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Communication, Relationships, and Priorities: Parental and Provider Experiences of Infant Feeding Support on the Northeast Avalon

Infant feeding is a subject of great interest and importance to those who advocate for the health and wellness of parents and babies. The infant feeding journey begins in pregnancy, as most pregnant individuals decide how they intend to feed their child before they give birth. Moreover, acquiring knowledge about the realities of infant feeding before birth is a key to success, however defined. Drawing on a longitudinal study in the Northeast Avalon region of Newfoundland, this report presents seven recommended actions to better support infant feeding, from a perspective within a province with the lowest breastfeeding rates in Canada. Informed by feminist participatory action research, the recommendations may be insightful for other regions struggling to better support infant feeding.

Introduction

The realities of infant feeding often take parents by surprise, leading to discrepancies between infant feeding plans and realities. This longitudinal study examined the infant feeding support experiences of eleven birthing parents and ten healthcare and community support providers in the Northeast Avalon region of Newfoundland and Labrador. It was designed to gather rich, in-depth qualitative data to explore the complexities of accessing and providing infant feeding supports, and to identify strengths and gaps in infant feeding supports in the Northeast Avalon region of the province. The insights gleaned from this region may prove helpful in other regions struggling to improve infant feeding support. We use gender-inclusive language in acknowledgment of and respect for all genders and all families.

Literature Review

Breastfeeding has been the norm throughout history (Small; Stuart-Macadam and Dettwyler), but with the development of the infant formula industry, formula feeding has become much more common in many parts of the world (Cattaneo; Van Esterik). Infant feeding is a complex issue influenced by personal, social, and cultural factors (Callaghan and Lazard; Choudry and Wallace; Dykes; MacGregor and Hughes; Stuart-Macadam and Dettwyler). Messages promoting breastfeeding have contributed to the medicalization of infant feeding practices and to parents' responsibility for the "risk" associated with formula feeding (Knaak; Lee; Murphy; Sheehan et al.). According to the Provincial Perinatal Program, breastfeeding rates in the province of Newfoundland and Labrador are the lowest in Canada. Results from the Feeding infants in Newfoundland and Labrador (FiNaL) study indicate a wide discrepancy between prenatal intention to breastfeed and actual feeding method throughout infancy. Although 65.8 percent of FiNaL prenatal survey respondents intended to exclusively breastfeed their infants for six months (Newhook et al.), by one month of life, the majority of Newfoundland and Labrador infants (50.5 percent) had been fed formula (Feeding infants in Newfoundland and Labrador database). This data indicate a need to better support mothers' and birthing parents' intentions for feeding and nurturing their infants. As a multidisciplinary team of health researchers who are concerned with the health and wellbeing of women, their babies, and their families, we are committed to protecting, promoting, and supporting breastfeeding for its health benefits, but we also aim to respect and support all new parents irrespective of their infant feeding experience. In this article, we explore the parental and healthcare provider experiences of infant feeding support on the Northeast Avalon in the province of Newfoundland and Labrador, Canada. In the long term, our purpose is to use the knowledge gained to improve healthcare professional support for new families.

Research Objectives

The objectives of this study were to

1. Explore the narratives of mothers/birthing parents about their experiences of accessing infant feeding supports in the Northeast Avalon region.
2. Explore the narratives of healthcare providers and community supporters about their experiences in providing infant feeding supports in the Northeast Avalon region.
3. Identify strengths and gaps in infant feeding supports in the Northeast Avalon region.

Methods

Feminist participatory action research respects the value of foundational knowledge—individuals' expertise on their own lives. This approach also emphasizes the importance of collaborative, participatory research in revealing sociocultural structures and ideologies, and inspiring social and policy change to reduce health inequities (Reid; Baum et al.). We used convenience sampling methods to recruit parents, via local community organizations working with pregnant women and birthing parents. Posters (electronic and paper versions) were distributed to community organizations including Breastfeeding Support NL, the Baby-Friendly Council of NL, Formula Feeding Moms NL, Healthy Baby Clubs, Family Resource Centres, and La Leche League. Potential participants contacted Dr. Doonan via telephone or e-mail.

A total of twenty-six interviews were conducted with eleven parent participants, including two to three in-depth interviews each: one interview during the third trimester of pregnancy, and one to two interviews in the postpartum stage. Dr. Doonan questioned participants on their experiences of infant feeding support within and external to the healthcare system, and invited them to share their suggestions for improved infant feeding support services. Interviews were conducted in person or by telephone, as per the preference of the participant. In this report, all participants are referred to by a pseudonym.¹

Our small sample of parent participants in this study represents a relatively homogenous population. All parents in this study were adult cisgender women living in the St. John's area, ranging in age from twenty-nine to thirty-seven years; they were married to male partners, and had completed at least some postsecondary education, with annual household incomes above \$80,000. It is important to recognize that additional challenges would be experienced by birthing parents facing systemic barriers based on race, indigeneity, socioeconomic class, gender, sexual orientation, ability, or immigration status. Adolescent birthing parents would also face additional barriers.

Ten healthcare providers and community supporters with expertise in supporting infant feeding were selected as key informants, representing a wide range of providers and community supporters involved in infant feeding support:

- family physician
- lactation consultants (public and private)
- paediatrician
- labour, delivery, and postpartum nurse
- community health nurse
- doula
- La Leche League leader

- Healthy Baby Club—Resource Mom
- volunteer peer counsellor from Breastfeeding Support NL

Dr. Temple Newhook conducted one interview with each healthcare provider and community supporter. The healthcare providers were interviewed as individuals, whereas the community supporters participated in an interactive group interview. Dr. Temple Newhook questioned participants on their experiences of supporting infant feeding, the challenges and concerns that they face, and their suggestions for improving infant feeding support services in this region. Interviews were conducted in person.

Feedback and Validation

All participants were provided with a draft copy of this report and given the opportunity to provide feedback before publication. This step helped to form part of the process of feedback and validation of research results.

Results and Discussion

Themes

Three key themes emerge from participants' reflections: communication, relationships, and priorities. Participants emphasize the importance of communication to empower new parents and build their confidence. They also describe the need to foster respect for relationships in infant feeding support: both the parent-child relationship and the provider-parent relationship. Finally, participants' experiences suggest that despite public promotion of breastfeeding, in practice, infant feeding (and the broader area of birthing and postpartum care) remains at the margins in terms of priorities in the healthcare system.

Actions

In line with our feminist participatory action research framework, this study has been organized around "actions." Our results are, therefore, presented according to seven actions recommended by study participants, as described below. We draw directly on the words of respondents to foreground their voices.

1. Improve communication regarding infant feeding with communication skills workshops for healthcare and community care providers on empowerment, respect, active listening, and building parents' confidence in their own abilities.

Participants told us that it is not always what is said to a new parent that is most influential, but how. The experience of adapting to new parenthood, and

to infant feeding specifically, can be confusing and emotionally fraught. Parents need clear guidance and supportive messages from healthcare providers. Providers and parents alike talked at length about the importance of emotion in communicating effectively to support new parents with infant feeding:

You have to listen to a mother. You have to listen to what she's saying. She knows her baby and she also knows her own goals, and so, we have to be supportive of that because that's our role. I think at the end of the day—that to me defines what's breastfeeding success—is when a mother feels that she's given the best she can, from a health perspective, or in terms of her mothering and parenting; she's content or satisfied, and she feels that people have partnered with her.

—Lactation Consultant

Although technical infant feeding skills are important, participants recommended that equal value be given to communications skills workshops for all health and community care providers involved in infant feeding support:

I hear that a lot of moms especially, the first forty-eight hours, they say, “The first person that came in told me this, and then somebody actually told me I wasn't holding my baby right,” and then just shattering the [mother's] confidence completely! ... No one seems to realize that one sentence that a mother hears while she's in labour, or that a mother hears in those first few hours, will have months of impact. She will come back to that, over and over again. And I am learning that so frequently.

—Community Peer Supporter

2. Improve the consistency of messages regarding infant feeding, with a focus on providing evidence-based information.

Closely tied to the issue of empowering communication, parents frequently reported receiving different and contradictory messages from various members of their healthcare team. This can be particularly overwhelming in the vulnerable period of new parenthood:

It's really sometimes frustrating ... inconsistent information from the people that you would normally go see with questions.

—Amy

I found the nurses were sporadic and not consistent with their information.

—Joanne

I hear from clients and moms: mixed messages. Don't know who to pick because they're telling you different things. And it's really confusing ... everybody you talk to; everybody's got a different opinion, and it's hard to know what's the right answer.

—Community Peer Supporter

Health and community care providers recommended improving consistency of information and accessibility of evidence-based breastfeeding advice.

3. Increase prenatal support and education

Without exception, every parent participant in our study reported minimal to zero discussion of infant feeding with their primary prenatal healthcare providers:

I went and I sought out the information. But there are a lot of people who aren't like that and are kind of afraid to ask. And neither my GP or my OB has mentioned anything about [breastfeeding], so if it wasn't for the fact that I went out and found all this information on my own, I'd be thirty-eight weeks pregnant and nobody would have talked to me about it yet ... for somebody who's not as curious as I am, or doesn't have the same support system that I have, it can make a huge difference—cause you could be thirty-eight weeks pregnant, due any day, and not have any idea about any of this. And maybe be too shy or too uncomfortable to ask your doctor or ask anybody about it.

—Nicole

Participants recommended providing all expectant parents with a list of infant feeding resources. They explained that new parents need to know more, in advance, about newborn behaviour in the first seventy-two hours, reassurance about what is normal, and that bringing the baby to the breast more often will bring the milk in faster. They also recommended a clear list to distinguish between normal infant behaviour and the urgent signs that breastfeeding is in trouble and needs immediate help:

Many women and couples are not prepared enough mentally because it is a skill; it will take time, it is not automatic. You and your baby will take a few days to learn all the aspects. Don't worry if it doesn't happen straight away. Many people have little confidence in this as a natural process ... [they] want to see and measure quantities. ... Many new parents don't understand the normal fussy behaviours of the baby which may not have much to do with breastfeeding.

—Paediatrician

Participants emphasized that parents need information in the prenatal period and that the immediate postpartum period is not the moment for extensive education:

As a nurse in the postpartum unit or in the labour and delivery unit, it's so important, in the prenatal period, for women to be given the proper breastfeeding education and supports because their decision is made when they come to me; it's made ... in that moment when they're in pain and labour and uncomfortable afterwards, whether they've had a section or stitches or whatever ... that's not the time.

—Labour and Delivery Nurse

Finally, most parents noted the importance of support from family and friends. Increasing education on breastfeeding and normal breastfed infant behaviour, particularly in rural areas, may offset lost generations of breastfeeding and enhance acceptance and support of breastfeeding:

I know it's hard [to breastfeed in rural communities], cause even when I travelled back to that community with my first baby, people were just like, "Why are you doing that?" and "What is this?" And I don't think it was that they were offended or even trying to be negative. I think it's just they're so underexposed to breastfeeding ... when people who you normally really trust or people who have always been like great supports start to say things like that, you start to question, "Oh my god. Maybe that's true and maybe if that's what they did, then that's what I should do too," and ... if you don't already have a really strong experience, that can easily start a downward spiral, I think, and then you start to feel not confident and ... it can be detrimental.

—Amy

[Working in another region], the young women had grown up seeing [breastfeeding]. It wasn't a foreign thing. They learned it pretty quickly cause they had seen it when they were kids. Whereas I found in Newfoundland, there was a lost generation of breastfeeding there, so the women had more of a difficult time latching babies on and learning because they had never really seen it ever before.

—Labour and Delivery Nurse

4. Increase off-hours support for the first eight weeks

Participants emphasized that the first eight weeks postpartum are a crucial time for new parents, and there is a need for increased urgent breastfeeding support at the critical moments, including during off hours and on weekends. In situations where support was needed outside of 9:00 a.m. to 5:00 p.m.,

Monday to Friday, parent participants described an overwhelming sense of isolation and helplessness:

I have large breasts, and it literally felt like I had two watermelons on my chest. ... my back was killing me. I was really uncomfortable ... no one told me, "you're definitely gonna be engorged like this."... When I left the hospital, they were like, "Everything's great! You're rocking it." ... no one even said, "Your milk is coming in. and this is what's gonna happen." So I was really disappointed with that. When I was here on Friday, I felt very alone. I felt like I had nobody to call. I was three and a half hours trying to get her to latch on ... with the hormones and the sleep deprivation anyway, I was just in a really, really bad way.

—Audrey

You see so many people in the worst hours of the day, which are overnight ... with a new baby, they have nowhere to go. They have nobody to turn to ... that's the hardest, most alone scary time... especially for a first-time mama, you have no idea where to go, what to do.

—Tillie

Participants recommended making one-on-one support available for the first eight weeks postpartum, preferably at home, and including hands-on clinical support:

[We need] access to support at the critical point. That moment, in the middle of the night—that moment, when the mom feels like she's tried everything that's easily accessible, she's read the books, she's looked on-line, but she needs to sit down with someone for a one-on-one, hour-long consult that is not very accessible. It's really not.

—Community Peer Supporter

5. Increase priority on parent-infant relationship and parents' mental health and wellness

Parents reported several issues related to mental health and wellness, such as depression, anxiety, fear, disappointment, and isolation:

I've been really, really struggling. I might start to cry ... but I've been really, really [voice wavers] struggling with the breastfeeding... and she's a month old, so I figured hopefully I would have had it figured out by now, but, mentally, it's very hard. I'm not enjoying it, [crying]... and I was very eager and very excited to nurse her when I was pregnant. ... I don't feel any bonding ... even when she latches, I'm kinda like,

watching the clock, “Okay, you done yet? Like okay, get off me now.” ... I did not expect it to be like this at all. It’s such a shock to the system. It’s a whole different layer of being a mother that I did not anticipate at all.... I feel like I’m in shock about it, to be honest.... I was really looking forward to that aspect of parenthood. Like, “Oh I’m gonna take my baby, and we’re gonna go to the nursery in our new glider and put on the little night light, and we’re gonna sit there and we’re gonna quietly nurse and it’s gonna be wonderful, and I can’t wait to do it, and we’re gonna bond” and it’s just ...out the window. That whole image and that whole expectation that I had just failed. So, I guess that’s why it’s been so hard.

—Audrey

The mental health of the mother while they’re breastfeeding nobody really talks about. Cause it’s exhausting and it’s draining and it’s not easy. And nobody really talks about it. The public health nurse asks you the first day that you get there, if you’re okay and if you think you’re gonna shake your baby. Basically, that’s all that they ask you. But there’s never any question on, “How are you doing emotionally with it?” ... I think for new moms’ mental health I think the biggest thing is feeling that you’re just tied down. You can’t move. The growth spurt days, they’re feeding every hour and you literally just feel like you’re a walking milk station. And you can’t do anything. I didn’t shower for three days when she had her growth spurt because I couldn’t. I couldn’t put her down. So, that really, really weighs on you. And it’s hard not to get in a slump when that happens. You’re dirty and you’re tired and you just have a baby hanging off of you for one to three to five days, depending on how long their growth spurt is.... Her first growth spurt when she was three weeks, I literally just sat in bed for a twenty-four-hour period and cried and fed her and cried and fed her.... it’s just exhausting and you don’t think, I guess, that you’ll get to that point.

—Nicole

6. Address workload and organizational concerns of professionals providing birthing and postpartum care

Participants reminded us that empowering birthing parents goes hand-in-hand with empowering the professionals who care for them. Care providers who are feeling overworked and underresourced are unlikely to be able to provide the nurturing and empowering care that parents and infants require in the early postpartum stage:

In healthcare, our whole workload measurement is task oriented. So everything is quantifiable ... but as a nurse, the relationship and that quality of care is supposed to be fundamental. It's not supposed to be that I saw eight patients and got them through ... our numbers often get used in dangerous ways and who falls vulnerable to it? The people with little voice and that would be our little people and their parents that are vulnerable.

—Public Health Nurse

You can't provide breastfeeding support to six women, all at once, if they're having problems. ... And if the women don't have the family support there ... I find it just falls apart.

—Postnatal Ward Nurse

[I want parents to know that] we are haggling on their behalf here in the hospital and we're battling against various forces.

—Paediatrician

I think the nurses feel like we feel like we have to be miracle workers and get [breastfeeding] going... Early discharges have become the norm. Increase pressure.... Mom doesn't have the time to learn and experiment with support there. The hospital is then I think offloading the problem to the community.

—Postnatal Ward Nurse

7. Affirm formula feeding families

Although exclusive breastfeeding is the acknowledged physiological norm in infant feeding, many parents incorporate formula for a variety of reasons, including physical, cultural, emotional, and socioeconomic. These parents reported requiring support and information in formula feeding. Unfortunately, stigmatizing formula can have the consequence of stigmatizing formula-using parents, who may face isolation and lack resources.

Some parents feel isolated due to the perception that formula feeding moms are not welcome to use infant feeding support resources, for instance the breastfeeding support clinics where babies can be weighed and where parents can ask questions about baby's health:

We've ended up having to go back to our family doctor to do the weight checks because we knew, of course, that he was having surgery, so she wanted to make sure that he was gaining weight appropriately so she was doing weight checks more frequently. We ended up doing

doctor appointments because we weren't ... I didn't think we would be welcome at clinic.

—Suzie

Parents reflected on feeling coerced or pressured to breastfeed, which brought about feelings of shame:

There was an element of pressure when the lactation consultants would come in and see me when I was in ICU and stuff like that, checking the medications I was on to ensure that they were safe for [my husband] to bring home to the baby, and there was an element ... I don't know if pressure or expectation. I wanted to breastfeed, and there was an element of expectation there that I should continue, but no one ever once stopped to say, "Are you well enough to do this?" And I really, technically, wasn't. ... Every two hours, I had to get up and pump and things like that, technically, I should have been resting.

—Claire

Some parents described how a silence around formula use from healthcare providers can translate into a lack of critical knowledge about the proper "how to" of formula feeding:

I wonder how much education people are getting at the hospital about formula feeding... yes, of course, they tell you to sterilize things, sure, but what are they telling you about mixing formula? ... I used formula on my first, in addition to breast at the beginning, but the second time around, I still couldn't remember, "Okay at what point can I introduce powder?" Cause powder is way cheaper.

—Suzie

Overall, parents conveyed the sentiment that they feel capable of making the best decision for their children and would like a full range of information about their infant feeding options, with acceptance and support for their decision once made.

Conclusion

This in-depth interview study of parents and care providers on the Northeast Avalon region of Newfoundland reveals the importance of communication, confidence, respect, and relationships in infant feeding support. Parents and providers offered seven recommended actions to help ensure that infant feeding support move from the margins to becoming a true priority in the healthcare system and in our culture at large.

Endnote

- ¹ Ethics approval for this study was provided by the Health Research Ethics Authority of Newfoundland and Labrador, no. 2016.015.

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