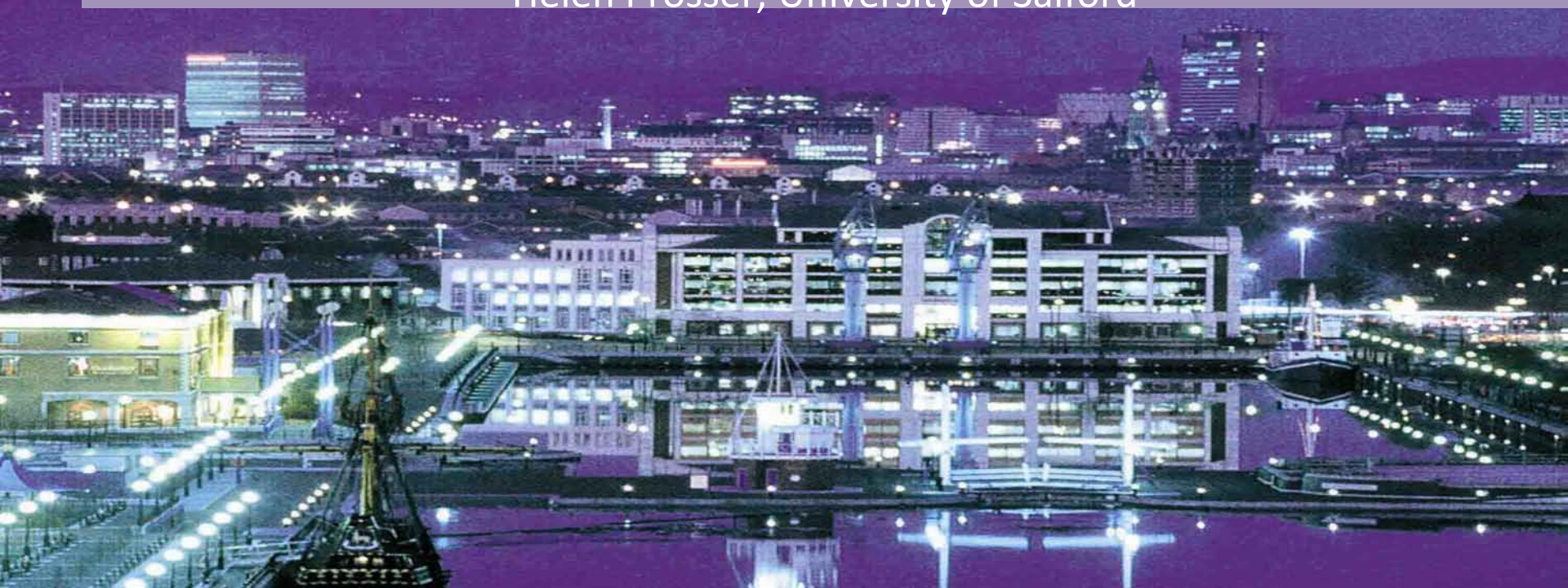




**University of Salford**  
A Greater Manchester University

*It just seemed the most natural thing to do, but it was such hard work'*  
Decision-making surrounding breast/bottle feeding among parents living in a  
deprived area where breastfeeding rates remain low

**BSA Medical Sociology Group Annual Conference**  
**14-16th September 2011 University of Chester**  
Helen Prosser, University of Salford





# Public Health Context

- Breastfeeding reduces child mortality & promotes child health and development
- WHO - exclusive breastfeeding for 1<sup>st</sup> 6 months of life
- Key priority for tackling health inequalities - women from deprived areas are least likely to breastfeed
- Breastfeeding a local priority for health improvement
- NW town - breastfeeding initiation 20% below national average; 24% at 6-8 weeks, compared with at least 50% nationally



# Aims

- To identify the factors underlying infant feeding choice among parents living in areas of low breastfeeding
- To explore the differential reasons for choosing to breast or formula feed; and the reasons why some mothers who initiate breastfeeding continue beyond 8 weeks and others cease
- To explore health professionals role in supporting breastfeeding



# Theoretical orientation: socio-ecological approach

- Interplay of intrapersonal, interpersonal, organisational, societal/environmental factors that influence health behaviour and outcomes of the individual
- Increasing understanding of the social determinants of public health
- Little UK research that has focused exclusively on mothers living in areas of low breastfeeding + contextually-based accounts of the interacting biographical/individual, structural and social processes contributing to individual decision-making and experience



# Methodology

## Setting

Areas of low  
breastfeeding in a  
town in NW  
England

## Data Collection

Semi-structured  
interviews & focus  
groups – parents &  
health professionals

Understanding  
decision-making;  
attitudes towards  
breastfeeding;  
reasons for low rates

## Analysis

Interviews/focus  
groups audio-  
recorded &  
transcribed verbatim

Constant  
comparative & thematic  
analyses

FINAL REPORT



# Sample

- Semi-structured interviews - 42 mothers+22 fathers
  - 12 formula fed exclusively
  - 17 breastfed exclusively
  - 13 ceased breastfeeding before 8 weeks (4 ceased prior to hospital discharge)
- Mothers age range – 18 -40; fathers age range 23 -44.
- Twenty-two first-time mothers; 20 had older children.
- 6 Focus Groups
  - 1 – Community Midwives
  - 2 – Hospital Midwives
  - 3 – Health Visiting Teams



# 'Breast is Best'

## ➤ Child health advantages – 'Best for baby'

*Just because I think it's so well known that it's best for baby, that it's so well publicised that it gives them the best start.*  
(M2, breastfeeding)

*It's a natural process. But the fact that it helps you to lose the baby weight as well. That was like a secondary benefit, a bonus kind of thing. But my main priority was having the best thing to give to my child.*  
(M6, breastfeeding)

*I did know it was so much better but I just kept thinking, bottle, bottle, bottle. (M17 formula feeding)*

*All along I wanted to breastfeed and just because it's the most natural thing to do. Like we were given our breasts and milk for a reason.*



- It is not the perceived value of breastfeeding that is problematic
- Conditional and mediating factors that work to constrain breastfeeding
- These factors interplay at a number of levels and contexts for all mothers – interpersonal, familial, organisational and socio-cultural – and frame whether mothers initiate, continue or cease breastfeeding.





# Intrapersonal

- Accounts reflect the subjectivity inherent in infant feeding decisions - personal meanings, interpersonal characteristics & broader lifestyle orientations.
- Individual attitudes located in, and reflective of, broader socio-cultural contexts and ideological and moralistic understandings of infant feeding and motherhood.



# Deciding to Breastfeed – self-evident & absolute

## ➤ Natural

*To be honest, I never even considered that I would do formula.*

*Well it was instinctual for me because I just felt biologically that I wanted to do the best for her. It's what I was designed to do, I'm designed to do this, this is what I'm supposed to be doing. It's the natural thing.*

## ➤ Responsible mothering

*It's what they're there for, they weren't put there for you. So if they're there, use them for what they're for? As soon as I found out I was pregnant everybody was asking me how I was going to feed and it was like, breastfeeding! It's what feels good to me as a mother. **Bottles to me is just a lazy way.** (M10, breastfeeding)*

*It just feels really natural .I don't know why everyone doesn't do it. Like it should be illegal not to do it.*



# Deciding to Breastfeed

## ➤ Ambivalence – Uncertainty

*The breastfeeding, right at the beginning I'd said to myself, if it doesn't work, that's fine. (M8, stopped at 4 weeks)*

*I knew it was best and so you've this guilt, like this pressure to breastfeed cause you want to do your best for the baby... And you've got mums out there like me that didn't feel right doing it. (M22 ceased in hospital)*

## ➤ Scope to give up; underlying moral discourse; in having at least endeavoured to breastfeed mothers were able avoid the stigmatised status attached to mothers who aimed to formula-feed

*I thought I'll just give it a go; if I don't like it, if it's not for me, then I can always bottle-feed. But at least I'll have given him the best start. (M18)*



# Reasons for formula-feeding

- Breastfeeding 'unnatural' 'weird', 'not right' - breasts symbols of sexuality rather than a source of nourishment
- Concerns about body image
- Embarrassment of breastfeeding in front of others & in public
- Convenient & less time-consuming
- Lack of confidence in how to go about breastfeeding
- Lack of information and support

*It's just the thought of the baby being attached to the nipple, the idea of it is horrible, weird.*

(M5)

*It was like, well I don't want them to go all saggy* (M25)

*If I'm tired or something, I don't have to express the milk, I can just make the bottles up, then the baby's done. You get really tired when you're on your own, especially when you've got two. You just try and like get someone to have the baby as soon as you can.*

12 mothers gave formula milk from birth – 4 first-time mothers, 8 had formula fed older children.



# Organisational: Acquiring Information

- Parents reported receiving very little detailed information
- Written information not well accepted
- Parents wanted more detailed information on breast & formula feeding

*You get about 8 leaflets, it's pointless just reading them, you need to talk to somebody (M10 breastfeeding)*

*It sounds ridiculous but I can't even remember those leaflets, you're not just going to sit there and study those leaflets, are you? (M16 formula feeding)*

*Nothing, nothing, just the leaflets that they hand to you. I really feel that's something that could be improved, definitely, because I wanted to breastfeed (M19 ceased at 3 days)*



# Antenatal – Discussion

- Midwives seen as legitimate information sources; responsibility to inform all pregnant women about the benefits and management of breastfeeding
- Unmet need – proactive service, frequent contact & interactive discussion
- Lack of time & opportunity to discuss feeding choices

*All they said is, what do you want to do, breastfeed or bottle-feed? And I said bottle-feed. They said right, put it down, bottle-feed. (MF7 formula feeding)*

- Perception of a strong proselytising pro-breastfeeding stance , rather than advice

*If it had been less opinionated then maybe...but they all have their opinions, you know, breast is best, that's their trade if you like. If they could be a little bit more on the fence, well be a bit more open. Like to give as much information on bottle feeding as breastfeeding because at the end of the day it's each individual's preference. (M1, formula feeding)*



A1 *I mention it during the clinic appointments...and they'll say, 'oh no, I bottle-fed before'. And it's like well, wouldn't you want to give it a go? But a lot of the women, they've made their mind up from the start....*

A2 *And I don't think we ever try to change their mind, do we?*

A3 *No. Because we haven't got the time. In an antenatal clinic, you've got 15 minutes.*

A2 .... *you're just never going to challenge that, are you? You're just going to say, alright, think about it, that's as far as it would go.*  
(CM, focus group)



# Health Professionals

- Midwives uncomfortable broaching breastfeeding with mothers they perceived would formula-feed
  - unconvinced of the contribution they could make to decision-making
  - anxious not to appear to coerce mothers into a decision they assumed they did not want to take

*The majority of women that I speak to who might have decided to give breastfeeding a try, they're not that committed because they're soon wanting to try bottle as well*

*If you've got somebody who her mum bottle-fed, her granny bottle-fed, there's not a lot you can do.*

*You don't want to frighten women and you don't want to make women who choose to bottle-feed feel as though they're inferior. Some women feel bullied into breastfeeding which is not right either. It's difficult to find the balance. (Community Midwife)*





# Health Professionals

- Health professionals tend to make their own judgments about mothers' capacity to breastfeed & tend to view mothers in a deterministic way
- Health services can operate to disable mothers from seeking information, and limit their decision-making agency

*They asked me what I were doing, and I think, because I've had children before, they didn't push the issue any further when I said that I were going to bottle-feed. But if I'd been more encouraged, I would have breastfed her.., because when I had my first child I did try to breastfeed him and he didn't take, and that did put me off. Then, when I had my second son, I just said no, I'll bottle-feed, just through fear. But if I'd been persuaded a bit more this time, I would have gone to breastfeeding. But once I said no, bottle-feed, they didn't even touch the issue, nothing were ever tried to persuade me to breastfeed, they wrote it down, that were it. (MF11)*



# Social & Experiential Knowledge

- Decisions informed and patterned by previous feeding experiences
- Negative experiences & tales of anguish
- Reflects lack of formal information

*A couple of friends had tried breastfeeding and said it was horrible, like their nipples were sore . My friend told me her nipples were bleeding and things. I thought I'd rather just start bottle-feeding from the beginning. (M28)*

*My mum breastfed and she swears she gave my sister bronchitis because my mum were suffering at the time...That's always stuck: I thought well, everybody says about the immune system but what can I pass on to him..but there wasn't, at any point, a midwife or anybody spoke to me about breastfeeding (M25)*

*It's just I've always bottle-fed; I knew where I were, you know, with bottle-feeding (MF7)*



# Interpersonal

- Limited self-efficacy and confidence in 'how to do' breastfeeding
- Familial and social networks pivotal to initiation and continuation
- Formula-feeding mothers experienced little engagement by fathers in decision-making; absence of pro-breastfeeding norms

*I talked to my partner about whether I should bottle-feed or breastfeed. And he said it was up to me; whatever I chose, he'd agree with it anyway. (M16, bottle feeding)*

*they're her boobs, F6*

*Well, it were her choice. It's her body, isn't it? (F7)*



# Trade-off

- Breastfeeding needs to 'fit' into mothers' everyday lives & each mother negotiates infant feeding within her own social and personal circumstances
- The decision to breastfeed offset by the need to balance the demands of family, domestic commitments and social relations
- Formula-feeding afforded control & regulation over feeding & allowed for the maintenance of day-to-day functioning & social relations
- Breastfeeding perceived as time-consuming & inopportune – restriction of social activities & movement outside the home



# Initiating & Establishing Breastfeeding

## Experiences of Breastfeeding

- All mothers experienced breastfeeding difficulties
- Hard Work: technically difficult, tiring and time-consuming
- Differences between expectations (easy ) and reality (hard work)
- Uncertainty about ability to breastfeed

*You'd think it'd be easy because it's so natural, you'd think it would just come automatically; he would know what to do, you would know. But it's just so difficult. (M18 ceased after 3 days)*

*I definitely didn't expect it to be as hard as it was, nobody said...The first couple of weeks were a nightmare. It makes me want to cry thinking about it. I just really, really struggled.(MF9 breastfeeding)*



# Breastfeeding: A Transitional Process

## Pivotal components

- Learning the 'technical skill of 'how' to breastfeed
- How to manage breastfeeding difficulties
- How to negotiate other roles and responsibilities
- How to incorporate breastfeeding into everyday life



# Continuation & Cessation

## Continuation

- Commitment & Determination
- Timely, practical, hands-on support & advice provided by midwifery and health visiting services and informal care networks

## Cessation

- Reasons for cessation: latching on, pain, cracked/bleeding nipples, frequent feeding, insufficient milk; difficulty in incorporating breastfeeding into daily life.
- Limited support in early days and weeks
- Constraint of incorporating breastfeeding into daily lives

**NB: All mothers experienced breastfeeding difficulties**



# Factors influencing continuation

- Practical support & 'hands-on' advice on 'how to' breastfeed
- Opportunity to breastfeed - skin-to-skin contact

*I was always going to bottle feed and I'd always said, 'No, I don't want to breastfeed' Then when he was born they encouraged the first feed because it's so good for them and I just enjoyed it so much and he took really well to it  
(M4 breastfeeding)*

*I was very lucky to have a midwife that helped, it took quite a few hours before we settled him to having his first feed but they stayed with me the whole time 'til we did that. It really helped because it meant we weren't left on our own (M9 breastfeeding)*

4 mothers initiated breastfeeding but had stopped by discharge  
10 mothers ceased by the time their baby was 6 weeks old





# Factors influencing continuation

- Determination & perseverance
- Timely support from health professionals
- Practical & affective support from partners and family

*The pain was excruciating for 3 weeks. I just grinned and beared it. I wanted to do the best for her and I just kept telling myself, 'look this is the best for her. (MF2)*

*I always envisaged that I would be with her all the time anyway, the convenience thing wasn't really a factor. You're feeding so many times it does tie you down, but for me that wasn't a problem...she was planned, I wanted to put this sacrifice and do these things to give her the best start in life*

*I thought my milk had dried up when he were 2 days old, but when the midwife came she said, 'right, I'll show you what to do.' And she did, she took the time to do it*

*Steve would get the tea, even feed me when I was breastfeeding, do the washing, things like that because you just can't get round to doing it yourself.*



# Barriers to breastfeeding continuation

- Unmet support needs in hospital and after discharge - low staffing levels, lack of time & workload pressures
- Supplementary formula feeds in hospital
- Discharge from hospital when breastfeeding not fully established » breastfeeding difficulties

*They were very nice but they just couldn't help you. There was not enough. There was people in greater need than me, that's the way it was. It's not what I expected at all. I thought there would be a lot more support for you. (M15 ceased in hospital)*

*I was starting to get really upset because I thought I couldn't do it, so they said you can try her on a bottle. So they gave me a bottle and I tried her with that and she drank a few ounces, then when we took her home we put her on bottles. (M12, age 18, 1<sup>st</sup> baby)*

*You've got ladies that come back from caesareans, poorly ladies, who've had major surgery, and they have to come top of your list so, other people get left. (HM1, focus group)*



# Barriers to breastfeeding continuation - community

- Limited home-visiting support
- Inflexible & limited contact times
- Mothers' reluctance to seek support

*I said, 'when he's latching on, it really hurts, it made my toes curl up, it really hurt me. They said it's because he's not latching on properly'. They showed me different ways to hold him and everything when I were in hospital, but it were once I got home, and you've not got people showing you and that support every day, it's harder*

*The most criminal thing is the women that do start, they're not supported and they give up. That's the most criminal thing, we're not supporting them.  
(Community Midwife)*

*I've got four children; he was my fourth, and I felt like I should have known what I was doing, I felt like that they expected me to know  
(M19, ceased after 3 days)*

*You could ring them and they could be in the middle of a home birth or in the hospital. I know it sounds daft but it's not the midwife's job to help me breastfeed. (M10)*



# Barriers – socio-cultural contexts & environmental structures

- Embarrassment of feeding in front of others
- Uncomfortable & self-conscious breastfeeding in public
- Culturally unacceptable; perception of social disapproval
- Lack of public breastfeeding facilities
- Navigation & time-tabling of breastfeeding – increasing the exigencies of breastfeeding

*I'm finding it frustrating that I can't go out and do anything. You're worried about how it looks in public and thinking all the time, where is there a space I can discreetly go and breastfeed (MF2)*

*I felt like everybody was staring at me. I was like a fish out of water. I took a blanket so I was able to put it over my shoulder and feed him and he was OK. But I wasn't, I felt shown up and humiliated and all those feelings (M9)*



# Conclusions

- The socio-cultural and physical environment, and social relations, central to explanations for infant feeding - biomedical aspects engage with the sphere of the social
  - individual (self-efficacy, expectations, personal dispositions, etc)
  - Interpersonal & socio-cultural (attitudes of & social interactions with family/friends, network support, cultural knowledge)
  - structural (organisational arrangements; service and information provision; health professional practices & attitudes)
  - environmental (lack of social & public spaces to breastfeed; social disapproval of breastfeeding)
- Breastfeeding contingent upon mothers' interactions with health services/health professionals at key sites & times along the antenatal/postnatal pathway



- Issues around infant feeding are moral, and socially constructed
- Infant feeding has symbolic importance, and demarcates the moral status of the mother
- Thus, a challenge to health promotion messages which are framed in terms of the individual & concentrate on biological/nutritional rationales to populate the idea that 'breast is best.
- Mothers may only engage with 'breast is best' insofar as it is a response to moralistic discourses associated with motherhood - under increased pressure to breastfeed, thus limiting agency.
- Limited self-efficacy and absence of practical support renders mothers vulnerable to early cessation



# Recommendations

- Long-term, co-ordinated, multi-staged, multi-faceted systemic approach integrated across and within manifold contexts and settings
- Need to address the complexity of socio-ecological systems for health and encompass interventions directed at the interpersonal, local organisational, community, societal and environmental levels
- Biosocial understandings need to be addressed in interventions