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“Vivid and Traumatizing”: Impact of Breastfeeding Difficulties on Maternal-Well Being

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Introduction

A major component of the transition to motherhood includes decisions about infant feeding. For many mothers, the choice is breastfeeding and with this, surprisingly often, come breastfeeding difficulties. Approximately 60% of mothers who stopped breastfeeding earlier than desired reportedly did so due to concerns with lactation, the nutrition and weight of their infant, illness, and the efforts associated with pumping milk, according to Odom et al. (2013). These difficulties are far from uncommon and present a variety of physical and emotional side effects. When analyzing the assistance that a new mother receives when experiencing breast feeding difficulties, it's clear that there is a need for further emotional support. The emotional effects of breastfeeding difficulties can carry into motherhood and impact a mother's relationship with her child and herself. Beyond considering mothers' desires in treatment, providers must be prepared to connect mothers facing these challenges with emotional support. If providers change the way they discuss breastfeeding problems, mothers in this demographic can better understand that breastfeeding can be an extremely difficult experience for all women and that they are not alone.

The Benefits of Breastfeeding

Before discussing breastfeeding difficulties and their related emotional challenges, it's important to understand why mothers plan to breastfeed. In the health field, it is commonly understood that breastfeeding has many health benefits for both the infant and their mother. The American Academy of Pediatrics (AAP) takes a firm stance favoring breastfeeding. According to AAP, ideally a mother will breastfeed exclusively for the first 6 months and continue breastfeeding alongside complementary foods for at least a year (Eidelman et al., 2012) The main idea behind this understanding is that early development has long-term impacts on future health outcomes. Specifically, breastfeeding is promoted as one of the more important

components in programming health for adult life (Binns et al., 2016). Infants who breastfeed are growing into healthier adults. It is now understood that breastfeeding modifies the development and maintenance of the human microbiome, which is a predictor for future health outcomes (Binns et al., 2016). Breastfeeding promotes a strong infant immune system, heightened infant brain function, and a better prognosis for long-term infant health (Godfrey et al., 2009). For new mothers, the decision to breastfeed might not feel like much of a decision at all. The World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) have declared breastfeeding a crucial component to improving the health of infants and mothers (Binns et al., 2016). With these norms established, one can understand why mothers feel the need to breastfeed.

The health benefits of breastfeeding can be significant. Breastfeeding not only allows for the growth of a strong maternal connection, but it also prepares the body to maintain health throughout a lifetime. In societies where breastfeeding is heavily promoted, there are lower rates of infant mortality and lower incidences of infection in infants, and breastfeeding is also found to significantly reduce the risk of obesity and therefore reduce the risk of type two diabetes (Binns et al., 2016). In countries facing the current epidemic of obesity and chronic disease, using breastfeeding as a prevention strategy can be impactful. For mothers, these health benefits are commonly desired. Choosing breastfeeding improves the odds of raising a healthy child, and future healthy adult. Maternal health is also found to benefit from breastfeeding. Some long-term benefits for breastfeeding mothers are reduced rates of ovarian cancer, reduced premenopausal breast cancer, reduced obesity, reduced type two diabetes, and reduced heart disease (Binns et al., 2016). Not only do mothers feel motivated to breastfeed because it benefits the health of their child, but also because it significantly benefits them as well.

Beyond physical health, there are found to be many cognitive benefits to breastfeeding. Generally, it is understood that IQ is increased in infants who are breastfed for longer than six months by three to five points (Binns et al., 2016). Cognitive benefits are found to be dependent on the dosage and duration of breastfeeding.

Breastfeeding and Its Challenges

While there is widespread understanding of the importance of breastfeeding in keeping both the mother and baby healthy, there is also a lack of understanding regarding the emotional stressors that come with bringing the baby home. Medical staff work to decrease the length of hospital stays to reduce costs, which leaves mothers at home with stressful care demands (Mahurin-Smith & Beck, 2021).

One of a mother's first responsibilities is to feed the newborn baby. In the US at this time, approximately 84% of mothers initiate breastfeeding (Centers for Disease Control and Prevention, 2020). This finding suggests that most pregnant women in our society believe that breastfeeding is the right choice to make in nourishing their future baby. This expectation can seem onerous, both physically and mentally, for the many mothers who will have postpartum breastfeeding difficulties. These difficulties are often studied from a biomechanical perspective. Studies on the effectiveness of nipple shields and varying positioning strategies for feeding are frequent. However, there is a lack of available literature regarding the qualitative experiences of breastfeeding difficulties. For both mothers and medical professionals, there is a need for further research into these implications.

Understanding the pressure that mothers feel to breastfeed is important in understanding this issue. In a 2012 study, Palmér et al. found that women often enter motherhood with an expectation to breastfeed. The mothers also felt that medical staff, partners, friends, and parents

also expected them to breastfeed. For these mothers, breastfeeding difficulties made it hard to satisfy those expectations and maintain pride in their mothering abilities. This correlation calls for a better understanding of the relationship between stress and breastfeeding. While it is commonly understood that being stressed is unhealthy for any pregnant woman or new mother, there is limited literature available on the qualitative effects that stress can have on a mother and baby.

Mothers receive information regarding their pregnancy, birth, and motherhood through the lens of the medical professionals they have chosen to trust. Palmér (2019) writes that breastfeeding is often described by medical professionals as an easy, natural function that can be accomplished if the desire to do so is strong enough. This narrative suggests that breastfeeding is the best decision that a mother can make for her baby and neglects to consider the physical, social, economic, and political factors that often limit a woman's breastfeeding choices. For mothers who must consider these factors when deciding what is best for their family, internalizing these external influences can often lead to guilt. Many mothers also report that during postpartum medical visits, they often receive misinformation, incomplete information, or physician apathy when discussing breastfeeding (Dillaway & Douma, 2004). According to these mothers, there seems to be a lack of breastfeeding knowledge among health care providers and a lack of understanding as to whose scope of practice includes offering breastfeeding support. Studies have shown that health care providers are not as supportive during breastfeeding as mothers need or want them to be (Dillaway & Douma, 2004). Part of the problem seems to be that health care providers aren't providing the kind of "support" that mothers seek. The available breastfeeding literature does lack a concrete idea of what adequate breastfeeding support entails (Dillaway & Douma, 2004).

When considering the implications of stress and guilt related to breastfeeding difficulties, it's important to understand the physical effects that these negative emotions have on a pregnant or nursing woman. Significant negative effects on quality of life have been observed in caregivers whose children have feeding and swallowing problems (Mahurin-Smith & Beck, 2021). Specifically, parents who reported their infants having feeding difficulties have higher levels of stress and exhibit high rates of depression (Mahurin-Smith & Beck, 2021). Riedstra and colleagues (2019) described a number of ways in which anxiety can disrupt breastfeeding. Anxiety can take a toll on a mother's ability to sufficiently produce and distribute milk at a rate that promotes breastfeeding exclusively. This phenomenon occurs when anxiety interferes with the release of oxytocin, which stimulates the milk-ejection reflex and allows for an effective release of milk. Along with this, anxiety can also result in heightened levels of cortisol and glucose, which in turn decreases milk volume and breastfeeding duration. Understanding the relationship between anxiety and milk production is important, but it also highlights the need for further research into reducing anxiety levels in mothers. For mothers who experience prenatal anxiety about parenting, there is a tendency to avoid challenging behaviors, like breastfeeding (Riedstra et al., 2019). These findings highlight the need for further understanding of how mothers who are struggling with feeding can foster self-compassion and avoid negative emotions that interfere with healthy milk production and letdown.

Emotional Stress and Breastfeeding

Mothers, specifically new mothers, are faced with a dramatic role transition after birth. There is a shift in priorities, as the limited energy that one can exert in a day must now be divided further. Some mothers believe that taking care of themselves in turn takes away from the baby's care, but this assertion is not supported by the literature (Mahurin-Smith & Beck, 2021).

A mother who is experiencing high levels of unresolved stress tries to feed a struggling infant, who will feed poorly in response to the mother's increased stress, which leads to even more maternal stress (Mahurin-Smith & Beck, 2021). This cycle illustrates the need for research on strategies that can be used to lower stress levels in mothers.

Self-compassion is one such tool that allows individuals to offer themselves grace in times of need, rather than with critical self-judgement. For mothers who are experiencing feeding difficulties, the emotional response often lacks self-compassion (Mahurin-Smith & Beck, 2021). Because of this lack of self-compassion, mothers in difficult positions often internalize their negative feelings and allow their breastfeeding success to take an outsize importance. Palmér's 2019 study took a qualitative approach to understanding how breastfeeding difficulties can interfere with mother's perspectives on her role as a mother. One mother reported that her prenatal anxiety about breastfeeding lasted throughout her entire pregnancy. According to this mother, breastfeeding is no longer an option due to a lack of trust in healthcare professionals who failed to provide emotional support on this issue.

Palmér's 2019 study highlights an important theme in mother's negative breastfeeding experiences. The memory of previous breastfeeding difficulties can be so powerful that, despite several years passing, it affects present life and motherhood. Palmér's study also revealed that repression is a common defensive mechanism used by mothers who are experiencing breastfeeding difficulties. Repression is an attempt to forget previous experiences of these difficulties, which in turn leaves unresolved emotions and further negative effects.

Palmér worked to understand what helped the women in her study release these negative emotions and cope with their situations. Palmér contends that telling one's breastfeeding story and partaking in meaningful reflection allows a mother to ease her suffering, which provides a

deepened sense of clarity on the situation. Palmér asserts that breastfeeding difficulties can be enormously influential in a mother's life that they leave a mark as a traumatic existential experience. Because of the trauma that mothers who are facing breastfeeding difficulties are left with, research must be conducted to better understand what additional education and emotional support is needed during this sensitive time in a mother's life.

Taken together with Palmér's work, a 2014 paper by Coates points out clear deficits in the current systemic approach to reproductive care. In this qualitative study of postnatal distress, all participants reported feeling unsupported by healthcare professionals with breastfeeding. There were several reports of feeling unimportant to the busy staff and being looked at solely in a biological light. Most women in the study spoke of feeling uncared for medically at some point in their postpartum hospital stay. Often, this was due to a lack of transparency in dialogue with medical professionals. These women felt that they were not being listened to and therefore were not fully able to take part in decision making.

In the 2014 Coates et al. study, one mother reported a positive experience with medical staff. While developing acute pre-eclampsia after a traumatic birth, this mother was shocked that no medical staff overtly suggested artificial feeding. The mother reported that a nurse sneakily entered her hospital room one night to reveal that she didn't have to force breastfeeding if it wasn't working. The mother shared that this experience allowed her to forgive herself and not view her shortcomings as being a bad mother. This experience seems to be rare for mothers, as many in this study reported feeling that healthcare providers were in too much of a rush to discuss emotions or assess breastfeeding efficacy.

As part of the medical staff involved in treating mothers who will experience breastfeeding difficulties, speech-language pathologists may be the providers of lactation

counseling. However, lactational physiology is not a focus of SLP training. These skills are not addressed within the SLP scope of practice and require individually sought-out training to obtain. Given the role of SLPs in assessing and treating infant feeding challenges, there is a need for further training for SLPs and others in the medical field to combat the current lack of emotional support for mothers who are facing feeding troubles.

Summary and Research Questions

There is a lack of education, research, and understanding regarding lactation counseling in the medical field. When supported, educated, and understood; women have the potential to participate in the empowering, life-affirming experience that breastfeeding can be. On the other hand, the implications of negative breastfeeding experiences can affect a mother's performance in her role for years. Across this wide spectrum of experiences, health care professionals have the power to make positive changes. Requiring medical professionals to receive more thorough education on the emotional effects of breastfeeding trauma would offer an opportunity to prevent mothers from feeding their children inappropriately. Breastfeeding is not a "one size fits all" choice. For many mothers, increased transparency from medical professionals would provide them with the tools they need to make informed, beneficial decisions for their families.

The purpose of this research project was to conduct a qualitative investigation of the experiences of women reporting breastfeeding difficulties with the goal of identifying potentially effective support strategies.

Method

Respondents

Following approval from the Institutional Review Board, social media was used to recruit respondents. The survey link was shared with Facebook groups that focused on breastfeeding

and parenting. A small number of Twitter users whose target audience were caregivers of young children were asked to share the survey link. Women who self-identified as a mother who had experienced breastfeeding problems were eligible to participate.

In total, 535 responses were received. The survey drew responses from many mothers who were not currently experiencing breastfeeding challenges, somewhat surprisingly. Instead, these mothers' responses detailed breastfeeding challenges that had occurred in the past. The responses included 10 responses from women whose breastfeeding challenges occurred more than 30 years earlier, an additional 10 responses from women whose experiences were > 20 and ≤ 30 years in the past, and a further 61 responses from women whose problems dated from > 10 and ≤ 20 years ago.

Fourteen countries were represented in the sample; most of the respondents were from the United States. The geographical distribution of the 480 respondents who answered this question is shown in Table 1.

Country	**Number of Respondents**
Australia	9
Canada	31
Denmark	48
Germany	65
Mexico	111
Netherlands	122

Norway	128
Slovakia	157
South Africa	161
Sweden	168
Thailand	172
United Arab Emirates	184
UK	185
USA	187

The survey asked respondents to share some details regarding their child's medical history. The diagnoses reported by respondents who answered this question included tongue-tie (n = 114), neonatal intensive care unit stays (n = 12), preterm birth (n = 8), gastroesophageal reflux (n = 5), and palatal anomalies (n = 3).

Instrumentation

An online survey was created using Qualtrics. Respondents provided the demographic information described above in addition to a brief description of the type(s) of infant feeding difficulties experienced. Respondents were asked to rate their level of emotional distress at the time of the breastfeeding difficulty, the importance of breastfeeding for them, and their perception of the severity of the problem. These items were scored numerically—with 0 being low levels, 5 being average levels, and 10 being high levels. The Qualtrics software indicated

that the survey would require an estimated 11 minutes to complete, but respondents had the option to write detailed responses for selected items.

Data Analysis

To assess the lasting effects of breastfeeding, interpretative phenomenological analysis was used (Smith & Osborn, 2014). Responses to the open-ended items were reviewed to highlight salient themes. The data were then divided into three groups to analyze reported experiences in relation to elapsed time. Group 1 consisted of mothers who had attempted to breastfeed less than 5 years prior to completing the survey. Group 2 consisted of mothers who had attempted to breastfeed 5-10 years prior to completing the survey. Group 3 consisted of mothers who had attempted to breastfeed more than 10 years prior to completing the survey. The responses of each group were analyzed and compared.

Results

Descriptive Statistics

Using a 0–10 scale, participants assigned a mean severity rating of 6.45 (SD = 2.11) to their infant's feeding problems; their average feeding-related distress was 8.05 (SD = 1.90) on that same scale. This sample of women placed a very high priority on breastfeeding their infants, rating the importance of breastfeeding as 9.06 (SD = 1.33) on a 0–10 scale.

Qualitative Results

Three open-ended questions were used for analysis of qualitative responses. Upon examination of each respondent's open-ended responses, three distinct themes emerged. The themes indicated that mothers were were not satisfied with the medical support that they had received, were often unsure about how to tackle breastfeeding problems, and were left feeling

that their breastfeeding difficulties were unresolved. Similar trends were observed across all three groups of participants.

A Lack of Professional Guidance

The most salient theme identified through qualitative analysis was the respondents' desperation for further professional guidance when experiencing breastfeeding difficulties. A respondent shared, "I received no help from my pediatrician, or lactation consultant." Another answered, "[I] just muddled through it!" One mother reported receiving more useful advice from a volunteer than from medical staff, saying, "The hospital's breastfeeding specialist did not have experience with inverted nipples and told me I just needed to keep trying even though I couldn't figure out how to latch my child. About 6 days after she was born, when both of us were crying, my mom called La Leche, and they sent someone immediately who had the tools to help me with inverted nipples."

An Uncertain and Isolated Search for Solutions

Qualitative analysis revealed that many others were unsure of what do to when experiencing breastfeeding difficulties. These mothers were left to search for solutions on their own, often causing even more discomfort. One mother recalled, "[I] tried using a nipple shield and then I tried to exclusively pump but that became too exhausting. So, I quit after about 3 weeks." Another stated that, "I did not call my LLL (La Leche League) Leader [for] suggestions but arrived at a solution by myself…Looking back after [I] had nursed four more babies, I feel I had improper positioning on my left side while nursing…" One mother had tried elimination diets and researched forceful let down. When asked what solved her breastfeeding difficulties, this respondent stated, "Time, I think." With seemingly nowhere to turn, many mothers were left

feeling isolated, demoralized, and exhausted. After spending time searching for solutions that led to little relief, the mothers' need for manageable guidance was obvious.

Unresolved Breastfeeding Difficulties

Another salient theme identified in the data was a lack of resolution to these respondents' concerns and difficulties. One mother shared that she had experienced an issue during her hospital stay. She shared, "[It] was not resolved in hospital. When I got home, I pumped then used a syringe to get milk into baby's mouth." With similar responses, two mothers stated that their difficulties were "never really resolved" and that "the problem was never truly resolved." While some mothers used the "trial and error" approach discussed above, others shared that they gave up breastfeeding due to a feeling of defeat. When asked how her breastfeeding difficulties had been resolved, one mother shared, "It was not resolved. I stopped breastfeeding." Another respondent discussed her breastfeeding difficulty similarly, sharing that it "Sadly was not resolved. We only made it to 3mths before I threw in the towel."

Time Does Not Heal All Wounds

It's noteworthy that elapsed time alone did not predict whether a woman would feel that her issues with breastfeeding had been resolved. Participants who had attempted to breastfeed less than 5 years ago had similar feelings to women who had attempted to breastfeed over 10 years ago. Not only was there a lack of emotional support and guidance as the respondents were actively experiencing breastfeeding difficulties, but also during the mental and emotional healing process that followed. Many respondents in Group 3, who had attempted to breastfeed over 10 years ago, still had vivid and traumatizing recollections of their experiences.

Discussion

Participants in this study reported that the medical care they received in response to postpartum breastfeeding problems often did not meet their physical or emotional needs. Some mothers reported a lack of knowledge among medical professionals about the availability of solutions for their problems, and a lack of transparency regarding the complexity of breastfeeding. Others were left searching fruitlessly for any resources that might help to ease their excruciating distress. The findings further indicate that some mothers are never able to resolve their breastfeeding difficulties. For many, giving up on their aspirations to breastfeed left them with enduring emotional wounds. These results show that mothers can continue to carry negative feelings from their adverse breastfeeding experiences for decades.

Clinical Implications

Breastfeeding difficulties are a stressor for many mothers. Breastfeeding difficulties can happen in any family unit and preparing for disruptions to "normal" feeding patterns may be helpful in normalizing possible difficulties. Time must be dedicated to teaching mothers to be vigilant for any signs of breastfeeding difficulties, to utilize self-compassion and self-advocating skills during these difficulties, and to know what resources are available for mothers and babies who are struggling with feeding.

Education regarding the wide range of breastfeeding outcomes, both physically and emotionally, should be required of SLPs and other healthcare professionals who work with breastfeeding dyads. Since more than 84% of mothers desire to breastfeed (Centers for Disease Control and Prevention, 2020), this preference should be heavily weighted as healthcare professionals collaborate with families to make breastfeeding decisions. As the research suggests, infants who breastfeed go on to live healthier lives than those who do not (Binns et al.,

2016). For mothers who are physically unable to breastfeeding, the weight of this understanding can be devastating. This highlights a need for ongoing follow-up with mothers as they leave the hospital and return home. The breastfeeding literature available lacks a concrete understanding of what adequate breastfeeding care includes (Dillaway et al., 2004). An organized, thorough, and humane approach to breastfeeding support must be developed to protect the well-being of mothers and babies.

Strengths and Limitations

This study relied on qualitative data collected through an online survey. The convenience sample of participants who were recruited were therefore subject to nonresponse bias, or the trend for those who are experiencing the greatest difficulties to be less likely to respond. Another limitation is the retrospective nature of data collection. For these respondents, the accuracy of their memories cannot be corroborated. However, the literature does suggest that maternal recall regarding key breastfeeding experiences is reasonably reliable for many years past the cessation of breastfeeding (Gillespie et al., 2006; Li et al., 2005; Promislow et al., 2005). This study, and those like it, addresses an important gap in the research literature.

Conclusions

This study aligns with the findings of the existing literature, suggesting that adequate care is not being provided to new mothers, who often return home to face overwhelming physical and emotional demands (Mahurin-Smith & Beck, 2021). These findings may assist SLPs and other healthcare providers in assessing and treating patients with feeding concerns, encouraging them to provide a holistic approach to a uniquely complex situation. Prompt and effective intervention for women facing early feeding challenges has the potential to make a difference for women decades into the future.

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