Mothers' Perspectives on Effective Assistance With Breastfeeding Problems

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Purpose: *This qualitative study investigated maternal views on effective support strategies in the face of breastfeeding difficulties.*

Methods: *In semistructured interviews, 15 women who had encountered breastfeeding problems reflected on their experiences.*

Results: *Participants reported that managing breastfeeding problems was complex and that the level of provider competence in addressing these difficulties was variable. Social media emerged as a highly prevalent source of support among women facing breastfeeding problems.*

Discussion: *Virtual and face-to-face support strategies are compared; implications for providers are reviewed.*

Keywords: breastfeeding, breastfeeding problems, support strategies, social media

More than 80% of U.S. mothers start out breastfeeding their babies. This proportion, however, plummets in the days and weeks that follow. According to the most recent data available from the Centers for Disease Control and Prevention (CDC, 2015), 51.4% of U.S. babies born in 2012 were receiving some human milk at 6 months, whereas only 21.9% were exclusively breastfed. The present qualitative study was designed to investigate the supports that assist breastfeeding mothers, both within and outside the healthcare system.

Although breastfeeding support has been the topic of many investigations, the context in which women seek support continues to evolve. Increasing numbers of IBCLCs and Baby-Friendly hospitals, coupled with increasing access to healthcare services in the wake of the 2009 Affordable Care Act, could mean that women with breastfeeding problems are more able to find competent assistance. The proliferation of online resources, including social media, provides women with options for breastfeeding information and support that were unavailable in the recent past. Furthermore, well-documented barriers to successful breastfeeding—notably, U.S. birth culture (L. J. Smith & Kroeger, 2010); lack of access to coordinated care for painful breastfeeding problems, such as thrush; and inadequate U.S. maternity leave policies—all continue to contribute to breastfeeding problems and premature weaning.

Healthcare Providers and Breastfeeding Support

Previous studies indicate that breastfeeding problems are widespread. Dewey, Nommsen-Rivers, Heinig, and Cohen (2003) studied 280 breastfeeding dyads and found suboptimal breastfeeding behaviors in 49% of them at the initiation of breastfeeding. Both mothers and healthcare providers (HCPs) report that professionals offer inconsistent support to mothers experiencing breastfeeding problems (Dillaway & Douma, 2004; Nelson, 2007). For all mothers, particularly primiparae, unhelpful HCPs are linked to cessation of breastfeeding attempts (Hauck, Fenwick, Dhaliwal, Butt, & Schmied, 2011). Although Baby-Friendly Hospital Initiative (BFHI)-recommended practices can make a significant difference in breastfeeding outcomes (Bartick, Stuebe, Shealy, Walker, & Grummer-Strawn, 2009), the number of BFHI-accredited hospitals in the United States still remains modest.

Social Support and Breastfeeding Outcomes

Previous research has also established that social support factors (i.e., support from friends and family) are important determinants of breastfeeding duration (Kaunonen, Hannula, & Tarkka, 2012). Because breastfeeding initiation rates rise among groups previously less likely to initiate breastfeeding, these women may struggle to continue breastfeeding if they experience problems in a social context where formula feeding is the norm (Racine et al., 2009). The meaning of "social support" has

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expanded in recent years with the rapid increase in social media use. Although several researchers have evaluated the impact of social media support (SMS) for women living with breast cancer (Bender, Jimenez-Marroquin, & Jadad, 2011), very little existing research directly addresses the role of social media in providing information and assistance to breastfeeding mothers (Asiodu, Waters, Dailey, Lee, & Lyndon, 2015).

This study was designed to evaluate maternal perceptions of breastfeeding support within this changing landscape, describing strategies that they identified as both helpful and unhelpful in addressing breastfeeding problems.

Method

The Illinois State University Institutional Review Board granted approval for this study. Recruitment was rooted in a previous online survey about mothers' breastfeeding experiences (data not published), in which participants could leave their contact information if they were interested in participating in future research. Respondents described a wide variety of experiences, suitable for further qualitative investigation. Initial participants in this study were invited to share the author's contact information via word of mouth and social media outlets. To participate, a mother needed to have breastfed a baby within the past 5 years and to have encountered some kind of breastfeeding problem while living in central Illinois.

To accommodate a wide range of backgrounds, semistructured interviews were conducted. Participants answered a scripted set of questions addressing their background, birth experiences, and motivations for breastfeeding as well as the support strategies they found helpful and unhelpful. Follow-up questions were based on their individual experiences. Fifteen women completed interviews. All interviews were conducted via phone, ranging in length from 30 to 70 minutes, with an average duration of 42 minutes. Each interview was recorded for transcription by an undergraduate research assistant, who deleted names. Graduate research assistants checked each transcript for thorough deidentification and for accuracy.

Interviews were analyzed using interpretative phenomenological analysis (IPA; J. A. Smith & Osborn, 2008), with an emphasis on social support theory (Lakey & Cohen, 2000). Research assistants were trained in the IPA framework. They completed the first stage of the analysis, identifying themes and representative quotes. Analysis was completed by the author.

Results

The 15 participants ranged from 21 to 40 years old. All of the women had finished high school, and eight had bachelor's degrees. All of them were married or partnered. Three women had given birth at home, 1 delivered at a Baby-Friendly hospital, and the remaining 11 had gone to non–Baby-Friendly hospitals for their births. Eight women were primiparous, five were multiparous (2–3 children), and two women were grand multiparae (6 children in one family, 10 children in the other). The breastfeeding problems they described, summarized in Table 1, ranged from short-term commonplace issues (e.g., biting) to grave complications related to a life-threatening congenital anomaly. In the women's reflections on effective/ineffective support strategies, four major themes emerged: wide variation in HCPs' breastfeeding competence, the uses and limitations of SMS, the continuing need for face-to-face support groups, and the importance of "support synchrony."

Wide Variation in Healthcare Providers' Breastfeeding-Related Competence

Several women expressed appreciation for the HCPs who assisted them with breastfeeding. The IBCLCs at a nearby Baby-Friendly hospital were mentioned repeatedly, not only by the participant who gave birth at that hospital, but by others as well: women

Table 1. Distribution of Breastfeeding Problems Within the Sample

Parity	*n*	Nature of Breastfeeding Problems
Primiparae	8	Problems with latch on ($n = 6$), ankyloglossia ($n = 3$), medical complications interfered with breastfeeding ($n = 1$), painful breastfeeding ($n = 5$), low supply ($n = 3$), oversupply ($n = 1$), mastitis/plugged ducts ($n = 1$)
Multiparae	7	Problems with latch on ($n = 5$), ankyloglossia ($n = 2$), prematurity ($n = 3$), medical complications interfered with breastfeeding ($n = 1$), thrush ($n = 1$), reflux ($n = 1$), painful breastfeeding ($n = 5$), low supply ($n = 2$), oversupply ($n = 1$), mastitis/plugged ducts ($n = 2$)

Note. Many participants reported multiple types of breastfeeding problems.

from other towns whose HCPs referred them to the hospital's outpatient breastfeeding services and women whose friends had delivered at the hospital or used its outpatient services. "These IBCLCs are at the top of their game," stated one participant. Some participants reported that it was straightforward for them to have their babies assessed and/or treated for ankyloglossia.

These experiences of fruitful partnerships were far from universal, however, particularly regarding supplementation. Multiple mothers felt embattled after conflicts with HCPs, particularly physicians and nurses.

> *They didn't tell me that I could pump the milk and give it to him until like the second day . . . I don't know if they didn't know I was breastfeeding, or if they were just confused, or if they just thought the formula would be better.*

Another mother, who was pumping successfully for her near-term baby, was given a formula sample by her physician and advised to use it in lieu of her milk: "Take it home and try it until she gets a little energy."

One participant described difficulties with her daughter that were consistent with oversupply/overactive milk ejection reflex (OAMER): Although she could pump 8 oz at one sitting, her daughter's weight gain was slow. Although the baby's latch was initially good, and breastfeeding attempts in the hospital were successful, after 2 weeks, her daughter, who frequently seemed distressed, began to detach from the nipple a minute into every feeding. Of course, it is not possible to determine the true cause of this clinical presentation in hindsight, but the mother stated that no one—not the pediatrician, not the nurses, not even the two lactation consultants she asked for help—ever suggested oversupply/OAMER as a possibility. This mother, who transitioned to exclusive pumping, and then to formula feeding, found the advice of a labor and delivery nurse to be particularly memorable:

> *She said that a lactation consultant will never tell you this but sometimes, they just don't want to nurse, or they just won't nurse. . . . She was like, "You're not doing anything wrong. That's just how it is. She's just not going to nurse." And I think that kind of made me feel, like, a little bit better, like it was okay to give her bottles now, you know what I mean?*

Another mother, whose baby was immunocompromised as a result of complex medical needs, reported that her child's medical team repeatedly urged her to wean.

> *I was like, "But she's going to need antibodies, and it's good for the cell-rejuvenating properties." . . . [The physician] looked at me for a few seconds and said, "I don't think the risks outweigh the benefits," and left me with nothing.*

Social Media Support: Uses and Limitations

In tandem with their frustration over inadequate medical advice, mothers reported seeking support and problem-solving assistance from their peers. Peer support is hardly a new concept in breastfeeding assistance. Several of these mothers, however, reported heavy reliance on peer support via social media—most commonly through Facebook. The most emphasized advantage of SMS was real-time assistance and encouragement. Multiple mothers described their experiences attempting to feed a fussy baby in the middle of the night. A Facebook post to a breastfeeding support page usually garnered immediate responses from other mothers who might offer advice or commiseration.

> *You don't have to call somebody and wait for an answer. You can just type it on your phone or computer, and you know, it's right there. You'll get an answer in a few minutes.*

> *I did have La Leche League Leaders' numbers and I knew that I could access them all the time, but I didn't want to have to wake somebody else up for my problems. So if I felt like it was an issue right then, or I just needed somebody to talk to . . . [SMS group members] would respond fairly quickly.*

Many participants mentioned a large closed Facebook group designed to provide mother-to-mother breastfeeding support for women in the region, stating that they appreciated both its diversity and its unity. Mothers valued the varied experiences of participants in this group, who could share their perspectives on a range of problems.

> *The amount of information that I have received from that group has really been invaluable in our breastfeeding relationship. Like when my son started biting, I'd seen how other mothers had handled it, and I tried some of those methods. And it wasn't a question I ever had to ask because I'd seen some of the responses, but I could see where someone who didn't have the support would get frustrated in not knowing how to deal with that.*

At the same time, they typically welcomed the group's shared understanding of the importance of breastfeeding, describing the contrast between the pro-breastfeeding advice offered through the group and the counsel of HCPs or family members who casually recommended weaning.

> *You make these decisions, and own them, and research them, and don't back down from them. I don't care if somebody has letters behind their name. Go home and*

research it. I don't care that your mother-in-law raised six children and put rice cereal in all of their bottles starting at 2 weeks. Go home and research it. Ask people around you whose opinions that you trust for their opinions. Do some more research and then check your gut. Check your intuition. Does this feel right? Does this feel like something that is good for us? And go.

In addition, participants welcomed the wide-ranging options for engagement. Some of them posted frequently, sharing many details about their lives, whereas others described themselves as "lurkers," who read the content without posting. Still, others moved across multiple levels of engagement, depending on their specific concerns and their other obligations at a given time.

Just as mother-to-mother support is not a new phenomenon, difficulties with mother-to-mother support are also familiar to IBCLCs who have led support group meetings. Attendees at a face-to-face meeting may report feeling judged or being reluctant to bring up sensitive issues in a group of casual acquaintances. These problems can be amplified in a social media context, where large numbers of unfamiliar people may be able to view a post asking for help and where a comment can easily be misinterpreted in the absence of nonverbal cues. One mother stated,

Tone doesn't always come across correctly. It's been a little discouraging. I've seen a number of arguments break out in the online group that way.

Mothers also reported concerns about "one-size-fits-all" breastfeeding advice.

For 3 months, it sounds like every baby has a dairy allergy, and then the next 4 months, every baby has a tongue tie. Everybody that had a dairy issue is going to say "cut your dairy," and other people are going to say it's definitely gluten. . . . Way too many people think their kids have tongue tie and are running to the one dentist in town that does laser cutting.

Speaking more broadly of the tone of interactions among group members, a few mothers felt put off by the perceived militancy of some Facebook group participants.

I didn't think they were helpful or supportive. I thought they were very, very one-sided and very opinionated and close-minded . . . I thought they were very rude and judgmental. So taking myself off of there was probably the best thing I could have done.

Another mother concurred,

It can also be a little harsh with judgment from the people who think you should never give your baby a bottle, never give your baby formula. You could get some really rigid-thinking people that just think you have to raise your baby the way that they did with theirs.

Face-to-Face Support Groups Remain Important

Although the influence of SMS was a highly prevalent theme across these interviews, the women also highlighted the importance of face-to-face support groups. One mother, comparing SMS and in-person support groups, said, "The human interaction, I think, is a lot better." Another said, "It's harder to maintain those personal connections [via social media]." Some women emphasized the value of La Leche League (LLL) meetings, particularly the opportunity they created to hear the experiences of women who had overcome difficulties. A participant who struggled with low supply described the impact of hearing from women who had achieved their goal of exclusive breastfeeding after a period of supplementation. "That inspired me," she said. She explained that although she was not able to stop supplementing with her first daughter, their stories encouraged her to persist with her second daughter, who was exclusively breastfed. Another woman, who battled a serious skin condition, was moved to tears as she described finding acceptance and "permission" to discontinue breastfeeding through LLL.

Although there are several active LLL groups in the region, mother-to-mother meetings were mentioned less often in these interviews than a support group led by IBCLCs at one of the Baby-Friendly hospitals in the area. These meetings came up repeatedly in mothers' responses to questions about the most helpful sources of support available to them. Some described finding solutions to vexing problems; others reported that the supportive environment was valuable for them even in the absence of difficulties. One mother who was extremely uncomfortable with public breastfeeding attributed her eventual confidence with nursing in public to her experiences at the support group. The mothers there felt free to nurse their babies, she reported, and their attitude was contagious.

Support Synchrony

A final theme that emerged from these interviews was the importance of "support synchrony." Mothers who were strongly motivated to continue breastfeeding in difficult circumstances reported that they appreciated HCPs who continued to support their efforts and offer

new ideas but felt frustrated by HCPs who told them they were working too hard at breastfeeding.

> *Her response was, "Oh, you've got three kids; you've done it before. You've got it under control." And I was really hurt by that response because I kept telling her something was not right and I was looking for help.*

Conversely, the mothers whose difficulties led them to partial breastfeeding or weaning felt angry with providers or peers who offered simplistic solutions or exhorted them to keep trying without acknowledging their difficulties.

> *I was just like, "Lady, I am in so much pain." She was trying to tell me hippie things. And I had tried all that stuff, and I probably needed some serious medications. Something like that was not helping me . . . I went to see my OB, and she saw [a severe skin problem]. When she gasped, I was like, "Oh, yes, it must be very bad. The pain I am in is real."*

Discussion

These findings review mothers' perspectives on the supports they encountered while dealing with breastfeeding problems. As in previous research indicating that HCPs who support breastfeeding can influence breastfeeding duration (DiGirolamo, Grummer-Strawn, & Fein, 2003), many of the mothers in this sample spoke with appreciation of the HCPs who helped them problem solve and encouraged them to persevere. In contrast, participants described anger and frustration with HCPs who offered outdated or inadequate recommendations. For these women, achieving their breastfeeding goals required ongoing willingness to persist in the face of conflict and struggle.

Women in this sample reported that they relied heavily on peer support. Their emphasis on SMS, particularly through Facebook groups, is a finding that has not been prominent in the breastfeeding research literature to date. Because 89% of women aged 18–29 years use social networking sites (Pew Research Center, 2015), this avenue of support may well increase in importance as more members of this demographic confront breastfeeding problems. SMS offers the advantage of real-time assistance for common problems; for less common difficulties, however, the hazards of internet diagnosis and treatment by one's peers surfaced in multiple mothers' descriptions.

Face-to-face support, via one-on-one consultations and via in-person support groups, remains a critical element of breastfeeding assistance. One Baby-Friendly hospital in the region reached many mothers through its outpatient services and a well-attended support group. Although the hospital itself was small, its implementation of the 10th step of the BFHI extended the reach of its lactation services beyond the community in which they were based. Mothers also described "spillover effects" arising from small group support: They might feel uncomfortable nursing at a group meeting initially but discover afterward that they were more at ease nursing in public. They might not be able to achieve a full milk supply after a slow start with one baby, but they could draw on the recommendations they were given to nurse exclusively after a subsequent birth.

The women who participated in this study described a wide range of experiences, from short-term difficulties that they were able to address quickly to life-threatening conditions with no easy solution. Across this spectrum, they reported that they benefited from talking with others who responded sensitively to their perceptions of the importance and the achievability of their breastfeeding goals.

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Zika Interactive Map and Fact Sheet

The National Women's Law Center has released an interactive map that examines which states at risk of the Zika virus provide access to key reproductive health and workplace protections to help women manage their risk: https://nwlc.org/resources/zika-reproductive-health-care-and-workplace-policies-how-does-your-state-measure-up/. The map tracks five key policies: Medicaid expansion; expanded coverage of family planning services under Medicaid; public and private coverage of abortion; and workplace pregnancy accommodation laws. NWLC has also created the Zika Virus, Reproductive Healthcare, and Workplace Policies fact sheet, providing additional information on the virus as it relates to women's health and the public policies that can help manage the risk it poses: http://nwlc.org/wp-content/uploads/2016/06/Zika-Virus-Reproductive-Healthcare-and-Workplace-Policies.pdf