

An Investigation into The Challenges of Breastfeeding in First Time Mothers

by Sarah Corcoran

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Statement of Originality & Ownership of Work.

Department of Health, Sport & exercise & Science.

B.A. (Hons) Health Promotion.

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ABSTRACT

Breast feeding has been deemed the superior method of feeding an infant. Breastmilk contains all the right nutrients a new baby needs for optimal development. The World Health Organisation (WHO) and the United Nations International Children Emergency Fund (UNICEF) guidelines recommend to exclusively breastfeed for the first six months and to introduce weaning at six months, while continuing to breastfeed up until two years. Ireland however has one of the lowest rates of exclusive breastfeeding in Europe with only 55% following the recommended advice.

Many factors influence the mother's commitment to engage in the process some being more complex than others. The purpose of this study is to investigate the challenges of breastfeeding for first time mothers living in the Waterford and Tipperary regions. Through the use of a cross sectional study a clear description of these influencing factors was demonstrated using convenience sampling to do so. The sample population of 201 first time mothers were accessed from different mother/ baby groups in the Tipperary and Waterford regions. Also the use of social medias Facebook group "Breastfeeding Mammies" added to the overall sample group.

The study found the majority of first time mothers (69.65%) had intended to breastfeed their first born while they were still pregnant. The overall perception of attitudes and support received by the first time mother were positive. The mothers partner played a crucial role in the support as did the mothers own confidence and capabilities to persevere with breastfeeding. Although social barriers were encountered it was to a lesser extent to the physical hindrance experienced by some first time mothers. Where nipple pain was deemed the most consistent issue documented by 34.83% of the participants.

Chapter 1

Literature

Review

LITERATURE REVIEW

1.0 Introduction

The initial phase of a woman's pregnancy is an exciting, thrilling time. However the prospect of bearing and delivering a child and the extensive decisions to be made can often be overwhelming for a woman, particularly a first time mother. The paramount decision whether to breast feed or bottle feed your child is a crucial choice and is often based on the knowledge and preference of the mother. The decision by an informed woman generally results in choosing breastfeeding, with the anxiety surrounding this usually curtailed by the fact that The World Health Organisation (WHO, 2001), and American Medical Association (AMA, 2012) both agree that breastfeeding is the best way to feed your new born. It is well documented that breastfeeding plays a key role in the health and nurture of an infant especially in the first six months of its life. However the concept of breastfeeding can frequently be accompanied with apprehension and doubt despite the widely recognised benefits it has.

The purpose of this research is to explore the challenges surrounding breastfeeding, with particular focus on the first time mother. Ireland has one of the lowest breastfeeding rates in developed countries with 56% of mothers breastfeeding compared to 81% in the UK (Mullaney, Doolan, O'Higgins, Sheridan, McCartney & Turner, 2014). Irish babies are at a disadvantage health wise, due to the poor standard of reaching the WHO/UNICEF guidelines of exclusively breastfeeding your child for the first six months and introducing weaning at six months with continued breastfeeding up to the age of 2 years (WHO/UNICEF 2003). There is a definite need to promote breastfeeding not only as a biological norm but a cultural one. However, the growing body of literature sadly emphasizes on the troublesome aspects of breastfeeding (Knaak, 2010). This current study focuses on first time mothers and aims to comprehend how the discouraged outlook of others may or may not influence their choice.

Despite the available knowledge on breastfeeding benefits some countries across the world have fallen behind the recommendations; with only 39% of children under the age of six months in developing countries are being exclusively breastfed (UNICEF, 2015). The global strategy for feeding infants and young children envisions enabling the rights of the child to adequate and safe access to nutrition in appropriate conditions. By doing this they will fulfil the right of the mother to decide how to feed her child. It is hoped through commitment of government, international organisations and a changed environment for infant feeding that

the optimal feeding practise will become more recognised and greater informed choices will be made.

The research aim is to establish what is contributing to the interference of first time mothers giving their babies the most prevailing source of nutrients. What contributing factors are affecting the time span of the breast feeding and why do first time mothers discontinue the natural feeding approach? Pre-existing research relating to this topic has yet to concentrate on this specific area alone highlighting the rationale for this piece of research.

2.0 LITERATURE REVIEW

2.1 Health Benefits For Mother And Baby

All the essential nutrients needed for healthy development in a new baby are found in breast milk. It is the most natural means of feeding an infant (Allen & Hector, 2005). The antibodies found in breast milk help combat diseases. In the 2014 UK Millennium Cohort Survey; breastfeeding exclusively was linked to a 53% decrease in hospital admissions for diarrhoea and 27% decrease in respiratory tract infections (Platt, 2014). The WHO (2001) has supported evidence suggesting that one of the long term benefits of breastfeeding is that it reduces the risk of obesity, type II diabetes and high blood pressure as well as high cholesterol levels in the children down the line.

The “Let’s Move” campaign produced a sister campaign dealing with childhood obesity prevention from pregnancy and infant onward (Wojcicki et al, 2010). The “Let’s Move” campaign is an English societal movement campaign to combat over weight and obesity in 5-11 year olds. Since its establishment in 2009, it has been a very successful initiative in dealing with the UK weight issue. Michelle Obama approached the leaders of the campaign to develop one for the U.S.A. to combat obesity and overweight issues through this early intervention movement. Wojcicki et al., (2010) found through the “Let’s Move Campaign” that within the US sub group of African/American adolescent single mothers’ children were at higher risk of developing obesity due to the low breastfeeding rate of 20%. This is much lower than the projected 60% in the healthy people target in 2010. It also found that a third of two year olds were already overweight and at the risk of obesity.

A study conducted in Japan also found those who were exclusively breastfed for 6-7 months after birth were less likely to become over-weight or obese (Sifferlin, 2013). Breastfeeding your baby allows them to develop a healthy eating pattern, and it is a quick, convenient and

cost effective way of feeding your child. Breastfeeding also allows the child to regulate how much he/she wants and when, thus reducing the risk of obesity. Feldman (2010) concurs with this study and also states that bottle fed babies deal with the approach that the mother determines the amount her baby eats. Owen, Martin, Whincup, Smith & Cook (2005) found that early introduction of solids to the baby diets are linked with allergies and obesity.

Evidence has been found that mothers who breastfeed are less likely to develop diabetes after the birth (Park 2010). Women who don't engage in breastfeeding after the birth have a build-up of fat due to lactation curtailed. Also the extra abdominal fat gained during pregnancy is easier lost with breastfeeding however if it isn't reduced after the pregnancy it can have detrimental health effects to the mother. Brewer (1989) found that breastfeeding (which is a metabolic process in itself) mothers used up to 200-500 calories a day leaving them at a higher advantage to lose more weight than bottle fed mothers. Dewley et al (1993); Dugdale, Eaton, Evan (1989) both found that breastfeeding mothers lose more weight than those who don't. It was also documented that women who breastfeed report less hunger symptoms than those who don't breastfeed (Heck & De Castro, 1993). According to AAP (2005), exclusively breastfeeding mothers also have an increased length of time between pregnancies and a reduced risk of ovarian cancer development.

The menstrual cycle is delayed by exclusively breastfeeding therefore making it a natural contraception for mothers for the first six months after the birth. Labboct (2013) outlined that lactation amenorrhea (LAM) which is the period of time between delayed menstruation and fertility, is only fully effective if the mother hasn't menstruated since the birth of her baby, the infant is under six months and the mother is engaging in exclusive breastfeeding only (WHO,2007). However for it to be an effective contraceptive method mothers must be very strict with their feeding, if they miss one feed it compromises its effectiveness. A survey conducted by British Pregnancy Advisory Service (2012) found that 55% of the one thousand women surveyed were using breastfeeding as a contraceptive but hadn't been provided with any information regarding the effects if they stopped with regular feeds.

Sower (1995) found that bone density returned to pre pregnancy levels or even higher after breastfeeding therefore suggesting breastfeeding also supports good bone health later in life thus reducing the risk of developing osteoporosis. Also it was supported that those who hadn't breastfed were more likely to experience a hip fracture after menopause (Cumming,

1993). It is also linked with lower levels of stress in the mother, (Hale, 2007) and (Persad & Mensinger, 2007).

2.2 Attitudes & Support Systems To Breastfeeding

Contrary to the proven fact the breastfeeding is the best option for your baby (WHO/ UNICEF 2004), breastfeeding has become so problematic that 31% of mothers were said to be “too embarrassed” to engage in the process in public according to the (WHO, 2001). A study by Wojcicki et al., (2010) also found mothers in San Francisco were embarrassed to breastfeed in public. Fathers were also found to be embarrassed when mothers breastfed in front of non-family members (Shepherd, Power, Carter, 2000). The controversy surrounding breastfeeding in public is supported by a modest 16% of women thinking it is acceptable to breastfeed in public an even smaller 6% of men agreeing to the feeding process in public (UK Survey 2015). This negative attitude portrayed by significant others will also influence the mother’s decision to commence or to continue breastfeeding (Scott, 2010). The feeling of embarrassment is sited as a restricting barrier for mothers and often solved by introducing supplementary feeding or complete halt of breastfeeding altogether (Brownwell, Huton, Hartman & Dabrow, 2002).

Studies that found fathers opposing to the mother breastfeeding the baby stated their concern in how they would be involved in the feeding process of their child and if it would affect how they bonded with the child (Moore, Anderson & Berfman, (2007) & Dogson, Duckett, Garwick & Graham (2002)). The absence of a partner also was found to be linked with higher cessation rates (Scott, 2010). Brand & Stack (2011) found similar results by carrying out a secondary analysis data on mothers at discharge, after two weeks 63% of mothers had discontinued the process; 56% of those were single mothers perhaps showing lack of support at home led to cessation of breastfeeding. Johnston & Esposito (2007) also agreed that mothers who were parenting alone, lack the support to sustain breastfeeding. Laantera (2010) and Wolfeberg, Michels, Shields, O’Campo, Burner & Bienstock (2002) & Pisancane, Contionisio, Aldinuvvi, D’Amora & Continisio (2005) united with their results all suggesting involving the baby’s father more in breastfeeding support and how to deal with problems encountered such as pain, would lead to an improved attitude and a greater understanding and knowledge as well as breastfeeding being sustained for longer.

Many believe that breastfeeding is the best possible way to feed your child however the tainted perception in society of the sexualisation of female breasts has concealed their

primary function as a source of nutrients for their offspring (Spear, 2006). Studies have shown that a positive attitude is promoted by a high level of support given to the mother on both a personal and professional level (Brittton, et al., 2007). Humphreys et al, (1998) found that hearing positive benefits of breastfeeding from close influential people was linked to higher rates of breastfeeding intention. If a woman views breastfeeding as a social norm and is supported by her partner, she will be more likely to breastfeed, however some mothers included in this study were participating in prenatal classes which was promoting breastfeeding as the best option to feed their child therefore their responses may have been persuaded by those classes (Persad & Mensinger 2007).

Persad & Mensinger (2007) also found first time mothers who received positive feedback and attitudes from her close social circle of family friends and her partner were more than likely to have a higher intent to breastfeeding. However this may be due to the fact that 48% of mothers surveyed for this study still lived with their mothers or family members; and turned to them for advice and support and highly valued their opinion (Persad & Menigner, 2007). Shaker, Scot & Reid (2004), Kloeblen, Thompson & Miner (2002) and Scout Reid & Kaer (2004) all found that the beliefs and attitudes of close family members were a greater influence to the new mother than her personal feelings towards breastfeeding. Begley et al., (2008) also found that how the new mother was fed herself as an important impact in how she would feed her baby; if she was breastfed she is more likely to breastfeed her infant than if she was bottle fed.

Although breastfeeding is encouraged, it is not always maintained. Research shows a rapid decline in breastfeeding rates after discharge from hospitals. Tarrant & Kearney (2008) found a drop in breastfeeding rates in a Dublin hospital from 47% at discharge to 24% just after six weeks. Begley et al., (2008) and MaAndrew et al., (2010) both carried out corresponding studies in Ireland and England respectively, and carried out follow ups at different stages after discharge from hospital. However they both resulted with decreases of breastfeeding rates after hospital release. According to Begley et al., (2008) 45% of Irish mothers were breastfeeding upon discharge however it dropped to 35% after one month. McAndrew et al (2010) also found 81% of mothers were breastfeeding upon discharge, yet it dropped to 55% after six weeks. This evidence strongly indicates the importance of a support system for the new mother.

Taveras et al, (2003) suggests that it is vital for clinicians who act as a support system for the mother, to provide positive support, and to be equipped with the right education, skills and knowledge to support the woman to increase the breastfeeding duration. Persad & Mensinger (2003) found that physical and practical interactions should create better results than providing the mother with leaflets and reading material. Both Bengamin (2011) and Ramachandron (2004) both concluded similar outcomes that practitioners and nurses have inadequate training regarding support to breastfeeding mothers and obtain a poor attitude towards breastfeeding mothers.

2.3 Problems Encountered

Supportive methods have already been discussed in this review although it is a major barrier for some, other mothers have overcome the social stigma but still experience other issues while breastfeeding. Lechman et al., (2006) found a link between inadequate parental education and poor breastfeeding technique with higher rates of breastfeeding discontinuation. Britton et al (2007) uses Orem's theory of self-care; a theory that states that one is responsible for one's own health and well-being and the also the health and well-being of our dependents, in this case our infants. The theory suggests special education for the mother is needed to enhance breastfeeding rates and increase their knowledge about the process. Britton et al (2007) found if the mother is well informed she is more likely to proceed with breastfeeding. It was found that a mother who had a high degree of knowledge about breastfeeding had greater success in exclusively breastfeeding rates for longer (Agampodi et al 2007).

Physical concerns of the mother also contribute to early cessation of breastfeeding. Thulier & Mercer (2009) found that poor milk supply, latching difficulties, painful breasts and clogged milk ducts, were difficulties encountered by breastfeeding mothers that influenced their discontinuation. However Uchenna (2009) associated sore nipples and breast pain as preventable issues and blamed poor breastfeeding techniques for their cause. Givglan (2004) also identified sore nipples as a result of improper positioning technique. This reinforces the need of education and knowledge of breastfeeding needed by the mother to sustain the process successfully. Persad & Mensinger (2007) suggests prenatal education for mothers who are experiencing difficulties with technique can reduce these barriers. It was observed that mothers, who lacked the adequate knowledge surrounding exclusive breastfeeding, will be unaware if she is carrying out the correct procedure therefore hindering the nourishment needed by the baby to thrive (Uchenna, 2009).

Along with the physical concerns the need to be a good parent can be a significant stress factor for first time mothers (Hahn-Holbrook, Holbrook, & Haselton, 2011). New motherhood can be a challenging experience which can be very demanding, with one in five mothers reporting depressive symptoms within the first twelve months after the birth (Gavin et al., 2005). Postpartum depression affects 50% to 80% of mothers across the globe (Pitl, 1973). Due to the severe negative side effects of this condition it may lead to long term consequences of the healthy development of the child (Grace, Evindar & Stewart, 2003). It is easy to envision why depression may hinder breastfeeding. Anxiety, poor motivation and especially in new mothers, rejection of their new baby, are all factors associated with depression (Becks, 1992). It is well documented that breastfeeding promotes bonding between mother and infant (WHO, 2001), for mothers suffering with postpartum depression bottle feeding may seem as the easier option.

Postnatal depressed mothers were found to be reporting more failed attempts at breastfeeding than those who weren't suffering from depression (Edhborg, Friberg, Lundh & Widstorm, 2005). There are some indications that breastfeeding can promote maternal mental health, (Mezzacappa & Katlin 2002) found mothers using mixed methods of feeding reported less negative moods, suggesting the oxytocin released by breastfeeding acts a protective factor against depressive symptoms (Skrundz, Bolten, Nast, Hellhammer & Meinlschmidt, 2011). However few studies have found very little to support the theory that breastfeeding is a protective factor in post-natal depression. A study carried out by Dennis & McQueen, (2007) found that women who exclusively breastfed for one week after the birth were less likely to become depressed later on (between week 1 up to week 8) than those who had bottle-fed. This study's time frame was too narrow to be able to establish the mental health of a new mother as they have only being breastfeeding for a short interval. The relationship between breastfeeding and mental health remains unclear. To establish whether it is has a negative or positive impact on the maternal mental health, a further in depth research study is needed.

2.4 Age/ Socioeconomic-Status/Education/Employment Of The Mother

In developed countries young mothers and those in low income households or those who dropped out of education are less likely to start or continue breastfeeding to gain the health benefits (Hanlyn, 2002). Women with a higher level of education were 70% more likely to breastfeed compared to those who didn't (Arora et al., 2000). Similarly it was found that those who attended college compared to those who graduated from high school were four times more likely to breastfeed (Chalmers, 2009). The highest incidences of breastfeeding

were found amongst mothers aged thirty years and older (UK survey 2010). Mothers over the age of twenty five years were considered more likely to initiate and continue breastfeeding than younger mothers (Foster, McLachlam & Lumley, 2006,; Chaves, Lamounier & Cesar, 2007,; Ryan, 1997). A Canadian study conducted found that a higher level of education, the older the mother and the more income she earned the more likely she would breastfeed her child (Chalmers, 2009) and lower economic status was associated with lower rates of breastfeeding (Chalmer, 2009). Better breastfeeding rates were positively related to a higher level of education in developed countries (Waldenstorm & Aarts, 2004; Scott, Landers, Huges & Binns, 2001).

To have a better understanding of the benefits of breastfeeding it is proven that, higher levels of education and socio-economic status and as well the age of the mother are all factors to be examined. However returning to work was deemed the most common reason for discontinuation of breastfeeding (Galson, 2008). Working mothers' breastfeed for a shorter period of time or not at all (Kearney, Cronenwett, 1997,; Visness & Kennedy 1997,; Noble, 2009) and maternity leave is a major factor (Scott, Binns, Oddy & Graham, 2006). The time commitment associated with breastfeeding can have negative impact for the mother in the workplace. Typically a mother needs approximately 45-75 minutes per day to express the milk (Mohler, 2011).

The work environment and the attitudes of colleagues are also influential factors that are taken into account when the breastfeeding mother returns to work. The expressing mother will need to take several additional breaks throughout the working day and have a private area to be able to express her milk (Hann- Holbrook, Schetter, Haselton, 2012) and these women may then be considered less serious about their employment commitment by other workers who don't agree with the process (Smith, Hawkinson & Paull, 2011). Therefore it is not unusual that mothers who return to work after three months are correlated with earlier weaning compared to those who take a longer maternity leave (Callen & Pinelli, 2004).

SUMMARY & RATIONALE

2.5 Conclusion

Breast milk contains all the right nutrients needed for healthy development of a baby. The infant will not only gain from the short term benefits of reduced illnesses but the long term effects of breastfeeding can help reduce the risk of developing obesity later in life (Sifferlin,

2003). It has favourable side effects for the mother, including such increased weight loss after birth compared to mothers who bottle feed (Brewer, 1989). Exclusive breastfeeding also acts as a natural form of contraception in the first six months after the birth (Labboct, 2013).

Breastfeeding in society is still a problematic area that is an influential factor for the mother when deciding to breastfeed or not. The worry of standing out from the crowd with 31% of mothers too embarrassed to breastfeed in public being a deciding factor to discontinue the process. The opinions and attitudes of partners and close family members are highly regarded by the mother, with a negative attitude among them associated with poorer breastfeeding rates (Scott, 2010). However Britton et al., (2007) outlined that a positive support system in both a personal and professional means are associated with higher breastfeeding rates for longer. However it is evident that a rapid decline in breastfeeding rates after hospital discharge is somewhat due to poor education and support given to the breastfeeding mother by health care workers and perhaps due to the poor training received by the health professionals (Persad & Mensinger, 2007).

The physical barriers met by mothers are identified as reasons to discontinue the natural feeding process; however some physical encounters are due to poor teaching of proper techniques of position (Persad & Mensinger, 2007). The demographics of the mother herself also contributes to the breastfeeding rates with unsurprisingly a higher level of education, socioeconomic status and age all associated with higher breastfeeding rates (Chalmers, 2009). It is well documented throughout this literature review that there are several links both positively and negatively impacting exclusive breastfeeding rate. There is a clear need to support and create more awareness and education surrounding breastfeeding and especially the mothers who wish to succeed in doing so.

2.6 RATIONALE

Tarrant and Kearney (2008) have documented the lack of Irish breastfeeding data; therefore it is clear there is a need for this research to be carried out as there is not enough research capturing the challenges faced by first time mothers who are breastfeeding. The purpose of this research is to explore the challenges of breastfeeding faced by first time mothers specifically. As clearly stated above there is an abundance of evidence outlining that breastfeeding benefits both mother and baby in the short-term and long-term.

However many fail to meet the recommended guidelines set out by WHO (2001), APA, 92012) and AAP (2005). Deciding how an infant will be fed is a very complex decision involving many influential factors such as social, psychological, emotional and environmental as well as considering the high demands that new motherhood brings. In making the decision it is important that mothers have a high degree of knowledge about the advantages and struggles that can be associated with breastfeeding such as time commitment, attitudes of others and the possibility of physical barriers. It appears that the disadvantages are highlighted more than the advantages of breastfeeding adding to the greater challenge of first time mother who wish to breastfeed.

Although the socio-economic backgrounds, income levels, education status, the age of the mother and the support and attitudes by close family member all impact of the breastfeeding rates, they cannot take away from the fact that breast milk is the best source of nutrition for the new born. The influences around a mother before, during and after her pregnancy are all factors that can either have a positive or negative impact towards breastfeeding. There shouldn't be any barriers to supporting mothers whose breast milk is the best natural source of nutrition for their off spring.

2.7 RESEARCH QUESTIONS

What factors are affecting a mother's decision to breastfeed?

What factors contribute to successful breastfeeding for as long as possible?

What problems were encountered by the first time mother that contributed to the discontinuation of her breastfeeding?

How supportive and helpful was the maternity unit supportive to the nursing mother?

Chapter 2

Methodology

3.0 METHODOLOGY

3.1 Research Design

The research design that was used for this study was a cross-sectional survey. This form of research design allows the researcher to observe a snapshot of a population at a specific period of time and reporting the descriptive data findings in charts and tables. All variables of the study are measured at one time. As it is purely a descriptive study no tests or correlations will be used. This research designs intestinal use is to observe and describe the frequencies and factors of the chosen subject or behaviour (Hambrick, 2007).

3.2 Study Population And Sample Methods

The study population was first time mothers in the Waterford and Tipperary areas. Waterford and Tipperary are growing populated counties with last census totalling at 113,795 people in April 2011 in which there was 1878 births in Waterford in 2011. Tipperary also had a total of 2423 births in 2011(Census, 2011).This makes both counties an optimal place to conduct this research.

The sampling population used was convenience sampling. The researcher acknowledges a random sample would have strengthened accuracy of the results of the study, however due to time constraints and low budget this was not feasible. The sample population size recruited 201 first time mothers in the Tipperary and Waterford areas for this study. Mothers were accessed through mother baby groups in both counties and some through the “breastfeeding mummies” Facebook group. The Facebook group is a private social media outlet for mothers to discuss breastfeeding and offer support to each other.

Participants were between the ages of 20 to 41+ years. The researcher was granted access to the new mothers group through the group organisers and administrators of each different group approached. The researcher joined the groups at the start of the meeting and explained the reasoning for the study and was available to answer any questions they may have had in regards to the study. However due to the sensitively of the subject matter, physical attendance for the researcher to some groups was declined upon the wishes of the mothers. In this case the group leaders obtained the questionnaire and distributed them out on behalf of the researcher.

3.3 Measurements Tools

Questionnaire

The data collected for this research used an existing questionnaire which was adapted to fit the topic at hand. The questionnaire was adapted from The National Infant Feeding Survey 2008 (Begley et al, 2008) and can be seen in Appendix 1. As that study covers a far greater population and is a much more in depth study than this research a selection of questions were taken and were adapted for the research questionnaire fitting to the topic in question. The questionnaire was aimed to determine all challenges faced by first time mothers including socially, physically and personally.

The questionnaire covered the areas of the research questions. The final draft of the questionnaire consisted of 26 questions, 25 multiple choices with the option to tick one answer or depending on the question complete the “other option” with an answer not given in the list. There was one open question where the participant was asked to disclose her nationally.

The first part of the questionnaire was specially aimed at the mother who was required to indicate the specific age bracket she belonged to by ticking the appropriate box and to disclose her nationally.

The second part of the questionnaire required the participant to answer questions relating back to her pregnancy. The participant simply had to tick the box she could most associate the most with. These questions aimed to establish how she had planned to feed her baby and what may have influenced her choice in her planned method of feeding her new born baby.

The third section of the questionnaire was based on what possible social and personal influences that may have affected her choice in her planned feeding method. Again the participant simply had to tick the box with the option she could relate to the most.

The fourth section of the questionnaire required the participants to indicate what level of information and support received after the birth. The participants had to tick the relevant boxes relating to their situation and experience.

The fifth section of the questionnaire was based on barriers met by the first time mother that had a negative impact on her feeding method. These questions included physical bodily issues the participant may have endured due to breastfeeding and also social encounters that may have had a negative impact on the participant’s breastfeeding journey.

The sixth and final section of the questionnaire aimed to comprehend the support and help received with her breastfeeding. Here the researcher wanted to establish if the participants had felt that direct support stemmed from the maternity unit or other sources. The participants were then asked to rate the support given from “extremely useful” to “not useful”. Here also the participant was asked to indicate her breastfeeding description “I would have liked to breastfed for longer” to “I breastfed for longer than I had intended to” also establishing her current feeding method along with the baby’s age category.

3.4 The Pilot Study

The questionnaire was pilot tested with a selection of women first prior to the survey being conducted. They were asked to focus on how easy it was to read and understand. The feedback received prompted alterations to allow for obtaining clear concise data. This was especially important in a modified survey. Baker (1994) suggested using a pilot study to “test out” the research tool. By conducting a pilot test the researcher reduced the likelihood of errors in the actual study. This gave the researcher time to make alterations before conducting the study (De Vaus, 1993). It also gave an estimated time frame in which to complete the survey.

3.5 Data Collection Procedures

The data for this cross sectional survey was collected using an adapted questionnaire. The first section asked demographic questions along with what experiences of breastfeeding were encountered and what knowledge of breastfeeding they had. The second section of questions asked what factors or influences helped them to decide to start breast feeding or not. Also who or what influenced and help them to maintain the feeding process. The third section dealt with the problems encountered, physical concerns, family and friends, social issues and attitudes. After all permission was granted by the groups and they agreed to take part in the study, the questionnaire was delivered to the agreed groups both electronically and manually.

With permission granted from some support groups in Waterford including Cuidiu and La Leche League in Tipperary and Waterford questionnaires were distributed out to the breastfeeding mothers and mothers who have tried breastfeeding and discontinued. Those who were willing to participate prior to the distribution of the questionnaires were given a brief introduction and explanation of the research.

The surveys were distributed at the end of February to the groups at a time that suited them the best. The survey was pilot tested beforehand to see how long it took to be completed,

which easily determine how much time was required for each group. Prior to the distribution the researcher explained her position and briefed the group on how the data provided would be used. For anyone that wished to partake in the survey the researcher handed out the questionnaire and answered any questions they had.

A variety of different groups were needed for this research so more questionnaires were given to the Facebook group “Breastfeeding Mammies Waterford” which is a mother to mother group to which access was granted to the researcher. To access the Facebook group an online survey development company was used. Once the survey questions were formulated, the survey was linked and posted to the Facebook group allowing the members to answer the questions. There was a segment respondent put in place this allowed the link to be deactivated when it reached the required number of surveys answered. As the researcher was not in direct contact with all group members it was confirmed by the group administrator would forward on any queries regarding the study. Due to the limited direct contact with the Facebook group it was only used to answer sixty five surveys, the remaining data was received from mother/baby groups in Waterford and Tipperary.

Also non promoting breastfeeding mother/baby groups were approached to fill out this survey. This gave the researcher non bias data and a better understanding from both pro breastfeeding mothers and those against it. The researcher was present to answer any questions regarding the questionnaire completion for this group.

3.6 Data Analysis

The data from the questionnaire was entered into Statistical Packaging for Social Sciences (SPSS). Descriptive statistics was used to calculate information such as mean of age of the respondents. Descriptive Statistics was used for all of the research questions. It was a useful way to gather large amounts of data and present it in a way that is easily understood and requires minimal effort (Fluid Surveys, 2014). Descriptive frequencies will show what percentage of different factors affected the decision to breastfeed. This will give the researcher an overall sense of the main issues and the reasons behind the challenges of breastfeeding for first time mothers. All questions will be answered using descriptive statistics and results will be displayed using pie charts and bar charts.

3.7 ETHICAL CONSIDERATIONS

Ethical approval has been obtained from Waterford Institute of Technology. The participants were informed of the reasoning behind this study by either the researcher or in some cases the group leaders. Then they were invited to participate in the survey on a voluntary basis using verbal consent. An information section was also included. The participants were given the right to privacy, anonymity and confidentiality. After the completed questionnaires were gathered they were stored in a secure, safe place and will be destroyed upon completion of this study.

Chapter 3

Results

4.0 RESULTS

4.1 Demographic Profile Of The Participants

The total number of participants in this study was 201. All participants in this study were first time mothers who have, or were still breastfeeding their infants in the Waterford and Tipperary regions. No questions were left unanswered. Figure 1 indicates the age profile of the participants; the majority of the sample population were in the 31-40 age brackets. Figure 2 indicates the nationality of the participants, with the vast majority being Irish. Figure 3 indicates the age of their infant and figure 4 indicates how they had planned to feed her child during pregnancy, with breastfeeding the most popular choice with 69.65% opting for this.

Section One

Figure 1

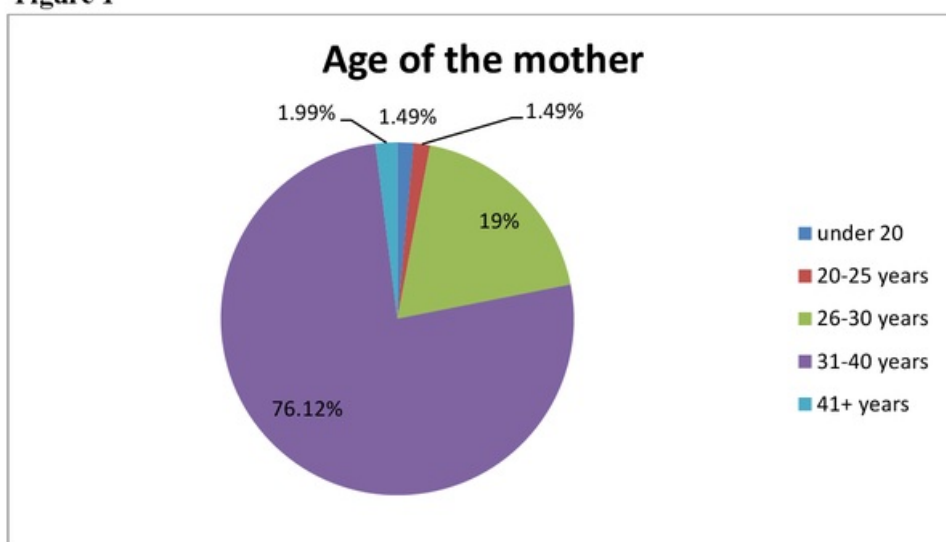


Figure 1 indicates the age range of the first time mothers who participated in this study. The most common age bracket was 31-40 years with 76.12% of participants falling into that category. The second highest age bracket was 26-30 years with 19 % of first time mothers being in that age bracket. The remaining 4.97% were made up of 41+years (1.99%), and the under 20 years and 20-25 years categories had equal participants with both consisting of 1.49%.

Figure 2

Nationality	Amount
Irish	181
British	3
German	3
Canadian	2
Latvian	1
Russian	1
South African	1
Romanian	1
Filipino	1
Swedish	1
French	1
Pakistani	1
Slovakian	1
New Zealander	1
Puerto Rican	1

Figure 2 clearly indicates the different nationalities of first time mothers who participated in this study. There were fifteen different nationalities that completed this survey. Ireland was predominately the most popular nationality with one hundred and eighty one participants being Irish. The remaining fourteen nationalities were mostly chosen by one participant except British and German, these nationalities were represented by three participants and Canadian totalled at two participants.

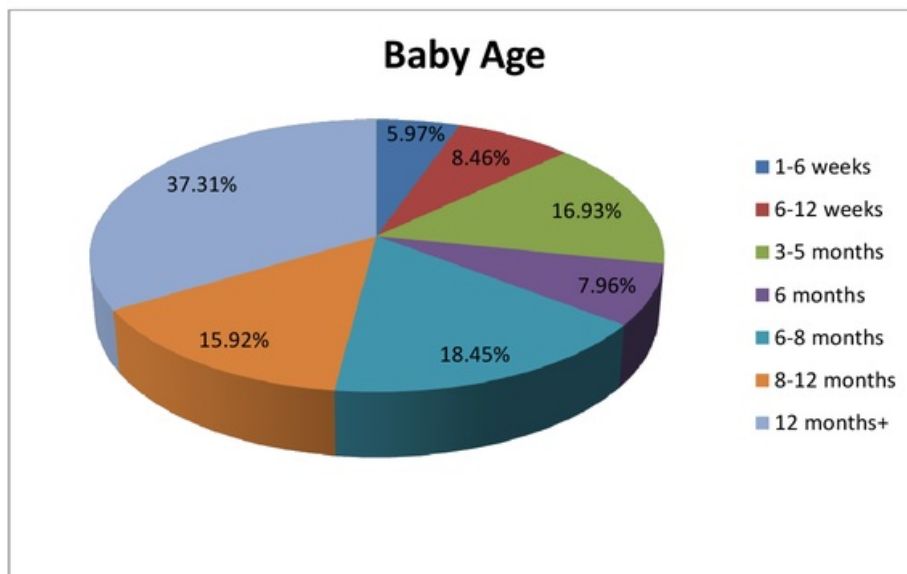
Figure 3

Figure 3 demonstrates the age bracket of the first time mother's babies. With 37.31% being twelve months and older it was the most populated age group. The youngest age categories of 1-6 weeks were also the smallest representative in this study with 5.97%. The second most common age bracket was 3-5 months with 16.93%. The third and fourth most selected age categories were 6-12 weeks (8.46%) and 6 months (7.96%).

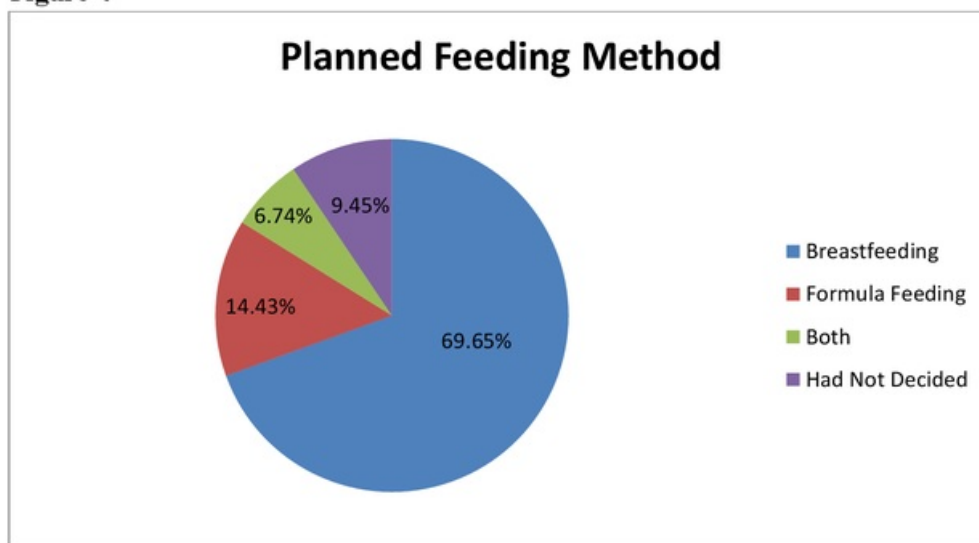
Figure 4

Figure 4 indicates how the participants had planned to feed their baby during pregnancy. Breastfeeding was the most popular choice with 69.65% of first time mothers showing their intent to breastfeed before birth. Formula feeding (14.43%) was the second most popular selection for feeding their infant. A mixed method approach was deemed the third favourable in how to feed their baby with 6.47% of participants choosing that. The undecided first time mothers in this survey totalled at 9.45%.

Section 2

4.2 Factors Affecting Mother's Decision To Breastfeed

As seen from above in section one of the results, almost 70% of the mothers while pregnant said they had planned to breastfeed while 14.43% had decided to formula feed. In this section the results will display some affecting factors that aided or hindered their choice. Figure 1 indicates how the mother herself was fed as a baby. Figure 2 demonstrates how the mother's family and friends fed their children as babies. Table 3 indicates if anyone discussed how to feed their baby during pregnancy and table 4 indicates who that was. Finally table 5 displays if the mother has seen an advertisement for either breastfeeding or formula feeding previously.

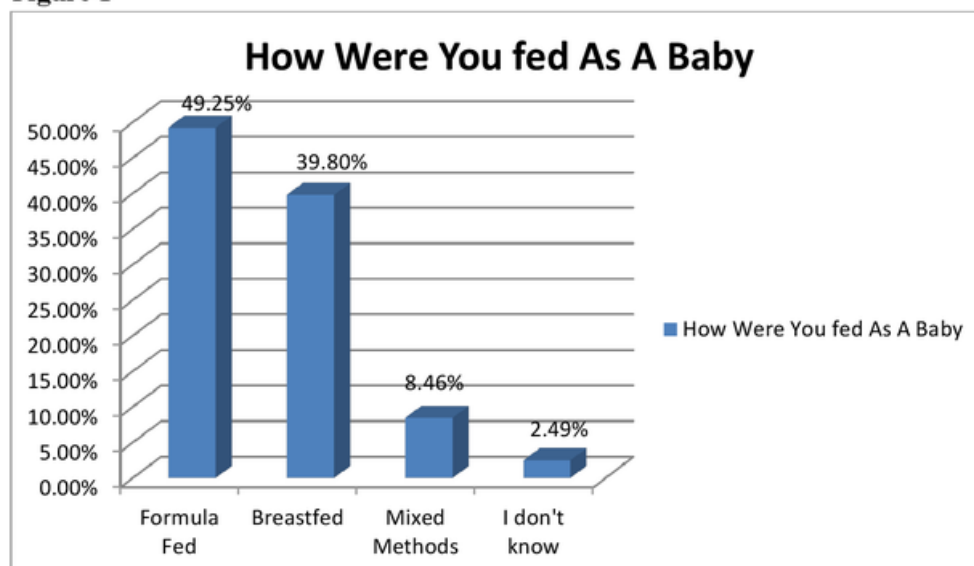
Figure 1

Figure 1 declares that 49.25% of first time mothers who took part in this study indicated that they were formula fed as a baby. While 39.80% of participants were breastfed and only 8.46% were fed using the mixed method approach. A slight proportion of the sample population (2.49%) did not know how they were fed as babies.

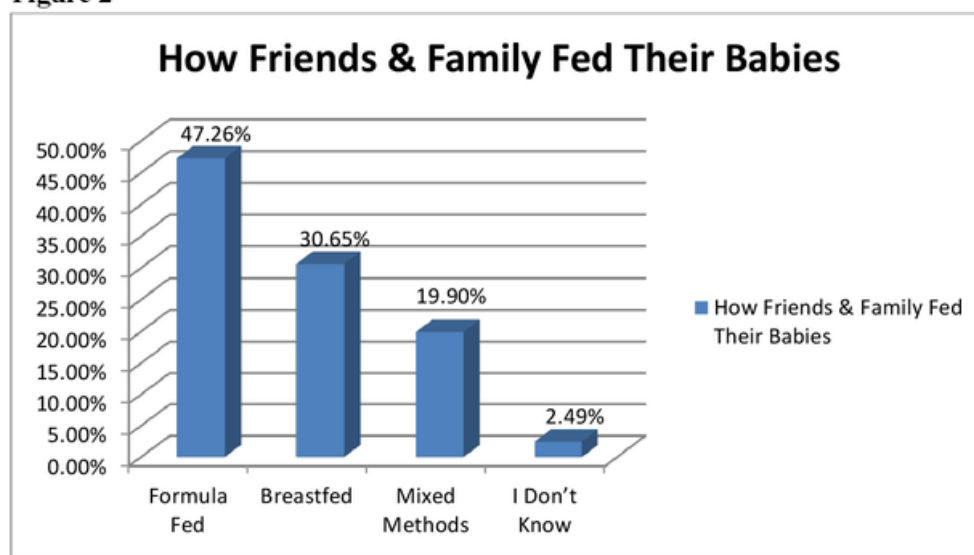
Figure 2

Figure 2 displays how friends and family members fed their children as babies. The most selected choice was formula feeding (47.26%), second to that 30.65% said they had breastfed their babies. A small selection deemed to use both methods (19.90%) and a smaller proportion declared that they did not know (2.49%).

Table 3

Did anyone discuss how to feed your child with you during pregnancy?

Yes	78.61%
No	21.61%

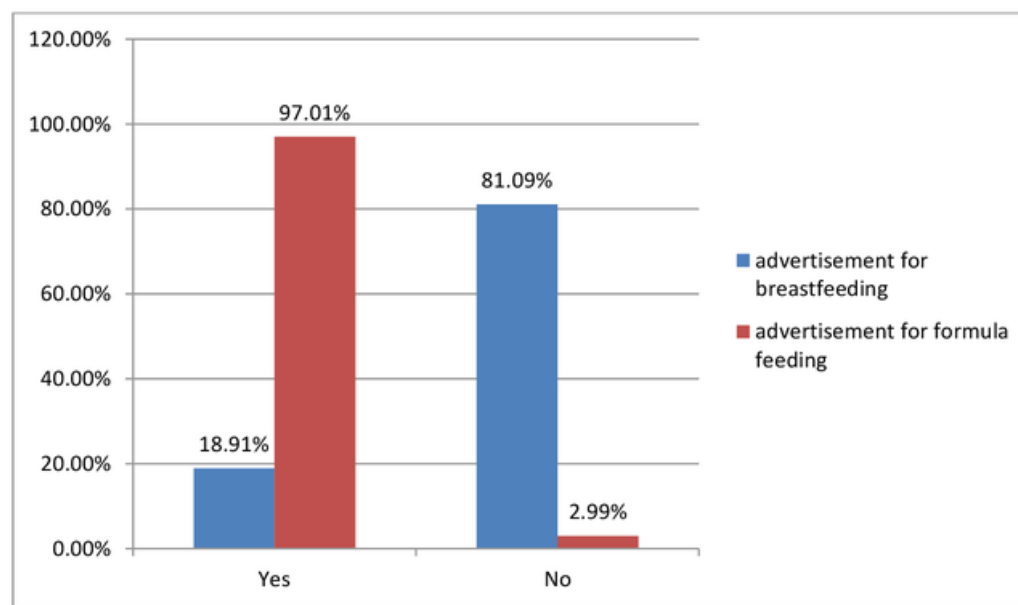
Table 4

Who discussed it with you?

Midwife	56.72%
Family	10.45%
Public Health Nurse	6.97%
GP Nurse	6.47%
Obstetrician	5.47%
Anti Natal Classes	4.98%
General Practitioner	3.98%
Lactation Consultant	2.99%
Own Research	1%
Nobody	1%

Table 4 demonstrates that the midwife (56.72%) was the most common person to have discussed how to feed their baby with them during pregnancy. A family member was a distance second with 10.45% selecting that option. Obstetrician (5.47%), GP Nurse (6.47%), Public Health Nurse (6.97%), and Anti Natal Classes (4.98%) were in all close proximity of each other. The remaining options were made up of the following, GP (3.98%), Lactation Consultant (2.99%), Own Research (1%) and nobody (1%).

Table 5 When asked if they had ever seen/heard/read an advertisement for breastfeeding almost 20% of participants had not and again the same was asked in regards formula feeding with 97.01% of mothers saying yes.



Section 3

4.3 Factors Contributing To Successful Breastfeeding

Section three describes the range of different factors that have promoted their breastfeeding experience and helped prolong the natural feeding period for as long as possible. Figure 1 indicates who the mothers found most helpful to them in the early days. Figure 2 indicates who they found to help them to continue with breastfeeding. Table 3 displays who provided them with the information regarding breastfeeding benefits.

Figure 1

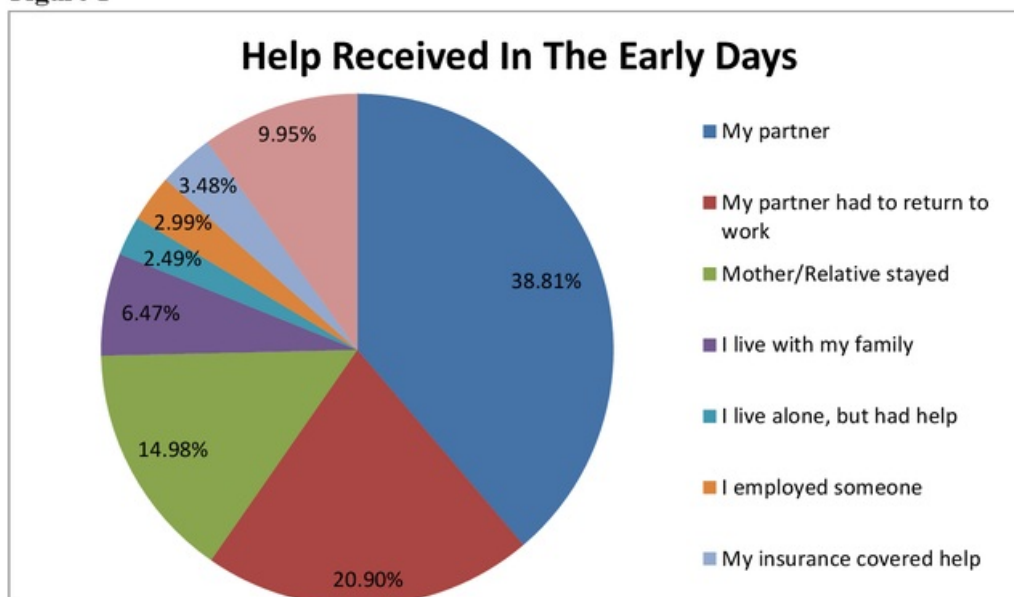


Figure 1 indicates who helped the first time mother in the early days. The mother's partner was deemed the most popular choice (38.81%) and the second option was the partner had to return to work so the first time mother didn't get as much help as she had hoped (20.90%). The participant's mother or relative that came to stay was the third most selected option (14.98%). Almost 10% of mothers (9.95%) felt they didn't feel like they didn't need any help. The remaining options were as follows I live with my family (6.47%), I live alone but had great help (2.49%), I employed someone to help me (2.99%) and my private insurance help me pay someone to help me (3.48%).

Figure 2

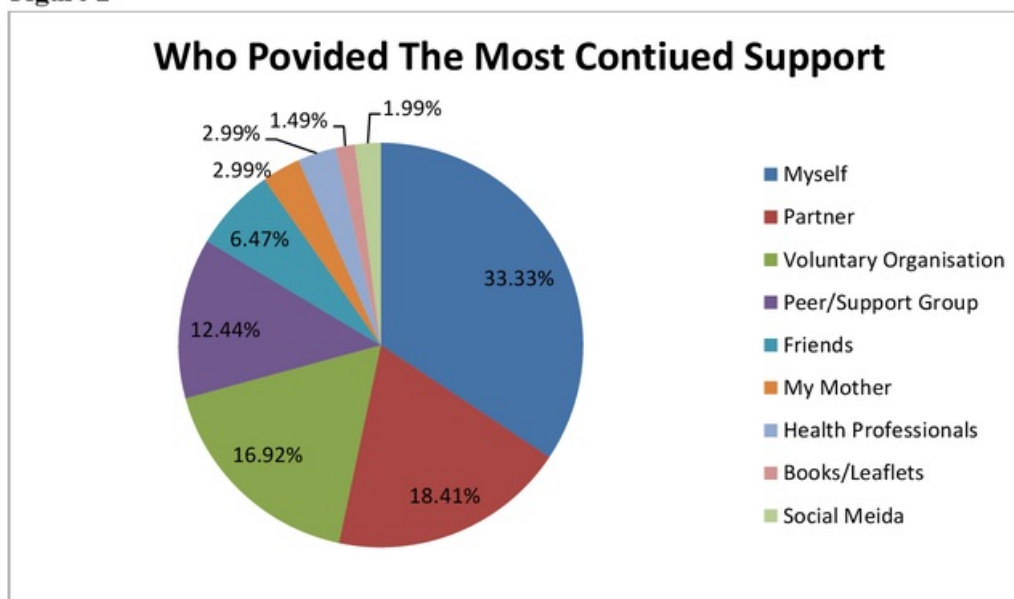


Figure 2 demonstrates who helped the mother the most to continue. The mother rated herself (33.33%) as the most helpful to continue and her partner (18.41%) was deemed the second most helpful. The Voluntary Org. was deemed the third most helpful (16.92%) and a peer/support group next with (12.44%). The remaining options friends, mother, health professionals, relatives, books/leaflets and social media all ranged from (2.99% - 1.49%).

Section 4

4.4 Problems Encountered That Hindered Breastfeeding

This section determines the problems encountered by first time mothers whilst breastfeeding this section includes both physical and social experiences. Figure 1 indicates the type of physical issues and figure 2-4 looks at the feeding in public issues and experiences.

Figure 1

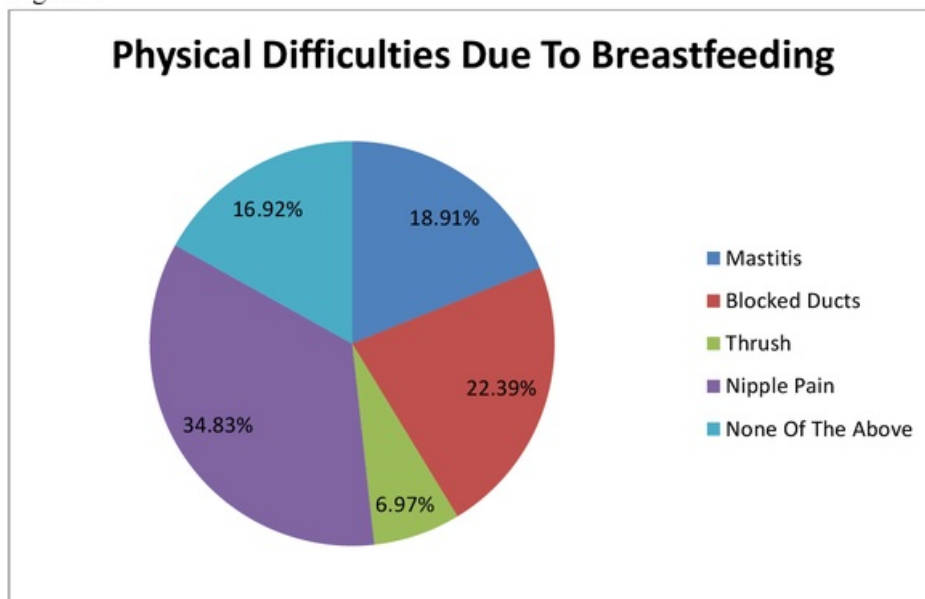


Figure 1 displays the types of physical difficulties encountered by first time mothers and the percentage of those most affected. Nipple pain was deemed the most common reported difficulty (34.83%). The remaining were as follows; Blocked ducts (22.39%), mastitis (18.91%), none of the above (16.92%) and oral thrush (6.97%).

Figure 2

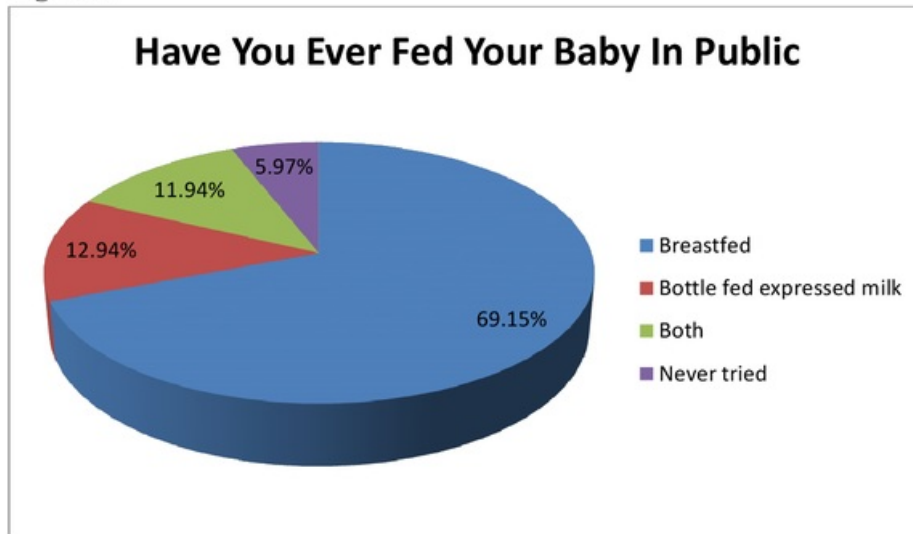


Figure 2 displays the percentage of first time mothers that have fed their baby in public and also indicates how they fed their baby in public.

Figure 3

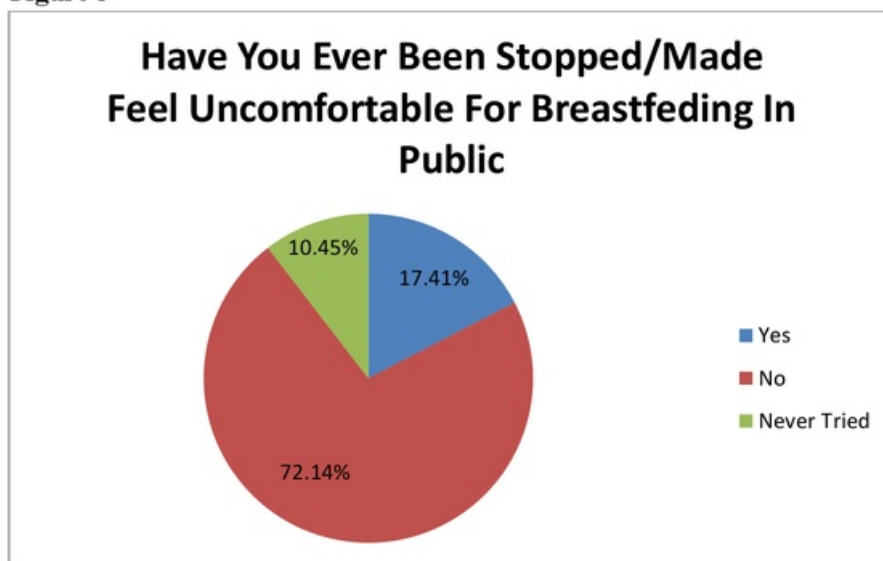


Figure 3 demonstrates the percentage of mothers who have been stopped or made feel uncomfortable for breastfeeding in public. 72.14% said no with 17.41% saying yes and the remaining 10.45% declaring they have never tried to breastfeed in public.

Figure 4

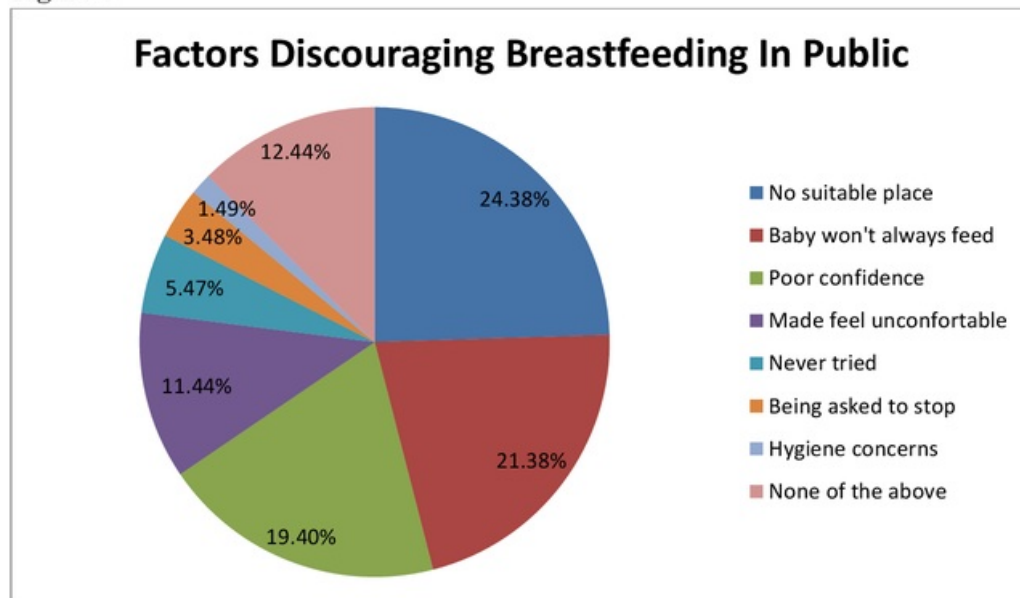


Figure 4 indicates the most common aspects that have discouraged the first time mother to engage with breastfeeding in public. The most common option was “no suitable place” (24.38%) the second most common choice was the baby won’t always feed (21.38%). The least common reasons were being asked to stop (3.48%) and hygiene concerns (1.49%).

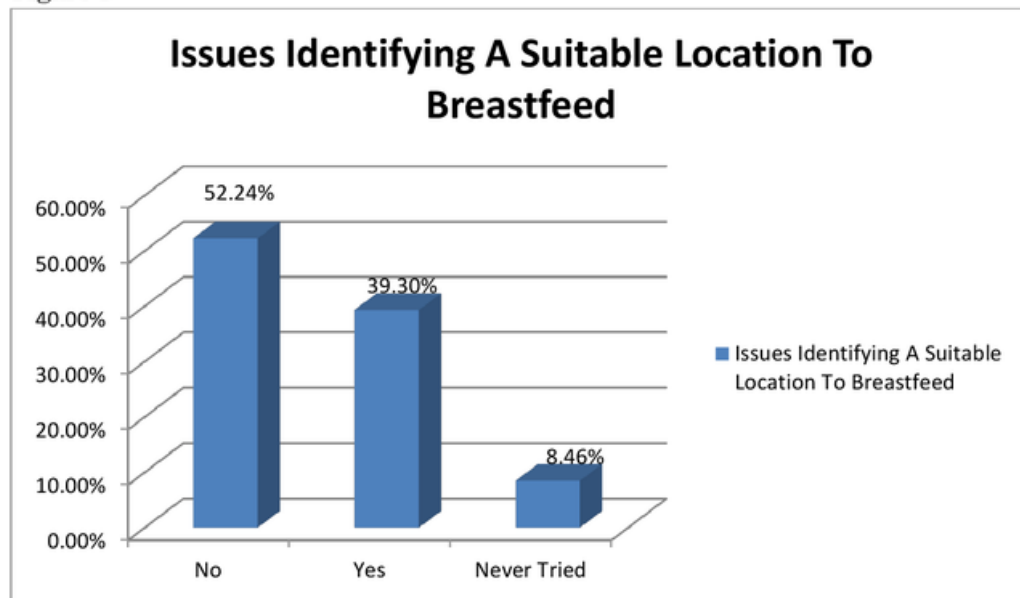
Figure 5

Figure 5 clearly displays what percentage of mothers have had problems finding somewhere to breastfeed in public and of those who haven't tried to.

Section 5

4.5 Maternity Unit Support Given To Mothers

In this section the results will display the support received by the maternity unit and how helpful the mother deemed this support to be. Figure 1 shows if the first time mother was shown how to breastfeed her new baby and by whom will be indicated in figure 2. Table 3 will display if they stayed with the nursing mother during her first feed. Figure 4 will indicate how helpful the mother rated this support to her. Finally figure 5 end the results section with how the mothers are currently feeding their child.

Figure 1

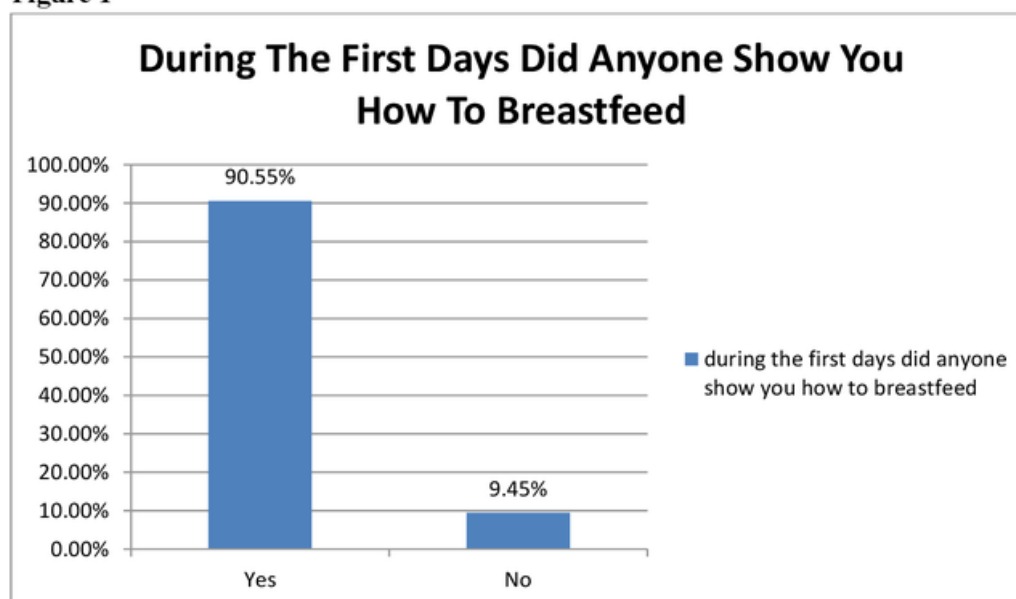


Figure 1 displays the percentage first time mothers who have been shown how to breastfeed (90.55%), and those who had not been shown (9.45%).

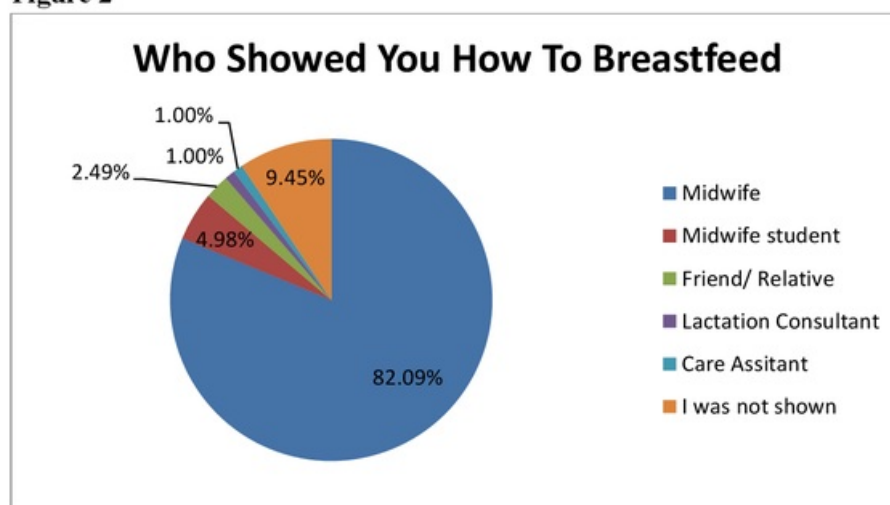
Figure 2

Figure 2 indicates who showed the mother how to breastfeed. The midwife was the most popular option with 82.09% of first time mothers being shown by the midwife. The midwife student (4.98%) was the second most common person to have shown the mother how to breastfeed. However 9.45% of participants in this study, were not shown how to breastfeed.

Table 3

Did they stay with you during the first feed?

Left once but came back to check on you	47.26%
Left once the baby was feeding	31.84%
I was not shown	7.96%
Stayed the whole time until the baby fell asleep	7.46%
Left before baby started feeding	5.47%

Table 3 displays if the person who showed them how to breastfeed stayed with them, and how long they stayed.

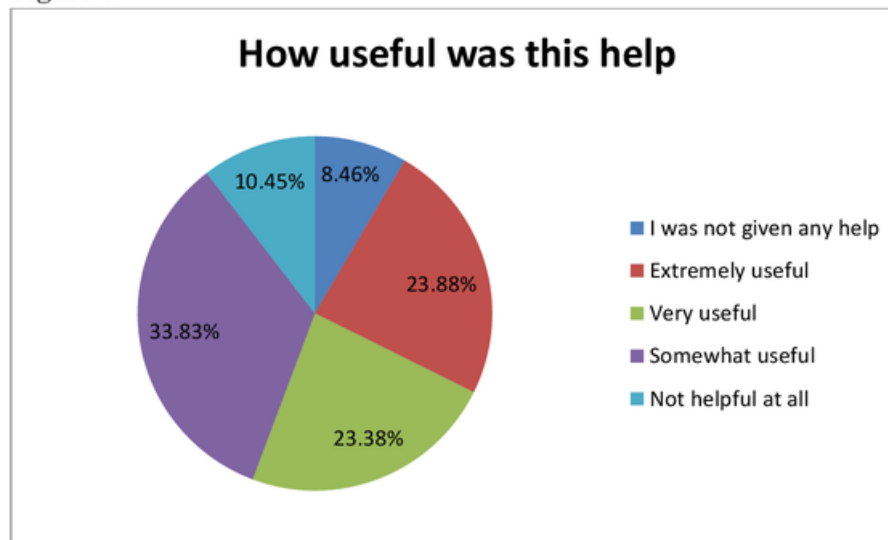
Figure 4

Figure 4 displays how useful the first time mother rated the help she received with her first feed. The scale started at “extremely helpful” (23.88%), to I was not given any help (8.46%). The most common rating was “somewhat helpful at (33.83%).

Figure 5

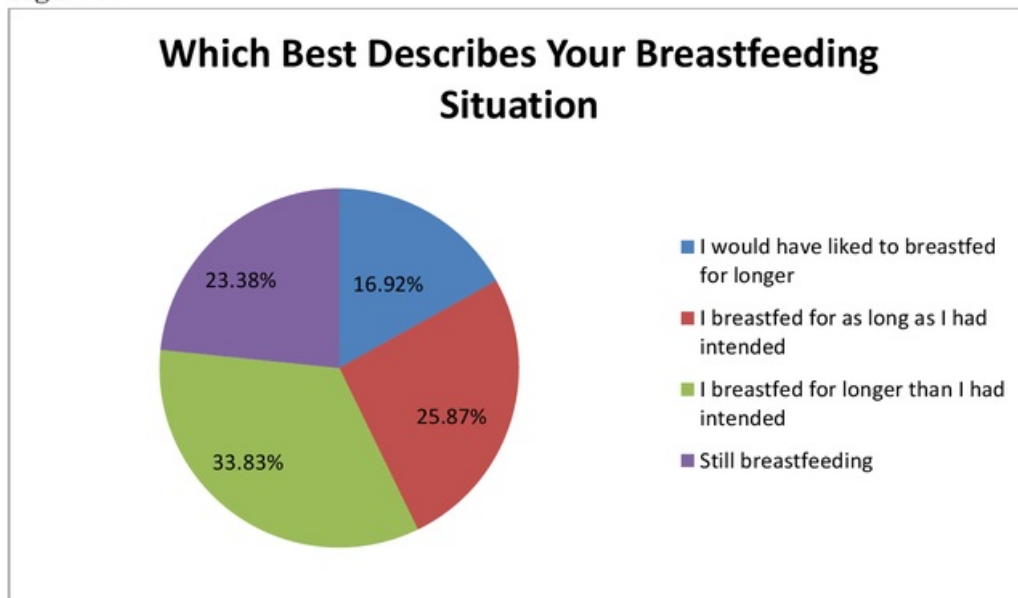


Figure 5 displays how best the mother describes her breastfeeding experience. The most common response being “I breastfed for longer than I had intended” (33.83%) and the least popular option being “I would have liked to breastfeed for longer” (16.92%). 23.38% of participants deemed themselves to be still breastfeeding and 25.87% stated they had breastfed for as long as they had intended.

Chapter 4

Discussion

5.0 DISCUSSION

5.1 Introduction

The purpose of this research study was to explore the challenges of breastfeeding faced by first time mothers specifically in the Waterford and Tipperary areas. The specific research questions that this study addressed were:

1. What factors are affecting a mother's decision to breastfeed?
2. What factors contribute to a mother successfully breastfeeding for as long as possible?
3. What problems were encountered by the first time mother that contributed to the discontinuation of her breastfeeding?
4. How supportive was the maternity unit to the nursing mother?

This chapter discusses the findings from this research study and also relates to previous findings and in some cases concurs with the existing research studies. More literature was found to support findings to which the researcher had not considered at the beginning of the study. In this chapter the findings from the data gathered are discussed and the limitations of this study and recommendations for future research in this area are all reviewed.

5.2 Summary Of Results

Two hundred and one first time mothers participated in this study and they were all sourced from the Waterford and Tipperary regions who were either attending voluntary organisations or a member of a breastfeeding support group. The mother's age categories ranged between twenty years up to forty years plus, the most common age bracket was between 31-40 years; with 76.12% of the sample falling into this category. The vast majority were Irish with the largest number of participants totalling at one hundred and eighty one mothers, with the remaining nineteen participants originating from nine different nationalities. During their pregnancy 69.65% had decided to breastfeed their new born, with only 14.43% having decided to formula feed and the remaining fell into the mixed methods approach with 6.47% and 9.45% of the sample size had not yet decided how to feed their baby.

Overall the findings of each question lead to the build-up of data for each of the research questions in this study. All four research questions were broad and needed a lot of information therefore they could not be answered through one question solely. For research question one *"what factors are affecting a mother's decision to decide to breastfeed?"* It was found a range of different factors were responsible including; if anyone discussed how to feed the baby with the mother during pregnancy, if she received any information on the health benefits on breastfeeding, how her friends and family fed their babies and finally how she was fed as a baby are all determining factors to the mother's decision.

For the second research question which was *"What factors contribute to a mother successfully breastfeeding for as long as possible?"* Again no one specific question can answer this question it requires a range of detail which was obtained from the following questions, did they have help at home in the early days and who supported/helped them the most to continue on for as long as possible and if they received any general information on breastfeeding and its benefits and if so who provided it.

For the third research question *"What problems were encountered by the first time mothers that contributed to her discontinuation of breastfeeding?"* This question involves physical, emotional and social context so a range of questions were asked to cover those issues including if they had fed their baby in public and if so how, if they had ever been stopped or made uncomfortable for breastfeeding in public, what were their greatest concerns about breastfeeding in public and was it easy to locate somewhere suitable to breastfeed in public.

For the fourth and final research question “*How supportive and helpful was the maternity unit to the nursing mother?*” This question was answered through a range of different questions like if they were shown how to properly breastfeed or not and if so who showed them, did they stay with them during that feed or not and finally how did the mothers rate the support and help they received at that time.

5.3 Decision To Breastfeed

The majority of the literature reinforces the point that there are numerous variables a first time mother has to consider before determining whether or not the mother will decide to breastfeed her baby or not. Although studies indicate how influential factors such as close friends and peers feed their children as babies will affect how a new mother will feed her baby (Persad & Mensinger, 2007), perhaps it is not as influential to the mother as first thought. According to this new research 69.65% of first time mothers had intended to breastfeed their baby while they were pregnant despite only 30.65% of close friends and family breastfeeding their babies with the majority of them 47.26% “mostly formula feeding” their children and 19.90% of peers using the mixed method approach. Also Begley et al., (2008) suggested how the mother was fed herself as a baby had an impact on how she would feed her own baby. According to the 2008 study if she was breastfed as a baby, she was more likely to breastfeed her baby. However in this study it was not the case with only 39.80% of mother’s breastfed as babies and almost 50% were formula fed suggests that considering the most popular age group in this sample population was between 31-40 years that over the year’s breastfeeding has become a popular choice for modern day mothers.

Evidence shows between the years of 1981-1991 Irish breastfeeding rates on departure of hospital remained static at 32% and didn’t improve, until the introduction of the breastfeeding policy of 1994 (Department of Health, 1994) and again in 2005 (Department of Health, 2005), which aimed to improve the nation’s health, by making breastfeeding the norm for infants and young children in Ireland. Since then Irish breastfeeding rates have increased steadily thus suggesting the reasoning behind the high intention of breastfeeding in this study regardless of the earlier supposable influential factors.

Furthermore, from this study 78.61% said to have engaged in discussions during their pregnancy on how they would feed their baby with 56.72% speaking with a midwife. The second most popular choice was consulting with family members with 10.45%. Supporting this evidence, Humphreys et al (1998) found that speaking with someone about breastfeeding

benefits helps influence the mother's choice positively towards higher intention to breastfeed. Recommendations from a study carried out on first time mothers, suggested that mothers should be given continuous education throughout their pregnancy to ensure they make the best informed choice they can when it comes to feeding their new born (Chezem et al, 2003). Although this study hasn't covered the knowledge of the mother many studies reviewed earlier in this study have suggested the link between the mother's knowledge and the intention of breastfeeding. Another study carried out in Australia on 409 first time mothers found a greater rate (61%) of intention of breastfeeding was due to the level of knowledge about breastfeeding recommendations compared to a much lower rate (11%) who did not know the WHO and APA breastfeeding recommendations (Wen, et al., 2009).

The extents of each influential factor that either encourages or discourages the mother's breastfeeding intention and then the sustained efforts thereafter are crucial to any mother, first time mother especially. A fast growing network within today's modern society is the impact the media has on our lives and it also a component to a mother's breastfeeding journey. Findings from this study indicated 81.09% of participants could not recall any form of advertisement for breastfeeding however and the vast majority of 97.1% of participants had encountered an advertisement for a formula feeding supplement. It is evident that infant formula has a big market that is aimed at the consumers through direct and indirect advertisements. A study conducted found that advertisements and logos in doctors' offices and hospitals where mothers were visiting during the pre-natal period had an overall negative impact on exclusive breastfeeding rates (Howard, Lawrence, Anderson, DeBlieck, Weitzman & Howard, 2000). Therefore concluding from this knowledge there is a need for more efforts and funding to promote breastfeeding in a social marketing world as 57% of American adults stated using internet sources as a tool to access health information (Jones, 2009)

5.4 Successful Breastfeeding

Many barriers may stand in the way of a mother successfully breastfeeding her infant for as long as possible, however in this section factors that have supported the mother's successful journey to breastfeeding will be outlined here. Findings from this study indicate that the mother's partner (38.81%) was labelled as being the most helpful and supportive in the early days of breastfeeding. Therefore agreeing with earlier evidence from (Scott, 2010) stating a partner's attitude can promote or discourage the success of breastfeeding for a mother. As earlier documented some fathers fear being left out and being unable to bond with their child

due to the feeding arrangement, from this study mothers find the support receive from father as fundamental to her succession in breastfeeding. The absenteeism of a father, which mostly has an overall negative outcome on breastfeeding rates due the lack of support received by the mother at home also according to reinforces the positive affect supportive father can have on the feeding practise (Scott, 2010). Laantera (2010) Mclinnes & Chambers (2008) unite suggesting involving the baby's father increases the support given to the mother in turn increasing the success rate of breastfeeding, and that personal support is rated more influential than the support given from health professionals. As a modern society men are more involved in the up-bringing and decision making regarding their off spring than ever before.

When asked who helped them the most to continue breastfeeding only 2.99% chose "health professionals" opposing Taveras et al., (2003) earlier suggestions that clinicians should be there to act as a support system for the mother throughout pregnancy into infancy which may be a reasoning for the drop in breastfeeding rates after discharge from hospital with a drop of 23% after six weeks in an Irish study carried out by (Tarrant & Kearney, 2008). Sikorski et al., (2004), (Bernaix, 2004) and (Tappin et al., 2006) all state for breastfeeding support to be effective, a qualified skilled practitioner can have an overall positive experience of breastfeeding for the mother. Maternal confidence was found to be a strong factor in predicting the duration of breastfeeding according to (O'Campo et al., 1992) who carried out a study of 198 women. Other studies also found self-efficacy to be a strong predictor in successful breastfeeding rates and now so too does this study, with participants rated "me" as the top one who helped them the most at 33.33%, indicating the new first time mothers having a strong belief in their ability of accomplishment in their breastfeeding journey.

5.5 Problems Encountered

Breastfeeding is considered the superior method to nourish your baby however physical and social encounters can discourage a mother especially a first time mother. The most reported physical issue in this study was nipple pain (34.83%) which is consistent with other studies as the reason for early discontinuation. Up to 90% of mothers were recorded to experience nipple pain during the postpartum period (Ziemer & Pigeon, 1993). Lewallen (2006) also found nipple pain to be one of the main sources for early weaning of infants. The NUK survey (2015) found 60% of women who encountered problems considered themselves as failures. The British Journal of Midwifery (2016) says taking the problem solving approach and giving mothers practical assistance will resolve many physical obstacles.

Additionality beyond the physical constraints of breastfeeding the social taboo surrounding breastfeeding in public has been documented quite frequently in a negative manner; in earlier studies the social barriers have been recognized. Among the many challenges of first time motherhood seeking acceptability for breastfeeding in public has become a problematic one (Hauck & Iritia 2003). The burden of social sensitivities has affected some first time mothers in this research study with 19.40% not breastfeeding in public due to poor confidence. However according to this piece of research some negative attitudes of people may be subsided by the more confident mothers with 69.15% of mothers saying they have breastfed their baby in public. However according to this study 39.30% reported difficulties finding somewhere suitable to breastfeed when in public and 24.38% said not having a suitable place to breastfeed puts them off breastfeeding in public. Even those who are breastfeeding have said to have bottle fed expressed milk to their baby in public (12.94%) again reinforcing the strong social barrier they face on a daily basis. The lack of available resources and baby friendly environments around the country may be due to the fact that we need a cultural shift in our breastfeeding views that have been formed from lack of breastfeeding awareness and the tainted view of the sexualisation of female's breasts portrayed by the media (Dykes & Flacking, 2010).

5.6 Support & Help From The Maternity Unit

The maternity services and the health professionals that are in contact with mothers, play a leadership role in the promotion and protection of breastfeeding as a culture. According to The Infant Feeding Policy for Maternity and Neonatal Services (2012) all mothers should be assisted with their first feeds by a trained health professional. Findings from this study indicate that 90.55% of first time mothers were shown how to breastfeed in the early days, with 82.09% being shown by a midwife and the remaining 7.46% were shown either by a midwife student, lactation consultant or care assistant. However this study also found 9.45% were not shown and 2.49% of mothers were shown by family members, therefore almost 12% of first time mothers failed to receive any professional care in their first breastfeeding experience. Although the majority of the sample population received quality assistance of some degree only 7.46% of those who helped stayed the entire time of the feed until the baby fell asleep and 5.47% left before the baby had started to feed at all. This is a concern especially for first time mothers, who are in need of support and encouragement during the first stages of motherhood.

According to figures released by the Association for Improvements in the Maternity Services Ireland (AIMS) (2012), there is vast contrast between breastfeeding rates across maternity units in Ireland with the highest at 66% and the lowest at 38%. This indicates the inconsistent level of care received in maternity units across Ireland, is having a knock on effect on the overall national breastfeeding rates. Insufficient staff or an over worked staff presents shortcomings of the needs of the new mother (McInnes & Chambers, 2008). The level of care received for the first time mothers in this study was portrayed in four different levels, extremely useful 23.88%, very useful 23.38%, somewhat useful 33.84% and not useful 10.45%. This acknowledges how the maternity unit aids the first time mother but also highlights perhaps that support given could be of a higher standard to reach optimal breastfeeding rates. Not only is the education and awareness of the mother herself and her partner and social circle extremely important; so too is the level of knowledge and ability to provide support by the professionals a key factor in successful breastfeeding. As the new mother is going through an extremely emotional time, changing her role as a person and learning a new skill, ample support is crucial at this time. Bengamin (2011) and Ramachandrom (2004) suggest a more adequate training for clinicians towards breastfeeding mothers; this is an especially vital need first time mothers.

5.7 LIMITATIONS

After the research study was carried out a number of limitations were recognised. The researcher acknowledges that such limitations may limit the validity, reliability and generalizability of the study.

The data collection tool used was adapted as it enabled the researcher to capture a snap shot of a sample population. However questionnaires have a narrow view of the overall picture therefore limiting the study. Focus groups and interviews could have provided a more in depth overview of influential factors affecting the decision to breastfeed as well as the factors affecting the succession and discontinuation of breastfeeding. Using focus groups or interviews would have allowed the researcher to carry out a more intensive research study into the experiences of first time mothers of feeding in public. A far greater investigation would have also allowed the researcher to investigate further into the mother's socio-economic background and education levels. However due to time constraints and limited access to the ample population, the researcher acknowledged the inability to commit to

qualitative research. By doing so the researcher is aware that the validity of the study may be affected.

The questionnaire itself poses its own limitations. As the topic at hand can be seen as a private personal experience, the researcher is trusting in the participants to be totally honest and up front about their experiences and influential factors that affected them or not. Poor comprehension of some questions may lead to misinterpretation despite a pilot study being carried out; the researcher acknowledges that some who took part in the study may have had difficulties due to the language barrier

The sample size was one of convenience. The researcher is also finally aware of the confounding factors that may have had an impact on the results. These were outside the control of the researcher but have been recognised as limitations.

5.8 CONCLUSION

Overall, the challenges of breastfeeding faced by first time mothers in the Waterford and Tipperary areas are much better than the researcher had anticipated for. The study found the majority of participants (69.65%) had intended to breastfeed their new born despite considering the previous influential factors. Including how she was fed as a baby or how her social circle fed their children, or how the lack of breastfeeding media advertisement awareness noted here had a possible impact on the intention and duration of breastfeeding.

The study also found that the mother's partner was the strongest contributing factor to successful breastfeeding in the early days. This is in light of earlier researcher suggesting how a well knowledgeable and inclusive father will lead to a more successful breastfeeding experience. Furthermore a new finding emerged that had not been considered by the researcher as an influential factor, maternal confidence. First time mothers rated themselves as the one who helped them the most to continue for as long as possible, after further research this factor was strongly supported by other related studies.

Nipple pain was deemed the most common physical barrier by first time mothers although many studies have suggested professional support as a solution to bodily issues of breastfeeding. The findings from the social issues surrounding breastfeeding in public consisted of a wide variation with most conquering with having no perceived issues with breastfeeding in public. However some mothers documented they had experienced some

negative encounters with 17.41% being asked to stop breastfeeding while in public and a reoccurring issue for most was the lack of a suitable location to breastfeeding in public.

Finally the support received from the maternity unit was in debt to the midwives, midwifery student nurses, care assistants and lactation consultants who were deemed the most helpful. However almost 10% of participants were neglected when it came to receiving the professional due care in the maternity unit which is fundamental for a positive breastfeeding experience, especially for first time mothers. The rate of care was not the consistent nor optimal care mothers deserve and need at that time and has been identified as an area for much needed improvement.

5.9 RECCOMENDATIONS FOR FUTURE STUDY

From reviewing this study it is recommended future research it should include qualitative as well as quantitative research designs. One to one interviews or focus groups may benefit this study. When delivering the results as a mixed methods approach allows the research to state the facts as well as being able to elaborate into more detail with questions like the support received in the maternity unit. A mixed method piece of research increases the credibility and provides a more accurate account of data. Including qualitative research the responses are richer in information compared to close questions used in questionnaires.

Despite Ireland's efforts of monitoring the breastfeeding rates by introducing the Baby Friendly Hospital Initiative, this nation continues to be one of the lowest rates of breastfeeding the EU (McWeeney, 2012). More time and effort needs to be given to monitoring the breastfeeding rates as well as the support, education and encouragement received by mothers. Through an effective monitoring system improvements on barriers and challenges may be met thus reducing the negative influences impacting on the overall breastfeeding rates.

A more in depth overview of the background and status of the mother will give the research a clearer understanding of other social or personal challenges faced due to economic status and educational background. Finally a greater volume of a questionnaire for a future study that begins at the start of pregnancy right through until the first six months of the child's life will produce a far greater and extensive view of the challenges faced by first time mothers.

Chapter 5

Appendix

Appendix A

6.0 APPENDIX**A survey of First Time Mothers who have tried or are still breastfeeding their child.****About You:****Please indicate your age:**

- ☐ under 20 years ☐ 20-25 years ☐ 26-30 years ☐ 31 – 40 years
- ☐ 41-50years ☐ 50 + years

Please indicate your Nationality:

Please indicate your marital status:

- ☐ Married ☐ Seperated ☐ Divorced ☐ Single ☐ Widowed
- ☐ Other (please state) _____

1. Thinking back to before you had your baby, how did you plan to feed her / him?

- ☐ Formula feed
- ☐ Breastfeed
- ☐ Breastfeed and formula feed
- ☐ Had not decided

2. Did anyone discuss feeding your baby with you during pregnancy?

- ☐ Yes
- ☐ No

3. Who discussed feeding your baby with you?

- ☐ Midwife
- ☐ Obstetrician
- ☐ GP Practice Nurse
- ☐ Public Health Nurse
- ☐ Others (please state) _____

4. While you were pregnant with this baby, did you receive any information about the health benefits of breastfeeding?

☐ Yes

☐ No

5. Where did you receive this information from?

☐ I did not receive any information about the benefits

☐ Partner/Mother/Other family members

☐ Friend

☐ Midwife

☐ Obstetrician

☐ GP

☐ Public Health Nurse

☐ Practice Nurse

☐ Magazine /book /leaflet TV /radio

☐ Other (please state)

6. How have your friends and family fed their children when they were babies?

☐ Most of them gave formula milk

☐ Most of them breastfeed

☐ About formula fed and half breastfed

☐ I don't know

7. How were you fed when you were a new born baby?

☐ Breastfed

☐ Formula fed

☐ I don't know

8. Have you ever seen an advertisement on television, radio or in a magazine for infant formula?

☐ Yes

☐ No

9. Have you ever seen an advertisement on television, radio or in a magazine for breastfeeding?

☐ Yes

☐ No

10. Since you had your baby, has anyone given you information on how to get help with feeding your baby if you need to?

☐ Yes

☐ No

11. Thinking about the most helpful information you received about feeding since your baby was born. Who or what had the most impact on you? Please tick all boxes that apply.

☐ Own experience

☐ Friends / other mothers

☐ Partner

☐ Your mother

☐ Mother-in-law

☐ Sister

☐ Other relatives

☐ Health professionals (midwife / nurse / G.P)

☐ Peer or support groups Voluntary organisations (Cuidiú, La Leche League)

☐ Books /magazines / TV

☐ Other (please state)_____

12. In the early days of feeding your baby, did you have any help at home with you?

Please tick all boxes that apply

- ☐ My partner was a great help
- ☐ My partner had to return to work so I did not get as much help as I would have liked
- ☐ My mother / relative came to stay
- ☐ I live with my family who helped out
- ☐ I lived with my family but did not get as much help as I would have liked
- ☐ I live alone but had a lot of help
- ☐ I live alone and did not get as much help as I would have liked
- ☐ I employed someone to help me at home in the early days
- ☐ I am able to use my private health insurance to pay someone to help me
- ☐ I didn't feel that I needed any help
- ☐ Other (please state)

13. Since your baby was born, have you had any of the following as a result of breastfeeding?

- ☐ Mastitis
- ☐ Blocked ducts
- ☐ Thrush
- ☐ Nipple pain
- ☐ None of the above
- ☐ Other (please state) _____

14. Since your baby was born, have you ever fed him/ her in a public place?

- ☐ No - never fed in a public place
- ☐ Yes – breastfed in a public place
- ☐ Yes – bottle fed infant formula in a public

☐ Yes – bottle fed expressed breastmilk in a public place

15. Have you ever had problems finding somewhere to breastfeed your baby in a public place?

☐ I have never tried to breastfeed my baby in a public place

☐ Yes

☐ No

16. Have you ever been stopped or made to feel uncomfortable about breastfeeding in a public place?

☐ I have never breastfed my baby in a public place

☐ Yes

☐ No

17. Have any of the following things ever put you off or discouraged you from breastfeeding in a public place?

☐ I never tried to feed my baby in a public place

☐ Not feeling confident enough

☐ Being stopped or asked not to breastfeed

☐ Being made to feel uncomfortable by other people

☐ Lack of a suitable place available to breastfeed

☐ Concerns about hygiene in public places

☐ Baby wouldn't always feed when you try

☐ Other (please state) _____

18. Which of the following best describes breastfeeding your baby?

☐ I would like to have breastfed for longer

☐ I am breastfeeding for as long as I had intended

☐ I have breastfed for longer than I had intended

19. Who or what helped you most to continue breastfeeding?

- ☐ Own experience
- ☐ Friends / other mothers
- ☐ Partner
- ☐ Your mother
- ☐ Mother in law
- ☐ Other relatives
- ☐ Health professionals (midwife/nurse/Public Health Nurse/GP)
- ☐ Peer or support group
- ☐ Voluntary organisation (Cuidiú, La Leche League)
- ☐ Books / magazines / TV
- ☐ Others (please state) _____

20. During the first few days, did anyone show you how to put the baby to the breast?

- ☐ Yes
- ☐ No

21. Who was this?

- ☐ I was not shown
- ☐ Midwife Nurse
- ☐ Midwifery Student
- ☐ Friend / relative
- ☐ Doctor Maternity
- ☐ Care assistant
- ☐ Other (please state) _____

22. Did they stay with you while you were breastfeeding?

- ☐ I was not shown
- ☐ Stayed the whole time until the baby fell asleep
- ☐ Left once the baby was feeding but came back to check on you
- ☐ Left once the baby was feeding
- ☐ Left before the baby had started feeding

23. How useful did you find this help at the time?

- ☐ I was not given any help at all at this time
- ☐ Extremely useful
- ☐ Very useful
- ☐ Not very useful
- ☐ Not useful at all

24. How are you currently feeding your baby?

- ☐ Exclusively breastfeeding
- ☐ Breastfeeding and formula feeding
- ☐ Formula Feeding and /solids
- ☐ Breastfeeding and solids

25. How old is your baby?

- ☐ 1-6 weeks ☐ 6-12 weeks ☐ 3 - 5 months ☐ 6 months
- ☐ 6-8 months ☐ 8-12 months ☐ over 12months

Thank you for filling out this questionnaire.

Appendix B

Questionnaire:

The questionnaire that will be used for this research will be adapted from The National Infant Feeding Survey 2008.

http://www.breastfeeding.ie/uploads/files/National_Infant_Feeding_Survey_2008.pdf

Chapter 6

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