Experience of primiparous women who continued breastfeeding for three months

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Original Article

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Abstract

This study examined the experience of primiparous women who continued breastfeeding until three months after delivery, classifying breastfeeding into patterns, and clarifying characteristics to determine the necessary support for mothers who wish to continue breastfeeding. Semi-structured interviews were carried out five times until three months and the results were qualitatively and inductively analyzed targeting 15 primiparous women who had expressed a desire to breastfeed the infant children for three months or more.

According to the analysis, the experience of primiparous women who continue breastfeeding was classified into twelve categories: [breastfeeding as a natural maternal role]; [Acquisition of the ability to breastfeed in spite of being exhausted]; [Awareness of being an important person for the baby]; [Self-judgment of the sufficiency of breast milk]; [Evaluation of themselves based on the judgment of medical professionals]; [Reacting with both joy and anxiety to the growth of their children]; [Preparing themselves as mothers]; [Lack of comfort and a desire to act to solve the problem]; [Experiencing a change in lifestyle centering on their children]; [Desire for support for child rearing]; [Feeling anxiety about the sufficiency of breast milk and developing unrealistic expectations about the amount of milk]; and [Stress and Confusion.] In addition, the mothers' experience of continuing breastfeeding was classified into four patterns: Stable type pattern; Stable support type pattern; Unstable type pattern; and Perceived lack of breast milk stress pattern.

This study reconfirmed the importance of mothers having support in the early stage after leaving the hospital, and it is thought that the sufficiency of this support significantly influenced the continuation of breastfeeding thereafter. Therefore, it is useful to instruct them to prepare their support system from their pregnancy. It is also thought to be important for professionals to provide emotional support and support for creating peer groups as well as the professional skills to support the mothers' breastfeeding.

Key words

breastfeeding, experience, primiparous, three months after the delivery, mother

Introduction

Since UNICEF/WHO published *The Ten Steps to Successful Breastfeeding* (hereinafter referred to as "The Ten Steps") in 1989, the promotion of breastfeeding has become a global trend. *Baby Friendly Hospitals*, which actively implement *The Ten Steps*, have also increased in Japan. Moreover, even general hospitals have gradually implemented *The Ten Steps* as a means of supporting breastfeeding, which has resulted in important changes over the past few years. These changes include early contact between mothers and infants, and early breastfeeding; practice rooming-in and frequent breastfeeding; not giving any supplementary

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food or drink other than breast milk, unless medically indicated; encouraging breastfeeding on demand; and not using teated bottles. Despite the fact that approximately 90%[2] of mothers desire to breastfeed babies, the rate of breastfeeding up to three or four months after delivery was low at 39.4%[3]; however, currently hospitals actively implementing *The Ten Steps* have increased the rate of breastfeeding[4].

In order to facilitate the promotion of continual breastfeeding, I examine the experience of breastfeeding mothers, which I thought would enable the increase not only of the rate of continual breastfeeding but also the provision of support suitable to individual circumstances. This study focuses on the experience of mothers who continually breastfed their infant children during the period three months after delivery, the period which marks a turning point in continual breastfeeding and the period during which mothers are extremely exhausted[3], targeting primiparous women who are not used to child rearing. In addition, this study suggests the ideal type of breastfeeding by classifying the process of breastfeeding into patterns and clarifying their characteristics.

Methods

1. Period of survey

From April to July of 2008

2. Subjects

Hospitals, in neighboring prefectures, providing checkups one-week after hospital discharge and breastfeeding consultation at any time by positively implementing *The Ten Steps* were approached and a survey was carried out at one hospital (approx. 770 child deliveries per year, 63 child deliveries during the survey period) that agreed to cooperated with this study.

Subjects were primiparous women who underwent vaginal delivery at term (between the 37th and 41st week of pregnancy) with infant weight at 2,500g or more without complications or abnormalities in both the mother and infant, and who finished the survey during the period. Mothers who delivered infants after returning to their parents' home from other prefectures were excluded in order to set the same conditions for monitoring at the hospital post discharge. All the primiparous women who met the above mentioned conditions were asked to participate in this study, and 15 whose consent was obtained became the subjects of this study (Table 1).

Table 1. Background of subjects

No.	Age	Period of child-care leave	Desired period of breastfeeding	Period of stay at the parents' home
1	30	1 year	1 year	–
2	30	Housewife	0.5–1 year	1 month
3	27	1 year	1 year	1 month
4	23	1 year	1 year	1 month and more
5	39	1 year	1 year	–
6	29	1 year	6 months	1 month or less
7	27	Housewife	Until the baby stops accepting it	–
8	31	1 year	1 year	1 month
9	28	Housewife	As long as the mother has breast milk	1 month and more
10	33	Housewife	1 year	1 month and more
11	37	During the procedure for resignation	1 year	1 month
12	23	1 year	As long as possible	1.5 months
13	20	1.5 years	1 year	1 month
14	28	1.5 years	1 year	1 month
15	27	Housewife	Until the baby becomes 1–2 years old	1 month

3. Data collection methods

1) Interview

Interviews between 30 minutes and one hour per time were carried out with females who were continually breastfeeding and agreed to participation five times in total: during hospitalization for childbirth (4th or 5th day after childbirth); two weeks after childbirth; one month after childbirth; and two and three months after childbirth. Interviews were carried out based on an interview guide, asking participants to speak freely about their experience, including their physical and psychological conditions, degree of difficulty in breastfeeding, degree of anxiety about breast milk,

degree of satisfaction with breastfeeding, and their joy at breastfeeding. Initial interviews were carried out in individual rooms at obstetric facilities, and subsequent interviews were carried out at locations in consideration of subject preference and convenience. Interviews were recorded with a tape recorder with permission of the subjects and transcribed verbatim into a record to be used as data.

2) Collection of basic material

After obtaining consent from participants, information on gestational age at childbirth, birth weight, mode of delivery, weight of infant at 2-week checkup, increase in infant body weight per day until two weeks of age, weight at one-month checkup, increase in infant body weight per day until one month of age, and score on the Japanese version of the Edinburgh Postnatal Depression Scale (EPDS) at one month post partum was collected from their hospital charts. Infant weight was measured at three months post partum, and I had mothers record their EPDS.

4. Method of analysis

1) Analysis of qualitative data

The verbatim record of each subject was repeatedly read until I completely understood the condition of the subject, and I classified content by sentence. Words expressing emotion, thoughts, and behaviors of mothers in the verbatim records were used as much as possible in the classification, and sentences and paragraphs expressing the topics were classified into each unit with a code name. In order to give code names, I confirmed that interview data matched words and actions. Next, I examined similarities among code names obtained from individual analysis on 15 subjects for classification into categories and sub-categories that expressed similar content, and I examined the relationship among the categories. I attempted to assure the reliability and validity of the data under the supervision of my adviser and university instructors of maternal nursing and midwifery. Furthermore, I set opportunities to confirm the validity of interpretation with subjects during the interviews.

2) Breastfeeding patterns and the analysis of characteristics

Through a comparison of cases which were drawn as a flowchart by category, I classified conditions for the continuation of breastfeeding (regarding breast milk, support, difficulties in continuation) into several patterns (hereinafter referred to as "patterns"). Next, in order to clarify the characteristics of mothers exhibited in their breastfeeding patterns, I determined scores for each category, listed below, from the background of subjects and expressions in interview data as the characteristics of the patterns: *Physical conditions; Psychological conditions; Degree of difficulty in breastfeeding; Degree of anxiety about breast milk; Degree of satisfaction with breastfeeding; and Joy at breastfeeding.*

5. Ethical considerations

In order to obtain consent from subjects for this study, I explained to them, both orally and in writing, the intent and purpose of the study, that participation in the study would be voluntary, that withdrawal during the survey would be possible, that anonymity and privacy would be protected, and that obtained data would not be used for purposes other than the study. I also explained the method to be used to announce the results. In addition, this study was carried out with the consent of the Medical Ethics Committee of the Graduate School of Medicine, Kanazawa University.

Results

1. Summary of the experience of primiparous women who continue breastfeeding until three months after delivery (Fig. 1 and Table 2)

With analysis, 12 categories and 28 subcategories were extracted. I will explain the individual experiences of primiparous women who continued breastfeeding until three months after delivery as follows: Each category is placed in square brackets [ ].

Mothers collected information on the merits, necessity, and advantages of breastfeeding from information sources, perceived [breastfeeding as a natural maternal role], and started breastfeeding.

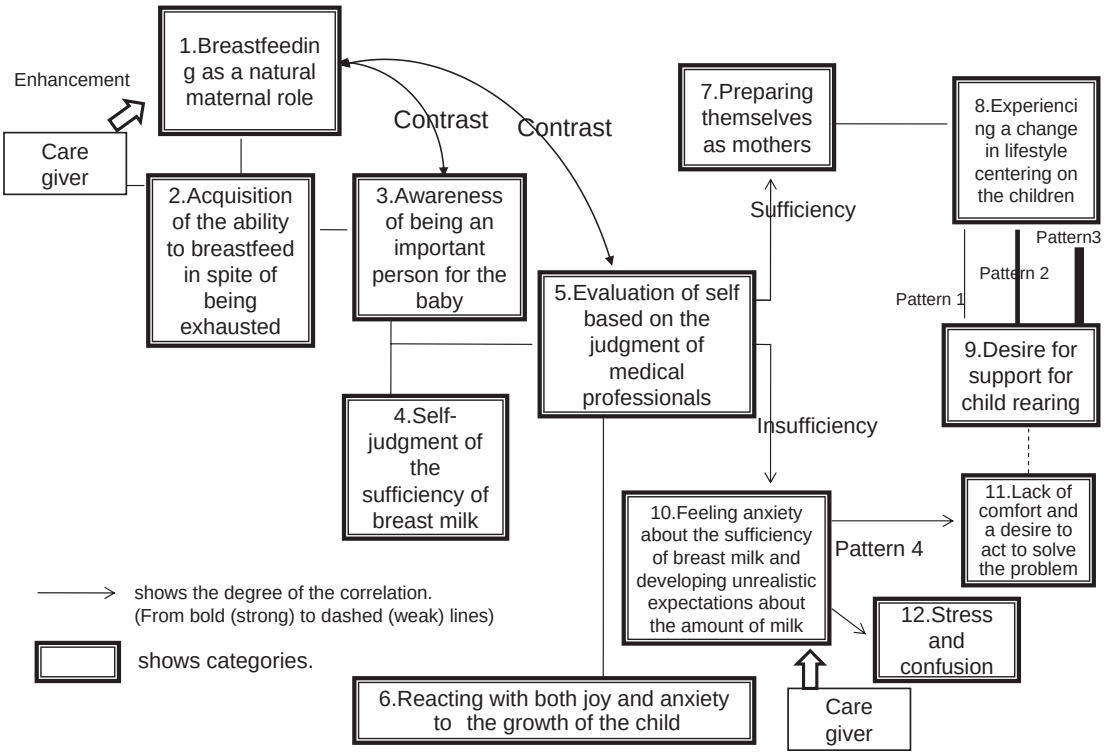

Fig. 1 The experience patterns of primiparous women who continued breastfeeding

Table 2. Categories of the experience of primiparous women who continued breastfeeding

Categories	Subcategories
1. Breastfeeding as a natural maternal role	A natural thing
	As a maternal role
2. Acquisition of the ability to breastfeed in spite of being exhausted	Suffering from fatigue
	Understanding the reactions of the infant child
	A trial and error process and acquisition of the ability to breastfeed
3. Awareness of being an important person for the baby	Suffering from babies crying and confusion
	Breastfeeding to secure the mental balance of the infant child
	Real feeling of the mother
4. Self-judgment of the sufficiency of breast milk	Judgment of the breastfeeding condition
	Judgment by the baby's condition
5. Evaluation of self based on the judgment of medical professionals	Evaluating self by the growth of the child
	Evaluating self by their breastfeeding conditions
6. Reacting with both joy and anxiety to the growth of the child	Joy at the child's growth
	Anxiety about insufficient growth of the child
7. Preparing themselves as mothers	Shifting values to the maternal role
	Accepting the maternal role
	Responsibility as a mother
8. Experiencing a change in lifestyle centering on the children	Adjusting to the needs of the child
	Changing and adjusting the role in the family
9. Desire for support for child rearing	Desire for physical support
	Desire for psychological support
10. Feeling anxiety about the sufficiency of breast milk and developing unrealistic expectations about the amount of milk	Feeling anxiety about sufficiency of breast milk
	Developing unrealistic expectations about the amount of breast milk
11. Lack of comfort and a desire to act to solve the problem	Lack of freedom due to breastfeeding
	Desiring to improve the way of breastfeeding
12. Stress and confusion	Feeling of being hand cuffed
	Confusion
	Anxiety and nervousness

Mothers also tried to [acquire the ability to breastfeed in spite of being exhausted] after the delivery with the assistance of midwives, and they became [aware that they were an important person for their baby] through breastfeeding. For the breastfeeding, [self-judgment of the sufficiency of breast milk] was important, and at health screenings, mothers [evaluated themselves based on the judgment of medical professionals], and they [reacted with both joy and anxiety to the growth of their children] according to the evaluation. As a result, they were sure about their children's growth and then, they could come to [prepare themselves as mothers] to play their maternal role, which, however, was not easy for them to do and possible only by [experiencing a change in lifestyle centering on their children.]

For cases in which subjects were unable to change their lifestyles successfully, [the desire for support for child rearing] increased. For cases in which mothers continued to feel a burden even after receiving support, mothers tried powdered milk. In the case that mothers were not satisfied with the [evaluation of themselves based on the judgment of medical professionals], they [felt anxiety about sufficiency of breast milk and developed unrealistic expectations about the amount of milk.] In this situation, there were cases in which mothers used powdered milk due to their [stress and confusion.] There were also cases in which mothers required support for child rearing due to their [lack of comfort and a desire to act to solve the problem], and cases in which mothers did not [require any support for child rearing] due to stress and fear of being accused of being bad mothers. For mothers, [the awareness of their being an important person for their baby] and [their evaluation of themselves based on the judgment of medical professionals] contrasted with [breastfeeding as a natural maternal role].

2. The experience patterns of primiparous women who continued breastfeeding until three months after delivery

There were four patterns of experience found for primiparous women who continued breastfeeding until three months after delivery. These four patterns are listed below (Fig.1, Table 3, and Table 4).

1) Pattern 1 (Stable type)

Mothers who were able to continue breastfeeding stably were classified into the Stable Type Pattern (5 mothers). All five mothers that fit into the Stable

Table 3. Breastfeeding patterns

Patterns	Cases	Description
Pattern 1: Stable type	6, 10, 11, 14, 15	These are the mothers who stably continued breastfeeding for three months, had 50g or more of breast milk secretion per day for the 1st month, and received sufficient support for the 1st month by staying at their parents' home. Degree of satisfaction and joy of breastfeeding were both high. Average age was 30.8.
Pattern 2: Stable support type	4, 7, 12, 13	These are the mothers who continued breastfeeding with child rearing support one month after delivery. They were younger than those in the pattern above, and who stayed at their parents' home but did not receive sufficient support. Degree of satisfaction and joy of breastfeeding were both lower than in the pattern above. Average age was 23.3.
Pattern 3: Unstable type	1, 2, 9	These mothers had a tendency toward anxiety, and in spite of having sufficient breast milk and having continued child rearing support one month after delivery, they had a feeling of anxiety, a feeling of being hand cuffed, and the feeling of being burdened; and these feelings caused them to add powdered milk. Degree of satisfaction and joy of breastfeeding were lower than in the two patterns above.
Pattern 4: Perceived lack of breast milk stress type	3, 5, 8	These mothers had a feeling of lacking breast milk. In fact, they were stressed and confused by babies crying because they had a low amount of breast milk, indicated by the low weight increase of the infants at 20g per day. Degree of satisfaction and joy of breastfeeding were also low. They were exhausted both physically and psychologically, and had difficulty.

Table 4. Characteristics of mothers by breastfeeding patterns

Patterns	No	Birth weight (g)	Weight when leaving the hospital (g)	Weight on 2 weeks(g)	Weight after 1 month (g)	Weight after 3 months (g)	EPDS after 1month	EPDS after 3 months	Physical and psychological condition																													Total of A-F
									A. Physical condition					B. Psychological condition					C. Degree of difficulty in breastfeeding					D. Degree of anxiety in breastfeeding secretion					E. Degree of satisfaction with breastfeeding					F. Joy at breastfeeding					
									During the hospitalization	After 2 weeks	After 1 month	After 2 months	After 3 months	During the hospitalization	After 2 weeks	After 1 month	After 2 months	After 3 months	During the hospitalization	After 2 weeks	After 1 month	After 2 months	After 3 months	During the hospitalization	After 2 weeks	After 1 month	After 2 months	After 3 months	During the hospitalization	After 2 weeks	After 1 month	After 2 months	After 3 months	During the hospitalization	After 2 weeks	After 1 month	After 2 months	After 3 months	
Pattern 1: Stable type	11	2930	2824	3490	4320	6890	3	1	4	4	1	4	4	4	4	1	4	5	2	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	131
	15	3162	3102	3316	4130	6770	2	0	2	1	3	4	4	3	2	3	4	4	2	2	4	4	5	4	5	5	5	5	4	5	5	5	5	3	5	5	5	118
	10	2970	2856	3120	4142	6990	2	1	3	3	3	4	5	3	2	4	4	4	3	3	4	4	4	3	5	5	5	5	4	5	5	3	5	5	5	5	5	123
	6	3184	3224	3455	4275	7360	5	1	2	4	3	4	2	2	4	4	4	4	3	4	4	4	4	4	5	5	5	5	5	5	4	5	5	4	5	5	5	124
	14	3336	3260	3756	4550	6900	3	2	1	4	2	4	4	1	3	4	4	5	3	3	2	4	4	3	4	5	5	5	4	4	5	4	4	4	5	5	5	115
Pattern 2: Stable support type	4	3126	3014	3320	4090	6650	1	2	2	3	4	2	5	2	3	3	4	5	2	2	3	3	3	3	5	5	5	5	1	3	3	4	4	3	5	5	5	107
	7	3458	3486	3596	4745	6900	0	2	3	2	3	4	5	3	3	3	2	4	3	3	3	4	4	4	5	5	4	5	2	4	3	4	5	4	3	5	5	112
	12	2740	2660	2900	3465	5880	3	2	4	4	3	3	4	2	3	1	2	4	2	3	3	3	4	3	4	3	3	3	4	5	3	3	4	5	5	4	3	4	101
	13	2760	2748	3005	3490	6710	2	2	2	2	2	4	4	3	1	3	4	5	4	3	3	3	4	4	2	5	4	5	5	4	5	4	5	5	2	4	3	5	109
Pattern 3: Unstable type	1	2812	2532	2755	3685	5980	6	1	1	2	3	4	3	1	3	2	3	4	1	2	2	2	4	4	3	2	3	4	2	3	2	2	4	1	4	3	4	4	82
	2	3220	2974	3175	3905	5960	8	7	2	1	1	3	1	2	1	1	3	3	1	2	2	3	4	1	3	3	4	4	1	3	4	2	3	4	3	4	4	4	77
	9	2926	2684	2836	3858	6390	12	7	1	1	3	1	4	1	1	3	1	4	1	1	2	2	3	1	1	2	4	4	4	3	3	3	4	4	1	3	3	4	73
Pattern 4: Perceived lack of breast milk type	3	2924	2614	2650	2985	○5250	5	3	3	1	1	1	3	2	1	1	1	3	1	2	1	1	4	2	1	1	1	2	1	1	1	1	3	1	4	1	2	4	52
	5	3268	3016	3080	3425	5210	7	2	1	2	1	2	2	1	1	2	2	2	1	1	1	2	2	1	2	2	2	2	1	1	2	1	2	1	1	1	4	4	50
	8	2786	2695	2746	○3665	○4810	3	2	3	3	1	1	3	3	1	1	1	3	1	1	1	3	2	2	1	1	3	2	3	2	1	2	2	4	4	1	2	4	62

For A: Physical condition, B: Psychological condition, and C: Degree of difficulty, scoring from 1 (very hard) to 5 (very enjoyable)
For D: Degree of anxiety about sufficiency of breast milk, scoring from 1 (feeling anxiety) to 5 (good secretion)
For E: Degree of satisfaction with breastfeeding, scoring from 1 (very dissatisfied) to 5 (very satisfied)
For F: Degree of joy at breastfeeding, scoring from 1 (very hard) to 5 (very fun)
If the total score is higher, it means that it is more comfortable for the mother, and if the total score is lower, it means that it is more stressful for the mother.
Figures in ○ shows the weight with mixed feeding (mother's milk and powdered milk)
No.3: Mixed feeding by adding 80ml×5 or 6 times/day after breastfeeding during the daytime after one month, Mixed feeding by adding 60 to 80ml×5 or 6 times/day after breastfeeding at three months
No.8: Mixed feeding by adding 40 to 60ml×5 or 6 times/day after breastfeeding after two-week checkup, Mixed feeding by adding 80ml×2 times/day after breastfeeding at three months

Type Pattern had babies whose weight at the 2-week postnatal checkup exceeded their birth weight, and the increase in weight at the one-month checkup was 50 g/day or more. Mothers exhibiting this pattern received sufficient support while staying at their parents' homes for one month after birth (a traditional practice in Japan). In addition, these mothers were physically and mentally characterized as having no anxiety concerning breast milk from immediately after delivery and as having a high *degree of satisfaction with breastfeeding* and *joy at breastfeeding*. The average age of the mothers in this category was 30.8 years. Mothers that fit into this pattern were able to prepare themselves as mothers and change their lifestyle centering on their infants sufficiently, and their desire to have child-rearing support after one month after childbirth was minimal.

2) Pattern 2 (Stable support type)

This pattern was designated as the Stable Support Type Pattern because the mothers classified into this pattern stably continued breastfeeding with added support after one month after childbirth. (four mothers)

Mothers classified into this pattern stayed at their parents' home, with the exception of one mother; however, none of the mothers had sufficient support during the daytime. The weight increase for infants whose mothers were classified into this pattern at the 2-week postnatal checkup was the same as the infants whose mothers were classified into the Stable Type Pattern; however, the weight increase at the one-month checkup was less than that of the infants whose mothers were classified into the Stable Type Pattern. The

average age of mothers in this pattern was 23.3 years. Scores indicating the physical and psychological features of this pattern were relatively lower than the scores for the Stable Type Pattern. According to Fig. 1, there were many requests for child rearing support because mothers did not have the experience required to change their lifestyle to center on their children and required child rearing support, including professional child care services, after one month after childbirth.

3) Pattern 3 (Unstable type)

The mothers classified into this pattern showed a tendency for psychological swings in spite of having sufficient breast milk and added powdered milk at an early stage due to feeling anxiety about the sufficiency of breast milk, feeling tied down, and the feeling that breastfeeding was a burden while outside the home. Therefore, this pattern was designated as the Unstable Type Pattern (three mothers).

Mothers classified into this pattern were taken care of by their mothers at home or at their parents' home for 24 hours per day for three or four weeks after childbirth. They were characterized by anxiety about breastfeeding when leaving the hospital after delivery and infant weight did not recover to the level of birth weight by the 2-week postnatal checkup; however, medical professionals judged that the mothers could continually feed babies with their breast milk alone based on the amount of breast milk. In addition, weight increase per day for the infants whose mothers were classified into this pattern one month after birth was less than the infants whose mothers were classified into the Stable Type and Stable Support Type Patterns; however, their weights did increase by 31 to 44 g. EPDS scores at one month after birth were relatively high, and mothers still required child rearing support including professional child care services even one month after delivery. They were physically and psychologically characterized as gradually becoming settled psychologically after receiving child-rearing support; however, their EPDS scores were higher than those in the above-mentioned two patterns. Although the two mothers fitting into this pattern had a desire to continuing breastfeeding, they also used powdered milk.

4) Pattern 4 (Perceived lack of breast milk stress type)

The mothers classified into this pattern had the least breast milk of the mothers in any other pattern, actually felt a lack of breast milk, and had difficulty in daily life due to the frequency of breastfeeding and babies crying, which affected their physical and psychological condition. Therefore, this pattern was designated as the Perceived Lack of Breast Milk Stress Pattern (three mothers).

Mothers fitting into this pattern had no common factors in their background. Two out of three mothers that fit into this pattern stayed at their parents' home for one month after delivery; one of them was taken care of by her mother for 24 hours, and the other had support only at night. The other mother had the support of her mother at her home for two weeks.

These mothers felt anxiety about the sufficiency of breast milk and difficulty in breastfeeding. There were two cases in which the weight increase one month after birth was 20 to 22 g/day, and one case in which the weight increase one month after birth was 40 g/day (however, the mother in this case added powdered milk). The mother in each case was instructed and evaluated on their positioning and latch-on for infants as outpatients every week after leaving the hospital, and the weight was measured; however, these mothers could not build their self-confidence by one month after delivery. Due to anxiety about breast milk, one mother started adding powdered milk two weeks after childbirth and the other mother started adding it one month after childbirth by their self-judgment although they were receiving instructions at the hospital. Both of the subjects started to do so based on the strong recommendation of the family. By three months, two mothers were feeding both breast and powdered milk, and one mother was continuing breastfeeding following the instructions at the hospital in spite of her anxiety about breast milk.

All the mothers lacked both physical and psychological relief and lacked a feeling of satisfaction and joy.

Discussion

1. The experience of primiparous women who continued breastfeeding until three months after childbirth

In this study, 12 categories were found to clarify the experience processes of primiparous women who continued breastfeeding. In a study by Tarrant[7], four categories were reported for mothers who continued breastfeeding for six months: *Making the decision*, *Maintaining family harmony*, *Overcoming barriers*, and *Sustaining lactation*. With regard to *making the decision* (by Tarrant), the mothers in this study worked on breastfeeding after making the decision to do so. However, it is in fact also very important for the mothers to newly [prepare themselves as mothers] for temporal restriction due to breastfeeding, and this is thought to connect strongly to the decision for breastfeeding. Furthermore, *maintaining family harmony* means to promote the harmony of the family by [experiencing a change in lifestyle centering on their children].

Overcoming barriers is similar to the categories of [acquire the ability to breastfeed in spite of being exhausted] and [lack of comfort and a desire to act to solve the problem], and sustaining lactation is similar to the category of [the feeling of anxiety about sufficiency of breast milk and development of unrealistic expectations about the amount of milk.]

In addition, KM Manhire reported the categories for the experience of breastfeeding as follows: *Persistence; Determination; Confidence and satisfaction; Pain and limitation of mothering activities; Conflicting advice and professionalism;* and *Others' expectations*. In this study, *conflicting advice* described by Manhire[8] was not observed. The reason for this is possibly due to the fact that instructions for breastfeeding at the hospital used for this study were consistently provided during the hospitalization and after discharge aiming to promote breastfeeding. Furthermore, *others' expectations* were observed in certain mothers participating in this study; however, it could not established as a common category. It is thought that while this study expresses the mothers' experiences in continuing breastfeeding focusing on how mothers judge and continue doing so, existing studies only express the experiences themselves; however, they identified similar experiential categories.

What is to be emphasized in this study is that [preparing themselves as mothers], [experiencing a change in lifestyle centering on their children], and [the feeling of anxiety about sufficiency of breast milk and development of unrealistic expectations about the amount of milk] that were taking place while mothers [reacted with both joy and anxiety to the growth of their children] by [evaluating themselves based on the judgment of medical professionals] became the important turning points for the continuation of breastfeeding. In order to continue breastfeeding and encourage the mothers' families to become involved in changing lifestyles, it is important for mothers to prepare for the difficult conditions, which became a key factor in determining whether mothers could sufficiently [experience a change in lifestyle centering on their children.] Meanwhile, anxiety about breast milk caused [the feeling of anxiety about sufficiency of breast milk and development of unrealistic expectations about the amount of milk.] What is important here is that some mothers who continued breastfeeding in spite of their feeling of lack of breast milk were not always evaluating themselves based on the judgment of medical professionals. In these cases, mothers were often exhausted from taking care of infants who cried often. For such reasons, it was reconfirmed that it was necessary for medical professionals to provide sufficient explanation to mothers[10] as well as to listen closely to them and provide emotional support[9].

2. Conditions for the continuation of breastfeeding by pattern

1) Pattern 1 (Stable type)

The mothers classified into this pattern were both physically and psychologically stable for

three months immediately after childbirth, had sufficient breast milk, and could work on breastfeeding positively, satisfactorily and enjoyably. The background factors were considered as follows.

The psychoanalyst D.W. Winnicott wrote that the perinatal mother becomes extremely occupied with the infant for a few weeks and called this *the Primary Maternal Preoccupation*[7]. However, in order to reach and maintain this state, it is necessary for the mother to have a protected environment, support, and consideration[8]. Furthermore, mothers in the puerperal period are in a state of accumulated fatigue from the delivery and inexperience in child rearing[6], which makes them feel like sitting and lying down to relax as much as possible. However, they also push themselves to do what they should do as mothers[9]. During this period, it is important to have a Doula, *a female assistant who provides various support, based on her experience, during pregnancy, childbirth, and child rearing*[7] for such mothers. However, mothers falling into this pattern have 24-hour support from their own mothers or grandmothers, who play the role of Doula for the first four weeks of their puerperal period, which showed that they were in a stable condition.

Furthermore, Baltes, et al.[10] thought from the viewpoint of lifelong developmental psychology that developmental changes in humans caused by the biological and environmental factors connected to time courses were common for the majority of individuals. The average age of mothers classified in to this pattern was relatively high at 30.8 years, and this may have been a good influence on developing into the role of mother. In other words, it was easy for these women to fulfill the role of mother due to age-related development and sufficient breast milk, and they were in a state in which they had a protected environment and the support and consideration necessary to reach and maintain the state of *Primary Maternal Preoccupation*, resulting in their exhibiting this stable pattern.

2) Pattern 2 (Stable support type)

The mothers classified into this pattern showed no difference in amount of breast milk in the early puerperal period compared with those classified into the Stable Type Pattern. They were having less support during the daytime at their parents' home. Although their physical and mental score was lower than the stable pattern, it was stabilized for three months, and they felt fun and satisfaction in breastfeeding. This showed that although they had sufficient breast milk, these women did not have sufficient support from their mothers and did not have a protected environment nor sufficient support and consideration. It is necessary to take their mothers' ages into consideration as a background factor. Although this study did not investigate the age of the subjects' mothers, the age of the subjects' mothers in this study was predicted to be younger than that of the mothers of subjects classified into Pattern 1 because the average age of the subjects was young at 23.3 years. This suggests that the mothers of the subjects classified into this pattern held jobs and had difficulty providing support to their daughters and the infants. For this reason, it is necessary to explain to the mothers who are relatively young during their hospitalization for childbirth the necessity of having a support system for the puerperal period considering conditions after leaving the hospital, and to instruct them to prepare a comprehensively supportive environment in cooperation with their families.

3) Pattern 3 (Unstable type)

The mothers classified into this pattern were neither physically nor psychologically stable and had anxiety about breast milk in spite of having a certain amount or more of breast milk.

Seo[12] stated that when a mother feels the lack of breast milk although the infant receives sufficient breast milk, the mother often expresses *the perception of a lack of breast milk*, and that, in such cases, breast milk is sufficient; however, the confidence of the mother is insufficient. In fact, the positioning and latch-on conditions of these mothers were reevaluated at checkups and the mothers were given instruction and reassurance about the healthy growth of their infants. However, they felt anxiety about their positioning

and latch-on when leaving the hospital, and infant weight at the 10-day checkup had not recovered to the level of the birth weight, which may have interfered with the development of their confidence as mothers.

In addition, Rubin[13] stated that sleep loss occurring with deep fatigue results in a sense of self-sacrifice. For example, Article 8 of *The Ten Steps*, which encourages breastfeeding on demand, produced a physical and psychological burden on mothers. Specifically, the existence of two mothers who wished to feed their infants with both breast and powdered milk showed that when [breastfeeding as a natural maternal role] is not emphasized, problems arising in the process of continuing breastfeeding become stressful. In other words, when the feeling of [breastfeeding as a natural maternal role] is weak, the mother is not psychologically prepared and this may create a vicious circle of stress resulting from maladjustment to daily living. Mothers have the right to select how they feed their infants, and breastfeeding should not be forced.

However, it is necessary to establish a system of instruction that allows mothers to select how they feed their infants after they have received an explanation about and understand the advantage of breastfeeding, as shown in Article 3 of *The Ten Steps*. In order to do so, it is important not only to explain breastfeeding unilaterally but also to provide emotional support suitable to each mother as well as listening to their ideas about breastfeeding. Mothers classified into this pattern have high psychological stress and a strong desire to be physically separated from child rearing. Therefore, the role of their mothers as a substitute for their child rearing to reduce their stress is significant. It is desirable to establish a social system for the mothers of puerperal mothers or substitutes who can play the role of Doula in the early stage after new mothers leave the hospital, including grandchild-care leave, to provide support for child rearing.

4) Pattern 4 (Perceived lack of breast milk stress type)

The mothers classified into this pattern had difficulties in breastfeeding and strong anxiety about breast milk, which caused stress and situations in which mothers could not feel satisfaction in or enjoy breastfeeding. Being unable to establish their own positioning and latch-on when leaving hospital is thought be the major cause of their lack of breast milk. As is the case for the mothers in pattern 3, it is important to give instructions on breast care from pregnancy as nursing intervention to mothers in this pattern not only by simply teaching them the methods but also by clearly indicating the breast conditions that they should try to achieve.

Article 6 of *The Ten Steps* prohibits adding powdered milk other than when medically indicated[12]. It also sets the desirable weight increase until six months after birth at 18 to 30 g/day[11] and it considers cases in which the infant does not recover to the birth weight even past two weeks after birth as a lack of breast milk. However, mothers who only saw the minimum level of this desirable weight increase became overly nervous and frustrated with the instructions during checkups and mothers and family who believed that adding powdered milk would be appropriate. Therefore, it is believed to be important to listen to what made the mothers feel anxiety and difficulty, rather than allowing unilateral approaches from the hospitals, and empower them. Furthermore, it is said that the generation of mothers of the women who are delivering babies at present delivered their children in the 1970's when the rate of breastfeeding mothers was at its lowest in Japan and when powdered milk was commonly used, making it difficult for them to give appropriate advice and instruction on breastfeeding[14]. Therefore, there is a need for midwives to provide emotional support not only to the mothers but also to the grandmothers, the most important supporter, of infants to make them feel secure and trustworthy, and to explain the reasons. In order to do so, it is considered useful to deepen their understanding about modern breastfeeding through the provision of childbirth education classes for grandmothers during their daughters' pregnancies and consultation

on daily living for puerperal women and the family through home visits by specialists.

In addition, although the mothers classified into this pattern gradually came to enjoy breastfeeding by feeling pleasure at being asked by the infants, who started responding to them by three months, they were physically and psychologically frustrated due to the frequency of the breastfeeding and babies crying and could not enjoy child rearing due to the burden and stress of the situation for at least for two months after childbirth. The continuation of breastfeeding results in the merits reported for infants. Therefore, for both mothers with insufficient breast milk who become anxious and their infants, it is necessary to verify long-term influences, including the mother-child relationship.

Through this study it was found that mothers who continued breastfeeding sustained their efforts in doing so under difficult conditions. It was also found that support, consideration, and a protected environment provided by persons equal to a Doula significantly influenced the differences in these four patterns.

Furthermore, in the case that mothers do not value breastfeeding, as is shown in the mother fitting into pattern 3, they felt a greater burden even if they continue breastfeeding; therefore, it is necessary to enhance understanding of breastfeeding through their pregnancies and to respond to them, as with the mothers who lack breast milk such as those fitting into pattern 4, according to the state of their stress.

Suggestions for nursing practice

This study reconfirmed the importance of mothers having support in the early stage after leaving the hospital, and it is thought that the sufficiency of this support significantly influenced the continuation of breastfeeding thereafter. In other words, it is important not only to emphasize the continuation of breastfeeding by primiparous women but also to have the viewpoint of providing support to establish a good mother-and-child relationship. The study also suggests the importance of creating a social environment in which mothers can become fully occupied with child rearing. Therefore, the need to establish a support system for each stage of both pre- and post-natal periods to improve the quality of continual breastfeeding, and examine and provide necessary support for mothers in each pattern was suggested. In addition, the need to provide support for mothers by accepting the various feelings that arise when they continue breastfeeding and giving appropriate advice to them was also suggested.

Limitations of this study and future tasks

Data collected in this study may be biased because they were obtained at a facility that promotes breastfeeding. There is also a limitation with regard to the standardization of the results due to the fact that the number of subjects is small. It is necessary to increase the number of subjects and examine them by taking the influence of the background of mothers into consideration.

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3か月間母乳哺育を継続した初産婦の体験

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要　　旨

本研究では、母乳哺育を3か月まで継続した初産婦の継続体験の過程を明らかにすること、およびその過程をパターンに分類しその特徴を明らかにし、母乳哺育を継続する母親に必要な援助を検討することを目的とした。3か月以上母乳哺育を希望する母親15名を対象として、3か月まで計5回の半構成的面接調査を実施し、質的帰納的に分析をした。
分析の結果、母乳哺育を継続する初産婦の体験過程には、【自然で母親の務めとしての母乳哺育の位置づけ】、【疲労の中にありながらの授乳能力の獲得】、【子どもにとって自分が必要な存在であるという自覚】、【母乳充足に対する自己判断】、【医療者の判断に基づく母親としての価値づけ】、【児の成長への一喜一憂】、【母親としての覚悟】、【不自由と工夫】、【子どもを中心とした生活変更の体験】、【育児サポートの欲求】、【母乳充足への焦りと過希求】【緊張と翻弄】の12のカテゴリーに分類された。また、母乳哺育継続パターンには、安定型パターン、サポート安定型パターン、不安定型パターン、分泌不足感ストレスパターンの4つに分類された。

本研究では、退院後早期に母親が支えられることの重要性が再確認され、サポートの充足が、その後の母乳哺育継続に大きく影響すると考えられた。そのため妊娠期からの支援体制整備への指導が有用である。また、母親の母乳哺育を支える専門職者の技術と共にエモーショナルサポートやピアグループ作りの支援も重要であると考える。