottle feed over breastfeed.

Research has shown that older adolescents are more inclined to breastfeed than younger ones (Yoos, 1985; Neifert et al., 1988; Robinson et al., 1993). Other studies have found that breastfeeding intentions or actual breastfeeding was associated with older maternal age (Buxton et al., 1991; Grossman, Fitzsimmons, Larsen-Alexander, Sachs, & Harter, 1990; Humphreys, Thompson, & Miner, 1998; Ineichen, Pierce, & Lawrenson, 1997; Lizarraga, Maehr, Wingard, & Felice, 1992). The findings of a study by Yoos (1985) determined that reasons for breastfeeding among adolescents were infant-centered such as “it’s healthier for baby” and reasons for bottle feeding were self-centered such as “I’m not as tied down.” Developing beyond the self-centered egocentric focus seems be an important factor in considering breastfeeding (Wambach & Cole, 2000).

Social Influence

A recent study by Wiemann, DuBois and Berenson (2006) identified prevalent racial and ethnic factors and differences which influenced 696 adolescents’ (≤ 18 years) decisions to breastfeed. Across all ethnic groups (African American, Mexican American

and Caucasian) health care providers were most frequently reported as a source of encouragement to breastfeed, followed by the patient's mother, partner and peers. Across all groups, the decision to breastfeed was associated with the perceived benefits, encouragement by significant other or father of baby, and exposure to educational materials. Additionally, Caucasian women's choice to breastfeed was associated with following advice of health care provider, having two or more role models, not being on WIC, and having followed the advice of significant others.

Joffe and Radius (1987) conducted a study in Baltimore with 254 inner-city, primarily African American (93%), adolescent women who were a part of the Johns Hopkins Hospital Adolescent Pregnancy Program. This study intended to identify factors relating to the choice of infant feeding method. Joffe and Radius (1987) found the greater adolescents' perception of paternal and peer support, the greater their intent to breastfeed.

The choice of adolescent feeding method by adolescent mothers on WIC in rural northern Louisiana was found to be influenced most by their mother or the baby's father (Robinson et al., 1993). A review of the literature by Bar-Yam and Darby (1997) sought to further explore how fathers influence breastfeeding. Four studies (two of four involved lower-income women) conducted during women's pregnancies found a strong association between fathers' positive attitudes toward breastfeeding and mothers' intentions to breastfeed. Studies conducted postpartum found that the partners' favorable attitude toward breastfeeding was the most important factor in mothers' decisions to breastfeed, even more so than health care professionals.

A study of 220 postpartum women in Ohio (71% white, 80% greater than high school educated, about 50% with annual incomes lower than \$15,000), found women who breastfed were more likely to receive help in making infant feeding decisions from all sources: mothers, father of baby, friends, health care professional, school, media (Grossman et al., 1990). This study also found lower-income women were less likely to receive support from all these sources. Lower-income breastfeeding women's support system was not significantly different than upper income mothers in sources of support for pregnancy or help in the infant feeding decision except that lower-income women were less likely to receive support from the baby's father to breastfeed.

Knowledge, Attitudes, Role Modeling

A number of studies have been conducted in the United States, Canada, Great Britain, and Australia on the attitudes, and intentions of breastfeeding. According to literature review on adolescent infant feeding decision making and breastfeeding experiences by Wambach and Cole (2000), findings of these studies support the hypothesis that breastfeeding is a socially learned behavior. Conclusions of this review of the literature, and other studies found by the author with pregnant or parenting adolescents (Baisch, Fox, Whitten, & Pajeswki, 1989), found that teens who were breastfed themselves had more positive attitudes about breastfeeding, adolescents who were exposed to breastfeeding as role models had more positive attitudes (Hannon et al., 2000), and adolescents who were breastfed themselves and were exposed to role models intended to breastfeed in the future.

It would seem logical to presume that as adolescents become older, they would have more opportunities to learn about breastfeeding, be exposed to it, and develop positive attitudes and intentions of breastfeeding. Wambach and Cole (2000) reviewed a study that supports this idea by finding breastfeeding knowledge positively related to attitude. Robinson et al. (1993) found parenting adolescent's attitudes toward breastfeeding improved with older age. However, a study by Basich et al. (1989) in Wisconsin found no correlation with attitude and age of adolescents, but did find that teens who were breastfed as babies and heard about breastfeeding from family, had more positive attitudes. Teenagers in the United States who lack opportunities to learn about or be exposed to breastfeeding may develop breastfeeding attitudes that are heavily influenced by their surrounding social groups. Such experiences may alter their ability to perceive breastfeeding positively or as the socialized norm for infant feeding.

Most common negative attitudes among adolescents in the literature included the perception that breastfeeding was private behavior that should not be done in public and could cause embarrassment (Neifert et al., 1988; Radius & Joffe, 1988; Wambach & Cole, 2000; Wolinski, 1989). Common positive attitudes among non-pregnant and pregnant adolescents included the perception that breastfeeding was healthy and a natural way to feed (Joffe & Radius, 1987; Wambach & Cole, 2000). Other women mentioned the importance of convenience and affordability, liking the idea of breastfeeding over making bottles all the time, or choosing breastfeeding for personal reasons such as losing weight (Nelson & Sethi, 2005). Overall, findings of several studies on adolescents found teens more likely to breastfeed were individuals who ascribed to the benefits of breastfeeding and perceived fewer barriers (Hannon et al., 2000; Joffe &

Radius, 1987; Mitra, Khoury, Hinton, & Carothers, 2004; Radius & Joffe 1988; Wambach & Cole, 2000).

The Breastfeeding Experience

A metasynthesis on 15 qualitative breastfeeding studies found one overarching theme descriptive of the breastfeeding experience: an “engrossing, personal journey” (Nelson, 2006). Experiences were interpreted as engrossing because of the findings of self-sacrifice, time, and life adaptation that breastfeeding requires. The interpretation of an engrossing experience is supported by other findings related to the concerted, sustained maternal effort and persistence when learning how breastfeed and when overcoming obstacles. The intense emotional nature of the mother-child breastfeeding relationship and the personal experience of figuring out how to make breastfeeding workable from their individual perspectives were additional findings supportive of the concept of breastfeeding being an engrossing experience.

In addition to this overarching finding, four themes and their sub themes were identified.

- The embodied reality
 - a) maternal/infant capacity
 - b) physical connectedness
- Becoming a breastfeeding mother
 - a) deciding to continue
 - b) adapting
- A need for support

- a) it takes a village
- b) public exposure
- The journey must end
 - a) cause and effect
 - b) coming to terms with experience

These themes will provide organization for discussing breastfeeding experiences described in this metasynthesis and the breastfeeding experiences of teenagers in a study by Nelson and Sethi (2005).

A grounded theory study by Nelson and Sethi (2005) explored breastfeeding experiences of eight teenage mothers in Calgary, Canada. Interestingly, some of this study's findings were similar to the metasynthesis by Nelson (2006) just discussed. The narratives revealed the finding of the study's core variable: continuously committing to breastfeeding (Nelson & Sethi, 2005). There were four categories and two underlying categories that supported this main theme. The four categories were: deciding to breastfeed, learning to breastfeed, adjusting to breastfeeding, and ending breastfeeding. The two subcategories were: vacillation between the good things and hard things about breastfeeding, and, social support and other influences. The themes and findings of Nelson's metasynthesis (2006) will guide the remainder of the discussion on breastfeeding experiences.

The Embodied Reality of Learning to Breastfeed

All mothers in the study by Nelson and Sethi (2005) vividly remembered learning how to breastfeed. The teenagers in Benson's (1996) study also remembered this

experience well. Some teenage mothers had a relatively easy time while others had difficulties (Benson 1996; Nelson, 2005; Preston, 2004). A study by Raisler (2000) was conducted to explore breastfeeding experiences within and beyond the health care system among black and white nursing mothers from suburban and rural areas that were on WIC and supported by breastfeeding peer counselors. Some of these women were satisfied with the help they received in the hospital to learn how to breastfeed although caring help was not always received. Sometimes they received no help when learning to breastfeed or the help was described as rude or rough, (Raisler, 2000) physically intrusive, (Mozingo, Davis, Droppleman, & Merideth, 2000) or the nurse became frustrated (Nelson & Sethi, 2005). A teen in Raisler's study (2000) talked about how her wishes for no formula supplementation were not respected in the hospital. The help and emotional support the teenage mother received from female relatives, partners, and health care professionals influenced their experiences as they were learning to breastfeed (Nelson & Sethi, 2005). This important finding was supported by other studies (Benson, 1996; Dykes et al., 2003; Nelson, 2006) and will later be discussed in more detail.

Common difficulties experienced by adolescent women early in the breastfeeding experience included nipple and breast pain (Benson, 1996; Dykes et al., 2003; Greenwood & Littlejohn, 2002; Hannon et al., 2000; Neifert et al., 1988; Spear, 2006; Swanson, 1988) perceived insufficient milk supply often exemplified by a baby needing frequent feedings (Benson, 1996; Dykes et al., 2003; Greenwood & Littlejohn 2002; Spear, 2006; Swanson, 1988), and nipple confusion (Greenwood & Littlejohn 2002; Neifert et al., 1988).

Factors interfering with breastfeeding included early formula supplementation (Mirsa & James, 2000; Swanson 1988), early introduction of solids (Benson, 1996) and the availability of free formula from WIC (Raisler, 2000). Adolescents expressed that tiredness and lack of sleep was problematic for them and found bottle feeding could give them a break at night (Benson, 1996; Dykes et al., 2003) or that breastfeeding was just “too much for them” (Cricco-Lizza, 2004; Hannon et al., 2000).

Other experiences included hearing conflicting advice (Spear, 2006) or inaccurate advice (Benson, 1996; Raisler, 2000). Some teens experienced mastitis (Benson, 1996; Greenwood & Littlejohn, 2002) breast or breast milk refusal, (Swanson, 1988) or just didn't like breastfeeding (Benson 1996; Greenwood & Littlejohn, 2002).

During the early days postpartum, after getting over initial hurdles or sore breasts, engorgement or of uncertainly about milk production, acknowledgement that babies could breastfeed and women could make milk were self confidence boosting experiences for lower-income women of all ages (Raisler, 2000). A similar finding was described in a study by Locklin (1995) with a group of lower-income, inner-city, Latin American and African American women supported by peer counselors. These women described the initial period of learning to breastfeed after discharge from the hospital as a period of uncertainty and ambivalence that gave way to certainty and discovery about their own body's capabilities and their newborns competency to breastfeed. These experiences and the realization that breastfeeding was easy fostered motivation to continue breastfeeding (Locklin, 1995). The metasynthesis by Nelson (2006) called this theme, “maternal-infant capacity.”

Not all women were encouraged by their body's ability to produce milk or the experience of breastfeeding. A study by Mozingo et al. (2000) investigated lived experiences of nine educated (high school or higher educated, all but one woman married) women in Tennessee who initiated breastfeeding and stopped within two weeks postpartum. One finding of this study was the clash between women's idealized expectations of breastfeeding and the reality of the early breastfeeding experience. This reality clash was also described by teenagers (Nelson & Sethi, 2005) and by other women who were not able to imagine or prepare for the embodied nature of breastfeeding (Schmied & Barclay, 1999). One Canadian teen mother commented on her discovery of the reality of breastfeeding (Nelson & Sethi, 2005). She thought she could rest and nurse and then the baby would nap for several hours. She said she was not prepared for the experience of nursing, burping, changing, and putting him down for him to wake again soon.

In a study by Schmied and Barclay (1999) with 25 Australian first time mothers ages 23 through 35, forty percent had mixed feelings about breastfeeding and 25% found it to be a distressing and a disappointing experience. At different times during the experience, these women found it to be demanding and disruptive of bodily routines, distorting of the known body and breasts, and, the need for being nearby the infant was overwhelming and they wanted separation.

Women in a study by Mozingo et al. (2000) explained how they thought learning to breastfeed would come automatically, that they anticipated not having any trouble learning. One mother described having "a horrible experience." In addition to unanticipated challenges of learning to breastfeed, one woman described breastfeeding as

messy and that her body was out of control (Mozingo et al., 2000). Another mother described disliking leaking and how she became sticky when breastmilk wasn't contained by breast pads (Schmied & Barclay, 1999). Some women disliked the sensation of the milk let down or became disgusted when milk flowed from their breast in a way that was out of the woman's control (Schmied & Barclay, 1999) In addition to these experiences, the literature suggests that women commonly have concerns about their breastmilk's quality and quantity also impacting the breastfeeding experience (Nelson, 2006).

Nelson (2006) found across studies there was maternal concern about the capacity to produce the quantity and quality of milk needed. One study by Dykes and Williams (1999), part of the metasynthesis, sought to elicit British women's perceptions of their milk in terms of quantity and quality and how these perceptions changed over time and what undermined or enhanced their confidence. The main theme of this study was expressed as "the quest to quantify and visualize." Some of these women compared their breastmilk to formula and thought it appeared watery, bluish, or inadequate in volume by comparison. Nelson (2006) found other studies that included mothers who were concerned about their baby getting enough. Nelson identified a sub theme of maternal confidence in one study that was related to maternal insecurities about the quantity and quality of their milk. Doctors who offered weighing the baby helped reassure adequate nutrition (Raisler, 2000). Other mothers were concerned about their how their diet impacted the quality of their milk (Bottorff, 1990; Dykes & Williams, 1999).

The literature informs us that women experience a wide range of reactions to the physical and emotional connectedness synonymous with breastfeeding. Nelson's (2006) metasynthesis found women who experienced a range of responses to this close

connectedness breastfeeding offers. Many of these women described a sense of harmony and synchronicity in their relationship with their baby. The dependent relationship provided some women with confidence in their body and a sense of superiority when their baby would refuse formula. Some women described the experience as a sensual and intimate relationship that was very powerful and pleasurable. A 17 year old woman said “Breastfeeding empowered me as a young mother” (Spear, 2006, p.6). Teenagers reported “the closeness” as the most enjoyable part of breastfeeding (Neifert et al., 1988) or an advantage of breastfeeding (Robinson et al., 1993). The bonding, convenience and health benefits were other perceived benefits of breastfeeding by lower-income women (Cricco-Lizza, 2004).

Lower-income women in Raisler’s study (2000) considered the physical bond of breastfeeding an asset and liability because they enjoyed the closeness but felt restricted by nursing. Mothers in the study by Leff, Gagne, and Jefferis (1994) described the feeling of an emotional burden being the only source of nutrition for their baby. Other women described themselves as “tied down” (Bottorff, 1990). Women described the infant’s feeding demands as disrupting to the autonomous, independent woman (Schmied & Barclay, 1999). Some women described a loss in their sense of self. “I am not my own person, I’m his person” (Schmied & Barclay, 1999, p.330) and other women used the metaphor and viewed themselves as a “feeding machine” or “walking cow” (Schmied & Barclay, 1999, p.330). Ambivalence was noted when lower-income women valued the bond of nursing and the importance of personal modesty and the difficulty resuming activities at home, work and school (Raisler, 2000).

Becoming a Breastfeeding Mother

The teenagers in a study by Nelson and Sethi (2005) expressed having to adjust to the changes brought about by becoming a teenage mother, accepting their new responsibilities in addition to adjusting to breastfeeding. As mothers continued to breastfeed, they stated that it became easier as they got used to it (Locklin, 1995; Nelson & Sethi, 2005). A teen mother said, “At three months, I guess, like it was really easy. You don’t have to think about it at all, you know” (Nelson & Sethi, 2005, p. 619). Teens did remark about how they adjusted to the feeding frequencies as babies grew older and solids were introduced.

A phenomenological study by Leff et al. (1994) sought to explore and identify important components and maternal descriptions of successful breastfeeding experiences. This study included 26 white women (mostly college educated, all but 3 women were married) ages 21-39. The findings of this study found 5 major aspects of successful breastfeeding: infant health, infant satisfaction, maternal enjoyment, attainment of the desired maternal role, and lifestyle compatibility. The core concept in this study, “working in harmony” reveals that breastfeeding involves balancing positive and negative aspects of maternal and infant factors and changing needs within these five aforementioned categories. Women spoke of a “rhythm” or a give and take that involved cooperative efforts by mother and infant to meet both of their physical and emotional needs.

For many women interviewed by Leff et al. (1994) breastfeeding was an important part of the maternal nurturing role, maternal-infant attachment, and maternal body-image. The infant’s response to breastfeeding such as good growth (Bottorff, 1990;

Raisler, 2000), expressing satisfaction during and after the feed (Bottorff, 1990; Leff et al., 1994; Locklin, 1995), and the personal reward or enjoyment mothers receive in exchange is part of the giving cycle, as described by Bottorff (1990), that re-energizes and strengthens the mothers commitment to breastfeed.

Incorporating breastfeeding into one's lifestyle and adapting to breastfeeding is another part of becoming a breastfeeding mother called a "synchronization/reorientation" process (Nelson, 2006). The synchronization occurs when becoming aware of, tuning in to, attaching and surrendering to the breastfeeding needs of the child. Reorientation occurs in conjunction with changing priorities and family relationships. This entails rearranging one's lifestyle and focusing on the child and their needs.

Women articulated what a successful breastfeeding experience was for them and discussed how breastfeeding needed to fit in with the mother's desired lifestyle. For one woman, having the baby feed on a regular schedule was the most important aspect of successful breastfeeding. Whereas for others, having a feeding schedule that meshed with other family or personal activities was important (Leff et al., 1994). Women who considered their breastfeeding experiences successful found ways to breastfeed comfortably which meant moving to private place or feeling comfortable breastfeeding in public or in a room with family members.

Spear (2006) found that most adolescent women in her study reported being comfortable breastfeeding and openly nursed in front of friends and family. This finding contrasts with adolescents who were concerned about breastfeeding in public in other studies (Benson, 1996; Hannon et al., 2000; Niefert et al., 1988). Some women thought

breastfeeding was easier than they had thought and difficulties encountered were addressed at WIC (Crizzo-Lizza, 2004).

Other challenges teens encountered when adjusting to breastfeeding was the concern of how to combine breastfeeding with the return to school or work (Hannon et al., 2000). Adolescents experienced trouble expressing milk with pumps or not having the time or accommodations to pump after returning to work or school (Neifert et al., 1988; Spear, 2006). Lower-income women in Raisler's study (2000) felt work and breastfeeding were incompatible. Some weaned prior to returning to work. Most felt work made breastfeeding more difficult (Raisler, 2000). Some babies became nipple confused after the bottle of pumped milk was introduced due to return to school (Hannon et al., 2000).

Lower income women (Raisler, 2000) and teens (Benson, 1996; Dykes et al., 2003; Hannon et al., 2000; Neifert et al., 1988; Robinson et al., 1993; Swanson, 1988) felt reluctant or embarrassed to breastfeed outside the home or in public or felt that breastfeeding in public was unacceptable (Benson, 1996). Lower-income women were reluctant to be seen pumping, leaking or to store milk in common refrigerators (Raisler, 2000).

Support

Another important subcategory finding of the study by Nelson and Sethi (2005) was the teenage mother's need for social support. Social support as defined by this study included the teen's perceptions of information, help, and emotional support related to breastfeeding they received from informal and formal networks. One teen explained the

importance of support as, “I would say that it [breastfeeding] was probably hard if you didn’t have the support there or have the information. I had all the support systems, everybody encouraging me” (Nelson & Sethi, 2005, p. 621). Teenagers valued encouragement from health care professionals to continue to commit to breastfeeding on a long-term basis. Some teens expressed they wanted to be better informed about the difficulties of breastfeeding while they were pregnant in addition to the good things. Social support was interrelated to personal breastfeeding attitudes, attitudes of others, past experiences, and cultural context. Some women received pressure to wean from male partners and family (Nelson & Sethi, 2005).

A qualitative study by Hannon et al. (2000) explored experiences teens had breastfeeding. A Latina teen who didn’t successfully establish breastfeeding in the hospital discussed the missed opportunity for her support person to reinforce what was learned in the hospital. While in the hospital she was having difficulty latching the baby on with engorged breasts and a nurse helped her overcome this challenge. When she was home, her mother was helping her and she saw a nurse at four days postpartum who didn’t ask her about breastfeeding. Benson (1996) noted that adolescents’ first experiences breastfeeding and the level of support they received heavily influences the decision whether or not to continue.

An exploratory study by Dykes et al. (2003) to determine support needs of adolescent breastfeeding mothers identified five themes: emotional, esteem, instrumental, informational, and network support. The findings of this study are supported by Nelson and Sethi’s study (2005). Interestingly, Dykes et al. (2003) concluded that encouragement and praise from significant others and professionals, also noted as

important in Nelson and Sethi (2005), was a key element in self-efficacy, building esteem support, and crucial to the acceptability of the other forms of support. The differing support needs of adolescent mothers are explained in the Dykes et al. (2003) study and will now be further discussed.

Adolescents expressed the need to be cared for by health care professionals, their mothers or partners in and outside of the hospital. This type of emotional support reinforced to teens that health care providers or their mothers or partners were available to them, they could ask them questions and they were knowledgeable of the experience of breastfeeding (Dykes et al., 2003). Esteem support was critical for the enhancement of self worth and being valued as a mother and in relation to breastfeeding. The praise and encouragement by significant others and professionals helped them to persevere with breastfeeding. Encouragement to breastfeed by professionals in the hospital and family members was helpful (Hannon et al., 2000). One teen who was not feeling encouraged rapidly became disillusioned. She wished she was encouraged to give breastfeeding another day and stated if she was she would have carried on (Dykes et al., 2003).

Instrumental support such as professionals helping their baby latch on, suggestions of how to breastfeed discretely, and even having a significant other involved in feeding breastmilk substitutes was also needed. Lastly, network support was obtained from sharing experiences by connecting with other teens who were breastfeeding or with their mothers who had breastfed. Raisler (2000) identified peer counseling as another example of a support system. Peer counselors could answer many questions women had in the prenatal and postpartum stages that would not have been otherwise answered.

Ending Breastfeeding

Most of the teenagers in the study by Nelson and Sethi (2005) vacillated between continuing and weaning and held a “wait and see” attitude allowing their children to lead the way. Some teens were ready to wean in order to have more freedom. Teens were also aware that they may miss things about breastfeeding such as the closeness and convenience. One teen who weaned her 17 month old gradually, experienced emotional difficulty. She missed that closeness with her daughter. Nelson and Sethi found returning to work or school and cultural beliefs to be significant factors in reaching decision about whether to continue or end breastfeeding.

The stories of the adolescent mothers in the study by Nelson and Sethi (2005) represented their constant vacillation between the good things and hard things about breastfeeding throughout all the phases. Their uncertainty seemed to be strongest when learning how to breastfeed and when they were moving from adjusting to ending breastfeeding.

Summary

Nelson and Sethi (2005) suggested further research is needed on the breastfeeding experiences of teenagers such as the process of deciding to breastfeed, learning to breastfeed, adjusting, and ending breastfeeding. In addition, Nelson and Sethi (2005) state more research is needed on how social support from teenage mothers’ male partners or babies’ fathers, the teen’s mother, peers, and formal supports from health care professionals influence young mother’s breastfeeding experiences. Wambach and Cole (2000) suggested the need to learn more about the adolescent breastfeeding experiences

including issues of modesty, influences of social networks, and feeding practices sometimes implicated by early breastfeeding cessation. Moore and Coty (2006) concluded that additional research on teenage mothers, who may face even greater challenges breastfeeding, is needed. The paucity of research describing in-depth adolescent breastfeeding experiences warrants further exploration so this phenomenon can be better understood.

CHAPTER III: METHODOLOGY

Introduction

After an in-depth review of the literature, it was clear that most of the literature on adolescent breastfeeding experiences lacked the depth to completely understand these lived experiences. There were only four studies that explored the breastfeeding experiences of adolescent women. The literature suggested a need to research this phenomenon further.

Rationale for Methodological Approach

Due to the paucity of what is known about the breastfeeding experiences of adolescent women and the nature of phenomenology's data collection technique which provides rich and descriptive data, a phenomenological method was selected for the purpose of finding new knowledge about the breastfeeding experiences of lower-income teenage women.

The procedural approach for this study was guided by Streubert's (1991) phenomenological method. The steps involved with this method included: 1) explicating a personal description of the phenomenon of interest, 2) bracketing the researcher's presuppositions, 3) interviewing participants in unfamiliar settings to the researcher, 4) careful reading of the interview transcripts to obtain a general sense of the essences of the experience, 5) reviewing the transcripts to uncover essences, 6) apprehending essential relationships, 7) developing a formalized description of the phenomenon, 8) returning to participants to validate description, 9) reviewing the relevant literature, and 10) distributing the findings to the nursing community.

Researchers Personal Assumptions

The author is a public health nurse at the Vermont Department of Health in Middlebury who has worked with WIC participants over the past seven years. During this time, conversations with many pregnant women and new parents regarding their planned and actual feeding methods, challenges and successes have shaped the author's personal assumptions about the topic of study. These personal assumptions were identified before conducting interviews with research participants and are expressed here.

Preparing for the breastfeeding experience may not be a high priority of lower-income young women who are managing social problems such as relationships with father of baby, finding or keeping employment, and seeking permanent housing. These issues may preclude home visitors from providing anticipatory guidance about breastfeeding and these social issues may hinder women's receptivity to information because they may be preoccupied with these other issues.

When faced with early feeding challenges such as soreness or frequent feeding, adolescents may be more at risk for becoming overwhelmed with the demands of breastfeeding and feel that breastfeeding won't fit with their lifestyle. Some adolescents do not have the social support from their partner and/or mother to encouraging them to continue breastfeeding. Women who lack this support and experience challenges may give in easier to bottle feeding than someone who is socially supported by people who value the importance of breastfeeding and encourage the individual to persevere through difficulties that may arise.

Young women want to involve their partner or the baby's father in feeding and may think that exclusively breastfeeding limits dad's ability to help with feedings.

Adolescents are interested in obtaining breast pumps early on in the postpartum period for this reason. Young women also desire pumps to express milk and feed breastmilk by bottle because they've heard that breastfeeding is best but do not want to physically breastfeed. They may choose to feed expressed breast milk because they may find physical breastfeeding to be gross, are fearful of pain, think pumping will allow the fathers involvement, or that this method will allow the baby to be used to the bottle when they return to work.

Many young women are not comfortable with the idea of breastfeeding in public. Some women think they will breastfeed at home and then bottle feed when they are out in public. This feeding method could undermine their ability to keep up their milk supply, could prevent women from exclusively breastfeeding, and increases the likelihood of shorter breastfeeding duration. Many young, lower-income women will be returning to work at six weeks, are working a job where pumping is not compatible (convenience store or fast food restaurant), and are not willing to confront their employers about being supported to take pumping breaks at work. Early return to workplaces not supportive of breastfeeding can compromise and shorten the duration of exclusive breastfeeding.

Research Design

The research method known as phenomenology is a rigorous, systematic method of qualitative investigation that cuts across philosophical, sociological and physiologic disciplines which offers nursing the opportunity to describe and clarify phenomena important to practice and research (Melnik & Fineout-Overholt, 2005). Professional

nursing practice is enmeshed in people's life experiences (Speziale & Carpenter, 2003). Phenomenology is a science in which the lived experience is valued and illuminates commonalities or essences that represent the basic units of common understanding of any phenomena (Streubert, 1991).

Phenomenology is an inductive research method whereby in-depth descriptions of lived experiences gives meaning to a particular phenomenon by representing what is true or real for each person's perception which is influenced by everything internal and external to the individual (Speziale & Carpenter, 2003). There are various acceptable procedural approaches to phenomenological investigations (Speziale & Carpenter, 2003). However, there are significant underlying concepts that characterize and facilitate the unique processes of this specific method such as intuiting, data analysis/reduction, and an exhaustive description of the phenomenon (Oiler, 1982).

Intuiting is described as the process of obtaining a naïve description of the experiences as described by the research participants by becoming completely immersed in the topic of interest. This requires the researcher to actively listen to the phenomenon of interest while avoiding criticism, evaluation or opinion. The researcher can be compared to an instrument or tool for data collection reinforcing the importance of bracketing personal assumptions to begin to know the phenomena as described by the participant. Continuously addressing personal knowledge or bias and "bracketing" these beliefs throughout the research process is essential to obtain the purest description of the phenomena (Speziale & Carpenter, 2003).

Phenomenological analysis or reduction involves dwelling with the data collected to identify the essences or elements that give common understanding to the phenomenon

of interest. In addition to identifying elements or essences, the researcher also explores the relationships or the structure between these essences. Dwelling with the data, spending as much time as necessary to completely engage into the analysis process, is necessary to ensure accurate and pure description of the findings (Speziale & Carpenter, 2003).

The previous steps prepare the researcher to develop an exhaustive description of the critical essences of the phenomenon. The description is based on the grouping of the phenomenon determined through the aforementioned processes. First, essences are described individually and then they are described in relationship to one another.

Research Participants and Setting

This research was conducted after approval was obtained from the University of Vermont's Committee on Human Research. Study participants were recruited for participation in the study during the early months of 2007. A purposive sample was selected to include young mothers who had breastfeeding experiences who were participants of the WIC program. Purposive sampling allows researchers to select informants who will be able to provide particular perspectives about the research topic of interest (Melnik & Fineout-Overholt, 2005).

Recruitment of participants occurred through the Vermont Department of Health's Middlebury District Office and Addison County Parent Child Center employees by distributing a letter explaining the research project and requesting their assistance in referring women to participate (Appendix A). In addition, both agencies were asked to

post several research flyers in their building as another way of recruiting participants (Appendix B).

Participants were given further explanation of the study and the risk and benefits of participating when they contacted the researcher and expressed interest in participating. All procedures for obtaining consent and ensuring confidentiality were followed in accordance of the University of Vermont's Internal Review Board. Participants were asked to provide written consent (Appendix C) and this was obtained before information was gathered at the interview with the participant. Participants were free to stop the interview at anytime and did not have to share any information they did not want to share.

Interviews took place in the participant's home or community setting such as the Vermont Department of Health, wherever was preferable to the participant. This setting provided an environment familiar to the participant easing comfort in their ability to reflect and share their breastfeeding experiences. The method utilized to determine the number of participants to be interviewed was guided by the data collected. When data saturation was reached, meaning no new data was emerging from the interviews, it was then determined that the sample size was adequate (Steubert, 1991). A total of five women participated in this study.

Data Collection Procedures

In phenomenological research, the interview approach process is instrumental for understanding what the unique lived experience means to the individual. The reflection of this experience must be shared freely by the participant in a manner that represents

what the experience meant to them. To foster such results, an unstructured interview process was used to allow for greater latitude in the experiences shared and to prevent directing the interview which reflects interview bias (Speziale & Carpenter, 2003). The initial question asked was: What is/was the breastfeeding experience like for you? Other questions prepared to help elucidate the sharing of their experiences were:

- What factors influenced your breastfeeding experience?
- What were your expectations for the breastfeeding experience and how did your experience match those expectations?
- When did you first think about breastfeeding?
- When you had your baby, what was breastfeeding like?
- What was your breastfeeding experience like in the hospital?
- What was your breastfeeding experience like when you went home from the hospital?
- What was your experience like when you were out in the community?
- What support would you have wished for that you didn't have or did you have all the support you wanted?

Questions were asked as needed during the interview to clarify statements of the participants. Interviews were not time limited but rather ended when participants believed that they had fully described their breastfeeding experience.

Data were collected by recording interviews by audiotape. Brief field notes were taken during interviews. Field notes can be very important during data collection and analysis (Speziale & Carpenter, 2003). These notes collected observations and assumptions about what was being heard or observed and personal narratives about what

was felt by the researcher during an interview. Participant's body language and other observations not recordable on audio tape were noted to help the researcher reflect on observations made during the interview.

Shortly after the interview, the audiotapes were transcribed verbatim by a hired transcriptionist. During the audio taped part of the interview, the participants were asked to refer to their baby and family members without using names to protect their confidentiality when their experiences were transcribed. The participant's names were coded during the transcription process to avoid referring to them by name or other identifying information. The transcriptions were the primary source for data analysis and were stored in a locked office. Accuracy of the transcripts was verified while listening to the tapes and reading transcripts and then the audio tapes were destroyed. After the completion of the study, the transcripts were stored in the locked office for possible future need.

Data Analysis

Data analysis occurred simultaneously as data collection, as the two are inseparable in phenomenological research. When the researcher began to listen to the descriptions provided by participants, analysis was occurring. This underscores the importance of the reductive process. Journaling throughout the data collection process to write down ideas, feelings, thoughts that emerged additionally facilitated phenomenological reduction (Speziale & Carpenter, 2003). The data analysis process exercised was guided by Streubert's approach (1991).

First, the audio tapes were listened to for the purpose of making sure the interview made sense and to verify the need for follow-up. Then the transcribed written transcripts were carefully read to begin to develop a sense of the emerging themes described by the participant. They were re-read while listening to the taped interviews to verify accuracy and to help the researcher dwell in the data. Immersion into the data allowed for the identification of significant statements to be extracted from the transcripts. After significant statements were separated from the transcripts, reflection and interpretation of these statements assisted the process of identifying mutual themes between the statements leading to the identification of potential various themes. Through an iterative process of free imaginative variation, relationships were apprehended between the themes (Speziale & Carpenter, 2003). This required the researcher to imaginatively wonder about the phenomenon in relationship to the various descriptions generated by the participant until a common understanding of the phenomenon emerged. After an intense period of dwelling with the data to reveal essences and their relationships, an exhaustive and comprehensive description of the central essences and their connection to one another was developed. The exhaustive description synthesized the meaning of the experience without losing the richness of the data.

Following the approach of Streubert (1991), after data analysis was completed, the researcher returned the exhaustive description to the participants who were asked to comment on the researcher's interpretation of their experiences. This process provided an opportunity for the participants to give feedback on the exhaustive descriptions reflection of the participant's experience. This process helped to ensure trustworthiness and authenticity of the data which will be discussed next.

Scientific Adequacy

The goal of scientific rigor in qualitative research is to truly characterize participants' experiences. Careful interpretation of the data is necessary to identify accurate essences and structures of the phenomena of interest and can be judged using four criteria. The first, credibility, refers to the authenticity of a study's findings and involves a distinct process that increases the probability that findings are accurate.

To assure credibility, the researcher took the necessary time for analysis and interpretation of themes (known as dwelling with the data) to discover their relationships. Data analysis was supervised and reviewed by a doctoral prepared nurse who was very experienced with the method of phenomenology. Sharing the exhaustive description of the phenomena with all of the participants to assure they recognized their experiences in the description also helped to ensure credibility of this study.

Confirmability is a process where the researcher can illustrate clearly the evidence and thought processes that lead to the conclusions of the research. This process can be referred to and described as an audit trail or a recording of data collection and analysis activities that show how the researcher came to their conclusion about the lived experience (Speziale & Carpenter, 2003). This was accomplished through many activities such as creating conceptual computer files of themes and significant statements, and keeping a journal during the data collection process which recorded field notes documenting the observations and reflections throughout interviews and after interviews when reflecting on the data.

Dependability is met when researchers demonstrate credibility of the findings which was previously described. This criterion is similar to validity in quantitative

research where there can be no validity without reliability. Last, transferability is explained as the probability that the study's findings have meaning for others in similar situations. The researcher is not responsible for determining the transferability of the findings; this responsibility rests with the potential users of these findings (Speziale & Carpenter, 2003).

Summary

The method of phenomenological research was chosen to give written language to the meaning of the experiences young women have breastfeeding in Vermont. This method is designed to seek a common understanding of the essence of experiences as it is perceived by the person who experiences the phenomena of interest. This method allowed new knowledge about the lived experience teenagers have breastfeeding which would not have been accomplished using a quantitative design.

CHAPTER IV: RESULTS

Introduction

The purpose of this study was to understand the essential structure of the lived breastfeeding experiences of lower-income, teenage women in Vermont. Five women from rural Addison County participated in the study and described their breastfeeding experiences. Phenomenological analysis of the data resulted in the identification of three essential elements descriptive of the phenomenon of breastfeeding: 1) deciding to breastfeed, 2) the breastfeeding experience and, 3) outcomes of the experience. The essential elements and their underlying themes and relationships are discussed in detail. Pseudonyms are utilized when providing quotations from the various participants when reviewing the findings. First, demographics of the study participants and setting of the interviews are explained.

Demographics

All five women interviewed during the spring of 2007 were 18 or 19 years old, currently or previously on the WIC program, currently breastfeeding or had a breastfeeding experience. At the end of each interview specific questions were asked to gather demographic information and inquire about their utilization of community supports and resources such as visiting nurses and breastfeeding classes. Four of the women in the study were Caucasian and one was Indian American. One participant was a mother of two children. She did not breastfeed her first baby. At the time of the interview she was breastfeeding her infant who was five weeks old. Three of the women

were 18 years old, one woman was 17, and the other was 16 years old at the time of their breastfed baby's birth. The duration of completed breastfeeding experiences were one month, four and a half months, and 15 months. The other two women were still breastfeeding at the time of the interview at five weeks and ten and a half months. Follow-up with women after interviews revealed these two women breastfed for three months and 14 months respectively.

Three of the women reported that they had unplanned pregnancies, one said it was planned, and the other said it was neither. During the time of the interviews, two women were living with their fiancés, two were living with their boyfriends and other people such as roommates or the participant's father, and the fifth participant was living alone. All of the women had completed high school or an equivalent. Two women were in college classes, another was planning to take college level classes. One of the women taking college classes was also working part time. The two other women were working outside the home.

One woman was enrolled in the pregnancy support and parenting program at the local Parent Child Center (PCC). She also enrolled in a breastfeeding class offered at the hospital while pregnant. Another woman received prenatal and postpartum visits from a nurse at the PCC. Another woman took childbirth education classes and had a few visits from the home health nurse and family support worker from the PCC. Another participant had taken childbirth education classes and went to the hospital's follow-up support visit that they offer post discharge. Lastly, one participant stated she talked with a visiting nurse on the phone, but never had a home visit.

Setting

Two interviews were held at the Vermont Department of Health's Middlebury District Office in a private room. The other three interviews were conducted in each participant's home. For one of these interviews, there was nobody else at home. For the other two interviews, the conversations took place in rooms where it was just the participant and researcher, however other family members were home at the time of the interview. These other family members were: a fiancé for one interview, and for the other interview, the participant's boyfriend who had just come home from the night shift at work and tried to go to sleep. That participant's mother was asked to come over to care for her older child during the interview.

Description of the Essential Elements

Women shared their breastfeeding experiences and although each one was unique, there were commonalities across these experiences known as the essential elements or essence of the experience. The essential elements that materialized after data analysis were: deciding to breastfeed, the breastfeeding experience, and, outcomes of the experience. There were several related themes that emerged from the participants experiences that are expressive of the essential elements. Furthermore, there are complex relationships between these themes. Table number one presents the essential elements and related themes. These will be discussed in detail using quotations from participants to enhance the richness of the findings, demonstrate the interrelatedness of the themes, and support the creditability of the study.

Table 1. Essential Elements and Related Themes

<i>Essential Element</i>	<i>Theme</i>
Deciding to Breastfeed	Past Experiences and Perceptions Reasons to Breastfeed Support Preparing for Breastfeeding Expectations for Breastfeeding
The Breastfeeding Experience	Learning How Experiencing Challenges Self Encouragement and Support to Continue The Good Things Sleeping Pumping Breastfeeding in Public
Outcomes of the Experience	Emotional Impact Changed Perceptions

Deciding to Breastfeed

The essential element, deciding to breastfeed, is a complex element that has many influential factors. Women’s life experiences have shaped their perceptions about breastfeeding. Some of these women never questioned how they would feed their baby while others were in the process of deciding during their pregnancy or when they had their baby if they would breastfeed. These women identified reasons why they wanted to breastfeed. Some women developed expectations for their experiences while others did not.

Past Experiences and Perceptions

The life experiences these young women had prior to becoming mothers have helped shape their perceptions about breastfeeding. When they found out they were

pregnant, some knew that they would breastfeed, while others were formulating their thoughts about if they would try it. Some women perceived breastfeeding as simply the way you feed your baby. Culturally, breastfeeding is what they had been exposed to in their community or what they had learned. Monique expressed what she thought influenced her breastfeeding experience by saying, “I think that mostly, mostly, honestly just because I was raised around people, everybody breastfed. It was just like, you have a baby you breastfeed. It was never like, oh maybe they’ll do bottle.” Another woman, Lucy, described how she perceived breastfeeding. “I wouldn’t really think of doing anything else just because of what I’ve been taught as far as schooling goes. That in my career there’s, I mean there’s not much of, you know, just mammals breastfeed basically is what happens.”

Other women talked about how they felt uncomfortable seeing other women breastfeed in public or that they thought women who breastfed in public must be uncomfortable doing so. Interestingly, the woman who assumed that women must be uncomfortable breastfeeding in public was from the mindset that she would breastfeed. Here she described how she perceived breastfeeding prior to her experience.

I actually thought it was kind of weird.... But, I never thought like it was gross or that like, watching people was uncomfortable for me. I just thought, oh my God, you know, like, suddenly being in public and your baby’s hungry and you have to like feed him in public like that. And, I just didn’t think it would be very pleasurable.

Another participant, Joanne, described a similar view about how she perceived breastfeeding prior to her own experience.

I mean it's a really natural thing but I can understand why people would be uncomfortable about it because before I started doing it I was really uncomfortable. It was like, you're sitting there talking to somebody and they're breastfeeding and it's like you just want to look at their head because you don't want them to think that you're staring at them.

Despite their perceptions of breastfeeding being awkward for the person doing it or for others seeing it, women identified reasons to breastfeed.

Reasons to Breastfeed

Many of these women talked about the reasons they would breastfeed. The health benefits for the baby were often referred to as why they would want to breastfeed.

Meredith described,

Pretty much it was always, soon as I found out I was pregnant I knew that I was going to breastfeed. I was like, you know, that's something that I definitely want to do 'cause, you know, it's good for the baby and it's good bonding and so I always knew that I wanted to do it.

Another woman talked about the benefits not only for baby but for herself.

Breastfeeding for me was like you know, if it's, you know, if it's so much better for your baby then, then go right ahead. It's like, and it, you know helps you know with osteoporosis later in life and with ovarian cancer and like, I mean it's like the health reasons for it outweigh anything that you can possibly think of.

Two other women talked about how they had heard about how much healthier it was to breastfeed. Ashley stated, "Well I was reading into it a lot. Like when I first found out I was pregnant everyone was telling me that it was so much better for him and I was

reading into it and found that it was.” Joanne described what she had heard and experienced.

And, I mean everybody says it’s healthier, and it is. And I mean, Clair is growing much faster than Carter but I doubt that really had anything to do with the breastfeeding but she hasn’t gotten sick either and Carter was like always sick. He was very sick when he was a baby.

Joanne’s past experience with formula feeding her son and managing his sickness seemed to be one experience that impacted her willingness to consider the health benefits breastfeeding offered as a reason to breastfeed her second child. This also represented how past experiences and perceptions are interrelated with the theme, reasons to breastfeed. Another example of these interrelated themes was Joanne’s experience of knowing breastfeeding is good for babies and the experience of seeing other women breastfeed, both encouraging her to try breastfeeding. “I mean, I think the public influenced me just to take a chance and try it. It made me realize that even though I maybe uncomfortable with it it’s still okay for me to do it.” This public influence to try breastfeeding was explored later in the interview.

Yes, the public, I guess it influenced me on telling me that I had to take a chance in that um, even though it was something that I didn’t want to do I should try it.... Just people in general [influenced her] because, um, just like being in a place and like you’re eating and you look over and there’s this woman breastfeeding it’s like, I mean it’s a little odd I mean if you’re not used to seeing it every day.

Support

The theme of support is pervasive throughout the entire breastfeeding experience. Support does have implications while women are in the process of deciding how to feed their baby and will be examined further in this context. Joanne described the dialogue she had with her father while pregnant.

Before Clair was born and I started breastfeeding I remember I was in the kitchen when I was with my Dad and we were talking and he, he you know, thought it was a completely normal thing and I was, I was like talking about how uncomfortable I was, like walking in and talking to Mary [the childcare provider] and have her breastfeeding. It was like, I don't want to seem like I'm just staring at her because she's doing it. And you know, my Dad's like, well it's completely natural I mean. And especially since you're a woman I can't believe you find it uncomfortable.

Joanne's experience of having the opportunity and support to share her feelings about breastfeeding and hear how her father perceived it had an impact on her on her perception of breastfeeding. Another example of the support to breastfeed theme is from Monique's experience.

In my kind of community it like, people that I'm around a lot in, in my family and people that I was raised around it's like everybody just expects that you're going to breastfeed. That's one of those kinds of, I was raised around people like that. You just, none of them bottle fed. If they had problems with breastfeeding they figured it out and they made it, like they made it work because it was one of those moral issues for them.

Preparing for the Experience

Some women talked about what they did to prepare for the breastfeeding experience such as taking a breastfeeding class or reading a book about breastfeeding or talking with people about it. This is how Ashley prepared:

I actually bought a breastfeeding book and I read the whole thing like before I went to the hospital. And I knew that I wanted to do it. And that it was a good thing and, so. It definitely helped prepare me for what was coming.

Monique talked about what helped prepare her for her experience.

I took a breast-feeding class. Um, actually at Porter [Hospital]. And then, took it, it was like a two or three night class or something. And it was like, like a four hour thing. And everybody there, who was there was pregnant and you know. It was helpful. I mean, so I went in you know, with a lot more understanding of it and she was fine.

While preparing for their breastfeeding experience, some women developed expectations of what they thought it would be like to breastfeed.

Expectations for the Experience

Through this preparatory phase, most women had developed some sort of expectation for what the breastfeeding experience would be like. One woman commented on how she had not developed any expectations. Another woman Meredith stated, “Well, I expected that it was going to be just a simple thing and was just natural so you know, I wasn’t going to have any problems with it.” Another participant, Ashley said, “I was expecting to be able to breastfeed for a whole full year. Like what is

recommended.” Lucy explained, “I guess one of my expectations was that um, that pumping, I’d be able to pump as much milk as Nadia drank.”

Women in this study talked about how they perceived breastfeeding before they tried breastfeeding, and what influenced their decision to breastfeed such as the benefits of breastfeeding or the support they felt to try breastfeeding, how they prepared for their experience and what expectations they had. The experience these women had breastfeeding will be discussed next.

The Breastfeeding Experience

Women in this study shared what it was like learning how to breastfeed, the challenges they encountered, how they coped with them, and their motivation to continue breastfeeding. The theme of support underlies all of these experiences and is also interrelated to other themes such as pumping and breastfeeding in public. Various types of supports these women received will be discussed as they are presented.

Learning How

These women talked about what it was like learning how to breastfeed in the hospital and when they went home. All of the women talked about the support they were offered to learn how to breastfeed in the hospital. Some women were already experiencing some breastfeeding challenges in the hospital; some problems were overcome while they were there while other issues persisted into the home setting. For instance Ashley described her experience as, “It was easier [in the hospital] ‘cause there was a lactation consultant there whatever. And um, she was really helping me and then when I went home it kind of didn’t work.” Meredith had a similar experience and

described it as, “It was really hard. Like, I couldn’t get him to latch on at all. And the only time I could was when the nurse was in there to help.” Lucy had trouble getting breastfeeding started too.

At the hospital it took me quite awhile to get her to latch on. And eventually um, I just, I was just rocking her and I had to have her to latch on standing up because she had to be rocked and it was a big complicated process that eventually, it, it happened.

Joanne talked about the quality of the help she received from the staff at the hospital and the influence they had on her.

When I had Clair I decided I wanted to try breastfeeding and I think that if I didn’t have the nurses’ help [in the hospital] I would have decided against that. So I mean they definitely influenced it in a positive way and made it easier because um, they like, they made you comfortable with it and like, made you know that you don’t have to do it.

This quote from Joanne is an example of the emotional support she received. She wasn’t pressured into breastfeeding in the hospital but instead felt that if she wanted to breastfeed, they would help her learn how. For Monique, she and her baby learned how to feed without any support.

She was really, really easy to breastfeed.... She was just really, you know we had a, um, I forget what they’re called. Like a specialist you know who, after you have her, you know, after you have the baby in the delivery room then you, they come in and they help you out if you need it. And they give you guidance or

whatever. The breastfeeding specialist came in to like help me start nursing and she was already nursing.

The support in the hospital that these women received from the nurses or lactation consultants has been categorized as instrumental and informational support to learn to breastfeed. These experiences have also represented how the theme support is related to the learning how to breastfeed theme. Joanne spoke more about the instrumental support she received from the nursing staff to learn how to breastfeed.

But um, they were really helpful in showing you different positions that you could breastfeed your baby in. Like football hold or just you know, holding them. And when I was there they told me that when you breastfeed you should always turn the baby towards you so the baby is on its side instead of placing it on its back and turning its head, 'cause a lot of mothers do that.

Joanne had many positive things to say about the great tips she learned in the hospital to help her become a breastfeeding mother. More examples of how the theme support to breastfeed is embedded into other themes of the experience will be presented.

Experiencing Challenges

All of these women experienced challenges during their breastfeeding experiences. Difficulties included infants that were not vigorous nursers while learning how to breastfeed and issues with latching on and staying on were common. Some breastfeeding challenges were experienced after breastfeeding was well established and were related to not taking a bottle or cup, experiencing thrush, or pumping. The various challenges of breastfeeding will be discussed in more detail.

When asked about her breastfeeding experience, Ashley who breastfed the shortest duration described her experience like this:

It was really hard. Like in the beginning he uh, my son wouldn't uh, he was really a lazy eater. So, and I started pumping to try to get more milk. Like my body wasn't producing and I started bleeding [when pumping] so I stopped.

When asking this woman to describe what her experience was like after experiencing some challenges in the hospital and was then home she stated:

The first couple days [at home] it was really easy you know and I would wake up in the middle of the night and he would latch on like he was supposed to and then he would just, he'd take a couple sucks, stop, do it again, he'd unlatch and start crying. I got really frustrated.

Joanne had a similar experience except she articulated why she believed her baby was latching on and then pulling off.

The problem I have is that she doesn't like to stay latched on. She'll stop and start screaming a lot. Like she just gets really frustrated and she'll start shaking her head as she's trying to eat and pushing with her hands. And, I mean that's not helpful. And she doesn't realize that if she just you know calms down and goes slow it'll come out and she can eat.

Other challenges experienced included difficulties latching on in the hospital and experiencing pain during latch on. When asked to describe her breastfeeding experience Meredith said,

It was really hard and to, it really like hurt and stuff and I ended up getting a pump for awhile and I'd pump it and feed it to him until they stopped cracking and stuff 'cause it was really painful at first so.

She was describing her experience when she got home from the hospital as:

I tried and when I got home, and it wasn't working very well so, and I thought that he was going to like be hungry so I ended up giving him a formula bottle which is where I got a lot of like argument from people, like my mom and everyone saying, "Oh, don't give him that." And just like putting me under serious stress and but he was fine going back to it, like to, and then I went the next day, like the day I went home from the hospital and then the next morning I went back to the hospital and got a pump and that's how I started. And so I would just pump and pump and pump and pump and feed it to him and do that constantly.

This mom went on to share what her experience was like when she was having difficulties establishing breastfeeding and the type of support and pressure she received from her mother and a friend, and how she felt as a result.

My mom would get all frustrated with me and be like, "Well, it's best for him." She got all mad at me when I was having difficulty saying, well I can't do it you know, it really hurts and it's just not working and then she would be all frustrated and I'd get all upset and then she'd be like, "Well, it's whatever you decide." But she'd say it like angry, like you know, so it made me feel bad. Like I was being a bad mother and you know, being a basket case at the same time 'cause you know, you're so tired and a brand new baby to take care of.

Other challenges experienced by these women included getting the baby to latch on well each time. Joanne talked about her infant's mood impacting her ability to latch on well, which resulted in a good or more stressful breastfeeding experience.

I mean sometimes she doesn't want to latch on correctly and she still needs to eat and it like, it definitely hurts sometimes because she won't latch on I mean. And that makes the feeding stressful because it's like, ow, I don't want to do this if this is how you're going to do it but you have to anyway. But um, when she's in a better mood and decides she wants to take the time to latch on correctly it's good. This mom also talked about the instrumental support she had received from the hospital when learning how to breastfeed and how she still used these tips to cope with the challenges she had with latch on. This is another example of the connection between themes support and experiencing challenges.

I mean, something like, you hold the breast and you put your finger underneath and you point upwards and the nipple will move up so that the baby will have an easier time latching on. 'Cause when they're infants it's like, you know a new thing. They don't know what they're doing. And that was helpful because I mean still sometimes you have to do that because Clair doesn't like to stay latched on.

One of the challenges experienced by these women is that breastfeeding is a full time commitment. They always needed to be there for their baby to breastfeed or pump if they were apart. This reality was difficult and they expressed their desire for getting a break sometimes. Meredith talked about her experience taking a break from breastfeeding and using formula.

Um, at first I didn't really think about it [supplementing with formula impacting her supply] much. I was just thinking you know, it's giving me a break from constantly breastfeeding and it was, it helped me out when I had to go places and have him watched. I wouldn't have to sit there and pump.

Monique talked about the difficulty she had trying to have her infant take a bottle and what that meant for her.

I mean she just got really attached to it [meaning breastfeeding]. She never ever, ever used a bottle. She never used a cup ever until she stopped breastfeeding. All she did was breastfeed. That was it. Which you can imagine would have its pros and cons. She didn't take a bottle, she didn't take pumped milk, she didn't take formula, she didn't take anything so it was really hard because I couldn't really go anywhere like without her.

Monique said that she tried repeatedly at various time intervals to try and see if her daughter would take a bottle. The emotional impact of being unable to take a break from breastfeeding will be discussed more when describing the outcomes of the breastfeeding experience.

Another significant breastfeeding challenge was the horrific experience of having thrush. Monique explained what it was like to go through this:

So that was, there was one period for about a week when the thrush was just like spread everywhere. We just couldn't get rid of it. And we like sanitized and washed everything in the house. And like just, it made it even worse because we were camping. And she developed this thrush and it was just, I mean it was just everywhere and so. And I almost, I almost had to stop breastfeeding because it

was so bad and.... Oh my God I was in so much pain. It was, I had like, had lesions from like, external lesions in my cheeks and mouth, it was real bad.... So, I almost stopped breastfeeding but I talked myself out of it. So, but we did, did for a month or so after that do no sugar and no wheat and no granola and you know acidophilus and like everything. And occasionally antibiotics but I don't really like antibiotics. But, um, so we did that and it worked.

The participant was asked if she ever used a topical treatment for thrush. She stated:

Yeah. I got nystatin. And I put it on my mouth and like on her mouth and you know all over my chest and like. Which worked but it sort of got to the point where she'd had it so many times so it wasn't really doing anything which is the problem with antibiotics so we had to find other things to use like gentian violet. I ruined so many pairs of clothing wearing that stuff. I had to put it all over my chest and then I had to completely cover my chest, wrap, take a role of saran wrap and wrap it all around me like five times and then I felt like I was suffocating. And then every time she had to nurse I'd get my saran wrap out and re-do myself. Which means I had to be somewhere with a bathroom and then like, my shirts all got ruined and like, it was just like, dripping down my legs all this purple crap. And she'd get it in her mouth and all over her clothes.

Monique described the support she received during this experience.

So, you know, I, I just got, I just kept telling myself that I was going to stop, I'm gonna stop, I'm gonna stop. It's driving me crazy. I can't deal with it any more. You know, I'm going to be an amputee [thought her breasts were going to fall off when battling yeast]. You know, it's really what I thought and then, I was just

sitting there nursing and I'm sitting there, I was, I mean I was crying because I was in so much pain and my mom had to sit with me and like rub my back while I was nursing because I was in so much pain.

The last two quotations are good examples of how women's self motivation to continue breastfeeding can be powerful influences even when they are facing major difficulties. This last quote is also an example of the interrelatedness of the support women receive at times of difficulty and the potential impact it can have on the woman's will to continue to cope with the difficulties they are confronted with. This brings us to the next theme.

Self Encouragement and Support to Continue

Women's encounters with breastfeeding difficulties forced them to face the complexities of breastfeeding and determine if they would keep trying to overcome the difficulties presented or stop breastfeeding. These women talked about their desire to keep trying to overcome challenges they were facing. They also talked about the support they had to breastfeed.

Monique said that there were times when she thought she was not going to breastfeed any longer. Her thrush experience was one of those times when she almost stopped. Here she described what went on in her mind regarding her decision to continue breastfeeding.

I couldn't even let her nurse because I was in so much pain. And, and I just was standing there and I was just like, oh my goodness and I was just like let it go, let it go. You know and, something just, something just made it so I couldn't stop. Something in my brain was just going; you need to keep doing this right now. This is, this is you know, this is a test of your ability to stick through things.

Meredith talked about what influenced her to continue breastfeeding when she was having difficulties.

Well I knew that, it, that breastfeeding was best for him and so I wanted to really, I'd always had strong feelings on breastfeeding. I didn't realize how hard it was going to be but I, a few times I was going to give up but then I was just like, well you know I'll try again, I'll try again and I did. And I'm glad that I did but, so, I guess just knowing that it's the best for the baby and everything. That's what really influenced me.

Meredith also talked about how she continued to try putting her baby to her breast after pumping for a month while her nipples were healing and what that was like.

After a while of using the pump I would just you know, it, they, my boobs healed and I didn't, they weren't like cracked any more so I put him on a lot more and it would still hurt you know for like thirty seconds or so but then once he was actually going on, eating and stuff it, you know it was better and it didn't hurt any more and, so, I really don't know how to explain it. But once I got him on he was perfectly fine. And I gave up the pump.

Meredith's strong desire to breastfeed, emotional support, and her self-determination to continue to pump and breastfeed seemed to have helped her to overcome the problems she encountered.

Ashley who had the difficulty with her newborn latching on and nursing talked about her will to continue when faced with difficulties.

'Cause as there were points when I was like, I'm not gonna do it any more. I give up. Like when I started supplementing I'm like, this is so much easier I'm just

not gonna do it any more and then, I kept telling myself that I had to and I tried so hard.

Willingness to try very hard while managing breastfeeding difficulties and the feelings associated with this will be explored more in the outcomes element. The support these women received while experiencing challenges and deciding if they would continue are addressed next.

During Ashley's challenges, she felt well supported and that she wasn't the only one that had experienced troubles breastfeeding. "I mean my mother-in-law was telling me you know, that she did it and, but and then one of my friends had trouble doing it too and I was just listening to everybody's stories and stuff." Another example of how Ashley described her support was:

I had all the support that I needed. Like people kept, my boyfriend, and my friends that had done it just told me to keep trying and then I did for a couple more weeks and then when I, like I said, when I started pumping and bleeding I just gave up.

Lucy also described feeling well supported by her partner, mother and community during her breastfeeding experience. She found her hospital to be very family friendly and said, "It was a huge help to have Jeff there [fiancé]. Um in both the delivery and as far as the breastfeeding goes because I, I mean I feel that those two things are very, are very related." In addition to being supported early on the breastfeed by her fiancé, she felt supported by the community.

I mean everybody's been very supportive. I have WIC, I have um Gifford [Hospital]. I have Porter [Hospital]. I have you know my mother, my mother-in-

law. Um, my previous employer, my current employer, my school, everybody's been very supportive as far as the breastfeeding goes that it's been, it's been very nice.

Lucy also said specifically, "And my mum's been very helpful as far as you know, getting me water and um, and that kind of thing when, because Nadia would eat for forty minutes every two hours."

Joanne talked about how helpful it was to talk with someone about how things were going with breastfeeding and be reassured that what she was experiencing was normal. She described the support she received like this:

I haven't really had a time when I didn't have support because the woman named Mary at the daycare told me if I ever needed to call her I could. And I have called her before and it's been like you know, this is what's going on and is this normal? This is weird, this doesn't seem like it should be happening. And she was really helpful. And I mean, she had said you know, sometimes it just helps to call and just complain about all the things that are going wrong with breastfeeding because I mean, it just helps you work through it.

When Meredith was having difficulties breastfeeding when she got home from the hospital she was confronted with people telling her she had to breastfeed. She talked about what helped her cope with the pressure she was getting from others at the time.

She [the childbirth educator] said that there was going to be people like that.

They were going to be like, if you don't breastfeed you're not good and blah,

blah, blah. And whether I did or not was my decision, no one else's. And I had

to like, really put that through my mind a lot to keep from exploding at other people.

She explained that despite the pressure from everyone, ultimately it was up to her as far getting through challenges with breastfeeding because it was herself who would be feeding the baby, nobody could do it for her. She did receive other more encouraging emotional support too.

Well, I would talk about it with like some of my friends and things and like my dad and stuff and whatever was best for me was you know, that's what they would say. You know, it doesn't matter however you end up doing it is fine and stuff. They're not going to judge me about it.

This example of nonjudgmental emotional support and encouragement was quite a different experience from the pressure and judgmental support she had received. When looking back, she wished that people had been supportive in this way instead of pressuring her so much to breastfeed.

The Good Things

These young women talked about the things that they liked about breastfeeding as well as the difficulties they experienced. Discussed here are the positive aspects of breastfeeding. Women's emotional responses to the act of breastfeeding will be discussed in the outcomes section.

Joanne's experiences bottle feeding her first baby offered a unique comparison perspective to her opinions about breastfeeding.

Well, when I first started out breastfeeding I expected to hate it because I didn't think I was going to be able to do it but wanted to try it. And it turned out to be the complete opposite. I love breastfeeding.

Joanne also stated, "It's so much easier than bottle feeding and it kind of made, I mean, obviously you bond with your child but I mean, when you're breastfeed it just happens faster." She spoke of other advantages such as:

But it definitely makes it easier in the middle of the night and 'cause you know, you don't have to get up and make a bottle. You, you know, just, everything's right there. And it's much, I think it's much quicker for the baby because they tend to get antsy and cry a lot when they have to wait.

Joanne had mentioned earlier that her son who was not breastfed was always sick. So far, her daughter Clair had been much healthier and she thought things were just going better for her than they had been for her son. She also mentioned some other benefits of breastfeeding over bottle such as, "I mean, breastfeeding you don't, they don't spit up as much either that I found. And they, it doesn't stain as bad and it's much cleaner and it doesn't smell as bad either because formula is pretty yucky."

Meredith described improvement with her experience. "When I started it was definitely hard and, but it got better." Monique talked about how breastfeeding was just so easy for her. The convenience, cost saving, and health benefits are mentioned in her reflection about the good things about her breastfeeding experience.

Like nothing about breastfeeding was ever a problem for me. It was just like so much, there were so many more pros to it than cons. Like, it was so much more convenient. I didn't have to [take] a bottle everywhere. I probably saved five

grand on not buying formula and I mean, I mean, like the average person spends about two grand a year on formula if they, that's all they use you know. And that's like; I use that money on other stuff which is nice. And I breastfed and she got all the really healthy colostrum and she got all of her antioxidants and she got all of her you know, immune system building vitamins and you know, everything. And she, she never got sick when she was little.

Monique also shared that breastfeeding did not limit her diet in any way.

Yeah, and she didn't mind garlic and you know, like I could eat tons of garlic. I could eat Indian food; I could eat like forty pounds of chocolate. I could, like have ten espressos. It didn't matter.

More impressions of other good things about breastfeeding that women shared that will be addressed in the outcomes element.

Sleeping

Many of these women talked about the importance of getting sleep and figuring out how they could do this while responding to the hunger needs of their baby. Some women talked about the tips to make breastfeeding efficient at night or the location of the where the baby slept. Some women talked about how their routine of co-sleeping may have had an impact of how their infant responded trying to sleep on their own.

Getting sleep to be rested and able to confront the new challenges of being a teenage mother was an important need these women verbalized. Meredith talked about needing sleep after delivery to cope with the breastfeeding challenges she faced. She refers to having no sleep as detrimental to her coping earlier on.

Like having no sleep and everything and just have people, just like pounding on me like, “You need to breastfeed. It’s not good for the baby if you don’t breastfeed.” Just going on and if people were just more, you know, it’s brand new, I’ve just barely gotten home, people are already yelling at me you know. Just let, you know give it a few days and let me get some sleep and you know, get some more energy. I’ll be able to think better and be able to have more patience. Joanne talked about the instruction she received in the hospital about feeding at night. This is also an example of the instrumental support received in the hospital to learn how to breastfeed at night which made getting sleep a little easier.

With breastfeeding you know, you want her to go back to sleep so you can make the feeding as boring as possible you know. No lights, don’t talk very much, just you know, make it clear that she’s only up to eat and then she needs to go back to sleep. Just like helpful tips like that to help you breastfeed.

Women also talked about how they physically slept with the baby, even though they heard they knew that co-sleeping had some risks. Lucy said:

So for the first six months she um, co-slept with us. Which was very, very convenient because uh, I mean actually we had a co-sleeper but um, I would nurse her to sleep and I’d put her in the co-sleeper. Fifteen minutes later she’d wake up. She’d roll onto her side which was particularly concerning because I always read that she’s gonna like die of SIDS [Sudden Infant Death Syndrome] or something. And um, so I’d pick her up, feed her again, she’d go back to sleep. I’d put her back in her co-sleeper, she’d wake up fifteen minutes later and so eventually I would just literally fall asleep nursing her. And then she’d sleep through the

night. So I eventually just decided that the only way that we were going to get any sleep was to just let her fall asleep nursing and sleep right next to me. And then she was just fine.

This mom went on to say, “I think that part of breastfeeding is the, is the co-sleeping and that’s also what I’ve heard from, from reading and from talking to people as well.”

Another mom, Monique, had a similar experience with co-sleeping and breastfeeding.

I never had problems with not sleeping or anything like that because she slept with me. She slept in bed with me and people are always saying, don’t let little kids sleep in bed with you. You roll over, then you crush them, you suffocate them, whatever. I just, I found myself with this suddenly really strange like, just totally innate feeling about where she was in the bed and I, she was just there. I just got used to her being right next to me and I, you know.... She would just roll over and start nursing when she wanted to and I didn’t even wake up half the time. And people were always like, oh you’re a new mother you must be so exhausted and it must be so hard and la, la, la. Well, not for me because she just, she just did it.

These women who co-slept with their babies talked about their daily routines and their infants’ behaviors trying to adjust to sleeping alone. Lucy described the difficulty her daughter was having getting to sleep on her own.

And as you heard coming in [crying while trying to go to sleep] she um, she’s still working on sleeping in her own crib. And she still really likes, when she wakes up in the morning to come and nurse and to hang out in our bed first thing in the morning.

Monique described how her toddler is not willing to nap at childcare and her belief about the reason why.

It's actually interesting. Her, Gail and the other little girl who's still in her room with her, are the only two babies in that entire room that were ever breastfed for an extended period of time. Not like for a day or two and then gave up. And they're the only two that will not take naps at school. They have to have their Mom there to even take a nap. They both got really used to us being around you know.

Pumping

All of the women in this study used a breast pump with varying success. For some women, using a pump was another challenge that they experienced with breastfeeding. For others, using the pump helped them get through difficulties such as sore and cracked nipples, avoid breastfeeding in public, or express for times when they were at work. Some women were particularly grateful for their pumps.

Meredith was sharing about how she felt about her pump after using for a month. I was really sad to give it [the pump] back because it was almost like, this thing had helped me out so much. And without it I probably, I don't know what would have happened. So when I got rid of it, when I had to bring it back to the hospital I was so, I was kinda sad. It was kind of funny but I was like, wow. (Laughter) You know. I didn't need it any more so it had to go.

Another mom Lucy, who was breastfeeding and pumping when away from her baby at work and school, talked about her pump in a similar regard when asked about what has influenced her breastfeeding experience. "Um, I think that um, my mother and my

mother-in-law have had a lot of influence on me. Um, well first of all because my mom bought me my pump which was a huge help.” This mom certainly expressed appreciation for this pump. Lucy also received support from her workplace to pump.

My employers have been very, very supportive and it’s been helpful because um, at both my previous workplace and my current workplace there’s, there’s been um, women who have pumped before and who just have been very supportive and so I’m not the first person to pump and that’s been very helpful because I think I would feel slightly awkward going to my male bosses and explaining everything that goes on with that. Just simply because of you know, I’m a little bit more shy around men than I am around women.

One of the difficulties Lucy experienced with pumping was trying to express enough to meet her infant’s needs. However, she figured out a way.

I actually found that in the mornings because she slept through, through quite a bit of the night and she only woke up and ate once. Where as most babies wake up and eat like two or three times. That I actually had extra milk in the morning. So I was able to pump in the morning after she had eaten and to still get extra milk that I could put away for the times that I wasn’t able to pump as much as she ate.

Joanne also talked about ways to have pumping be the most efficient as far as milk production and time spent pumping. However, her strategy for expressing milk for times she was at work was different than Lucy’s.

I’m away from her for five and a half, about five and a half hours a day so when she gets home usually she’s eaten. And there may be a little bit left over from you

know, what I've pumped but usually there's not. And I walk in the door and I immediately pump because there's so much built up that you know, I'm uncomfortable and so the most I've ever been able to pump was six ounces at once and that was the other day. Another thing about pumping is that it takes time, it takes time. But I had pumped six ounces in like under twenty minutes. Everything was right there and it just had to come out. And that, going away, being away from her for a long period of time and then pumping makes it really easy but um, and plus with pumping, tends to come out faster because it's a constant suction whereas with the baby they take breaks and it just makes the relieving process longer and it's much easier to pump it off.

Other women didn't have as easy of a time expressing milk by a pump. Monique used the pump initially when her milk came in but afterwards, she was never able to express by a pump.

But the only thing I did have a really big problem with was pumping.... My body just didn't want me to I guess. There was something going on. It just didn't work. I had tried every single possible thing that I could think of. I'd start getting her nursing and then I'd do the other side. You know right at the beginning for the first few days I had to pump or else I'd be really uncomfortable.... Yeah, but in the beginning the pump worked and then after a little while I, it just didn't work any more I, you know I tried a lot of things and, and I could do it but it was like really, really a big chore.

Another mother, Ashley, didn't have an easy time expressing milk from the pump either. She explained that she got the pump when she was about two weeks postpartum to try to

get more milk because her body wasn't producing. She was asked if she ever fed her baby expressed breastmilk by a bottle.

It wasn't a lot [that she expressed pumping]. I just wasn't even, I, the most I would get is probably about that much [demonstrated about one ounce with fingers]. It wasn't a lot. It wasn't even enough to keep him happy. So I started supplementing [with formula] when he was about three weeks.

One of Joanne's issues with pumping was related to her comfort breastfeeding in public. It was her preference to pump and feed expressed breastmilk when out in public, but it didn't always workout that way as Joanne described.

One day we needed to go in to town and we were going to go to the doctor's office and she'd just eaten for forty minutes and I tried to pump and I couldn't get anything. I couldn't even get a half an ounce. So it was like then I was forced to feed her.

The experiences women had using a pump certainly varied widely. Pumping can be an important skill to achieve in order to help women feed expressed breast milk so they can give a bottle in public, breastfeed and work, and keep up their milk supply if they cannot physically breastfeed or want a break from physically breastfeeding.

Breastfeeding in public will be examined next.

Breastfeeding in Public

Women had a myriad of experiences and comfort levels related to the theme, breastfeeding in public. They talked about their own modesty issues, modesty issues among family members, anticipation of public disapproval, and desire for being a role model. These experiences are explored more.

There were a range of comforts with breastfeeding in public. Monique was one teenage mother that felt completely comfortable breastfeeding in front of others.

So, in my kind of community it was totally normal and it just didn't bother me at all. And I could just, you know, where, wherever I was I could just lift up my shirt and start nursing her. Nobody cared.

This is also an example of the relationship between support and breastfeeding in public themes. Another mother was very aware that children growing up see a lot of bottles and she wanted to teach her child that mammals breastfeed. This mom talked about teaching her child and raising awareness for other mothers and children about breastfeeding by demonstrating the behavior in public.

I generally try to breastfeed out in public just because I want other people to feel like it's a normal part of life and not something that's odd. Especially people who are younger and who are going to be having kids of their own. I don't want them to feel like they're the only person whose going to be breastfeeding or that it's odd to see that in public and I just think that it's, I think that it's something that needs to be more normal.

Monique described a similar experience of wanting to be a role model for others to try to normalize breastfeeding.

Like when I got to, started going to the Parent Child Center when I was pregnant I started going, do any of you breastfeed? Like are any of you going to breastfeed? And they're all like, totally no way. That's just weird. They were like, nobody I know breastfed or breastfeeds their [child], there was always something you know. People were like, or after they had the baby they would go like I tried it

and it sucked and they didn't do it. Or, you know it was just awkward or you know there's always, there was always something and I was just, I was blown away because I had just thought it was so normal.... I was just, I was like so dumbfounded when I got there and realized that none of girls my age, none of them, none of them breastfeed. Like, they do not breastfeed you know. And it's like, so, and I think that also made me want to do it more.

Modesty is not limited to how the individual feels breastfeeding in front of others but also applies to how others perceive them feeding in public. Lucy had an interesting experience related to modesty and her family member's comfort with her breastfeeding in front of others.

And at first I had, it was kind of a generation gap that I felt, I felt comfortable breastfeeding in front of other people but my mother didn't feel comfortable with me breastfeeding in front of other people and that kind of, it made me feel very self-conscious about, about everything. Because after the delivery I didn't want to show my stomach but my mother didn't want me to show my breasts.... It was definitely difficult. It's probably the biggest problem that I've had with breastfeeding. That, I mean I know that she's very supportive of breastfeeding and she's very encouraging of me to breastfeed but I guess I had a lot of inner conflict as far as you know, what's appropriate, what's not appropriate.

This is another example of the connection between the themes support and breastfeeding in public. Lucy also had an interesting experience how she felt breastfeeding in front of others at a time when her daughter was breastfeeding less because of her transition to a more table food based diet.

And lately, because I've never been a modest person, and lately...the past few weeks Nadia's been eating less and less [breast]milk as she's started to eat yogurt and that kind of thing. And so I've been producing less and less milk and I suddenly feel very, very modest and very, very private. And I wonder if it has to do with the weaning period as far as is that a natural feeling for mothers to have? Other women talked about how they managed to breastfeed when in public, how they managed leaking and used their clothing as a means for modesty. Joanne talked about being discrete breastfeeding at a restaurant.

We've gone out to eat with a couple friends uh, a couple times and she's ended up being hungry and I've had to feed her and I just find it, like if you're sitting in a booth just to sit in like the far corner of it and like, put your feet up and you're knees are there, just feed her like that. It's helpful.

Monique described more about what she wore and how this helped her manage breastfeeding and leaking when in public.

I just didn't like wearing tight clothing. It made me uncomfortable. Not to mention leaking. And if you're leaking, so I'd wear like a tank top underneath my T-shirt. Because I was always leaking and so it was really annoying to have to wear tight clothing and then have it all stained and ruined. So, so I'd just, you know, I'd have these big T-shirts and I could just like, lift them up and like, like they'd sit over the top of her head. Just as it was so I didn't have to worry about bringing blankets with me and didn't you know, cover up or, I didn't really think about it anyway. I just never, I just was never worried about it.

Joanne was not as comfortable breastfeeding in public as Monique was and had strategies to avoid the experience.

I just don't like to be, like I feel like I'm exposing myself when I'm in public.

It's a really uncomfortable thing for me.... It's a really personal thing you know just being out there, you hear about it on the news when they discriminate against people for doing that.

Joanne's feelings of discomfort breastfeeding in public, anticipation of public disapproval and desire to avoid making others uncomfortable had major influences on her breastfeeding experience. Sometimes she found it difficult to avoid breastfeeding in public.

But um, sometimes it [breastfeeding] just makes it difficult because you can't get the bottle when you need it [pumping] and I mean I don't like to make other people uncomfortable like going to like public places and have to breastfeed her. So a lot of times we end up breastfeeding her in the car before we go into a place which works until she suddenly decides that she's hungry and she wants to feed again.

Joanne empathized with others who feel uncomfortable seeing other people nursing in public because that's how she used to feel. "I mean it's a really natural thing but I can understand why people would be uncomfortable about it because before I started doing it I was really uncomfortable." Another woman, Lucy, who was more comfortable breastfeeding in public and even made efforts to breastfeed in public also anticipated public disapproval.

I actually haven't gotten anything. I was, you know I've been worried that people would you know, come up to me and say something. But the only time that somebody's come up to me was when they had, they had the big who-ha, breastfeeding who-ha down in Burlington [an event promoting breastfeeding during World Breastfeeding Week].

As demonstrated, these women had various comfort levels with breastfeeding in public. They sought out ways to make themselves more comfortable breastfeeding in public or they would avoid it when possible. Some of the emotional reactions to these experiences have been referred to already as we have reviewed the breastfeeding experiences. A closer look at the emotional impact of the breastfeeding experience is discussed next.

Outcomes of the Experience

A range of feelings were experienced by these women during their breastfeeding experiences. Difficult feelings of frustration, stress, anger, guilt, insecurity, and self sacrifice, to more fulfilling feelings of emotional attachment, empowerment and self mastery were felt by women during their breastfeeding experiences. The emotions felt while trying to learn how to breastfeed, while adjusting to breastfeeding and also when breastfeeding didn't work or ended will be examined in close detail. The breastfeeding experience also had an impact and outcome on women's perceptions about breastfeeding, and influenced their thoughts regarding if they would breastfeed again and how they would possibly do it differently.

Negative Emotional Impact

Frustration, stress and insecurity were commonly experienced early on in breastfeeding experiences when trying to establish breastfeeding. Ashley, who struggled with her breastfeeding experience which lasted one month, talked about how she felt when it wasn't going well. "I mean, I got frustrated with myself because I couldn't do it and I really wanted to." She described a sense of relief after she started supplementing with formula because things weren't quite as difficult and she was no longer constantly frustrated. Meredith described the experience she had when things weren't working well early on and the stress that resulted.

So, and he had no problems switching 'cause he only had formula a few times when he was first born and then I switched like, 'cause I didn't want him to have it but I didn't want him to go hungry either 'cause I didn't have anything [breastmilk] and it wasn't working and I was just so stressed out about it so I gave him some [formula] and he was fine.

The type of support she received when going through this challenging time and how this impacted her emotionally was shared.

I think that the people that were being so demanding on me, they weren't necessarily as encouraging as they were, you have to do it [breastfeed] or you're a bad mother. That's the way that they would make me feel. And I think that sometimes they'd just make me so mad that well, you know what? I'm not going to do it because of you.

Women felt stressed when breastfeeding wasn't going well or when feedings were more challenging because of the infant's mood or the support they received while experiencing challenges. Additionally, these women felt insecure about breastfeeding when learning how. Meredith described her frustrations and insecurities when learning how to breastfeed in the hospital.

It was really hard. Like, I couldn't get him to latch on at all. And the only time I could was when the nurse was in there to help me. And that was kind of frustrating and, but I guess at the same time my milk hadn't even dropped yet so it wasn't like he was getting anything anyways. So, I didn't even realize that they don't really eat anything for the first couple days until like your milk drops. So I didn't, I didn't, that was all new.

She also talked about the insecurities she felt when her friend was giving her advice right after coming home from the hospital and she was really sore and having difficulties breastfeeding. Her friend was saying to her:

“You need to breastfeed. If you don't breastfeed it's not good.” And blah, blah, blah, blah, and, and you know I'm just, already like you know, a basket case. I just have this brand new baby and you know, for the first time. I don't know what I'm doing.

Joanne described more about what it was like breastfeeding and not having great confidence in knowing if she was doing it right.

I mean, and at the hospital I still expected it [breastfeeding] to be horrible because like, I mean your first night breastfeeding you've never done it. You don't really know how to get the baby to latch on correctly. And you don't know

that, you know if they're latched on correctly or not.

In addition to these feelings described, some women talked about the sacrifices they were making to breastfeed. Some sacrifices included not being able to have the freedom to socialize the same way their friends could, excluding certain things from their diet, or the importance of making it a priority to eat while balancing other important aspects of their lives. Lucy talked about the personal sacrifice she experienced when asked by the interviewer share her experiences breastfeeding and returning to work.

I have been so busy and it's, it's been quite a personal sacrifice and lately I've been having to take the time to say, okay I need to have lunch it's a very high priority. That before, previously when I was still losing the pregnancy weight it was, I felt it was okay for me to miss lunch because I had to pump instead that um, at school if lab were to run over then I would pump and then I'd have to hurry to class because I didn't have extra time to eat. And then working, I would, I was working in the afternoons and so, and so I didn't often have time to eat breakfast or lunch. And then um, when I got down to my pre-pregnancy weight I had to basically take myself and say, I need to sit down, I need to eat. I can't just be pumping all the time and hurrying around and trying to do this that and the other thing.

Lucy set a limit on what was acceptable for personal sacrifice; missing meals was not acceptable after a point. Meredith had to change her diet for her infant to breastfeed with less congestion.

So when he was first born he was sick for a couple months straight of just stuffy nose and raspy chest and everything. And we didn't understand what it was and

we, he was to the doctors like a couple times a week for it because we, he just wasn't getting any better. And he had to sit up when he was sleeping and everything. Finally I took him to a second, to a doctor to get a second opinion and they told me to cut out dairy products and because maybe he couldn't handle it. And I did and within a day he was completely better. So, he, I had to stay off dairy as long as I was breastfeeding him because he was lactose intolerant.

Monique talked about the personal sacrifices she made missing opportunities to do things socially with her friends and how she felt about having to make these choices.

Um, the only thing that I ever really wanted to be able to do sometimes that I wasn't able to do is you know, if I wanted to like go out to dinner with a friend or like, go see a movie or something. I could go but like I couldn't like hang out at the movie theatre for twenty minutes afterwards and just be like, oh hi, how you are doing you know. I had to get in my car and go back and get her for, or you know where ever she was or you know.... After the movie they'd be like, oh well we're going to go hang out at Rachel's house or whatever you know. Do you want to come over there? I'd be like nah, I can't go. I have to go home and breastfeed.

The participant was asked how she felt having to make those decisions. She said, "I think at the time I was just more like alright, this kind of blows for about five minutes but, I never, that was never really my issue." Monique talked about other self sacrifices she made because she was breastfeeding.

But, yeah there was, I was living with this girl in Starksboro and she was twenty one so she always had alcohol in the house and like, I always just wanted to come home and have a beer but like, couldn't do it.

Monique talked about the experience she had with postpartum depression and her thoughts about the contributing factors to her state of depression. This description ties into the issue addressed earlier of women wanting a break from nursing. Monique talked about the emotional implications of not getting a break and what this was like for her.

I, I think mostly what happened with it was I felt like, you know, I was kind of nailed to the floor all the time. And I think that's what the postpartum [depression] was, the feeling was. Was that you know all of my friends got to go and do whatever they wanted whenever they felt like it. They were in school and they were like in a high school setting where there was like gossip and like parties and like, and I was suddenly stuck at home and felt fat and lumpy. So it was like, I was stuck at home all the time, by myself, you know. I didn't have a job then. I was still going to school. So I was dragging my butt out of bed every morning to go to school at the [Parent Child] Center and like, trying to get my driver's license. I didn't, it was just, it was sort of like all of these things sort of just happened at once. And then to top it all off I really couldn't ever take a break because she had to be with me. And that was a little stressful.

This was quite a dynamic description of the collision of all these situational and developmental transitions at once and what this felt like emotionally for her.

Women expressed their troubled feelings when learning how to breastfeed, the sacrifices they needed to make while breastfeeding, and how they yearned for a break

occasionally. These women also expressed what they felt like emotionally when they were no longer breastfeeding. Ashley, who experienced significant difficulties getting nursing established, described her emotions when she stopped breastfeeding.

And then when I started giving him a bottle it was a lot easier on me because I got more sleep and just, I was in a happier mood and I wasn't always frustrated with him and myself and it was easier.

Ashley kept trying to overcome the difficulties she faced until she just couldn't do it anymore. Looking back she said, "And I'm just really glad that he got like the colostrum in the beginning which was the most important part."

After Meredith had ended her breastfeeding experience, looking back she stated, "So after that [getting over initial soreness] it was good and I would've done it, I only did it until he was about four months old. And I would have done it longer, I wish, I wish I'd stayed longer." Meredith weaned her son to a couple of times per day, still nursed at night and was supplementing with formula. She did say this weaning process had an impact on her milk before she was really ready to be done with breastfeeding. She talked about this experience and what she did to try to extend breastfeeding.

And for a while I actually started just trying to feed him more, just breastfeed him more because I didn't want to completely run out but by then it was already like, like pretty much gone. It was hard so, like well, I guess I have to make a decision and I did.

Monique had the idea that weaning from breastfeeding was going to be an extreme challenge. Monique had a goal of ending breastfeeding before her 18th birthday.

She talked more about the reaction her infant had to weaning from breastfeeding and was surprised that it was so easy. “So, and when I stopped breastfeeding, I’m sure you’re curious about that. It took me three days. Three days. She could have cared less!” Monique expressed relief that it was so easy and that her daughter was ready too.

Positive Emotional Impact

Women have expressed the challenges they endured to establish breastfeeding, the hard parts of breastfeeding and how they felt when the experience was over. The joys of breastfeeding such as the bond established between mother and child and the fulfillment of being able to learn how to breastfeed and how this made women feel will be discussed next.

Many of the women talked about the unique relationship or bond they developed with their infant which was as a result of their breastfeeding experience. Meredith talked about this special relationship being a factor in why she wished she had continued breastfeeding after it had ended.

Well, so I ended up stopping and I wish that I had stayed longer because I just missed the little intimate moments with him you know that are so special. And bonding is just, you know he’s just a little baby and he looks at you and he’s depending on you and you know. You know that he’s, you know, you’re all that he has to depend on and so I would have definitely, wished that I would have done it longer and held off on the formula longer but I guess that that’s pretty much the gist of it.

The bond was such a positive component of the experience for Meredith. Joanne also described something similar to what Meredith experienced. She described the bonding experience with her two children and how they differed.

It's so much easier than bottle feeding and it kind of made, I mean, obviously you bond with your child but I mean, when you're breastfeed it just happens faster.

You're, they really need you to survive. When you're bottle feeding with formula it's like they need you but really they need anybody that can make them a bottle.

They need you it's like, they need you personally to feed them.

Monique talked about the bond she had with her daughter and compared this special relationship to how she viewed other women's relationship was with their children.

You know it's like, so, and I got, you know and I got to have a really personal thing with her that I didn't feel like I saw everybody else having because she was always with me. You know I always had her around me.... I sort, you know I have this, developed this really, not that, not that all children aren't really close with their mother in a, you know whatever way that is but I just, I just have some sort of relationship with her that I know came from the fact that everything she received came right through me. I gave, I gave it all to her. You know and I, and I think that, I think that she knew that too.

Other positive emotional outcomes of the breastfeeding experience were the feelings of empowerment and self mastery when women established breastfeeding.

Joanne was reflecting on how her breastfeeding experience was made her feel.

So yeah, it's definitely not matched my, my expectations at all because I expected it to be so bad and it's been really good. And, I mean I didn't expect myself to be able to do it so being able to do, I was like really like happy about it.

Joanne further described how her mastery of breastfeeding made her feel. "Um, really good actually because I mean, I could do this for my baby. In fact, I wanted to but I didn't think I'd be able to. So, it definitely made me feel good about myself." For this young woman who expected that she was not going to be able to breastfeed, the success of establishing breastfeeding was a very empowering experience. She developed a mastery of breastfeeding and this made her feel good about herself. Another example of empowerment is described by Meredith explaining what it was like to have her infant depend upon her. She was asked to describe what that felt like to her. She responded with:

It made me feel special. The first they, first, anything that depends on me for its whole life and it's just, you know, a little baby you know. I don't know, it's just, first time that I had that kind of feeling where you know, this is my child and I have to do everything for him, and take care of him. Make sure he has the best and his tummy is full and everything so. It's quite a feeling to feel so needed I guess.

This empowering experience of being responsible for and able to provide what her son needed gave her a feeling of being special. Meredith also talked about her emotional response to having mastered the art of breastfeeding.

Yeah, it was like, at the beginning of every time I'd feed him it would hurt and then pretty much, pretty, soon after that it didn't even phase me at all, it didn't

hurt. It was just completely fine to do....Yeah, I was really glad that in the end that I had stuck with it.

Another contribution to the sense of self mastery, was having overcome obstacles or challenges to meet the goal of breastfeeding your child. Women expressed that the success of breastfeeding was worth any difficulties encountered. In this next excerpt, Monique talked about how she didn't have any problems with her daughter that she was just so easy, and thought it had a lot to do with breastfeeding. She goes on to say:

Which is why I think it's so important because you know, why, why deny you know, having that extra part of a relationship or why deny I that kind of health benefit or why deny, you know any of those things because maybe it's awkward or maybe it kind of uncomfortable or because maybe there's hardship with it sometimes. Or, just...it was just worth it that's all. It was just really worth it. And it's worth the work. Parts of it that were work were like you know. Instead of not trying to do this anymore.

Monique felt empowered that she was able to overcome hardships and provide such an important foundation of health for her daughter.

Changed Perception

As described earlier, women had perceptions about breastfeeding prior to having their own personal experience. The experiences these women had going through the transition of becoming a mother, trying to learn how to breastfeed and adjust to breastfeeding also had an impact on their thoughts about future breastfeeding experiences. Monique talked about what she would do differently.

So, [I'm] definitely very glad that I did it and if I had another baby I would breastfeed again but I think I would try right from (snap of finger) the start like that to try and put in a bottle and supplementing as well. Just like to be able to work and stuff. Because that was hard.

The difficulties Monique experienced with Gail not taking a bottle or cup influenced how she would approach future breastfeeding experiences. Despite Ashley's difficulties with establishing breastfeeding, she shared her thoughts about if she would decide to breastfeed again. "And I just, I'm definitely going to try again if I have another one though..... It's something I want to try again. Just because he didn't do it doesn't mean the next one won't." These words and others about being glad that her infant got the colostrum, indicate a healthy transition into motherhood despite being unable to breastfeed. The statements she made eluded a feeling of well being and acceptance of what happened that she tried her best and would try breastfeeding again.

The breastfeeding experiences have reshaped the perceptions of breastfeeding these women had. Some women were not entirely comfortable with the idea of breastfeeding. Prior to her own experience, Joanne was uncomfortable watching others breastfeed. Her own breastfeeding experience resulted in a different perspective on breastfeeding. "And I, I can understand why they're uncomfortable because I used to be uncomfortable with it but now that I do it, it's not a big deal to me. Somebody breastfeeding is like an everyday thing." An outcome of this experience is her improved comfort level with breastfeeding. In addition to improved comfort with seeing others breastfeed, she also became more comfortable with breastfeeding herself. "I mean, I'm a

lot more comfortable with it now that I'm doing it but it's not something I'd like, want to do every day.”

Some women expected that breastfeeding was going to be a natural and simple thing that they wouldn't have any trouble doing. After having their breastfeeding experience, their perception changed. As Meredith said, “It's just, and I never thought it was going to be as difficult as it was at first you know, so. I surprised myself I guess.” Ashley had a similar experience. “And I expected him, to you know, to be fine [with breastfeeding] and everything and completely didn't happen. I got so frustrated and I didn't think that would happen.” The challenges these women experienced has altered their perceptions about breastfeeding and expanded their outlook to include the possibility of encountering challenges.

Exhaustive Description of the Essential Structure

The essence or structure of the breastfeeding experience has been found to have three essential elements: a) deciding to breastfeed b) the breastfeeding experience and c) outcomes of the experience. These elements and their corresponding themes (Figure 2) are dynamically interrelated and provide a description of the essential structure.

The element deciding to breastfeed is explained by various themes. Women's past experiences and exposures to breastfeeding shaped their perspectives. Exposure to breastfeeding through cultural norms, schooling, and public observance, all connect to perspectives on breastfeeding.

Participants described reasons they wanted to breastfeed to include the health benefits for the baby, because it promotes good bonding and offers health benefits for the

mother. Seeing other women breastfeed in public was another reason to try breastfeeding. Knowing about the benefits and seeing the behavior encouraged women to give breastfeeding a try.

Feeling supported to breastfeed influenced women's decision to breastfeed. Having opportunities to communicate about one's comfort level regarding breastfeeding and hear others thoughts valuing breastfeeding influenced their receptivity to consider breastfeeding. Women who lived in communities or had social support systems where people breastfed felt their support system encouraged and even expected them to breastfeed.

Women prepared for the breastfeeding experience by taking breastfeeding or childbirth education classes, reading about breastfeeding and talking with others about it. Women ranged in not having any expectations of what the experience would be like to anticipating not having any problems and being able to feed for as long as they desired.

The second element, the breastfeeding experience, began when first getting baby to latch on in the hospital with assistance or without help or pressure to breastfeed. Women felt supported by nurses in the hospital through the information, instruction and emotional support they received. Difficulties with latching on were sometimes overcome only when the nurse or lactation consultant helped. Sore and cracked nipples, difficulties latching baby on, and getting baby to stay on were issues that persisted at home.

Women experienced challenges breastfeeding. They described the support they had, how they coped with difficulties, and their desire to continue. Other challenges included baby's mood impacting the latch and interest in staying latched affecting the comfort and stress of the feed. Figuring out ways to pump to produce what was needed

for times when away from baby or having expressed breastmilk available to feed when in public were other challenges. Other experiences included finding ways to be comfortable breastfeeding in front of others, challenging experiences with thrush, infant's refusal to take a bottle or cup making it impossible to take an extended break from their child. Some challenges such as thrush, sore and cracked nipples, and difficulties getting baby to latch on and stay on to feed influenced women to think about not nursing anymore or to stop nursing.

Women faced the choice of continuing to breastfeed through difficulties or choosing to stop. These experiences resulted in feelings of ambivalence because these challenges were really hard but it was also important to them to keep trying to continue to breastfeed. Women received support emotionally and physically during these times.

Women expressed what they liked about breastfeeding too. They said that it was convenient and easier than bottle feeding. Other good things described were that it was cheaper and money saved could be spent on other things. Breastfeeding was not as messy and didn't smell and stain badly like formula. Other positives were that their babies were growing well, were healthy, they developed a special bond, and, breastfeeding got easier with time.

Women found sleeping with their baby allowed them to easily breastfeed and get the sleep they needed. Despite hearing about the risks, co-sleeping was part of the breastfeeding experience. Learning ways from hospital nurses to breastfeed efficiently at night were helpful and utilized.

Breast pumping was used during breastfeeding difficulties, to avoid breastfeeding in public, or to express milk for times when apart from baby. Pumps were a big help to

some women during difficult times or to help them continue to breastfeed while returning to work or school. Pumping was also described as a chore or a challenge to use to get the milk desired.

Women had a myriad of experiences and comfort levels breastfeeding in public. Experiences ranged from avoiding breastfeeding due to feelings of exposure, feeling self-conscious because of uncertainty about what was and wasn't appropriate, to not worrying about it at all. Family, the teenager's mother and mother-in-law influenced the experience of breastfeeding in front of others. A mother expressed discomfort with her daughter showing her breasts while the mother-in-law helped the teen feel more comfortable breastfeeding in front of others, making the teen feel conflicted. Using strategies like covering up with a blanket or wearing a tank top and oversized T-shirt, or sitting a certain way to provide privacy assisted with modesty. Some women anticipated public disapproval of their breastfeeding. Women also desired to breastfeed in front of others to be role models for other women and children, trying to normalize breastfeeding.

The last essential element, outcomes of the experience, resulted in women experiencing a range of emotions and a changed perception of breastfeeding. Women became frustrated when having difficulties learning how to breastfeed. Some women felt insecure early on in their experience. Women also felt stressed as a result of this and also when feeling pressured to breastfeed or when baby's moods were impacting the feed. Other stressful experiences were not being able to take breaks from nursing or being with the child because of their child's refusal to take anything but the breast. Women described feelings of self sacrifice to breastfeed such as limiting time socializing with

friends, what they could not eat or drink, or setting limits on no more skipping meals because they were busy.

Women's emotional response to breastfeeding ending related to their readiness to stop breastfeeding. If they were they were ready, they expressed relief when it was over. If they weren't quite ready they expressed grief; missing intimate moments with their child and wishing it could have gone on longer.

The positive emotions as a result of breastfeeding were experienced too. Women described the special bond established between them and their child. They attributed this to breastfeeding because they were so close physically all the time, because the baby depended on them for nutrition. The fulfillment from trying to breastfeed, overcoming challenges, and their child benefiting from this experience, was empowering. A sense of confidence and mastery resulted from this experience.

The last theme and outcome, is a changed perception of breastfeeding. Women's experiences increased their comfort seeing others breastfeeding and their own comfort breastfeeding. Their experiences changed their perception about the realities of breastfeeding and helped them understand it was possible to encounter challenges. Their experiences and changed perceptions of breastfeeding influenced their thoughts regarding if they would choose to breastfeed again, and if so, perhaps how they would approach it differently.

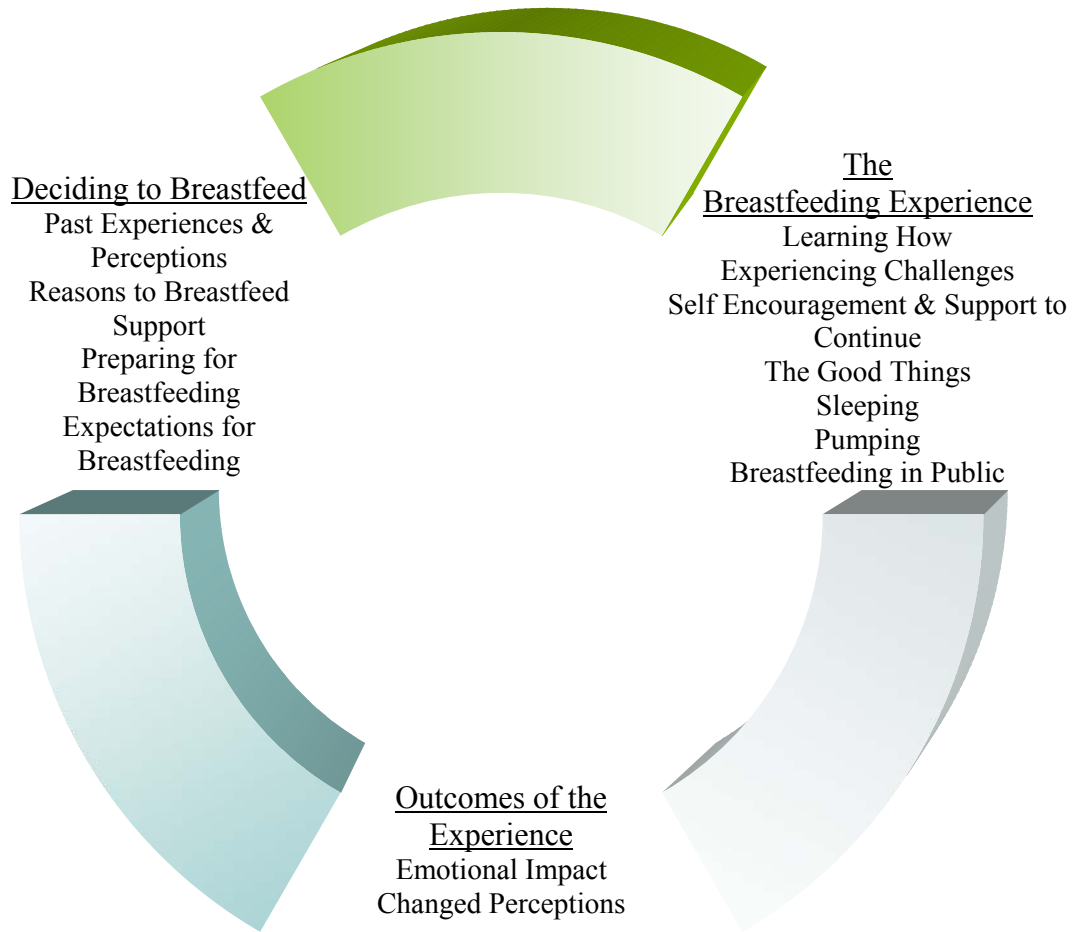


Figure 2. Display of Essential Elements and Related Themes

Participant Validation

Streubert's (1991) approach to phenomenological research includes returning to the participants to validate the findings of the study. An exhaustive summary of the breastfeeding experience as described by the participants was created and disseminated to the participants in July of 2007. Enclosed with this description was a letter requesting participants to review and provide feedback to the researcher regarding the description.

After repeated phone calls and messages left, only one participant returned the researcher's phone call. This participant said, "It was pretty fitting" and reflective of her experience. She requested that her experience with her mother being uncomfortable with her breastfeeding in front of others be articulated more in the findings. The description was revised to better describe this finding.

Summary

This chapter has provided much detail on the essential structure of the breastfeeding experience. Deciding to breastfeed was found to be a complex element with many influential factors and themes such as past experiences and perceptions of breastfeeding, reasons to breastfeed, support to breastfeed, and preparation and expectations for the experience. The essence of the breastfeeding experience included various themes. Learning how to breastfeed, experiencing challenges, self encouragement and support to continue, the good things, sleeping, pumping, and, breastfeeding in public. Outcomes of this experience included the emotional impact which was comprised of a wide range of feelings and the outcomes of a changed perception regarding the art of breastfeeding.

CHAPTER V: DISCUSSION

Introduction

Phenomenological reduction of the data produced three essential elements of the breastfeeding experience. Deciding to breastfeed, the breastfeeding experience, and outcomes of the experience were the three essential elements that emerged from the data. In addition, various themes and the dynamic relationships between these themes provided a rich description of the elements. In this chapter, significant findings of the study will be discussed and compared to the existing literature.

Overview of Significant Findings

Women in this study described the various influences upon their decision to breastfeed their baby and how embarrassment and support impacted their experience. Some of the findings in this study support the existing literature while other findings were new.

One of the most significant findings of this study was that women who are uncomfortable with breastfeeding can be positively influenced by other women, who they don't know, breastfeeding out in public. This is such an interesting concept to have captured. Some women are well aware of the benefits of breastfeeding but are uncomfortable with the thought of actually breastfeeding. However, having the experience of seeing other women breastfeed, as demonstrated in this study, can be a powerful influence encouraging other women to take a chance and try breastfeeding. This experience could also be viewed as a source of support to breastfeed; seeing others breastfeed can support others to breastfeed. In a study by Joffe and Radius (1987),

pregnant teenagers' exposure to breastfeeding by means of watching someone else breastfeed an infant bore no relationship to these women's feeding choices. The findings from this study differ from those of Joffe and Radius (1987).

Embarrassment about breastfeeding in public is a common concern influencing the attitudes of teenage women (Bar-Yam, 1993; Robinson et al., 1993, Ineichen et al., 1997; Hannon et al., 2000). Since embarrassment and modesty are such big issues for the teenage population, another significant finding was learning how these women managed these issues which are not well documented in the literature. Wearing a tank top underneath a big T-shirt that could act as a blanket to cover up when breastfeeding, hide leaking spots and larger than normal breasts, was one woman's technique. Another woman just put blanket over her when feeding in front of her boyfriend's family and felt very comfortable doing this. Another woman was creative in how she positioned herself at a restaurant. Avoiding breastfeeding in public was yet another strategy. Breastfeeding at home or in the car before entering a public area or trying to express milk at home to have to for feedings when out were other means.

A study by Raisler (2000) with women ages 16-39 on the WIC program, found that exposing the private act of breastfeeding was a major problem for women. Only one teenager in this phenomenological study described breastfeeding in public as a really uncomfortable thing for her and employed similar strategies as women in Raisler's study (2000) to avoid those experiences. Women in Raisler's (2000) study would breastfeed in the car, in public bathrooms at the mall, or feed a bottle when in public view.

Another significant finding of this study was the influence a teenager's mother had regarding their daughter showing parts of her breasts when breastfeeding in front of

others. In this study, the teenager's mother didn't want her daughter to show her breasts when breastfeeding. The grandmother of the infant had a huge impact on the mother's comfort level breastfeeding in front of others, making her feel self-conscious and difficult to figure out what was and was not appropriate. This was described to be this woman's biggest problem with breastfeeding. This significant finding represented one of the unique challenges teenage women may face when breastfeeding, further complicating the embarrassment issue. Not only do teenagers have their own issues with finding comfort feeding in front of others, but they may be trying to manage their family member's comfort with them breastfeeding in front of others as well.

A teen in Benson's study (1996) was asked by her father to breastfeed in her bedroom, not in the common lounge area of the home. In Raisler's study, (2000) an adolescent mother who lived with her parents and her teenage brothers described not minding if anyone saw her, but was more concerned about what others felt seeing her breastfeed. Her dad and brothers would leave the room while she latched baby on and then she covered up and they would come back in. These examples found in the literature on teenagers' parent's comfort level and teenagers' comfort feeding in front of family members speaks to the complex issue of how family can impact teenager's experiences breastfeeding in front of others.

Adversely, some teens in this study felt inclined to breastfeed in public, desired being role models for other women, and wanted to change the cultural norm so women will breastfeed more. This was an interesting finding of this study not documented in the literature. The implications of this will be discussed later.

Another significant finding of this study was the emotional paradoxes these women experienced while breastfeeding. They've experienced challenges breastfeeding which have brought about emotions of frustration, stress, and feelings like they are tied down because they never could take much of a break. They also have felt good about the bond they've established, felt special because they felt needed, and felt happy that they learned and mastered how to successfully breastfeed. The findings of these polarized emotions support the findings of other studies.

A study by Raisler (2000) found women described breastfeeding and the physical bond an asset and a liability. Forty percent of the women in Schmied and Barclay's study (1999) had mixed feelings about breastfeeding because of the contradictions between the embodied experience of breastfeeding of being so connected to their infant and the notions of autonomy prevailing in western society. Some women found breastfeeding to be a disrupted and distorted experience and described it as being intensely demanding and the need for proximity to infant to be sometimes overwhelming and wanting separation (Schmeid & Barclay, 1999). Other adult women in the same study described a feeling of personal reward in the dependence that their baby had on them, a feeling of being needed was described. Teenage women in this study also experienced these mixed emotions and articulated paradoxes in the ways they felt. A similar finding in the study by Nelson and Sethi (2005) of Canadian teenagers' breastfeeding experiences called these experiences the vacillation between the good things and hard things about breastfeeding.

Adolescence and motherhood is a maturational crisis characterized by internal disequilibrium and subsequent internal growth (Nelson & Sethi, 2005). A teenager is

forced to adjust to the adult role of motherhood while adjusting to the developmental changes of adolescence. According to Nelson and Sethi, (2005) teenagers who become mothers and breastfeed may become overwhelmed while adjusting to motherhood and breastfeeding. The findings of this study support this concept as described by Nelson and Sethi (2005). Monique described the extreme emotional response and ambivalence she felt about the rewards and demanding parts of breastfeeding, coupled by her adjustment to the new roles of motherhood and being an adolescent. Monique described her postpartum depression experience as really about feeling “nailed to the floor all the time” and said that, “It was sort of like all these things sort of happened at once.” Accepting the new responsibilities of motherhood, while also being an adolescent and recognizing she couldn’t do what her friends could do, was overwhelming. “To top it all off I really couldn’t ever take a break because she had to be with me. And that was stressful.” The convergence of these situational and developmental transitions, the conditions of these transitions and nursing therapeutics, can have a dynamic impact on an individual’s progression of being able to adjust to a stage of well-being.

Another important finding of this study was the common use of breast pumps among teenagers. Pumps were used to stimulate and establish a milk supply, for expressing milk to avoid feeding in public, to have milk to feed by bottle when at work, or to get a break from constantly breastfeeding. The findings of this study support the findings of the study by Hannon et al. (2000) where teenagers used pumps to alleviate pain or embarrassment of breastfeeding in public and found barriers to using pumps at school. Comparing the findings from Hannon et al. (2000) to this phenomenological study, Lucy said that she had other women at her workplace that had pumped before

which made it easy for her to pump. She said it would have been weird to talk with her boss about what she would need to pump at work. Thankfully, this woman had other women pump in her workplace before she did. It's interesting that this woman who is such an advocate of breastfeeding would have any hesitations about talking with an employer about her need to pump. The common use of breast pumps among adolescents has not been well documented in the literature and the findings of this study contribute new information to the literature.

Another finding of this study was the experiences of co-sleeping that these women shared. Women said that this behavior helped them get the sleep they needed and, it helped them breastfeed. They said they had a sense of awareness of where their infants were in their beds. They decided to co-sleep despite knowing there were risks involved because of the conveniences it offered for nighttime feedings. A recent literature review by Buswell and Spatz (2006) summarized the existing practices and studies regarding the recommendations on co-sleeping. Co-sleeping has been found to promote breastfeeding however; risks of bed sharing include overlying, smothering, suffocation, entrapment and SIDS. However, some studies have added confusion to the issue because they have found that co-sleeping may even reduce the risks of SIDS by increasing infant arousals and increasing maternal awareness of the infant. The AAP supports the recommendation of the Consumer Product Safety Commission (CPSC) that children under two should sleep in cribs tailored to federal safety standards and has advised against infants co-sleeping with another person in an adult bed (Buswell & Spatz, 2006).

Study Findings and Supported by Research

There were other findings from this study that were supported by the literature. The findings of this study, when Joanne talked with her father about how she felt seeing other women breastfeed, support the findings of the literature review by Bar-Yam (1993) and other studies. In a study by Joffe and Radius (1987), adolescents who stated they knew someone who breastfed or had themselves been breastfed, were more likely to report their intent to breastfeed. A literature review by Bar-Yam (1993) found that adolescents who reported that a family member or the baby's father talked with them about breastfeeding were more likely to report intentions of breastfeeding.

The support that teenagers in this study received was similar to what has been found in the literature in studies by Dykes et al. (2003) and Nelson and Sethi (2005). Women received instrumental support to establish breastfeeding by nurses and lactation consultants and informational support about ways to make breastfeeding at night easier or techniques for getting the baby to stay latched. They also described being emotionally supported and encouraged by nurses, their significant others, friends or peers. An interesting finding in this study is how judgmental support or pressure to breastfeed when experiencing difficulties can really make women stressed, angry, and even feel like they are a bad mother. This type of support and how it makes women feel has not been referenced in the literature

Some women in this phenomenological study were surprised by how hard breastfeeding was and expressed they were not expecting to encounter such difficulties. These experiences are supported by other studies. Women in the study by Graffy and Taylor (2005) described not being prepared for the realities of breastfeeding and wanted

more information about the discomforts, the time they would spend breastfeeding, and wanted more opportunities to learn about common problems. Nelson and Sethi (2005) stated that some of the teenage mothers expressed they would have appreciated being better informed about the difficult aspects of breastfeeding. Women involved in a study by Shakespeare, Blake and Garcia (2004) had high expectations of success and had unexpected difficulties that caused emotional distresses. A finding of the study by Mozingo et al. (2000) was the clash between women's highly idealized expectations and the reality of the early breastfeeding experience. The experiences teenagers had in this study are well supported by the finding of these studies just described. Women in this study did not say that they wished they had been more informed of what to expect but did have a message for other women about what to expect with their experiences which will be addressed in the implications section.

Women in this study experienced difficulties with breastfeeding and either overcame those difficulties or did not. The experiences these women had were similar to the experiences women had in an Australian study when confronting breastfeeding difficulties (Hauck, Langton, & Coyle, 2002). The three main themes of the Hauck et al. (2002) study were: path of determination, staying on the path, and coming off the path. Three sub themes of staying on the path were: encouragement, individualized assessment and advice, and seeing signs of improvement. A number of consequences were noted for mothers as they stayed on the path and overcame difficulties. These were acknowledgement of the challenges experienced and the effort required coupled with reassurance that things were progressing and it would work out. Not feeling alone in having such difficulties helped them accept and persist with trying. A blend of these

consequences contributed to the development of confidence to work toward their goal.

Young women in this phenomenological study had emotional and physical support by family, partners and friends to keep trying to overcome issues. Most women sought individual professional advice when they had difficulties. They received encouragement and acknowledgement through their support system that breastfeeding was hard and that they weren't alone with these experiences. Joanne said she received reassurance about her experience from her childcare provider who she could talk to whenever. Women saw improvements with their issues and things got better: yeast resolved, cracked nipples healed and breastfeeding became pain free.

The sub themes of coming off the path were not as representative of the experiences these teens had, but there are still some similarities. The three sub themes were encumbrances, standardized advice, and, no signs of improvements. The consequences of coming off the path for mothers were isolation, despair and frustration. No participants had experiences that resembled the first two themes of coming off the path. However, Ashley did experience not seeing any improvements with her difficulties. Her efforts to keep latching her son on who kept unlatching and crying, never improved. When she pumped, she never got more than about an ounce and eventually, the pumping experience worsened because she began bleeding. Ashley experienced some of the consequences of coming off the path. She did feel very frustrated with herself. She did not describe feelings of isolation; she described being well supported by family did not feel alone because she heard that other people they knew had troubles breastfeeding.

Other findings of this study that were supported by literature are on the topic of weaning. A study by Hauck and Irurita (2002) analyzed the process of managing the

later stages of established breastfeeding. Women's degree of emotional involvement in letting go varied for mothers depending on the perceived readiness to wean. If they were ready to wean and symbolically let go, the emotional transitions from being a breastfeeding mother to a non breastfeeding mother was smooth. When readiness to let go was a mutual process, participants expressed relief. In this study, Monique expressed that it was her goal to wean before her 18th birthday. She had heard weaning was going to be problematic. When she was ready, she weaned over three days and it was over. Here she was talking about her daughter's reaction to being weaned. "She could have cared less." Ashley, who struggled to establish breastfeeding, felt frustrated with herself when it wasn't working and relieved when she was no longer frustrated. "When I started giving him a bottle it was a lot easier on me because I got more sleep and just, I was in a happier mood and I wasn't always frustrated with him and myself and it was easier."

Other experiences teenagers had weaning and the emotional reactions when breastfeeding was over were supported by the findings of Hauck and Irurita (2002) and Nelson and Sethi (2005). Meredith began the weaning process and also started supplementing with formula to get a break and then realized it was impacting her supply and she tried to breastfeed more to get it back. She said she wasn't making enough at one point and, "The only thing it would have been worth staying breastfeeding was for the bonding because there wasn't, really any, there wasn't any supply left." She talked about how she wished she had breastfed longer because she missed the intimate moments with her baby that were so special. Women in the study by Hauck and Irurita (2002) were feeling the loss and closing of that unique breastfeeding bond no matter how their weaning process had occurred. Only two of the women had weaned in Nelson and

Sethi's (2005) study. One expressed that she missed the closeness with her daughter. Meredith's statements are supported by these studies.

Women in the study by Hauck and Irurita (2002) experienced a longer period of adjustment in accepting the transition if they didn't feel ready to stop breastfeeding. It seemed that Meredith tried to salvage her milk supply because she wasn't ready to be done breastfeeding. Ten months after she had weaned, she stated, "I wish, I wish I'd stayed longer." It appears it may have taken Meredith longer to adjust and accept the transition out of breastfeeding.

The other teenager in the study by Nelson and Sethi (2005) was happy to have finished her breastfeeding experience of eleven months. Some of the teenagers in that study were coming the realization that they were ready to wean in order to have more freedom (2005). Monique described the excitement weaning brought her.

You know I, but it was really exciting for me when she started being able to do that and I could bring her there [to Grandma's next door] and they could put her to sleep and she would go to bed and you know, she was on the cup and, and I could actually go and do stuff. And I was able to do that you know like, and have a lot more freedom from her.

Implications for Advanced Nursing Practice

This study explored the breastfeeding experiences of lower income teenaged women in rural Vermont. The study's findings and the implications for general public health and advanced nursing practice, education and health policy are discussed next.

Advanced practice nurses should promote awareness and support of breastfeeding by allocating funding and organizing breastfeeding celebrations where breastfeeding mothers can congregate in public arenas such as town squares and display to members of the public that breastfeeding is a normal, social behavior. Efforts should be made by nutritionists, general practicing nurses and advanced practice nurses to capitalize on young women's interest in being role models for other women and children in their community, to influence cultural change and acceptance of breastfeeding.

Advanced practice nurses should design a teen pregnancy program education curriculum that includes anticipatory guidance on what to expect with breastfeeding, how to manage common physical and emotional challenges, ways of minimizing embarrassment, and opportunities to learn about the availability and use of breast pumps. This program should incorporate experienced breastfeeding teen role models into the educational group sessions. This can provide opportunities for pregnant teens to talk with peers about what breastfeeding was like and how they managed to be modest when breastfeeding out in public. This program should be evaluated by advanced practice nurses and improved based on participant input.

Women in this study had messages for other women about breastfeeding. Some of their messages could be conveyed in the forum just described. This was Joanne's message to other women:

You gotta stick with it for three weeks before you can really decide whether you want to do it or don't want to do it, cause...I mean it hurts a lot at first but you just wait it out, it doesn't hurt and it, its' really convenient to be to just breastfeed.

Ashley wanted to tell other women:

I would definitely recommend doing it and like I did keep trying no matter what until you get to the point where I did. But definitely keep trying. 'Cause as there were points when I was like, I'm not gonna do it any more. I give up.... I kept telling myself that I had to and I tried so hard. So I would just recommend trying really hard no matter what. It's not easy. It's not gonna be easy. You're going to get frustrated. But, still you should try your hardest.

Meredith wanted to say this to other women:

I guess I'd recommend, you know, my opinion towards other people would be to, to try. At least try. And if it doesn't work it's not the end of the world. And I'm, I'm not the kind of person that would sit there and make people feel the way I felt when, the way people were making me feel so, you know it's just completely up to the person and how they feel about it and how they can handle it.

Role models, nurses, nutritionists, and other health care providers need to utilize their encounters with every pregnant woman to encourage them to try breastfeeding. General practicing nurses and nutritionists should assess women's past experiences and perceptions about breastfeeding during pregnancy to target needed anticipatory guidance about breastfeeding such as what it will really be like, ways to manage common issues like sore nipples and engorgement, embarrassment, and assure women are informed about formal support systems available. Research has shown that young and older women wished they were more prepared for the realities of breastfeeding. Women should know that most women don't have perfect experiences learning how to breastfeed, and, that it's common to need some support and guidance.

General practicing nurses and nutritionists need to use prenatal encounters as opportunities to talk with young women about ways to be modest when breastfeeding such as using a blanket or the clothing they wear. Nurses and nutritionists should share other possibilities to reduce embarrassment such as choosing to breastfeed when at home and supplement with expressed breast milk or formula and other strategies they can utilize. Having the option of having another person feed their baby so they can get a break from constantly breastfeeding has been identified as an important need of teenagers. Therefore, teenagers need information about the use of pumps for their various needs. General practicing nurses and nutritionists should also assess infant sleep environment and discuss the AAP recommendations. If parents do choose to bed share, parents should be informed of ways to increase the safety of this practice such as never bed share after using any depressants, sedative or illegal drugs or alcohol (Buswell & Spatz, 2006).

Advanced practice nurses should explore policy changes within the WIC program to provide manual, pedal and electric breast pumps at no cost to participants. These types of pumps are available to Vermont WIC participants based on women's needs. However, women who have electric pumps through WIC for returning to work or school cannot receive any formula from WIC during the same month that they have the electric breast pump. Advanced practice nurses should conduct a cost benefit analysis to determine if providing electric pumps to women who are also receiving a partial order of formula could be cost efficient.

Advanced practice nurses or International Board Certified Location Consultants (IBCLCs) should design a comprehensive training program for general nurses,

nutritionists, dieticians, and other health care providers on supporting women on WIC to breastfeed. This should include ways to provide anticipatory guidance of common problems and their management to improve staff's baseline knowledge. This training should be offered routinely to WIC staff and be revised to include the changing science and best practices of supporting women to breastfeed.

Advanced practicing nurse or IBCLCs should also design a breast pump training curriculum that can be utilized by nursing and nutrition staff in the Health Department's district offices for WIC participants to attend during pregnancy or postpartum. These trainings could be conducted on a regular basis and offered as a Second Nutrition Education Contact, which is a federal requirement of the WIC program.

Furthermore, efforts should be made by advanced practice nurses to create a comprehensive breastfeeding friendly business program that includes materials such as sample policies and talking points and strategies to engage in businesses becoming breastfeeding friendly. These programs should be designed, implemented and evaluated by advance practice nurses. Businesses that become designated, breastfeeding friendly, need to be recognized and promoted by this program. Materials can be used by entry level nurses and nutritionists to engage in discussions with businesses. Public health efforts to improve workplace support of breastfeeding should focus on areas where lower income women are employed such as fast food restaurants, grocery and convenient stores.

Advance practice nurses should review and revise state laws that may affect breastfeeding women and their families, such as those dealing with child custody, jury duty, and indecency and create laws that raise awareness and affirm women's rights to

breastfeed. Women are getting mixed messages that breastfeeding is best but shouldn't be done openly. Just recently in November of 2006, a woman from New Mexico was breastfeeding in the window seat of a plane before take off with her husband seated next to her. She was removed from this Delta flight in Burlington, Vermont after she declined a blanket from the flight attendant to cover up. Society needs to cultivate an environment where women can feel that breastfeeding in public is their right and is appropriate.

Limitations of the Study

A limitation of this study was the small sample size. Data saturation was achieved however; interviews with more participants may have provided an even richer description of the experience. Recruitment of participants was difficult partially due to the small pool of women who met the participant criteria. Criteria was limited to women ages 18 and 19 when it could have been expanded to include women ages 20 or 21 as long as they had a breastfeeding experience when they were a teenager. However, the intent was to limit the age so that the breastfeeding experience was somewhat recent and fresh in the participant's mind to provide a rich description of the experience. Some of the women that were approached by community partners about participating were just frankly not interested or were managing other personal issues such as domestic issues like custody battles. Some women were just unreachable due to phones being out of service or changing numbers or they just never responded to a community partner's contact.

Most of the participants in this study were 18 years old when they had their breastfeeding experience. A limitation of this study was that only one person was 16 and

the other one 17 when they had their breastfeeding experiences. It would have been interesting to include more women that were under 18 when they had their baby since breastfeeding is associated with an older age. This study does not provide rich descriptions of support to breastfeed from health care professionals outside of the hospital prenatally or postpartum or the quality of the support received from staff at the WIC program.

Recommendations for Further Research

Areas that need further research include the exploration into the impact teenage pregnancy can have on an individual's acceptance of motherhood, their outlook on their future and if breastfeeding may enhance their outlook, self confidence and personal capacities. According to Nelson and Sethi (2005) teenage mothers in their study did not share the societal view that having a child at an early age ruined or limited their future. Some women have viewed parenthood as a way to become adults and motherhood may offer them opportunity for hopeful future (Nelson & Sethi, 2005). Monique felt that her unintended pregnancy had changed her future and her choices in life were different from her peers.

Other areas for further research is exploring the various reasons why teenagers use breast pumps, what education they receive on using them efficiently, and, what their experiences are using them. Further research is needed to better understand the benefits and of co-sleeping and bed sharing and their association with breastfeeding. Other areas that should be explored more are how health care professionals influence the

breastfeeding experience of teenagers and how significant others, fathers of babies, and teenagers' mothers or fathers support or impact breastfeeding.

Summary

In conclusion, this study offers exploration into the lived breastfeeding experiences of young, lower-income, rural women. This population shares some similarities with the experiences of adult women as far as learning how, experiencing challenges, support, weaning, and the emotional implications of breastfeeding. However, teenagers are also undergoing developmental transitions in addition to the adjustment of becoming a breastfeeding mother which may be overwhelming. This study offers insight into how women can be influenced to breastfeed. Women in this study were encouraged to breastfeed by seeing other women in public breastfeed, by learning about the benefits, and receiving support from their community and family members to breastfeed. This study reinforces the importance of strategizing ways of minimizing embarrassment with young women and their need for access and utilizing breast pumps. Advanced practice nurses can implement strategies to increase awareness, foster support and social change through policy, education, and practice, to promote environments which support healthier transitions for young women to become breastfeeding mothers.

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APPENDIX A

Community Recruitment Letter

Margaret Tarmy, RN
2321 Hollow Rd
N. Ferrisburg VT 05473

Dear Community Partner,

Your assistance is requested in the recruitment of participants for my graduate nursing research study. The purpose of this research study is to better understand the breastfeeding experiences of women on WIC in Vermont who are currently 18 and 19 years old. Understanding the experiences adolescent women have breastfeeding in Vermont will provide insight to these experiences and enhance health care provider's ability to promote and support adolescent breastfeeding experiences.

I intend to interview six to ten non-pregnant women who are currently 18 or 19 years old who have breastfed or are currently breastfeeding in their teenage years. I will ask them to provide a description of their breastfeeding experiences. The interview will include open ended questions designed to elicit the breastfeeding experience from the perspective of the participant without the researcher directing the experience shared.

In your work with clients; I would appreciate it if you could refer prospective research participants to me for possible enrollment into the study. I will be responsible for describing the study in further detail. Please have prospective participants reach me at #233-5395 or in person at the Vermont Department of Health. I am happy to meet them and discuss the study in more detail in person at the Health Department, Parent Child Center, their home or any other location.

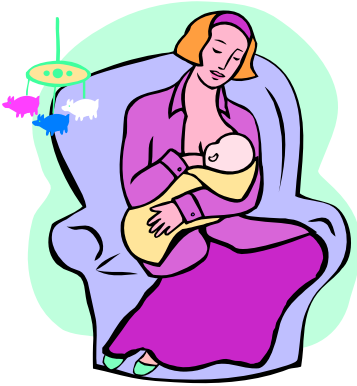
Thank you so much for your assistance in recruiting participants for this study.

Sincerely,

Margaret Tarmy, RN
802-233-5395

APPENDIX B

Participant Recruitment Flyer



- Are you 18 or 19 years old and interested in sharing your breastfeeding experience?
- What was or is this experience like for you?
- Is it or was it what you expected it would be?

Margaret Tarmy, RN, is a Graduate Nursing Student at the University of Vermont. She is conducting a research study on 18 and 19 year old women on WIC in Vermont who have had a breastfeeding experience or are currently breastfeeding. Sharing your experience will help improve health care provider's understanding of breastfeeding experiences. Understanding the breastfeeding experience from your perspective is valuable. This can help improve the quality of the education and support adolescent women receive during their breastfeeding experience. The information you provide will be kept confidential. Your participation is voluntary.

Margaret Tarmy Breastfeeding Study #233-5395	Margaret Tarmy Breastfeeding Study #233-5395	Margaret Tarmy Breastfeeding Study #233-5395	Margaret Tarmy Breastfeeding Study #233-5395	Margaret Tarmy Breastfeeding Study #233-5395	Margaret Tarmy Breastfeeding Study #233-5395	Margaret Tarmy Breastfeeding Study #233-5395	Margaret Tarmy Breastfeeding Study #233-5395
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APPENDIX C

Informed Consent

Title of Study: Breastfeeding Experiences of Teenage Mothers in Vermont
Principal Investigator: Margaret Tarmy, RN
Faculty Sponsors: Nancy Sowan, RN, Ph.D
Judith Cohen, RN, Ph.D

You are invited to participate in a study about the experiences teenage mothers have breastfeeding. You are being asked to participate because you are a mother who is currently breastfeeding or had a breastfeeding experience while receiving WIC benefits and living in Vermont. This study is being conducted under a sponsor through the University of Vermont as part of the researcher's graduate work for a Master's of Science degree in Nursing. We encourage to you ask questions and take the opportunity to discuss the study with anyone you think can help you make this decision.

Why is this research being conducted?

The purpose of this study is to learn more about the experiences young women have breastfeeding, how it differed from what was expected and what influenced this experience. Understanding the experiences young women have can help inform health care providers to better prepare and support other women to breastfeed.

How many people will take part in the study?

The researcher would like to interview six to ten women ages 18 and 19 who are either currently breastfeeding or breastfed during their teenage years.

What is involved in the study?

You will be asked to sign this consent form. You will then be interviewed for about an hour or the time it takes for you to describe your breastfeeding experience. This interview can occur in the setting of your choice, wherever you are most comfortable: your home, a family member's home, at the Health Department or Parent Child Center. Your interview will be audio taped so that the researcher can analyze the interview data. You may be asked to interview again, if needed, to clarify information during the previous interview. You will be asked to talk about your breastfeeding experience. Examples of questions that will be asked are: What is/was the breastfeeding experience like for you? What influences/influenced your breastfeeding experience? After the interviews are completed, you will be asked to read and provide feedback to the researcher on the description of the study's findings. The researcher will send you the findings by mail or give them to you in person for you to review and return with your comments in the provided self-addressed stamped envelope.

What is the compensation?

You will not receive payment for participation in this study.

What are the risks?

There are no anticipated risks involved in participating in this study. However, remembering and sharing your personal breastfeeding experience may bring up difficult emotions for you.

What are the benefits?

Your participation will help to better understand how to develop and improve programs for other teenage mothers in Vermont and help them to be supported in their breastfeeding experience. There may be no direct benefit to you for participating in this study.

Are there any costs?

There are no costs for participating in this study other than your time.

Can you withdraw from the study at any time?

You can voluntarily withdraw from the study at any time due to any reason. If you decide not to participate or withdraw from the study at any time the services you receive from WIC or other community supports will not be affected in any way.

What about Confidentiality?

Your participation in this study will be kept confidential. During the interview, you will be asked not to state any names. For example, call the father of your baby, boyfriend, or husband by these terms, not by their first names. Call your infant by the term “daughter, baby, or son” instead of by name. The audiotape will be destroyed after it is transcribed into the written form. These transcripts will be coded and will not have identifying information and will be kept in a locked office. Your contact information and code will be kept by the Principal Investigator in another area of the locked office. All information you share about yourself and others will be kept private and no one will be told that you have talked with me or that you provided information. The findings of this study may be published but no identifying information will be included.

Contact Information

You may contact Margaret Tarmy, Principal Investigator if you have questions about this study or her Faculty Sponsors Nancy Sowen and Judith Cohen. If you have any questions about your rights as participant in this research project or for more information on how to proceed should you believe that you have been injured as a result of your participation in this study you should contact Nancy Stalnaker, the Director of Research Protections Office at the University of Vermont 802-656-5040.

Statement of Consent

You have been given and have read or have read to you a summary of this research study. Should you have any questions about the research, you may contact the persons conducting the study at the address and telephone number given below. Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or prejudice.

You agree to participate and you understand that you will receive a signed copy of this form.

Signature of Participant	Date
Name of Participant Printed	Date
Signature of Principal Investigator	Date
Name of Principal Investigator Printed	Date

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