

Hidden Barriers Thoughts and “Support” that Undermine Breastfeeding

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Nothing to Disclose



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- Breastfeeding is difficult for many mothers
- Why don't they get the help they need?
- Why are providers often the problem?



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What are the hidden barriers to breastfeeding?

- From mothers
- From helpers



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- Hidden barriers directly influences whether mothers initiate or continue breastfeeding
- It will likely fail if we don't pay attention to it



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The Five I's of New Motherhood



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“Mothering is the most powerful of all biological capacities and among the most disempowering of social experiences”

Amy Brown

Brown 2016, *Breastfeeding uncovered: Who really decides how we feed our babies?* Pinter & Martin

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- Some challenges of the early weeks that are not related to breastfeeding
- But can derail it if mothers think the difficulties they face are related

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Idleness

- Days filled with sitting, feeding the baby
- Life goes on around her

Holman et al. 2023, *Psychological Trauma*, 15(5), 888-897

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“I love schedules but prefer to be the person making them. It occurred to me that I was a prisoner to a small, squeaking creature. I did not like this one bit. I felt stuck. I did not want the responsibility this situation demanded”

Brooke Shields

Shields 2005, *Down came the rain: My journey through postpartum depression*. Hyperion.

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Reframing idleness

- Not idle. Recovering from making a human being
- Producing milk and establishing critical neural pathways
- Establishing structure can help

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Isolation

- Modern-day cabin fever
- We need to interact with other grown-ups
- Friends may not have children
- Hard to fit back into their old life after this major transformative event
- A form of torture

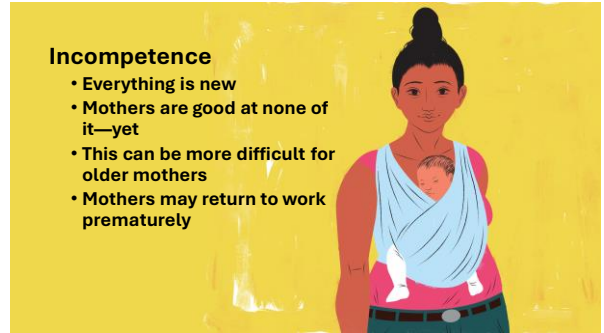
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Coping with Isolation

- Recognize the toxic effect
- Get out every day
- Find a tribe
- Mothers don't have to befriend someone just because they are also new mothers

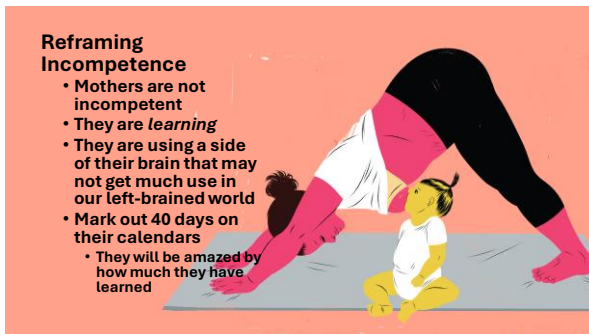
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Incompetence

- Everything is new
- Mothers are good at none of it—yet
- This can be more difficult for older mothers
- Mothers may return to work prematurely

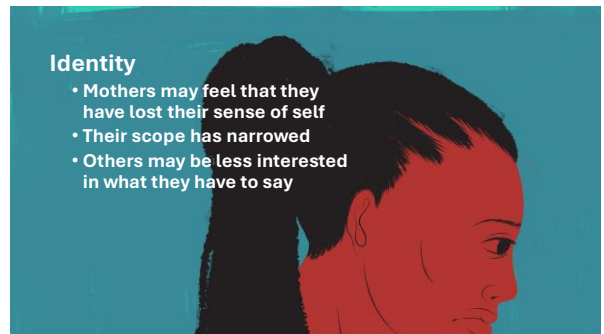
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Reframing Incompetence

- Mothers are not incompetent
- They are *learning*
- They are using a side of their brain that may not get much use in our left-brained world
- Mark out 40 days on their calendars
 - They will be amazed by how much they have learned

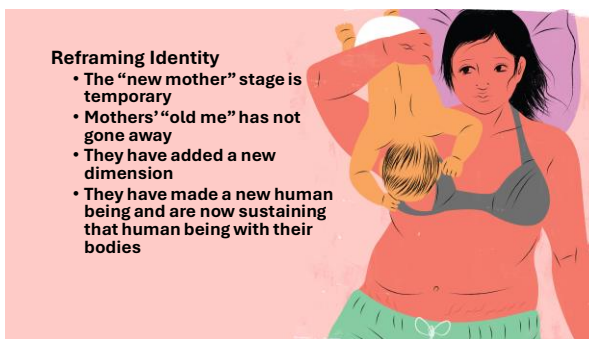
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Identity

- Mothers may feel that they have lost their sense of self
- Their scope has narrowed
- Others may be less interested in what they have to say

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Reframing Identity

- The “new mother” stage is temporary
- Mothers’ “old me” has not gone away
- They have added a new dimension
- They have made a new human being and are now sustaining that human being with their bodies

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Intensity

- Babies need them all the time
- Mothers may want to run away
- Or they feel bad that they are not “enjoying every moment”

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Reframing Intensity

- Helping babies' transition "from womb to world"
- The first few weeks are the most intense
- Right-brain thinking makes it feel like "forever"
- This is also temporary and gets a bit easier at 6 weeks
 - 40 days and 40 nights
- It's okay to take short breaks

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Coping strategies for the 5 I's

- Get dressed every day
- Avoid long periods of silence
- Get a baby sling
- Get a rolling table
- Have a loose schedule
- Find one-handed tasks
- Read something fun
- Limit phone time
- Get outside most days
- Keep their immediate area tidy

Luetz et al. 2019, *Sem Resp Crit Care Med*, 40(5), 673-686

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Social Support



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• What is support?

- Action and *perception of the action*
- It is not support if the mother does not think it's support



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Sources of Social Support

- Partners
- The mothers' mothers
- Other relatives
- Lactation consultants
- Peer support
- Healthcare providers


Kendall-Tackett 2023, *Depression in New Mothers*, Vol 1, 4th Ed. Routledge



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Review of 8 studies on partner support for breastfeeding

- When partners offered help and encouragement, breastfeeding initiation rates increased
- But women sometimes believe "help and encouragement" was negative



Davidson & Ollerton 2020, *Women & Birth*, 33(1), e15-e25

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- Responsiveness was the most effective type of support
 - Sensitive to women's needs
 - Respecting their decisions
 - Promoting self-efficacy
 - Women and their partners were a team
- Increased initiation, duration, and exclusivity



Davidson & Ollerton 2020, *Women & Birth*, 33(1), e15-e25

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- When partners offered knowledge, help, and encouragement without responsiveness, breastfeeding duration decreased
- With responsiveness, women felt understood and cared for
- Without it,
 - "Practical support" meant that they were not self-sufficient
 - "Encouragement" felt like coercion to breastfeed or meet impossible goals



Davidson & Ollerton 2020, *Women & Birth*, 33(1), e15-e25

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- "When the woman and her partner work together as a "breastfeeding team," effective supportive behaviours are more likely to occur and result in improved autonomy and self-efficacy of mothers and their partners as well as in improved breastfeeding outcomes.
- Teamwork may, therefore, be the core aspect of responsive breastfeeding support, reflecting a key element of effective social support evident within the sociological literature" (p. 22)



Davidson & Ollerton 2020, *Women & Birth*, 33(1), e15-e25

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432 mothers from the UK; three groups

Extensive support

- Support from partners, their mothers, friends, and health professionals
- Only mothers fed their babies



Emmott et al. 2020, *Soc Sci & Med*, 246, 112791

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432 mothers from the UK; three groups

Family support

- Support from partners and their mothers
- Partners and grandmothers fed the baby



Emmott et al. 2020, *Soc Sci & Med*, 246, 112791

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432 mothers from the UK; three groups


Low support

- Support primarily from partner
- Mothers fed their babies



Emmott et al. 2020, *Soc Sci & Med*, 246, 112791

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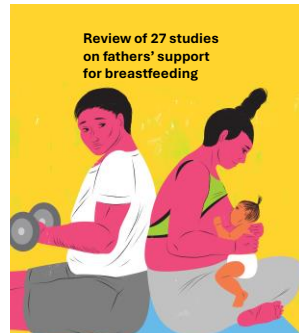


• **At 2 months**

- **Extensive support:** 94% of mothers were still breastfeeding
- **Low support:** 48% were still breastfeeding
- **Family support:** 13% were still breastfeeding

Emmott et al. 2020, *Soc Sci & Med*, 246, 112791

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Review of 27 studies on fathers' support for breastfeeding

- Fathers were more negative about breastfeeding when they felt
 - Helpless
 - Anxious
 - Guilty
 - Unable to help their partners overcome difficulties
- They felt that they had few opportunities to bond with their babies
- Invisible in antenatal classes

Ngoenthong et al. 2020, *JOGNN*, 49(11), 16-26

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Support that Doesn't Undermine Breastfeeding



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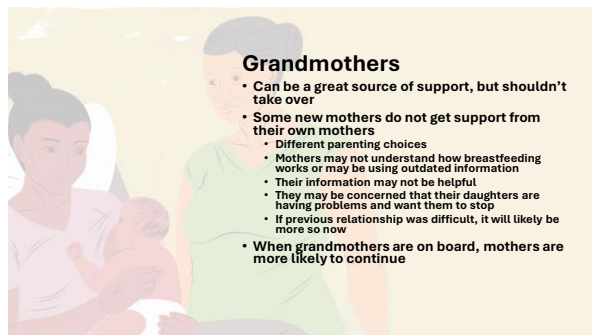
What Partners Can Do

- Take notes at LC or healthcare visits
- Be an extra set of hands
- Give mom a breaks so she can take a shower or a quick nap
- Screen visitors and calls
- Protect the mother from unhelpful advice
- Know when the baby is getting enough to eat
- Bond with their babies in other ways besides feeding

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Grandmothers

- Can be a great source of support, but shouldn't take over
- Some new mothers do not get support from their own mothers
 - Different parenting choices
 - Mothers may not understand how breastfeeding works or may be using outdated information
 - Their information may not be helpful
 - They may be concerned that their daughters are having problems and want them to stop
 - If previous relationship was difficult, it will likely be more so now
- When grandmothers are on board, mothers are more likely to continue



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Mother-to-Mother Support Organizations

- Peer supporters
- Can be a source of lifelong friends
- Can also be a source of mompetition and unpleasant comments
- Some mothers prefer drop-in clinics for this reason
- Encourage mothers to try a few




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Social Media

- Can be a lifeline to mothers who are isolated
- Groups can address many issues that are not available locally
- Curated groups are safest
- These groups can also be vicious
- Warn mothers, “buyer beware”
- Encourage mothers to limit their daily phone time as it can influence how they interact with their babies

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- Many mothers did not find hospital lactation care to be particularly effective
 - Many left the hospital never being evaluated for latch and milk transfer
- Often this is down to a staffing issue
 - Should be 1 FTE/783 births
 - 1 FTE/235 admits
 - 1 FTE/1292 mother-infant dyads outpatient

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Healthcare Providers

- HCPs may say all the right things, but give terrible advice about breastfeeding
- Most healthcare providers do not have formal training about it
- Some healthcare providers have negative ideas about breastfeeding and/or think it is impossible
- A survey of pediatricians found they were less likely to believe breastfeeding works (compared to a survey in 1995)
 - Only 47% referred mothers to other sources of community support


Feldman-Winter et al. 2017, *Pediatrics*, 140(4), e20171229



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Ideal scenario


- HCP has training in breastfeeding and is an IBCLC



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Next best


- HCP realizes that they don't know about breastfeeding but they have an LC in their office or will refer mothers to someone in the community



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Worst-case

- HCP knows nothing about breastfeeding but believes that they do.
- What they do know comes from formula companies
- Formula is the answer to everything



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- What could work
- HCP is great in other areas, but mother goes elsewhere for breastfeeding advice



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Finding a Breastfeeding Supporter

- Credentials are important, but not the only thing
- Many volunteers have years of experience and are wonderful sources of support
- Mothers should feel heard and validated
- Not every clinician is right for every mother



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What Breastfeeding Support Could Look Like



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"You hear about all the problems with breastfeeding, but what they don't tell you is how nice it is. It's like you're in your own little love bubble"

Kelly, mother of a 3-week-old



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What I want for mothers

- For breastfeeding to be pain free
- For them to *know* that their babies are getting enough to eat
 - And what to do if they are not
- To feel in control and that they can overcome obstacles
- To breastfeed while caring for their mental health

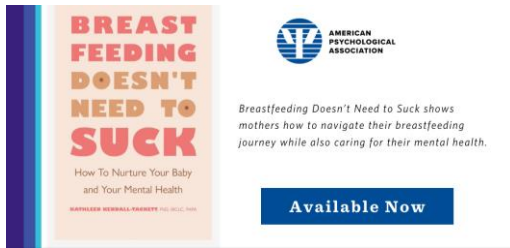


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- My goal is that breastfeeding does not suck for any mother
- We can help make that happen



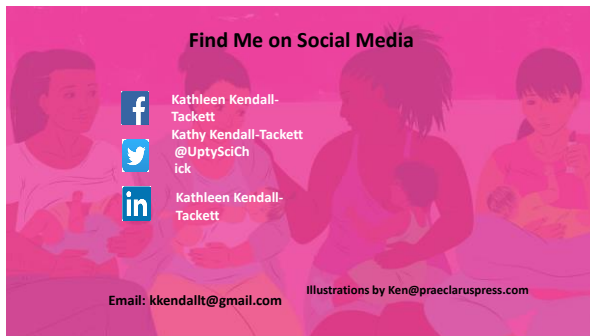
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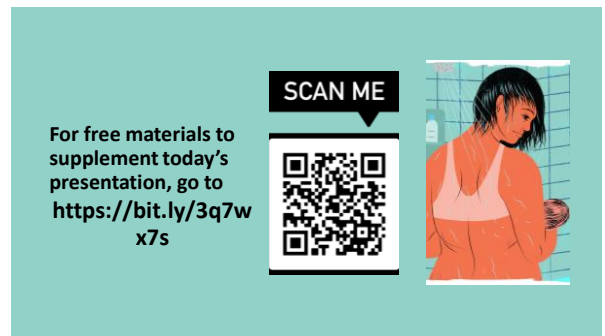
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