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Original Article

The Experience of Mothers in the First Six Months of Breastfeeding: A Qualitative Study

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Abstract *- Prominent health organizations support exclusive infant breastfeeding during the first six months. Although maternal and infant benefits of breastfeeding are vast, breastfeeding goals are not being met. Understanding the early experiences of breastfeeding women can help identify resources to address subpar breastfeeding rates. This study aims to understand the lived experiences of breastfeeding women in the first six months after giving birth. A qualitative research design was utilized. A convenience sample of women who gave birth to full-term infants within the last six months and exclusively breastfeeding at the time of discharge was included in this study. Semi-structured interviews were conducted until data saturation was reached. After analyzing the interview data, four themes emerged: (1) Peer and family support increased breastfeeding; (2) Partner support increased breastfeeding; (3) Lack of education by health care professionals was a breastfeeding barrier, and (4) Lack of designated breastfeeding locations at work was a breastfeeding barrier. Identifying early factors that facilitate and hinder breastfeeding is crucial to help enhance women's breastfeeding experience. It may assist in increasing breastfeeding rates, thereby improving the lives of women, infants, families, and communities across the globe.*

Keywords *- Breastfeeding, Breastfeeding barriers, Breastfeeding resources, Qualitative.*

1. Introduction

The American Academy of Pediatrics (AAP) recommends that infants be exclusively breastfed for the first six months with continued breastfeeding for one year or longer. (1) The overall health benefits of breastfeeding have been well established for both mothers and newborns, such as improved immunity with decreased rates of infections and reduced hospitalizations for infants, and reduced incidence of ovarian and breast cancer in women. (2) Breastfed infants experience lower rates of respiratory illnesses, gastrointestinal issues, and sudden infant death syndrome. (3) Additional maternal benefits include preventing diabetes and cardiovascular disease. (3) These women are also less likely to be overweight or obese than their non-breastfeeding counterparts. (4) It is also reported that breastfeeding can help decrease women's anxiety during the postpartum period. (5) Although breastfeeding rates have steadily increased in the United States (U.S.) over the past five years, they remain subpar, with the current rate of infants breastfed at six months of age is nearly 56% and those breastfeeding at one year at almost 36%. (1) These rates fall short of the nation's breastfeeding goals set forth by Healthy People 2030, which are to increase the number of infants who are breastfed exclusively through six months of age to 42.4% and those who are breastfed at one year to 54.1%. (1) There is limited evidence assessing the early needs of mothers that may ultimately help increase the overall breastfeeding rates. To improve breastfeeding rates, researchers must further explore breastfeeding mothers' lived experiences during the first six months after giving birth. It can provide vital information regarding resources and support that can be provided to women worldwide to assist them in their breastfeeding journey.

A well-documented barrier to breastfeeding is the lack of maternal education and support by healthcare professionals. At the same time, women remain in the hospital after giving birth and after being discharged from the hospital. Authors have identified the early postpartum period as a crucial time for supporting mothers' breastfeeding efforts but recognized that healthcare professionals often overlook this period as a time for providing key education about breastfeeding. (6, 7)

Researchers compared the effects of professional breastfeeding support post-hospital discharge to no professional support on continued breastfeeding rates. (8) Findings determined that at the time of discharge, 43.2% of women randomized to the intervention group were exclusively breastfeeding compared with 30.0% of women in the control group, while at four months, 70.9% of women in the intervention group were exclusively breastfeeding compared with 46.2% of the women in the control group. (8) Similarly, findings from another study revealed statistically significant differences between mothers who received proactive breastfeeding support versus reactive support. (9) The implications of these studies demonstrate the importance of professional breastfeeding support before and post-hospital discharge in increasing the rates of continued breastfeeding. (6, 7, 8, 9)

Evidence shows that peer breastfeeding support also helps to increase breastfeeding among mothers. (10, 11) Specifically, online groups provided new mothers with emotional and social breastfeeding support when feeling isolated from their workplace environment. (11) This support increased breastfeeding duration and helped new mothers overcome feelings of isolation and doubt related to breastfeeding. (11) Likewise, another study's researchers found that peer support via an online platform where new mothers could post questions and receive comments increased the chances of continued breastfeeding. (10) Specifically, findings indicated that 88% of mothers who received online peer support were breastfeeding at three months compared to 73% of mothers without this support. (10) Remarkably, 79% of mothers in the intervention group were breastfeeding at six months compared to 57% of mothers in the control group. (10) It has also been reported that support from co-workers when women return to work helps with breastfeeding continuation. (12, 13)

Current literature also indicates that partner involvement is critical to long-term breastfeeding. (14, 15) Researchers of a longitudinal study found that women were more likely to continue breastfeeding if the father preferred breastfeeding. (15) Another set of researchers further investigated the role of the partner in breastfeeding and found several factors related to the father, such as perceived approval of family members and friends, breastfeeding knowledge, perceived behavioral control, marital relationship status, and perceived improvements of knowledge and attitudes as impacting the breastfeeding status of women. (14)

The workplace is another influencing factor in breastfeeding for mothers. (4, 16) Several factors which support breastfeeding in the workplace, including paid maternity leave and a breastfeeding policy, have been shared. (16) However, implementation of these supportive factors varied by industry. For example, women in specific service-oriented industries (i.e., accommodation and retail) reported the lowest rates of breastfeeding initiation and workplace support for breastfeeding and pumping. (16) Authors in another study shed further light on this topic, which found that nearly 79% of participants in their study reported access to breaking times for expressing breast milk, and 65.4% had access to spaces other than a restroom to express breast milk. (17) The least reported workplace resources were access to breast pumps and breast pump accessories, support groups, and lactation consultants. (17) Women who are unable to pump their breasts routinely are at risk for developing mastitis, which can cause pain and discomfort for the mother and the refusal to feed from the affected breast by the infant. (18)

The Health Belief Model posits that health-seeking behavior is influenced by a person's perception of a threat posed by a health problem and the value associated with actions aimed at reducing the threat. (19). As discussed, breastfeeding has evidence-based health benefits for both mothers and infants. Mothers' health beliefs impact their decision to breastfeed. (20, 21) As such, the Health Belief Model was selected to guide this research study, for which the aim was to understand the lived experiences of breastfeeding women in the first six months after giving birth.

2. Materials and Methods

A qualitative research design with a phenomenological approach was utilized to explore the lived experiences of breastfeeding women. This design was selected because it provides rich and insightful data into the lived experiences of individuals, which supported the aim of the study. (19) The study was approved by the Institutional Review Board, with which the researchers were affiliated (IRB-22-152).

2.1. Setting

This study took place in the U.S. in an effort to support a widespread geo-socio-cultural environment to provide a varied breastfeeding landscape. Additionally, as previously noted, women in the U.S. continue to struggle with maintaining breastfeeding initiation rates six months after giving birth. Participants were interviewed via Zoom while in their own homes.

2.2. Sample

The target population was breastfeeding women. Convenience sampling was utilized to recruit participants by posting a flyer on the communication boards of local pediatric offices and hospitals in several cities within the United States. Inclusion criteria included women aged 24-32 years in the U.S. who gave birth to full-term infants within the last six months and were exclusively breastfeeding at the time of hospital discharge. Exclusion criteria were women less than 24 and greater than 32 years of age, who gave birth to infants less than 37 weeks gestation, were not exclusively breastfeeding and resided outside of the United States. The recommended sample size for a qualitative phenomenological study is between eight-ten participants. (19) Interviews were conducted until data saturation occurred, resulting in eight participants.

2.3. Data Collection

Data collection lasted for three weeks in July and August 2022. Informed consent was obtained via a written consent document and signed by all participants. All participants were randomly assigned a number, which was placed on their completed demographic survey. Semi-structured interviews were conducted by the primary researcher, who asked participants questions, based on existing literature, about their breastfeeding experiences. (Table 1) Although the primary researcher conducted interviews, the entire research team collaborated on reflexivity processes throughout data collection by examining their judgments, practices, and beliefs surrounding breastfeeding.

Participants were engaged in the interviews, which lasted from 45 to 60 minutes and were recorded via Zoom. After every interview, the Zoom recordings and transcripts, randomly assigned a number for data organization, were downloaded and stored on a password-protected, encrypted laptop. Recorded conversations were later transcribed and stored electronically on the primary researcher's password-protected, encrypted laptop. Themes were then identified and analyzed through these transcripts by the research team.

Table 1. Topic List for Participant Interviews

Topic	Sample Questions
Breastfeeding initiation	Tell me about your overall breastfeeding experience immediately after discharge from the hospital.
Breastfeeding education	Tell me about the education you received regarding the benefits of breastfeeding in the hospital.
Barriers to breastfeeding	What would you describe as barriers to successful breastfeeding?
Partner involvement	Does your partner involved in the decision to breastfeed, and how did that affect your breastfeeding success?
Peer support	Did you rely on or look to peers to support you through breastfeeding questions and concerns?
Workplace	How does your workplace accommodate a breastfeeding schedule?

2.4. Data Analysis

Descriptive statistics were used to analyze the demographic data. Thematic analysis was used to analyze the data from the transcribed interviews with the participants in an attempt to understand their lived experiences regarding breastfeeding. Transcribed interviews were read thoroughly by each researcher using a selective approach that highlights and pulls out essential statements about the experience under study. (19) The data were analyzed in support of the aim of the study, which was to understand the lived experiences of breastfeeding women in the first six months after giving birth. The code list was organized based on the topics, which led to an agreement on the final themes. (Table 2)

The research team established the data's credibility, transferability, confirmability, and dependability. (22) Investigator triangulation was implemented, whereby multiple researchers completed an analysis of the individual findings after reviewing each interview transcript. Findings from the study were scrutinized by the researchers for applicability in like situations or settings. Each researcher also independently created codes and themes related to the data before the team collectively discussed and agreed on the final themes. Recurring themes were present without the introduction of new themes to determine data saturation. The steps to the study, as well as the data analysis, were critiqued to help ensure the study could be repeated.

Table 2. Data Analysis Structure Table

Topic	Code	Code Definitions
Emotional Support	Peers Family Partner	Friends/peers are providing emotional support. Types of emotional support by family. Partner providing emotional support.
Instrumental & Instrumental Support	Informational Instrumental	Advice from family/peers. Suggestions from other breastfeeding moms. Healthcare professional informational support.
Education	Sources	Sources of education. Breastfeeding knowledge and equipment.
Workplace	Work Accommodations	Re-entering workforce. Breast pumping in the workplace. Workplace accommodations.

3. Results

3.1. Characteristics of the Sample

The mothers ranged in age from 27 – 36 years, with the average age being 30.25 years. All of the participants identified as Caucasian or White lived in the Northeast region of the U.S., had family support for breastfeeding, breastfed in the workplace, and had access to breastfeeding support equipment for which they paid for out of pocket. All the mothers had a college degree; 6 with a Bachelor's Degree, and 2 with a Master's Degree.

Experiences with breastfeeding were gathered with the use of questions on a semi-structured interview guide. An analysis of the data yielded four themes. (Table 3)

3.2. Peer and Family Support

Eight out of eight participants identified that peer and family support significantly promoted breastfeeding success. All participants said that they had someone they trusted in their life who helped encourage breastfeeding. This resource served to answer questions about breastfeeding and provide

guidance and support when challenges with breastfeeding developed.

3.2.1 Example

"I had friends that I went to for guidance and one website type thing on Facebook. It was a support group for breastfeeding with really great information. It was evidence-based and had tons of articles. I also had my husband's cousin who previously breastfed so I could call her with questions, and that was really nice; it definitely helped me breastfeed longer and keep going when I felt stuck." – Participant 1

3.3. Partner Support

Half of the participants stated that the support of their partner helped promote breastfeeding persistence. Common feelings centered around partners' verbal encouragement, which helped participants feel supported during the breastfeeding journey, especially when challenges surfaced. In addition, participants reported that partners who provided comfort measures during breastfeeding, such as offering water and pillows and creating a calm environment, were essential to continued breastfeeding.

3.3.1 Example

"My husband went to all appointments. I needed him mostly for the support and comfort measures of giving back rubs and bringing water while learning to breastfeed. I feel he helped as much as he could, and it really made a difference in the length of time I was able to breastfeed." – Participant 3

3.4. Education by Healthcare Professionals

Limited education by health care professionals while in the hospital was a common theme among the mothers. In fact, all (8/8) of the participants reported that they received no education after giving birth in the hospital regarding breastfeeding equipment, such as breast pumps and nipple shields. Moreover, all participants expressed that this neglect was harmful to their breastfeeding experience. Each participant shared that if increased education were provided, particularly about breastfeeding equipment, they would have felt more confident with breastfeeding and in knowing when and how to use these resources. Participants reported that they did receive information about breastfeeding equipment from peers. Still, it was later in their breastfeeding journey, which they felt was not as beneficial had it been provided by health care professionals during the initial stages of breastfeeding.

3.4.1 Example

"Honestly, I wasn't given any information about equipment. I wasn't even really shown how to use a breastfeeding pump. I had to do my own research about those kinds of devices, and neither my doctor nor the medical staff at the hospital was helpful, which was definitely hard." – Participant 6

3.5. Workplace Environment

All of the mothers had returned to work and were pumping their breasts in the workplace. However, half (4/8) of the participants expressed that a significant barrier to successful breastfeeding was the lack of a designated room to pump while at work. Participants expressed frustration that workplaces did not have locations designed for breastfeeding mothers to pump, making pumping at work rushed and more stressful. Participants agreed that a designated breastfeeding and pumping location at work would have made returning to work and continuing to breastfeed easier.

3.5.1 Example

"Pumping at work was really awful. They put you in a closet with no window, and it was just gross and made me not want to pump. They had a boombox and a CD that played like calming music, but it wasn't calming." – Participant 2

Table 3. Results of Identified Themes

Themes	Number of participants (%)
Peer and family support promoted breastfeeding success	8 (100)
Partner support increased persistence with breastfeeding	5 (62.5)
Limited education from health care professionals was a barrier to breastfeeding	8 (100)
The lack of designated breastfeeding locations at work was a breastfeeding barrier	4 (50)

4. Discussion

The results of this study identified two themes related to promoting breastfeeding: Peer and Family Support and Partner Support. The study also identified two themes related to barriers to breastfeeding: Limited Education from Healthcare Professionals and a Lack of Designated Breastfeeding Locations in the Workplace. These findings can help identify methods to foster the journey of breastfeeding mothers and barriers that impede breastfeeding success.

Findings were consistent with the existing literature, which also identified the importance of peer and partner support with breastfeeding. (10, 11, 14, 15) It is recommended that health care professionals provide secondary support for the partners of breastfeeding women so that families can work together to increase long-term breastfeeding rates. (14) Various methods may facilitate peer support, such as mothers' participation in online groups and

discussion forums. (10, 11) These platforms provide breastfeeding women with the opportunity to discover tips, such as breastfeeding in public, navigating the return to work while breastfeeding, and including other family members with infant feedings. Another strategy suggested to help mothers feel supported during their breastfeeding journey is a program sponsored by the U.S. Department of Agriculture called *WIC Breastfeeding Support*, where mothers can access a breastfeeding peer counselor and breastfeeding expert. (23) Healthcare providers should aim to assess a new mother's support system and identify areas of strength, as well as those in which resources could help to foster their breastfeeding experience.

Existing literature supports that a barrier to breastfeeding is a general lack of education provided for breastfeeding women after giving birth while in the hospital setting. Limited support and educational interventions from healthcare professionals in the postpartum unit can hinder or impede a woman's initial breastfeeding endeavours. (6, 7) The findings from this current study provide further insight into this topic since a lack of education related specifically to breastfeeding equipment was regarded as a barrier for these mothers. Healthcare professionals should concerted effort to provide support and education to women before their hospital discharge. Furthermore, health care professionals' educational programs may enhance their knowledge regarding breastfeeding, which can be imparted to women. Hence, they feel supported during their early breastfeeding experiences.

Previous publications noted that returning to work is associated with breastfeeding challenges. (4, 16, 17) While this concept was present among the findings from this study, what was particularly noted was a lack of a designated breastfeeding space, as being especially difficult for breastfeeding mothers. Healthcare professionals should strive to empower women to advocate for breastfeeding accommodations in the workplace, which may help to increase breastfeeding rates.

In summary, this research highlights the importance of the healthcare professional in supporting the initial efforts of breastfeeding women and promoting factors that may lead to long-term breastfeeding success. Healthcare professionals play a pivotal role in helping women identify sources of peer, family, and partner support early in their breastfeeding journey. It can help increase breastfeeding rates during the first six months after giving birth and beyond. Conversely, healthcare professionals must be aware of barriers related to breastfeeding, so this can be addressed early in the care of postpartum women. Such efforts by health care professionals include providing in-hospital education related to breastfeeding equipment and when it should be implemented, as well as outpatient education during the first newborn well visit. This study demonstrates the significant need for continued advocacy regarding breastfeeding in the workplace. Healthcare professionals should advocate for state legislation laws that mandate lactation space and time accommodation in the workplace, which may increase long-term breastfeeding success.

Several limitations were identified in this study. All participants in this study identified as White/Caucasian women from the Northeast region of the United States. This lack of diversity among the participants may impact the ability to transfer the findings from this study to other settings and populations. Since Black and Hispanic newborns face breastfeeding disparities which void them of the short and long-term benefits of breastfeeding. (24, 25) Therefore, further research is needed to explore the experiences of these mothers so strategies can be implemented to help support breastfeeding efforts among this population.

Similarly, evidence regarding breastfeeding for premature infants is needed since they are at an increased risk of experiencing adverse health conditions. Since one of the inclusion criteria for this study was mothers of infants who were 37 weeks gestation or greater, this neglects to include an exploration of the unique breastfeeding experiences of mothers of premature newborns. Another factor to consider is that all of the participants in this study were first-time breastfeeding mothers, who may have been more motivated to breastfeed. A sample of women with varied breastfeeding experiences may help to provide a more expansive perspective. While qualitative research helps to provide rich, meaningful data, it does not support a cause-and-effect relationship. As such, quantitative research that can help to support an association or causal inference related to facilitators and barriers of breastfeeding is recommended.

5. Conclusion

The lived experience of breastfeeding mothers was unique. It consisted of several common themes, including the benefits of peer, family, and partner support and the challenges of limited education and breastfeeding accommodations in the workplace. Lessons from this study may be applied to women worldwide who struggle with breastfeeding support and resources. Awareness of factors that promote breastfeeding success and associated barriers is essential to help improve the experiences of breastfeeding women and promote longer, more sustainable breastfeeding. In turn, this can help to improve the maternal-infant dyad and the lives of families and communities across the globe.

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All authors contributed equally to this work.

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