

Exploring Experiences Regarding Breastfeeding Among Mothers: A Qualitative Enquiry

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ABSTRACT

Background: The implication and outcome of breastfeeding on mother's and infant's health keeping in mind the effects it will have when viewed as short-term and long-term aspects depends on the overall health of the infant. Child's optimal physical and mental growth, intelligence, satisfaction of mother's and infant's emotional bonding, reduced infections, certain respiratory conditions is directly proportional to the adequacy and sufficiency of the breastmilk given by the mother. Mother's breastmilk is regarded as the purified nectar for the young one which sets standards for the lifelong healthy living of the neonate. And therefore, World Health Organization has been insisting on exclusive breastfeeding for the first six months and to be continued upto 2 years along with the weaning foods. However, its alarming to note that the rate at which exclusive breastfeeding is done is below 37 % as reported by American Academy of Paediatrics.

Aim: The aim of the present study was to identify and study the missing elements among women who fail to recognize the factors which hinders their decision to continue breastfeeding, promote breastfeeding from their point of view.

Materials & Methods: A qualitative approach with phenomenological research design was deployed for the study. Non-Probability Purposive sampling techniques was adopted for the study. 19 Postnatal mothers who were exclusively breastfeeding their infants were interviewed in depth with semi structured interview questions. Both primipara & multipara mothers were recruited for the study. The study setting was urban areas of metropolitan city. Analysis was done through thematic analysis where codes were formulated, sub themes were drawn and themes were identified.

Results: The results were analyzed, which gave rise to seven themes, with sub-themes revolving around the themes drawn, 80 codes were identified which justified the emergence of themes. Themes were as: Knowledge Source, unskilled breastfeeding practice, (Inadequacy in handling the newborn during feeding), over influx of information and knowledge, traditional belief system, emerging problems during breastfeeding causing hinderance, Balancing Work, societal support for breastfeeding.

Conclusion: The study emphasizes that mothers do have knowledge from different sources, too much knowledge which at times becomes overt at may be confusing to the mothers especially the primipara postnatal mothers. They need assistance while feeding the newborn which again is typically narrated by the both primipara & multipara mothers. Traditional belief systems play a major role in the myths, beliefs, traditional dietary practices which influences the choices and breastfeeding practices. Problems associated with breastfeeding affect the feeding practices also causes issues with the mothers. Working mothers always have a guilt approach which sadly is unseen by the employers which adds to the apathy of the working postnatal mother. Societal help, support is always a welcome sign for the mothers who need to be understood, love and cared for during the most crucial turn of her life.

Keywords: Experiences, Breastfeeding, Mothers.

1. INTRODUCTION

The first noble gift what a mother gives to her baby is in the form of a immunity provided through breastfeeding, which is the most crucial aspect in the initial six months of life for the infant. It doesn't stop here though, as it is advised and followed by the mother who continues to breastfeed the infant for up to 2 years, ensuring the inclusion of complementary feeding. Its a well-established fact that breastfeeding alone can prevent under five mortality & morbidity and around 13% of all death among low- and middle-income countries are prevented. It also acts as birth spacing method and reduces the risk of certain reproductive tract cancers among the mothers & women. World's national income would be at stake if breastfeeding is adequately done by postnatal worlds which would account for 0.49% of economic loss as reported

by World Health Organization.

Statistics reviewed through the National Family Health Survey—5, within an hour of birth 41.8% of children below three years were breastfed out of which less than 2/3rd received exclusive breastfeeding. Citing this out of 5.9 million worldwide deaths India accounts for 20% of the mortality. This surely is a cause of concern and does not gain a parallel with the Sustainable Developmental Goals. The indicators are alarming and fall short from the recommended breastfeeding practices followed by the postnatal mothers. Hence its recommended that insightful education, competent breastfeeding practices, identifying the challenges of the breastfeeding mothers exploring the mothers concerns is of prime importance.

In spite of massive breastfeeding campaign, awareness programme, health education sessions the challenges faced by mothers is alarming which effects of the consistency of breastfeeding practices. Continuation of breastfeeding is often seen as a challenge among the mothers and has an psychological, physical impact on the mother which eventually affects the infant. These experiences are key factors to identify the challenges faced by the mothers. They are often seen reporting & experiencing feeling of inadequacy, anxiety, frustration & distress.

The study aims to explore the experiences of the postnatal mothers which hinders their decision to continue breastfeeding, promote breastfeeding from their point of view.

2. MATERIALS & METHODS

Study Design & Participants:

The approach to the study was qualitative with Phenomenology as a method of investigation was adopted. Study participants i.e. postnatal mothers both primipara and multigravida were recruited through Non-Probability Purposive sampling technique from the community areas of the metropolitan city in the state of Maharashtra. The time duration for the study was from February 2024 to February 2025.

INCLUSION CRITERIA:

Primigravida (postnatal) and multigravida mothers, within the age group of 19-30 years, who have babies up to 6 months of age.

EXCLUSION CRITERIA:

Mothers with infants up to six months of age with any congenital anomalies especially with cleft lip or cleft palate.

Data Collection Instrument:

Data Collection tool was in the form of guiding questions Semi-structured in nature utilized for the interview schedule. 2 Focused Group Discussions & 18 in depth Interviews were conducted with all ethical considerations. It consisted of two parts, the first part was utilized for gathering demographic information of the mothers & the second part was questions for the Interview.

Section I: consisted of demographic data such as age, parity, type of delivery, income, occupation, literacy level, support system.

Section II consisted of guiding questions based on the experiences of the mother regarding breastfeeding. Questions were formulated towards first time experience while feeding, prenatal education regarding breastfeeding, self -confidence & competence related to feeding, anything which adversely affects the feeding practices, how long she wishes to feed the infant, problems & challenges while feeding the infant.

Data Collection:

Data was collected from urban habitations of the metropolitan city through 2 focus group discussions & 18 in-depth interviews.

Data Analysis:

All the interviews & FGD's were translated and transcribed, reading and re-reading was done to identify similarity in codes through written verbatim. The translation was given to the participants to ensure the credibility of the data and confirm the codes. Codes were generated, sub themes were developed, and final themes were generated.

Ethical Consideration:

The study passed through the Institutional Ethics Committee, written informed consent was taken from the participants, they were ensured that the interviews will only be utilized for research purpose and destroyed after the analysis. Confidentiality of the data was ensured to the participant

Credibility of the data: Credibility of the data was ensured by re-reading of the verbatim by the participants, member checking and language expert.

3. RESULTS

Demographic data revealed that 55.55% of the participants were in the age group of 18-22 years of age, 61.11% of the mothers were primipara mothers & 38.88% were multipara mothers, 66.66% of the mothers exclusively breastfeed their infants up to six months, 83.33% were educated up- to 12th standard, all the participants had received antenatal education with aspects of breastfeeding being emphasized. Lactation consultant counselling was received by 50% of the participants. All the participants had husbands, mothers, sisters, in laws as their support system.

Themes	Sub-themes
Knowledge Source	Health education Antenatal Classes Sharing of traditional knowledge by elders
Unskilled breastfeeding practice	Inadequacy in handling the newborn during feeding Difficulty in handling the newborn Unable to know when the baby feels full
Over influx of information and knowledge	Knowledge sharing by everyone visiting Discrepancy in the knowledge shared
Traditional belief system	Cultural beliefs – food habits Feeding pattern
Emerging problems during breastfeeding causing hinderance	No sufficient milk production Over production of the milk
Balancing Work	Urgency to join work Expectations to be a lending hand in household chores Nuclear family demands
Societal support for breastfeeding.	Breastfeeding centres (Hirkani Kaksh) Breaks from regular work Breastfeeding corner at offices/recreational centres.

Description of the themes & sub-themes

Knowledge Source:

Participants mentioned that antenatal classes have played a very important role in their journey of gaining knowledge regarding breastfeeding. It pre prepared them to receive the baby and navigate smoothly into the journey of motherhood.

Participant verbalized as “It was great to know about breastfeeding, how to prepare to start feeding, how to hold the baby, to identify the signs that the baby has had enough milk. It also gives us the required confidence to know that we can take care of our babies with minimal help”

Few other participants verbalized that their mothers, grandmothers, sisters who already have delivered also shared their experiences which is their personal encounters and will help in tackling similar situations.

“My mother always shared that her elders taught her early the changes which would occur, how frequently she should feed the baby”

“My sister has a three-year-old daughter, and she was us during her initial days post-delivery. I could see her struggling trying to be awake at night to feed the child. My mother always was there by her side teaching her how to feed, how to burp so I know about breastfeeding.”

Unskilled breastfeeding practice

Participants said that even though they had knowledge through various inputs, but it it actually came to holding the baby, they found it difficult. There was uncertainty of whether she would effectively feed the baby, hold the baby. Mothers were also unsure of the correct position to hold the baby. Thus at times they would feel helpless, under confident in the initial days

to breastfeed the baby.

“I know how to hold the baby, but when I held my baby for the first time to feed I required assistance, I thought it was not the right way, and that I could harm the baby”

“I have undergone C-section, and I was helped by the Nurses and lactation consultant in feeding my baby. I was not sure if my baby had enough milk. They had explained it to me that initially there will be less production of milk.”

Over influx of information and knowledge:

Majority of the participants felt that suddenly the entire world turns over to give you solutions to your personal issues, even though you may not be wanting it, thus it leads to confusion, self -doubt, while feeding the baby.

“Everyone visiting me has something to tell me without knowing my willingness to hear them out.”

“All tell me that they never had issues in feeding their child as they followed the instructions given to them by their elders.”

Hence there is a lot of information which confuses mothers.

Traditional belief system

Majority of mothers verbalized that their families have a set of traditional beliefs to be followed specially related to the dietary pattern during the postnatal period. They strongly believe that the food habits of the mother influence the breastfeeding pattern and the efficacy with which they establish breastfeeding practices. Fortifying foods for the mothers, avoidance of certain foods, hot and cold food choices are selectively done to enhance breastmilk production and maintain the nutritional level of the infant.

“I have Shatavari powder, which enhances breastmilk production”

“My mother-in-law did not allow me to consume potatoes, cauliflower as she said these are gas producing foods”

“My mother added carom seeds to my diet as she said this would prevent bloating of the stomach for the baby as well as for me”.

Traditional beliefs and practices has a major impact on breastfeeding practices which are influenced by diet.

Emerging problems during breastfeeding causing hinderance

Majority of the mother’s faced some or the other issue during breastfeeding, though not major but it affected their efficacy to feed the baby.

There were few mothers who said that initially milk production was very less, it was explained to them that “initially phase milk production will be less,” few others said that they had “heaviness of breast “but could not feed the baby as the bay did not latch well.

Some others said that they had over secretion of milk, and they had leaking issues, were advised to express the milk.

“I could feed for three days as my milk not enough for mu baby, but it ensured that I my baby to the breast.”

“Health care professional explained and demonstrated how to hold the child so that the child latches properly with good latching technique”

Work pressure

Mothers who were working had to join back after 6 months, were worried how would they continue to do so. They wondered how they would balance their daily work routine and effectively breastfeed their child. This was not only in the case of mothers who were working outside but also for the mothers who were homemakers and needed to get back to they daily chores routine. The same was expressed by the mothers who represented nuclear families.

“Today everyone is there to help me, but once I get to my routine I wonder how will I be able to manage.”

“Many a times I question myself, once I resume work would it be injustice to my baby as I may not feed when required.”

“I need to get back to my daily routine household work, I should be able to manage it with my responsibility as a mother as well.”

Societal support for breastfeeding

All the participants echoed the need for societal support for breastfeeding women. They urged that it should not be seen as a taboo to feed at public places by ensuring privacy. Dedicated breastfeeding corners need to be set up at all public places so that mother can be at ease when she feeds her baby.

Working mothers stressed the importance of crèche facilities for the initial moths when a mother joins back from maternity leave. Also the need to set up separate rooms for breastfeeding mothers would be welcome idea by all the postnatal mothers.

“I have seen “Hirkani Kakash” only at few places, such centers need to be present at all public places.”

“When I join back work, how I wish there would arrangements for mothers like me to bring their child, provide a separate room for breastfeeding. Such crèche centers will ease the mothers and will help in reducing the guilt which every working mother faces when she joins back.

4. DISCUSSION

Breastfeeding phase in the life of a mother has been beautifully described as a roller coaster ride with emotions being all time high. Its engaging, personal, full of challenges, ups and downs but does not discourage a mother from achieving her motherhood. She requires support from her loved ones, society and the personal strength she derives from within herself makes her a strong mother. Many choices are influenced by the elders there are few which she makes for her own self are influenced by many factors. Therefore, everyone mother should be treated in a unique way according to her needs. Breastfeeding should not be viewed as a responsibility but as a right of a woman.

Similar studies have been done in the past where it has been seen that mothers have a positive outlook towards breastfeeding. Qualitative studies bring out the life experiences of women which becomes crucial in navigating their journey in the process of breastfeeding, identifying it as satisfactory, smooth sailing or filled with ambiguity. It may be different to all the mothers but eventually each of the mothers find their unique way is establishing breastfeeding successfully. There are few others who will require medical interventions if they have an adverse outcome.

5. CONCLUSION

The present study was undertaken to explore the experiences regarding breastfeeding among mothers with a qualitative design. 18 in depth interviews were conducted to meet the saturation of data. Data was collected through in-depth interviews exploring their thought process. Codes, sub themes & subthemes were identified to justify the experiences. The results discussed herein will enable healthcare professionals to assess, plan and provide care to the lactating mothers and design individualized care as per their need through the process of breastfeeding.

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