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‘But is it a normal thing?’ Teenagers’ experiences of breastfeeding promotion and support

Abstract

Aim

To explore teenagers’ experiences of the breastfeeding promotion and support delivered by health professionals.

Design

A qualitative study conducted in an English city.

Methods

Pregnant teenagers and teenage mothers (n = 29) took part in semi-structured interviews and focus groups between March and July 2009.

Results

Breastfeeding is presented by health professionals as incontrovertibly the best choice of feeding method, but teenagers experience an array of conflicting norms which influence their infant feeding choices and behaviours.

Conclusions

The social barriers to continuing breastfeeding are insufficiently recognised and addressed by health professionals. It is likely that teenage mothers would breastfeed for longer if they perceived that breastfeeding was a normal way to feed baby in their social milieu.

Introduction

Breastfeeding rates in the United Kingdom are among the lowest in Europe despite evidence that increased breastfeeding benefits child and maternal health in both the short and long term^{1,2}. Encouraging breastfeeding is a key part of the Healthy Child Programme³, which promotes exclusive breastfeeding for the first six months of life. It is recognised that the benefits of breastfeeding to mother and baby increase with longer duration of feeding, and the UK Department of Health recommends continuing breastfeeding throughout the first year of life⁴ while the World Health Organisation recommends breastfeeding to two years⁵. However, these recommendations do not automatically translate into optimum feeding behaviour. The 2005 Infant Feeding Survey showed that only 25 per cent of UK mothers breastfeed their baby at six months of age, and less than one per cent of mothers exclusively breastfeed at this age¹.

Mothers aged under 20 years are least likely to initiate and continue breastfeeding, and only 7 per cent of UK mothers aged under 20 years breastfeed to six months¹. This represents a major health inequality for teenage mothers and their children, additional to the existing risks of social exclusion and deprivation^{6,7}. Inequalities in breastfeeding have been the subject of health professional and governmental concern, leading to policy

measures directed at raising breastfeeding rates among disadvantaged groups such as teenage mothers^{8,9}. Recent research has focused on young mothers' experiences of breastfeeding¹⁰ and the reasons why teenagers choose to breast or bottle feed^{11,12}. Studies have found that young mothers are often well informed about the health benefits of breastfeeding^{11,13} but other factors, such as dominant social norms and embarrassment about feeding in public, are influential in leading teenage mothers' to formula feed¹². Few mothers aged under 20 years breastfeed outside the home¹.

Although teenage mothers are recognised as a priority group for the promotion of breastfeeding³, there has been less research into their experiences of breastfeeding promotion and support. This study was conducted in Bristol which has higher than average rates of teenage pregnancy and of breastfeeding¹⁴. In 2010 Bristol became the first 'Baby Friendly' city in the United Kingdom, with both maternity units and the primary care trust holding Unicef Baby Friendly Initiative (BFI) accreditation¹⁵. Despite an overall rise in breastfeeding rates in Bristol between x and x the incidence and prevalence of breastfeeding had not risen among mothers aged 20 years or younger¹⁶. In order to explore the experiences of younger mothers this study focuses on teenagers' experiences of breastfeeding promotion and support.

Methods

This research was carried between March and July 2009, after obtaining a favourable ethical opinion from the relevant departmental committee of the University of the West of England. Included in the study were pregnant teenagers aged 18 years or younger, and teenage mothers whose baby was aged two years or younger. Written consent was obtained from participants before all interviews and focus groups, with a parent or head teacher giving additional consent for participants aged less than 16 years of age. Participants were recruited from schools, mother and baby units and a children's centre; snowball sampling was then used to identify and recruit further eligible participants. A topic guide was developed following consultation with key stakeholders, including teenage mothers and specialist teenage pregnancy midwives, which was used in both interviews and focus groups.

Three focus groups were carried out with friendship groups which included pregnant teenagers as well as teenage mothers (a total of 12 participants); semi-structured interviews were carried out with those who preferred to be interviewed individually (17 participants). Each interview and focus group was audio-taped and assigned a unique identifying number. Transcribed text was entered into NVivo, a qualitative data analysis software package, and coded using inductive thematic analysis. After initial coding the data was then further examined in order to detect exceptions and contradictions, and confirm thematic patterns¹⁷. This paper presents the findings related to the breastfeeding promotion and support received by participating teenagers from maternity and child health services.

Results

Data collection took place between March and July 2009. Details of participants (n = 29) are given in table 1. Dominant themes arising from the data were conflicting norms about infant feeding between professionals and teenagers, teenagers' anxieties about breastfeeding outside the home and breastfeeding as a socially marginalised activity. These findings are presented within the chronological sequence of pregnancy, birth and post-partum. All names have been changed in reporting the findings.

Experiences of breastfeeding promotion in pregnancy

Few teenagers had considered the subject of infant feeding prior to their first ante-natal appointment with a midwife, but most described themselves as wanting to be given information so they could then make a choice for themselves. Health benefits were cited as the primary reason for intending to breastfeed, and a wide variety of benefits of breastfeeding could be recited by pregnant teenagers and teenage mothers, irrespective of their feeding intention or how they subsequently fed their baby:

'Apparently for the baby they have straighter teeth and it helps like their gum formation to make their teeth straighter and it helps prevent eczema and...they are five times less likely to end up in hospital with infections...[it] helps you get back to your normal size quicker and it helps protect you against ovarian and breast cancer.'

Pregnant teenager, focus group

Both pregnant teenagers and mothers considered breastfeeding was potentially easier than formula feeding, which was seen as without health benefits, expensive and labour intensive; even ante-natally the idea of getting out of bed at night to prepare bottles of formula milk was much disliked. Midwives were considered to be 'pro-breastfeeding' but participants appeared to accept this as inevitable, only expressing resentment if they felt undue pressure was being put on them to breastfeed. However, teenagers were aware that the health promotion messages of health professionals were not necessarily shared by the communities in which they lived. Some feared that to choose to breastfeed would transgress their own social norms:

'Midwives and doctors they try and persuade you to do it because it is classed as a normal thing...but I don't know.'

Hester, 17 years, pregnant

The potential social embarrassment of breastfeeding loomed large in the mind of pregnant teenagers, and was a factor influencing choice of feeding method. Feeding in public was often feared by participants who thought they might be stared at, mocked by men or even asked to stop feeding. Many participants, even if they themselves had breastfed, said that it was very embarrassing to see someone breastfeeding as this was not usual behaviour for young mothers:

'Young girls my age, you just see them with their bottles really...I don't think I've seen any girls breastfeeding when I've been out anywhere.'

Anya, 19 years, baby aged 7 months'

The decision to breastfeed was generally expressed as an intention to 'try', with formula feeding seen as a fail-safe alternative option. Only one participant (a Black mother with a strong family history of breastfeeding) intended to breastfeed exclusively for around six months, with the majority stating ante-natally that they intended to breastfeed for a maximum of a few weeks.

Experiences of breastfeeding promotion and support at birth

Feeding decisions made in pregnancy were not necessarily followed through when the baby was born, demonstrating the influence of health professional promotion and support at birth. Despite wishing to breastfeed, one mother was directed towards the hospital stocks of formula milk and subsequently bottle fed her baby:

'Well, when she was first born, I actually wanted to breastfeed but...like everyone was like, oh this is where the bottle things are, like where the little stashes of bottles were, but I didn't see anything wrong with bottle-feeding so I didn't really care. At first I did want to breastfeed but as soon as I got the bottle out and fed her, it was fine.'

Marianne, 18 years, baby aged 11 months

Conversely, two mothers whose babies were born prematurely stated that they were categorically told by health professionals that they should breastfeed, in order to give the baby the best chance. In these circumstances the direct instruction did not appear to be resented, and one mother, who had intended to formula feed, expressed sufficient breast milk for her baby to be exclusively breast fed for eight weeks.

Most mothers who initiated breastfeeding stated that the first feed was not painful, and described midwives as being helpful in showing them how to position the baby. There was some criticism of hospital staff for offering insufficient help with subsequent feeds, for instance leaving the mother to manage alone once the baby was fixed on the breast. Mothers who described themselves as coping well with the early days of breastfeeding had often been told by health professionals or family that there might be early difficulties, but that these would then resolve.

'I didn't want to breastfeed, my partner wanted me to, so I tried it and my midwife said, the first few days are going to be the worst but after the three days then it would be fine and ever since I've just breast fed. It's fine, it's brilliant.'

Tara, 17 years, baby aged 3 months

Rates of initiation of breastfeeding amongst the sample were high (70% as compared with an average in England of 61% for mothers under 20 years¹⁸). Despite a steep decline in breastfeeding at six weeks, continuation also remained relatively high (22% as compared with the English/national? average of x¹).

Experiences of continuing breastfeeding support

Satisfaction with the support given by health professionals decreased rapidly. Most mothers described the midwife or health visitor speedily ‘signing off’ if breastfeeding was going well, congratulating the mother on her success. After the first two weeks no mother described receiving ongoing proactive breastfeeding support from health professionals. If difficulties arose then most mothers turned to their families for advice, with a minority requesting help from a health professional. Commercial products, such as specialist formula milks, were perceived as offering a solution to problems such as frequent feeding and the baby appearing wakeful. An extended example gives an indication of the factors which typically led participants to give up breastfeeding:

‘When I was pregnant, I had all the talk, I’m going to breastfeed him and then it come down to it, I did, I persevered for about five or six weeks ... as soon as I got home, because I was on my own and it seemed more harder ... he was just on my breast 24/7 ... and I couldn’t do nothing what I wanted to do ... so I went to my health visitor and I said, “What would you say was the best option?” because ... I didn’t want to like give up altogether and she said to me to start trying to express so I tried to express it, I couldn’t express ... so then I started a bottle through the day and breastfeeding at night and then I stopped that ... and just went straight to bottle because he was so hungry, I needed to put him up onto a hungry baby milk.’

Nancy, 17 years, baby aged 6 months

Mothers described a conflict between their desire to resume activities outside the home in the post-natal period and the baby’s need to be fed. Breastfeeding in public was seen as risking public disapproval, and two participants stated that they had been asked to stop breastfeeding, one in supermarket café and one in a prison waiting room. Bottle feeding outside the home was also seen as problematic, with the new guidelines for preparing and storing feeds¹⁹ having added to the difficulty of providing a safe feed on demand. However, the potential embarrassment of public breastfeeding led many breastfeeding mothers to opt for bottle-feeding outside the home. Mothers who introduced formula milk knew that ‘mixed feeding’ contravened health promotion messages, but did not appear aware of why exclusive breastfeeding was recommended. In fact most mothers thought that the benefits of breastfeeding were gained in the first few days and weeks, giving little incentive to persist with exclusive breastfeeding to six months as recommended in government guidelines.

Several mothers described asking health professionals for advice about feeding outside the home, but the advice commonly given (to express milk or to find a private place to feed) rarely seemed to enable or encourage mothers to continue breastfeeding. Even mothers who were committed to breastfeeding and had family support, found feeding in public a highly challenging experience:

‘I went to a party on Saturday and I didn’t really want to do it ... I was a bit scared because there were people watching me ... I still breastfed her but my sister was there with me and she will breastfeed anywhere, she doesn’t care, and I had to because [the baby] was crying and I just covered up. There are some times

when I go somewhere when I think that I wish I'd brought a bottle, express milk though.'

Emily, 17 years, baby aged one month

Young mothers found it very difficult to juggle the pressures of wanting to breastfeed because it was 'best' but also not wanting to flout social norms. Mothers who had stopped breastfeeding often added that they wished they could have fed for longer, and a described regret at the loss of a unique and satisfying close bond with their baby.

Discussion

This study has illuminated the experiences of teenagers who receive breastfeeding promotion and support from health professionals. While health professionals appear generally successful in promoting breastfeeding in the antenatal period, ongoing support for breastfeeding is lacking. Despite teenage mothers being a priority group for health promotion³ there appeared to be little routine continued contact with health professionals after the early post-natal period. This left mothers who had chosen to breastfeed with no easy access to a known and trusted health professional when problems occurred. The problems that did occur were predominantly associated with social and cultural barriers to breastfeeding outside the home. Many mothers in this study described themselves as experiencing a virtual ban on breastfeeding in public. It is interesting to compare this with the smoking ban which came into force throughout the UK in 2007 which prohibits this unhealthy behaviour in work and public places. In the case of breastfeeding the officially sanctioned healthy behaviour is restricted by potential social disapproval when feeding anywhere outside the home^{20, 21}. Despite strong promotion of breastfeeding as the healthiest feeding choice, teenagers are acutely aware that in the UK breastfeeding is a socially marginalised activity which can incur public disapproval and rebuke^{10, 12}.

Other studies have shown that young mothers are responsive to health professionals informing them of the benefits of breastfeeding, and readily assimilate the information^{10, 11}. This study suggests that it may not be made sufficiently clear to pregnant teenagers that there is a dose-related effect and that many of the health benefits of breastfeeding are only realised after a period of exclusive breastfeeding²². A productive area of future research may be to explore the factors which influence the mothers of premature babies to initiate and continue breastfeeding, notwithstanding the increased difficulties of establishing breastfeeding and maintaining a milk supply in these circumstances. The other area in which teenage mothers may be needlessly misinformed is in the possibility of giving both breast milk and formula milk to a baby. Although this is not recommended in government guidelines, some research suggests that continuing breastfeeding, even when some formula milk is given, confers some health benefits to the baby as well as to the mother²². Given that in the UK less than one per cent of all mothers exclusively breastfeed at six months¹, in conjunction with restrictive attitudes to public breastfeeding²⁰, it may be that maintaining an inflexible health professional line on 'mixed feeding' is not an effective method of promoting continuation of breastfeeding.

Limitations of this study are that rates of breastfeeding initiation and continuation were higher among the study sample than nationally^{1, 18}. It is not the aim of qualitative research

to yield findings which are representative of the population as a whole, however in this case the study sample may have been highly atypical of pregnant teenagers and teenage mothers in other UK cities. Higher rates of initiation and continuation may have been related to the adoption of the Unicef Baby Friendly Initiative (BFI) standards for midwives and health visitors¹⁵, as well as other initiatives aimed to increase the public acceptability of breastfeeding in Bristol²³. Study participants may therefore have enjoyed better standards of breastfeeding promotion and support than those offered by health professionals who have not been trained to BFI standards; if this is the case it is striking that young mothers continued to experience such a lack of postnatal support.

Conclusion

This study suggests that in order to offer effective breastfeeding promotion and support to teenagers, health professionals must take into account the context of individuals' lives and their cultural norms. Few teenagers can withstand the cultural pressures which predicate bottle feeding as the normal and most acceptable way to feed baby, but continuing support from health professionals for breastfeeding mothers could contribute to the increased duration of breastfeeding.

Table 1: Demographic details of participants (n=29)

| | |
|---|--|
| Number of teenage mothers | 23 |
| Number of pregnant teenagers | 6 |
| Ethnicity of participants | 23 x White British 4 x Black British 1 x British Asian 1 x White European |
| Mean age at first pregnancy | 16 (range 13-18 years) |
| Mean age at interview/focus group | 17 (range 14-20 years) |
| Number (%) of mothers initiating breastfeeding* | 16 (70%) |
| Number (%) of mothers continuing breastfeeding* | 5 (22%) |

*Classification of initiation is offering breast milk at least once¹

*Classification of continuation is offering some breast milk at 6-8 weeks¹

2803 words

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