

Six months exclusive breastfeeding: socially constructed behaviour influenced by social relationships and social interactions.

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Presentation outline:

1. The context of childbirth and breastfeeding in New Zealand:
 - a. Midwifery model of care: continuity of carer from 4-6 weeks or pregnancy to 4-6 weeks postpartum
 - b. 95% of women have a midwife as their lead maternity carer
 - c. 100% have a midwife involved in their care
 - d. At 4-6 weeks postpartum referred on to a well child provider of their choice and to their general practice/family health team
 - e. Paid parental leave to 18 weeks for employed and self-employed (to increase to 22 weeks by July 2018 then to 26 weeks by 2020)
 - f. 100% of the public hospitals are BFHI accredited. 99.85% of babies are born in an accredited facility
 - g. Initiation rates are between 88-92%
 - h. Rapid decrease to 60% by 2 weeks and to 16% by 6 months
2. **Research study:**
 - a. Qualitative study
 - i. Inclusion criteria:
 1. Women who were more than 30 weeks pregnant,
 2. Women who were eligible for vaginal birth,
 3. No alcohol or drug use,
 4. Fluent in English
 - ii. Exclusion criteria:
 1. Mothers for whom breastfeeding is contraindicated for medical reasons,
 2. Mental illness diagnosis,
 3. The maternal use of certain drugs or treatments, including illicit drugs, antimetabolites, chemotherapeutic agents, and radioactive isotope therapies,
 4. Multiple pregnancies (twins/triplets pregnancies),
 - b. 30 socially advantaged and well-educated women who were highly motivated to exclusively breastfeed their babies for 6 months (based on the initial demographic questionnaire administered) were involved in face-to-face postpartum interviews.
 - c. Epistemological framework: Social constructionism
 - d. Ethics review and approval from Massey University Human Ethics Committee
 - e. Data analysed thematically using Aronson's 4 stage thematic analysis process and identified themes interpreted using the theory of planned behaviour (self-identity and subjective norms), Michel Foucault's theories of governmentality and bio-power.
3. **Findings:**
 - a. Decision to exclusively breastfeed for 6 months is created through social relationships and social interactions
 - i. Behavioural beliefs influenced by media, previous experience, family beliefs, friends experience:

- ii. Subjective norms: normalising breastfeeding by significant others esp for first time mothers

Importance of intergenerational continuity of breastfeeding practice

- iii. Perceived behavioural control: having control over the decision to breastfeed exclusively
Most of the women in this study considered that they had control over their decisions to exclusively breastfeed their babies.

Oppositional intention: family members, society.

- iv. Identity beliefs: choosing to breastfeed exclusively to be a good mother (an extension of the theory of planned behaviour)

The characteristics of an “idealised good mother” as described by Locke (2015, p.140) is a white, heterosexual, married, middle class, mature mother who stays at home to accomplish her domestic tasks and does not engage in paid work outside of the home (Locke, 2015).

- b. Maintenance of exclusive breastfeeding is challenging and demanding even for highly motivated and well-educated women.
- c. Resistance to breastfeeding and surveillance or monitoring by health professionals.
 - i. Supportive and encouraging midwives and nurses

A study by Graffy and Taylor (2005) - breastfeeding support by health professionals is sometimes experienced as a form of coercion. Women do not want to be told what they must do regarding their infant care practice, but they want to be acknowledged as a mother who has the right to decide the best method of infant feeding for their baby (Graffy & Taylor, 2005).

Forms of governmentality in relation to breastfeeding have become an increasing concern in contemporary societies.

ii. Monitoring and surveillance

Health professionals, as agents of the state, monitor maternal and child health, through keeping administrative records that enable identities to be attached to individual mothers.

Experience of visual and verbal pressures to breastfeed in the hospital.

A form of “quiet coercion” (Foucault, 1977) aimed at creating “docile maternal bodies” who select the infant feeding method based on expert advice and government policies.

Central finding

Exclusive breastfeeding practice is not limited to the intentions or actions of the mother-infant dyad. It is socially constructed and influenced by the actual and virtual social networks around the mother as well as the historical, socioeconomic, political, geographic and social contexts of the mother’s life.