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Hacking, M, Jackson, L, Fallon, V, Harrold, JA, Davie, P, Silverio, SA and Slade, P (2023) An interpretive phenomenological analysis of the experiences of mothers who continue to breastfeed despite facing difficulties. Women and Birth. 37 (2). pp. 387-393. ISSN 1871-5192

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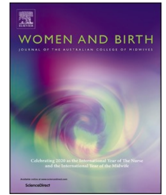
Women and Birth 37 (2024) 387–393

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.sciencedirect.com/journal/women-and-birth



An interpretive phenomenological analysis of the experiences of mothers who continue to breastfeed despite facing difficulties

Michelle Hacking [a,1], Leanne Jackson [a,1,2], Victoria Fallon [a,3], Joanne A. Harrold [a,4], Philippa Davie [b,5], Sergio A. Silverio [b,c,*,6], Pauline Slade [d,7]

[a] Department of Psychology, Institute of Population Health, University of Liverpool, United Kingdom
[b] Department of Women & Children's Health, School of Life Course & Population Sciences, King's College London, United Kingdom
[c] School of Psychology, Faculty of Health, Liverpool John Moores University, United Kingdom
[d] Department of Primary Care and Mental Health, Institute of Population Health, University of Liverpool, United Kingdom

ARTICLE INFO

Keywords:
Breastfeeding difficulties
Continued breastfeeding
Emotional impact
Qualitative
Postnatal distress

ABSTRACT

Background: Breastfeeding offers many health benefits to mother and infant.
Problem: Breastfeeding difficulties are common and are linked with postnatal distress.
Aim: To explore the lived experiences of breastfeeding continuation despite facing difficulties.
Methods: Qualitative semi-structured interviews were conducted with eight women who had experienced breastfeeding difficulties yet continued breastfeeding. Interviews were analysed using Interpretative Phenomenological Analysis (IPA).
Findings: The first superordinate theme, 'Radical acceptance of the imperfect' included sub-themes of: 'Taking it day-by-day', 'Breastfeeding takes a community', and, 'Finding what works for you'. The second superordinate theme, 'Determination and persistence' included sub-themes of: 'Adopting a headstrong attitude' and 'Transient challenges versus lifelong achievement'.
Discussion: Participants found radical acceptance of breastfeeding as an imperfect, variable process which enabled them to sustain breastfeeding despite challenges. Participants proactively drew on social and personal resources to navigate guidance and to find solutions which worked for their individual circumstances. Finally, open-mindedness, optimism, self-compassion, and being headstrong and determined were all personal qualities which facilitated breastfeeding during exceptionally difficult moments on their breastfeeding journey.
Conclusion: Recommendations are made for healthcare professionals: to provide emotional counselling during routine care (with an aim to instil breastfeeding self-efficacy) and to encourage breastfeeding advocacy among fathers and the maternal social support network (with an aim to further scaffold successful breastfeeding). Recommendations are also made for mothers: to develop and refine maternal confidence, patience, flexibility, self-compassion, and trust.

* Correspondence to: Department of Women & Children's Health, School of Life Course & Population Sciences, Faculty of Life Sciences & Medicine, King's College London, 6th Floor, Addison House, Great Maze Pond, Southwark, London SE1 1UL, United Kingdom.
E-mail address: Sergio.Silverio@kcl.ac.uk (S.A. Silverio).
[1] ‡ Joint First Authors
[2] 0000-0003-4491-1802
[3] 0000-0002-7350-2568
[4] 0000-0002-0899-4586
[5] 0000-0001-7788-3145
[6] 0000-0001-7177-3471
[7] 0000-0001-5877-2706

https://doi.org/10.1016/j.wombi.2023.12.001
Received 28 September 2023; Accepted 12 December 2023
Available online 20 December 2023
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Statement of significance

Problem or issue

Despite healthcare promotion efforts, breastfeeding rates remain low, with many women citing difficulties as the reason for cessation.

What is already known

A wide variety of physical, social, and psychological factors contribute to breastfeeding cessation, many of which have been explored qualitatively and quantitatively.

What this paper adds

The present research provides an innovative lens to the literature-base, focused on breastfeeding challenges, but introducing the concept of radical acceptance of breastfeeding as imperfect recommending healthcare professionals assist women with their perseverance and determination in pursuing their breastfeeding goals.

1. Introduction

The health benefits of breastfeeding to mother and infant are well documented [51]. While recent policy directives in the UK have shifted towards a stance which is more inclusive of alternative methods [54], exclusive breastfeeding is still heavily endorsed by healthcare professionals and pursued by new mothers [19,26]. To achieve higher uptake of breastfeeding, a global strategy for breastfeeding protection, promotion, and support was launched by WHO and UNICEF in 1991 [50,53]. The principle aim of this strategy is to create an environment that empowers women to breastfeed [50,53]. The Baby Friendly Hospital Initiative (BFHI) was also launched in 1991 to support implementation of the global breastfeeding strategy [50,53]. To achieve this vision, the BFHI aims to improve breastfeeding initiation, duration, and exclusivity rates in hospitals and maternity units [50,53].

Despite extensive promotion of breastfeeding and high breastfeeding intention rates, actual rates of breastfeeding remain low. In the last UK Infant Feeding Survey, only 23% of UK women continue to exclusively breastfeed at six-weeks, reducing to just 1% at six-months [34]. Breastfeeding cessation is therefore common, but the causes remain varied from physiological, to social, to psychological [41]. It has been reported that over a quarter of women experience breastfeeding difficulties within the first week, and a third of women cite breastfeeding difficulties as the reason for breastfeeding cessation [21]. Common difficulties reported by women include pain, perceptions of milk insufficiency, and issues with latch [14,13,22]. Breastfeeding difficulties are a key contributing factor in the experience of postnatal distress [21,24,46], with women reporting feelings of guilt and shame [2,27,55], failure, anxiety, and frustration [9,38].

Providing realistic antenatal preparation for breastfeeding and offering early postnatal breastfeeding support to overcome difficulties, is crucial to the continuation of breastfeeding. However, there have been mixed findings regarding the efficacy of formal breastfeeding support, with a number of studies suggesting the pro-breastfeeding discourse and perceived pressure to continue breastfeeding can add to feelings of maternal distress [9,8]. It has been suggested this may be due to dissonance between antenatal idealism versus the reality of postnatal care linked to breastfeeding support, with the latter being perceived as fragmented and inconsistent [26].

2. Participants, ethics, and methods

2.1. The present study

As discussed above, recent research has generated a detailed understanding of the emotional burden of breastfeeding cessation. However, there is a scarcity of research about the emotional impact of continuing to breastfeed despite experiencing difficulties nor do they capture the experiences of women who *continue* to breastfeed despite experiencing difficulties. This study aims to understand the experiences of women who have continued to breastfeed despite experiencing difficulties and to explore the emotional impact of these difficulties. This will allow better understanding of how women overcome breastfeeding difficulties and highlight techniques which enable women to continue breastfeeding.

2.2. The study team and reflexivity

Qualitative research recognises the position of the researcher is an important part of the analytical process. This is particularly true of studies adopting Interpretative Phenomenological Analysis [IPA] as an analytic methodology [44]. The first authors consider their role as a childless researcher [LJ] and a researcher with children [MH] to be a particular advantage in the current study as it allowed for both an objective outsider and a subjective spectator stance to be taken throughout data analysis. The acknowledgement of the team as specialists in perinatal and/or clinical psychology [VF, SAS, PD, MH, PS] and infant feeding [LJ, VF, PD, JAH] research may have influenced interpretation of participant accounts and subsequent conclusions drawn. To account for these potential biases, a reflexive diary was kept by the first authors and regular discussions amongst the team allowed for preconceived assumptions to be bracketed [20]. Some of the authorship team [SAS, PD, LJ] were not involved in data collection, meaning a truly systematic approach was taken to the coding, analysis, and interpretation of transcripts could be undertaken by those removed from the participants. Analysis was recursive to ensure identified themes were entrenched within the lived experiences of the participants, and the final generated thematic structure was finalised and approved by a team of senior, experienced perinatal psychologists [VF, SAS, JAH, PS].

2.3. Ethics

Ethical approvals were granted by the Health Research Authority (IRAS number: 221744), and subsequent sponsorship was sought and granted by the University of Liverpool Clinical Research Governance Team.

2.4. Recruitment, setting, and participants

Eight women were recruited through purposive sampling, selected on the basis of them being primiparous, identified as breastfeeding for the majority of feeds (≥80%) or four out of every five feeds [29,30], and perceived themselves as having experienced a prolonged difficulty with breastfeeding. Prolonged breastfeeding difficulties were defined as having experienced breastfeeding difficulties for a minimum of four days per week, for a minimum of four weeks. All women had an infant aged 6–16 weeks; three were female and five were male. Infant age at the time of interview was chosen to select women who had already established breastfeeding, rather than those experiencing initial breastfeeding difficulties after birth. Inclusion and exclusion criteria can be found in Table 1. Women were recruited via two sampling streams: Referral from a breastfeeding peer support network; or recruitment from local breastfeeding support groups. Participants were aged between 29 and 37. All were living with partners, and six were married. All were in full-time employment prior to birth, and seven were educated to at least degree level.

Table 1
Inclusion and Exclusion Criteria.

Inclusion Criteria
• Women breastfeeding as their primary feeding method at the time of interview (defined as infants who have over 80% of their milk intake directly from the breast, or four out of every five feeds). • Over 18 years of age. • Primiparous women with a single birth. • Baby born at full term (above 37 weeks gestation). • Infant aged between 6-16 weeks at the time of mother's participation. • Good comprehension of the English language. • Breastfeeding difficulties for at least four weeks since the birth of their baby (on at least four out of seven days in any one week)
Exclusion Criteria
• Primary feeding method of bottle feeding/expressed milk feeding. • Multiparous women. • Under 18 years of age. • Women with preterm infants. • Medical problems known to affect breastfeeding. • Currently under the care of a Psychiatrist, to exclude women with severe and enduring mental health difficulties.

2.5. Data collection

Semi-structured, face-to-face, interviews were conducted. Basic demographic details were taken and an interview schedule was used to ensure all relevant areas of interest were covered. Key topics included the emotions experienced when the difficulties were at their worst, how the breastfeeding difficulties impacted on life as a new mother, and why women continued to breastfeed despite experiencing difficulties. Interviews were flexible enough for the researcher to follow-up interesting points raised by participants, which were not originally included in the interview schedule. Interviews lasted 40–60 min, were audio recorded, transcribed verbatim, and pseudo-anonymised.

2.6. Data analysis

Data were analysed using Interpretative Phenomenological Analysis (IPA; [44]). IPA is concerned with understanding – in detail – the meaning people attribute to their life experiences, and how they make sense of them. Small sample sizes are commonplace in qualitative research using IPA [4] as analysis of large datasets has been reported to negatively affect the *"subtle inflections of meaning"* ([11]; p. 626). Furthermore, most scholars now agree small sample sizes for IPA are more appropriate [40,43].

IPA includes immersion in the data through listening to the audio recordings, reading, and re-reading the written transcripts. Detailed notations are made; describing the content, language, and initial concepts. For the first two interviews, this process was completed independently by three researchers [MH, VF, PS] and the exploratory analytical work was discussed to ensure the analysis was consistent and could be directly related to the participants' lived experiences. Themes were then developed for each interview; attending to the participants' own words, and the researcher's initial interpretation of meaning [MH]. Themes were explored in more detail, searching for patterns and divergence. Next, was a process of connecting the identified themes together to develop clusters of concepts which were clearly linked; disconfirming information was also sought out [MH]. Themes and patterns were then compared across participants; and superordinate themes were generated for the whole dataset [LJ]. The quality and rigour of the analysis were monitored through regular discussions with the research team [VF, MH, PS, JAH], further augmented [LJ, SAS, PD], and final themes were checked thoroughly for meaning and interpretation by two researchers [SAS, VF]. Interviews were analysed sequentially, and data saturation was determined to have been met after the analysis of interview eight. On analysing interview eight, no new material was generated: in consequence, recruitment was concluded.

3. Findings

The current study aimed to explore experiences of breastfeeding despite facing challenges. IPA produced a final thematic structure: consisting of two superordinate and five constituent sub-themes. See Table 2 for the final thematic structure. Themes are summarised below with succinct quotations marked with participant pseudonyms.

3.1. Radical acceptance of the imperfect

The first major theme encompassed letting go of antenatal expectations of the perfect breastfeeding experience. Radical acceptance is defined as, *"...looking at yourself and the situation and seeing it as it really is, without judgement or distortion"* [48], pg.2), understanding that one's *"...present situation exists because of a long chain of events that began far in the past"* [35], pg.10), and recognising one's efforts irrespective of outcome [17]. This extends beyond understandings of 'acceptance' alone (defined as the act of, *"accepting a difficult or unpleasant situation"* [5]). The latter concept fails to acknowledge the presence of self-compassion and non-judgementality which is characteristic of radical acceptance. Women who continued breastfeeding despite challenges had effectively adopted a view of breastfeeding as a process. These women relied on social resources to persist and were able to navigate a plethora of information and guidance profitably, and confidently. Perceiving vast information sources to be illuminating allowed interviewees to find approaches and techniques which worked for their personal circumstances. For which, being flexible and present, opposed to focusing on broader breastfeeding goals and what 'should be', ultimately advocated breastfeeding continuation.

3.1.1. Taking it day-by-day

Women expressed surprise that breastfeeding was a learned skill, both by mother and by baby:

> *"I never thought there would be techniques to breastfeeding, I just thought that, you know, that babies just know what to do" (Nicky).*

> *"It's quite a thing to like, master, I think it's quite a hard skill, because it was our first baby as well everything was new." (Jade)*

For these women, it was acknowledged that no amount of antenatal provision would have been sufficient to prepare them for the postnatal challenges of breastfeeding:

> *"They can bring the woollen boobs round as much as they want but it doesn't teach you anything. Until you're actually doing it with a real baby, nothing can, nothing can teach you it." (Ruth)*

The journey of sustaining breastfeeding was not linear – women who were successful in this practice were able to take achievements and obstacles in their stride:

> *"...you think oh yes I've got this now I know what I'm doing and then there's another little hurdle and you're like oh ok that's a spanner in the works for today" (Adele).*

Embodying self-compassion manifested in two capacities: firstly, by

Table 2
Superordinate themes and constituent sub-themes.

Superordinate Themes	Constituent Sub-themes
1. Radical acceptance of the imperfect	• Taking it day-by-day • Breastfeeding takes a community • Finding what works for you
2. Determination and persistence	• Adopting a headstrong attitude • Transient challenges versus lifelong achievement

focusing on the day at hand, opposed to broader breastfeeding goals. Secondly, perceiving challenges as opportunities for learning and growth, opposed to being self-critical and internalising of difficulties, allowed for breastfeeding to be a more satisfying experience:

"Every day's a learning curve… and you're learning something new every day and yes, it's exciting and fun but it's also really scary" (Adele).

Similarly, open-mindedness about formula supplementation facilitated breastfeeding maintenance. Flexibility and adapting one's approach according to the obstacles faced in the moment allowed one to remain present, centred, and non-judgemental towards the self:

"I thought initially 'I'll give it a go and see how I get on', I always kept my options open. I always thought 'I've got options if breastfeeding doesn't work then there's always bottle feeding'" (Emily)

"We were very open minded about the fact that I was like right I really want to breastfeed but you know just to make sure our child is fed is the most important thing so just we want to make sure he's healthy and happy" (Adele)

3.1.2. Breastfeeding takes a community

Most interviewees felt well supported by their significant other: being encouraged to persevere through difficulties facilitated breastfeeding continuation:

"I'd say like 99% of the people around me were very supportive of it and they were very positive of breast feeding. So that helped very much erm because and the fact that they were honest about how difficult it was. People around me just encouraged me, I think that's what kept me going." (Lottie)

It was imperative for partners and friends to be empathetic and sensitive that breastfeeding is a challenging transition in a new mother's journey:

"I did notice when certain friends came round that had experienced breastfeeding, they kind of knew. It just made me feel more at ease, whereas other friends that hadn't that were not never experienced children at all…that was quite hard" (Kate)

"…if [baby]'s been crying and [husband] tries to settle him and then he comes back and he's like, no he's hungry. I know he feels really guilty about handing him back to me, actually just knowing that he's aware about just how hard it can be" (Ruth)

Inversely, receiving critical comments and resistance from one's loved ones served as a barrier to breastfeeding continuation. In such circumstances, interviewees who were able to maintain breastfeeding, regardless, were able to use undermining comments to fuel their determination:

"When I was at my grans I was feeding [baby]and he was coming off crying because of reflux, and [gran] was like, 'oh are you sure he's getting enough milk from you? I don't think you're giving him what he needs, maybe he should go onto formula.'" (Emily)

"People saying that [she should move onto formula milk] just made me more determined to carry on" (Suzie)

3.1.3. Finding what works for you

Balancing radical acceptance with seeking support when practical challenges first arose was essential for continuing breastfeeding:

"I think you end up settling, you get a bad latch, but you think well he's feeding so just let it be and then that causes damage and then you're even more sore next time around… I'm getting better at recognising the early signs of a problem. Erm I think I am getting better at taking him off and on again, because I've been through that cycle enough times to know that it's of no benefit to just let him feed because, oh well it's best if he's feeding." (Ruth)

Professional support was crucial during times of difficulty. For some, receiving advice from different clinicians allowed interviewees to select aspects which worked for them, while leaving information which was not serving their personal circumstances:

"…the amount of different people that came in quite a few of them did say different things like the way I've sort of ended up doing it is sort of like sandwiching my breast a bit to sort of latch [baby] on so some of them will do that, other ones came in and said 'oh no don't do that you just need to leave it naturally and sort of latch her on', but it probably helped with different opinions cos you could kind of work out what worked best for you really." (Lottie)

"All the different people around, all had different ideas, I could take the bits of what they said, because bits of it worked for me, and bits of it didn't so they said 'oh well try this' and it just didn't work, but then the next person came along and said 'oh try this' and I was like, 'oh, that, that worked'. Erm and I think the benefit was having lots of different people with different ideas." (Ruth)

Some interviewees found receiving different advice and guidance to be confusing. From this, perceiving information provision as suggestive opposed to prescriptive, and being confident in one's ability to problem-solve, was integral to one's successful breastfeeding journey:

"I think sometimes it is really hard because you hear so much conflicting information… like today (at the baby clinic) one person will tell you one thing and then you go back a week later and somebody else will tell you another thing. It can be quite difficult that, because you do one thing and you think you're doing it right and then you get told 'oh no don't do that you know you need to do this'." (Adele)

3.2. Determination and persistence

In terms of personal resources, interviewees who were determined were able to continue breastfeeding despite challenges. Focusing on one feed at a time helped to empower women to breastfeed and ground them in the moment. When difficulties had been overcome, there was a sense of achievement and pride. Keeping faith that challenges are transient while celebrating successes and framing one's journey positively made for a more satisfying and personally fulfilling infant feeding experience.

3.2.1. Adopting a headstrong attitude

Perceiving breastfeeding to be an expression of love for one's infant allowed interviewees to remain motivated to persevere with breastfeeding, even when challenges were faced. In this respect, holding in mind motivations for feeding one's infant allowed mothers to look beyond the transient difficulties they were enduring:

"…you love your child so much you just can't help it… it's an innate thing… you just keep doing it [breastfeeding] without questioning" (Kate)

For others, drawing on personal qualities such as patience, tenacity, and being goal-orientated, aided perseverance and determination with continued breastfeeding despite challenges:

"My mum would tell you that even as a baby I was stubborn (laughs) so yeah… I guess that's kind of me, how I am. I think when I put my mind to something, if I've decided on something then yeah I'll give it my best shot. Certainly. I do kind of persevere with stuff, I'm not a quitter." (Ruth)

"I feel proud that I've carried on really, so I feel really happy, I like to have a challenge. I've… just been really focused on making it work more than anything… I'm quite a patient person so I would say I was just more persevering with it." (Emily)

3.2.2. Transient challenges versus lifelong achievement

As women reflected on their breastfeeding journey more broadly, they were able to acknowledge their struggles while protecting time and space to celebrate one's achievements:

"Tomorrow is always a new day and if you have a bad day, it's one day, and tomorrow is always going to be better. That has always pushed me through I keep thinking get through today and let's see what tomorrow is like" (Lottie)

"It's nice to feel that I can, I'm really like the only one who can feed [baby] and its nice, nice to think that I've grown this little person… from just from me really… my little baby." (Emily)

Interviewees who were able to successfully continue breastfeeding were able to recognise the temporary nature of difficulties, which instilled a sense of hope:

"I suppose it's a case of like your good days and your bad days you've got to get through it. It's like there is light at the end of the tunnel" (Jade)

"I must have been able to see some light at the end of the tunnel, cos I carried on doing it. And once you start to see some small improvement, it starts to click." (Suzie)

Perceiving breastfeeding to be a protected time to bond with one's baby enabled difficulties to be remarked as a small caveat in comparison. Here, women were able to reframe challenges with a more positive mindset:

"I mean the first six-weeks is really hard like incredibly hard and then when you got that six weeks it's like a hurdle and it's like 'oh my God I'm mastering this now I know what I'm doing'." (Adele)

"…it was kind of our time [mine and baby's] and it was all on me too, kind of just take care of this little human being who and I just needed to feed her. erm it made us stronger if anything erm and it makes me closer even closer to her now." (Nicky)

4. Discussion

4.1. Summary of main findings

The current study aimed to investigate the experiences of women who continued breastfeeding despite facing challenges. Two superordinate themes were developed: 'Radical acceptance of the imperfect' comprising sub-themes of 'Taking it day-by-day', 'Breastfeeding takes a community', 'Finding what works for you'; and 'Determination and persistence' comprising sub-themes of 'Adopting a headstrong attitude', and 'Transient challenges versus lifelong achievement'. All participants experienced two or more breastfeeding barriers, such as: poor latching technique, severe pain during feeds, and concerns about infant weight gain. Findings from the current study ascertained key maternal characteristics and external factors which facilitated breastfeeding continuation; it is therefore important to identify protective factors for its continuation.

4.2. Interpretation of findings

Breastfeeding difficulties are common [7], and strongly associated with early cessation [21,46]. Antenatal breastfeeding education in the UK is unrealistic [26], which results in an 'ideal-actual' discrepancy when difficulties are experienced postpartum [42]. Women who successfully continued breastfeeding despite experiencing challenges were able to reframe their infant feeding journey. Specifically, these women adopted radical acceptance, which is, *"…looking at yourself and the situation and seeing it as it really is, without judgement or distortion"* [48], pg.2), understanding that one's *"…present situation exists because of a long chain of events that began far in the past"* [35], pg.10), and exercising self-compassion including acceptance of the reality that they are trying their best [17]. Radical acceptance is a catalyst for working through difficult emotions such as grief and loss [49]. Within an infant feeding context, radical acceptance and reframing can protect maternal emotional wellbeing and protect continued breastfeeding.

Interviewees found antenatal breastfeeding education to be of limited value for extending breastfeeding duration [33] when tackling unanticipated postpartum challenges [41]. Current findings suggest women would also benefit from receiving emotional counselling pertaining to infant feeding, during routine care. This counselling would encompass: managing infant feeding expectations and preparing for potential difficulties [16]; instilling the necessary self-efficacy [3] for women to use trial-and-error to find solutions to breastfeeding issues as they arise; and adopting flexibility in one's infant feeding plan e.g., considering formula supplementation as an option to support breastfeeding continuation when difficulties are faced [23]. Innovative insights from the current study suggest encouraging a mindset which is self-compassionate, patient, and present-focused may also encourage breastfeeding continuation despite challenges.

This study reiterates the importance of receiving practical and emotional support from one's loved ones to persist with breastfeeding despite challenges [6,39]. Receiving encouragement from one's romantic partner was particularly salient, which reflects pre-existing literature [12,37,1]. Fathers frequently feel marginalised and unprepared when it comes to infant feeding responsibilities [1,36]. However, fathers are placed in the unique position to support new mothers to achieve their infant feeding goals, by supporting with identifying and suggesting solutions to breastfeeding difficulties (i.e., through acquired breastfeeding knowledge), taking on household tasks (i.e., providing practical support), and providing responsive emotional encouragement [12]. Encouraging paternal involvement in infant feeding via these means might extend breastfeeding continuation rates and improve paternal parenting confidence.

In alignment with pre-existing literature, receiving empathy from loved ones, and acceptance and understanding of the mother's challenging transitional period, provided a sense of comfort and relief as has previously been described [28]. Conversely, in family structures whereby more fractious relationships existed and/or contentions arose between the infant feeding interests of the mother and those of her support network, feeling guilty, inadequate, and ashamed were frequently reported in-line with much published literature [25,27,31]. Women who found themselves in the latter circumstance may benefit from utilising these critical comments to fuel their determination to pursue their infant feeding goals. Current findings also reflect calls for improvement in the provision of breastfeeding education to the maternal support network, so as to enhance maternal access to supportive breastfeeding advocates [41].

Receiving conflicting information about infant feeding is a source of distress and confusion, commonly associated with early breastfeeding cessation [26]. The same negative emotional responses were true for interviewees in the current study when conflicting advice was perceived to be unhelpful. However, for those who were able to continue breastfeeding, receiving advice from different sources was perceived to be beneficial: allowing women to trial solutions until they were able to find what worked best for them. Reframing positively and being confident in one's ability to troubleshoot were protective of breastfeeding continuation, mirroring previous literature [3,32]. During routine infant feeding conversations, healthcare professionals should frame differing advice as potential solutions which can be used to trial-and-error the management of infant feeding difficulties. Additionally, healthcare professions should stress the importance of doing what works for the mother, thus adopting a mother-centred approach to infant feeding care [45].

Maternal characteristics which were associated with an ability to work through breastfeeding challenges included: determination, patience, being goal-oriented, perseverance, and holding intrinsic

motivations to reach one's breastfeeding goals during difficult moments. Healthcare professionals are in a pivotal position to host realistic conversations with mothers about common breastfeeding challenges. Doing so will allow mothers to navigate problems and locate practical solutions, which will serve to establish rapport and extend breastfeeding continuation [47,52]. An important aspect of this, too, is to celebrate one's achievements. Healthcare professionals should be encouraged to decide on breastfeeding 'milestones' with mothers during routine care to create check-in points for evaluation. Adopting a mindfulness-based approach where one recognises their emotionally difficult moments as being transient in nature, allowed mothers to persevere with breastfeeding when challenges were experienced. This further reiterates recommendations for healthcare professionals to give unbiased accounts of what to expect from their breastfeeding journeys [26], to encourage inner resilience and self-moderation in times of difficulty, as well as promoting a solution-focused and flexible approach to navigating challenges when they arise [47].

4.3. Strengths, limitations, and future directions

Using IPA imparted novel insights about lived experiences of continued breastfeeding despite challenges. Key protective factors were identified which can be used to inform routine care, to optimise breastfeeding continuation rates in the UK. Each analysis stage was discussed and agreed upon by the research team, ensuring the study's rigour. Additionally, an evidence trail was maintained throughout the study, also ensuring a systematic approach to analysis. Using semi-structured interviews enabled women to focus on aspects of their experience most pertinent to them, which ensured data generated was participant-led.

A limitation of IPA is the necessity for a small homogenous sample [44], which may limit transferability of conclusions drawn. Secondly, the majority of women interviewed were educated to at least a degree level, and all were married or living with a partner. This is problematic because high educational status and partnered marital status are associated with significantly higher odds of breastfeeding exclusivity and duration [15]. In contrast, women with fewer years in formal education and single mothers are less likely to initiate and to continue breastfeeding [10]. Thus, the recruited sample can be thought to be under-representative of women in society. Future research should replicate the current study with targeted recruitment towards single women and women with fewer educational years, to identify protective factors of breastfeeding continuation for populations of women traditionally less likely to breastfeed.

Finally, participants were recruited through breastfeeding support services. This may pose an issue because a large proportion of new mothers feel unable to help-seek due to fears of judgement for their infant feeding difficulties [18], and so recruiting through these means may have resulted in the recruitment of women who were more confident with help-seeking and more resilient, prior to participating in the current study. Consequently, women who are experiencing elevated distress about their infant feeding difficulties may have been insufficiently reached by the chosen recruitment strategy. Recruiting through routine care e.g., during antenatal General Practitioner/hospital appointments, and/or through health visiting services, would widen the reach of potential participants.

5. Conclusion

The current study aimed to investigate the lived experiences of women who continued breastfeeding despite facing challenges. Key maternal characteristics and external factors were identified which protected breastfeeding continuation. Adopting radical acceptance, self-compassion, and determination allowed women to persevere when breastfeeding difficulties arose. Recommendations have been made for healthcare professionals to provide emotional counselling during routine care, to instil breastfeeding self-efficacy and promote its continuation. Being confident and patient when navigating variable solutions to breastfeeding difficulties and being flexible in one's approach allowed women to navigate sometimes contradictory guidance, effectively. Receiving empathetic support from one's loved ones, too, eased the process of breastfeeding. Recommendations were made to encourage breastfeeding advocacy among father's, non-gestational partners, and the maternal social support network to further scaffold breastfeeding practice.

Authors Contributions

Conceptualisation: [MH, VF, JAH, PS]; Methodology: [SAS]; Software: [MH, LJ]; Validation: [PD, VF, LJ]; Formal Analysis: [MH, LJ]; Investigation: [MH, VF, SAS, LJ]; Resources: [MH, VF]; Data Curation: [MH, VF, SAS, LJ]; Writing – Original Draft: [MH, LJ, VF, SAS]; Writing – Review & Editing: [VF, SAS, PS, PD, JAH]; Visualization: [LJ, SAS, VF]; Supervision: [PS, VF, JAH, SAS]; Project Administration: [MH, VF].

Funding

There is no funding associated with this study.

Ethical statement

Ethical approvals were granted by the Health Research Authority (IRAS number: 221744), and subsequent sponsorship was sought and granted by the University of Liverpool Clinical Research Governance Team.

Conflict of Interest

None of the authors have any competing interests to declare in relation to this manuscript.

Acknowledgements

We would like to extend our thanks to all women who took the time to participate in interviews and share their experiences.

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