ABSTRACT

A personal struggle to make sense of science that espouses ‘breast is best’, and evidence from practice indicating a large divide between breastfeeding initiation and duration triggered critical reflection upon personal and professional experiences thereby fueling a desire to dig deeper. Given the general physical and emotional upheaval experienced in the first few days following childbirth, are women able to function as truly autonomous beings when making feeding decisions about their infants? This study employs a phenomenologically grounded, hermeneutic process (Conroy, 2003) to co-constitute meaning and understanding of the lived experience of maternal decision-making around breastfeeding. As maternal experience of autonomy is a possible factor influencing the choice of feeding method, an attempt was made to provide visibility to a phenomenon that is not well understood or recognized.

Expressing an intention to breastfeed upon delivery of their babies, five women were recruited prenatally to participate in this study. Conversations were conducted between 4-8 weeks postpartum. Following transcription of audiotaped interactions, a framework outlined by Conroy (2003) for interpretive inquiry was used to interpret the findings. Three themes emerged influencing the experience of choice – embodiment, commitment and relational support. The process of embodiment of breastfeeding, initiated at birth, was perceived as both a positive and negative experience. Pain and fatigue were common experiences in the early postpartum, but became more manageable over time. A strong commitment to breastfeeding was required to move through the process of embodiment, often tested when pain endured. Support of significant Others perceived to be sincere was helpful to sustain commitment to the breastfeeding journey. Long-term, ongoing painful feeding episodes coupled with a perception of decreased meaningful relational support contributed to a loss of commitment and an eventual paradigm shift leading to a desire to make a different infant feeding choice. Autonomous behaviour of breastfeeding mothers remains less well defined; perhaps this is not a word well suited to the experience of women during this time period, especially in relation to breastfeeding.

Completion of this research has made visible the Heideggerian notion of mood as having a role in the sustainment of breastfeeding as a feeding choice. Attunement to the provision of care, borne of the ontological experience of mood, extends to feeding choices, as understood within the situatedness of the mother. Women will choose to engage in baby-care practices supported within their worlds, irrespective of their own mode of existence. The choice to breastfeed may originate from a stance that is authentic, inauthentic or undifferentiated; if situatedness in the woman’s world supports this choice of infant feeding, then many women will declare their intention to feed their babies this way in order to be a ‘good mother’.

Implications for nursing center upon the realization that breastfeeding is hard. Many women experience some difficulty in the first few days, even weeks until their level of comfort with this activity provides some personal satisfaction resulting in an embodied relationship with their infant. This research provides evidential support to the collective nursing voice calling for recognition and revision required for nursing support to meet the needs of new mothers as they embark upon the challenges of caring for their infants.