Methodologies for Researching Women’s Experiences of Breastfeeding

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Medically-dominated models of research emphasise scientific knowledge

Breastfeeding has been suggested to represent both a medical gold standard for infant feeding and a moral gold standard for mothering (Knaak, 2005, p197)

Increased rates of initiation across the United Kingdom

Poor rates of breastfeeding duration / exclusive breastfeeding

We need to engage with women’s understanding of breastfeeding in today’s society
WHO International code of marketing of breast-milk substitutes (WHO, 1981)

*Innocenti Declaration on the protection, promotion and support of breastfeeding* (WHO, 1991)

UNICEF Baby Friendly Initiative

Baby-friendly Hospital Initiative

*Global strategy for infant and young child feeding* (WHO, 2003)

Acheson Report (DH, 1998)

Infant Feeding Initiative

The *NHS Plan* (DH, 2000)

*Choosing Health: making healthy choices easier* (DH, 2004a)

*Every Child Matters* (DES, 2003)

*National Service Framework for Children, Young People and Maternity Services* (DH, 2004b)

National targets to increase breastfeeding initiation rates since 2003
Public health priority

Reduced risk of

- acute otitis media
- non-specific gastroenteritis
- severe lower respiratory tract infections
- atopic dermatitis
- asthma (in young children)
- obesity
- type 1 and 2 diabetes
- childhood leukaemia
- sudden infant death syndrome (SIDS)
- necrotizing enterocolitis

(Ip et al, 2007)
Maternal outcomes:

Reduced risk of

- type 2 diabetes
- breast cancer
- ovarian cancer

Early cessation of breastfeeding or not breastfeeding was associated with an increased risk of maternal postpartum depression

(Ip et al, 2007)
Factors associated with initiation and duration of breastfeeding

- Education
- Age
- Prenatal infant feeding decisions
- Birth order
- Socio-economic status
- Ethnicity
- Returning to work
- Marital status
Incidence and Prevalence of Breastfeeding

Infant Feeding Survey 2005

Initial breastfeeding rates:

78% in England
70% in Scotland
67% in Wales
63% in Northern Ireland

Noticeable drop during the early weeks

Median rate of breastfeeding in the United Kingdom = one month

Rates of exclusive breastfeeding poor

90% of women stopping breastfeeding within six weeks would have liked to breastfeed longer
Breastfeeding Experiences

“Insufficient milk”

Deep-rooted negative feelings about the adequacy and sufficiency of breast milk, and a profound lack of confidence in ability to breastfeed

(Dykes, 2005)

Failure to breastfeed is equated with being a bad mother

(Murphy, 1999; Schmied and Barclay, 1999)

Intense and sustained feelings of grief, sorrow and guilt

(Battersby, 2000; Ryan and Grace, 2001; Shakespeare et al, 2004)
Breastfeeding Experiences

Tension between roles:

“re-establish their identities as “non-mothers””
(Earle, 2002, p212)

“Women are confronted with the dilemma of the sexual or the nurturing, maternal breast”
(Stearns, 1999, p309)

“pre-existing identities as women, wives and workers”
Ontological perspectives

Healthcare practice is influenced by sociological studies and theoretical constructs of the human body.

Conflicting accounts of the person exist:

- persons as a biological body
- mind and body are essentially independent
- mind and body are inseparably intertwined
Maurice Merleau-Ponty

Maurice Merleau-Ponty, a French philosopher, attempted to place the body at the centre of human subjectivity.

Consciousness and body exist in the world through a welded relationship.

Our experience of the world is through our bodies.

Unified whole, or Gestalt, is greater than, or different from, the sum of its parts.

The key aim of this approach to philosophy is to describe experience as it really is – not to explain or analyse it.
Research methodologies

There are gaps in our knowledge of women’s experience of breastfeeding in the United Kingdom.

In-depth qualitative studies of the phenomenon of breastfeeding would be appropriate to exploring mothers’ views.

Qualitative research is an appropriate mode of enquiry when researchers wish to study the understanding and motivation of the research subjects.

Qualitative research provides systematic evidence for gaining insights into other person’s views of the world.
The focus of phenomenology is to describe accurately the lived experiences of people.

Phenomenology proposes that a phenomenon can be described instead of being explained or having its causal relations searched for, and it focuses on the very things as they manifest themselves.

Phenomenology studies conscious experience as experienced from the subjective or first person point of view.

(van Manen, 1990)
Hermeneutic phenomenology focuses on describing, interpreting and understanding a phenomenon from the ontological perspective of being-in-the-world.

The findings from hermeneutic phenomenology are not conceptually structured.

Phenomena are uncovered and described in order to develop greater understanding of the phenomenon in question.
Conclusion

Medically-dominated models of research emphasise public health benefits of breastfeeding

“engrossing, personal journey”

(Nelson, 2006, p15)

Women have deep-rooted negative feelings about the adequacy and sufficiency of their breast milk, and a profound lack of confidence in their ability to breastfeed
Conclusion

Ontologically, it can be argued that breastfeeding is more than solely a nutritious function undertaken by a biological mother to her infant.

A phenomenological construction of breastfeeding might aim at gaining a deeper understanding of the nature or meaning of our everyday experiences.

The development of a deeper understanding of the phenomenon of mothers’ lived experience of breastfeeding will deepen our understanding and enable appropriate strategies for practice improvement and health promotion to be generated.