A Literature Review into the Breastfeeding Experiences of Multiparous Mothers

Introduction

Breastfeeding has a number of benefits for both mother and infant and there is a wealth of different factors out there that contribute to a woman's decision of whether she chooses to breastfeed her infant or not (Emmanuel, 2015). One of these factors is the mothers experience of breastfeeding her previous children and how the experiences have differed (Phillips, Brett and Mendola, 2011). There is currently no available research into the specific differences that women may experience between breastfeeding their first born compared with their subsequent children, and for this reason this literature review will focus on the factors that influence a mother's breastfeeding experience. There are four overarching themes that have been identified through the exploration of current literature. The influence of previous breastfeeding experience on current breastfeeding practice will be explored, along with how a mother's birth experience may influence her breastfeeding choices. Additionally, this literature review will discuss how a mother's lifestyle and her personal beliefs may influence her breastfeeding practice, as well as how having an older sibling of the infant at home will impact breastfeeding.

Justification for use of blogs

Although it is widely recognised that blogs are not academic, peer reviewed pieces of research, with a topic like breastfeeding where every woman has a different experience (Hoddinott, Chalmers and Pill, 2006), it is interesting to explore how blogs written by breastfeeding women compare to the peer reviewed academic journals that are cited. This is because blogs provide an in-depth description of one's individual and personal experience of breastfeeding their babies (Wilson, Kenny and Dickson-Swift, 2015). Powell, Jacob and Chapman (2012) state that blogs should never replace the traditional publications used in academic work such as journal articles, but they can be used to compliment them. It is for this reason that this literature review will mention a small number of blogs alongside peer reviewed publications.

Definitions

Throughout this literature review, women may be described as being either primiparous, or multiparous. Primiparity refers to women who have given birth to only one child (Mgaya et al, 2013; Mota et al, 2018), and multiparous women are those who have given birth to more than one child (Räisänen et al, 2014; Jardine et al, 2020).

Background

Breastfeeding has many benefits for both mother and baby (National Health service, 2020; World Health Organisation, 2020) and it is recommended by the WHO (2020) that breastfeeding should be initiated within the first hour of the baby's life, and continued exclusively for the first 6 months, with this extending to even beyond 2 years with the appropriate addition of solid foods. However, despite these recommendations, WHO (2020) state that between 2015-2020, still only

44% of babies worldwide are exclusively breastfed to six months of age. Additionally, in England, the most recent reporting of quarter three 2019-2020 showed an aggregate breastfeeding rate of 48.2% (Public Health England, 2020) which solidifies the need for PHE (2018)'s Healthy Child programme, which aims to promote breastfeeding and WHO (2020)'s initiatives to increase the worldwide breastfeeding rates to 50% by 2025.

Factors that influence a mothers breastfeeding experience.

Previous breastfeeding experience

Bai, Fong and Tarrant (2015) discuss how their study found that mothers having previous breastfeeding experience influences their breastfeeding preferences with subsequent children. They state mothers who had none, or little experience of breastfeeding, were significantly more likely to either not initiate breastfeeding, or stop breastfeeding before three months postpartum. Similarly, and in support of this, Hackman et al (2015) found that multiparous mothers with prior experience, were overall more likely to initiate breastfeeding, and often the time between birth and the first breastfeeding attempt was shorter than that of primiparous mothers. However, Bai, Fong and Tarrant (2015) discuss how a mothers previous breastfeeding experience must have been successful in order to positively influence their breastfeeding choices with future children as less successful, or exclusive breastfeeding of a shorter duration was not found in their study to have any advantage with subsequent experiences. This links to Sutherland et al (2012), who study concluded that there was a decline in breastfeeding initiation with each subsequent child among multiparous mothers, which they found to be due to previous unsuccessful breastfeeding experiences. In contrast, a blog written by Mylnek (2018) in which she shares her personal experience, it is discussed how although her first breastfeeding experience was unsuccessful, this gave her the drive and thirst for knowledge that would make her experience with her second baby a success. Although a multiparous mother may be more likely to initiate breastfeeding with their subsequent children in the first instance (Hackman et al, 2015), perhaps as a result of them tending to repeat their previous breastfeeding choices (Schafer et al, 2017), this does not always mean that they are more likely than primiparous mothers to have a successful breastfeeding experience, as Bai, Fong and Tarrant (2015) found that multiparous mothers who had breastfed their first child exclusively for a long period of time, tended to have a shorter subsequent breastfeeding experience, and there was actually no relationship between multiparity and increased breastfeeding duration. Bai, Fong and Tarrant (2015) do offer a reason behind this, stating that multiparous mothers who have experienced a shorter, or less successful breastfeeding experience the first time around, may lose their confidence and breastfeeding self-efficacy which in turn will affect their future breastfeeding experiences. This may lead to the contrasting findings of Schafer et al (2017) study, who state that multiparous mothers are actually less likely to initiate breastfeeding than primiparous mothers, who are found by Hackman et al (2015), to be overly enthusiastic regarding their intended breastfeeding choices, rarely understanding the challenges they may face during their breastfeeding journey. However, also stated by Hackman et al (2015), the primiparous mothers in their sample had a significantly shorter breastfeeding duration than that of the multiparous mother. This is supported by Kitano et al (2016), who found that the primiparous mothers in their study were at the highest risk of unsuccessful exclusive breastfeeding. This perhaps leads to the view of Leahy-Warren (2014), who discusses how multiparous mothers often have prior breastfeeding experience, whether it was successful or not, which is more likely to shape their views and decisions of whether or not they initiate breastfeeding their subsequent children. In contrast,

Stacey (no date) discusses her personal experience in her blog, discussing how breastfeeding her second child was a struggle and so much harder than her first simply because she felt guilty towards her toddler for changing their life with a new sibling, but also guilty for the new baby, for not being able to give them her full attention and breastfeeding experience that she had with her first.

Birth Experience

Caesarean vs Vaginal birth

Brown and Jordan (2012) found in their study that birth experience can in fact have an impact on a woman's breastfeeding choice and her experience. Firstly, one aspect of a woman's birth experience that can have an effect on breastfeeding is the type of birth experienced. DiGirolamo et al (2008) state how women that have had an uncomplicated vaginal delivery typically have the simplest breastfeeding experiences. However, contrasting this is a study by Watt et al (2012) where it was found that there was actually no difference in breastfeeding initiation and duration based on whether a woman experienced a vaginal delivery, or a caesarean delivery. Although, Scott, Binns and Oddy (2007) state how caesarean deliveries, and especially emergency caesareans result in women being less likely to even initiate breastfeeding. In a blog about her personal experience, Spicer (2019) states how she experienced a caesarean section, but this did not affect her initiation of breastfeeding her baby, or the duration, therefore proving that this is not always the case.

Early challenges

Secondly, the first hours, and weeks of the babies life can have an affect on a woman's breastfeeding experience and her future choices with subsequent children, this is demonstrated by Schafer et al (2017) who's study found that women who experienced breastfeeding problems whilst still in the hospital, are less likely to initiate breastfeeding their subsequent children. This is supported by DiGirolamo et al (2005) who state that mothers who experience problems with breastfeeding in the first few weeks postpartum, are more likely to terminate their breastfeeding experience and not initate it again with subsequent children. However, DiGirolamo et al (2005) did also find that the women who chose not to terminate their breastfeeding experience in the first few weeks were a lot more likely to develop a sense of breastfeeding self-efficacy and be determined to breastfeed their subsequent children. According to Hackman et al (2015), primiparous mothers are more likely to report breastfeeding problems during their hospital stay, which links back to Bai, Fong and Tarrant (2015)'s point discussed under the previous breastfeeding experience subheading, that a previous unsuccessful experience is likely to lead to mothers not initiating breastfeeding with their subsequent children.

Breastfeeding Support

Perhaps the largest or most talked about factor with regard to birth experience is the breastfeeding support that mothers receive from healthcare professionals during their hospital stay and postpartum. The literature shows that an overwhelming amount of women worldwide are not receiving the breastfeeding support that they needed to be able to successfully breastfeed their infant, Andrew and Harvey (2011) stated that multiparous mothers often felt

neglected by healthcare professionals following the birth of their second child, which is supported by to Bai, Fong and Tarrant (2015) who found that professionals tend to assume that multiparous mothers do not need as much breastfeeding support as first time mothers might, without actually being aware of the mothers previous breastfeeding experience. This is backed up by Redshaw and Henderson (2012), who discuss how women feel they receive a lack of support and are left to learn the challenges of breastfeeding alone and Demirtas (2012) who found that over 50% of their multiparous sample did not receive any practical breastfeeding support. The need for breastfeeding support for all mothers is solidified by Hackman et al (2015) who highlight the importance of this for both parity groups, particularly because of their sample, at least of third of mothers did not reach their breastfeeding duration goal due to lack of support. However, in contrast, Fox, McMullen and Newburn (2015) offer a range of individual women's experiences of breastfeeding support, with the overall consensus being that women had a positive experience of support whilst in the hospital from midwives and other professionals. Fawcett (2016) had very similar findings in their report of women's opinions of breastfeeding support in the UK, where the majority of women reported having positive experiences, sharing that midwives helped them to become confident with breastfeeding their child. This therefore shows how experiences of breastfeeding support are completely down to personal experience and opinion of women across different samples.

Mother's lifestyle and personal beliefs

Employment

A mother's employment intentions will play a massive role in her breastfeeding practices and the choices they make following the birth of their baby (DiGirolamo et al, 2005; Baker and Milligan, 2008; Tsai, 2013; Bai, Fong and Tarrant, 2015). Unfortunately, the literature seems to have an overwhelming consensus that mothers are either choosing to or being forced to terminate breastfeeding their baby due to needing, or wanting to return to their workplace (Baker and Milligan, 2008). Although this may simply be due to the mothers personal preference, as DiGirolamo et al (2005) found, the women who had no intention of returning to their workplace postpartum, are much more likely to exclusively breastfeed their baby for an extended duration. This does however leave the question as to why are the women returning to work not choosing to initiate breastfeeding their baby and continuing this into the workplace? Perhaps this is due to a lack of support in employment for breastfeeding mothers, Tsai (2013) state how postpartum employment is one of the biggest barriers to women continuing breastfeeding due to a lack of dedicated break time and support from their company. This is supported by Bai, Fong and Tarrant (2015) who found from their study that the majority of mothers do not have a breastfeeding friendly work environment. Although in contrast, Tsai (2013)'s study concluded that 85% of their sample did have access to a dedicated and private lactation room, showing that perhaps women are choosing to terminate breastfeeding due to personal choice, not because their workplace does not facilitate this. However opposing this again is Jessica Alba, who shared her personal experience of breastfeeding her two daughters in her book, she discussed how she breastfed both of her daughters but was unable to do so for as long as she wanted due to having to return to work (Alba, 2013). Having a celebrity showing that their employment did not allow them to breastfeed as they wished does pose the question of whether women's breastfeeding needs are simply not being facilitated in the workplace.

The majority of the literature discussed above were studies that were carried out in the USA,

where there are very different laws to those of the UK. There does not seem to be any published literature or studies discussing working mothers and breastfeeding in the UK, however, it is apparent that workplaces in the UK are legally required to provide breastfeeding mothers with a safe space to rest and lie down (ACAS, 2014; NHS, 2018).

Personal beliefs

There are many different aspects of a mother's personality and her beliefs that may influence her breastfeeding practice (Brown, 2014; Schafer et al, 2017). Firstly, some mothers will have the belief instilled in them that breastfeeding has health benefits for themselves and their baby, such as breastfed babies being less likely to become obese and this will make them much more likely to breastfeed their children (Yan et al, 2014; Schafer et al, 2017) although, some mothers take the contrasting belief that actually formula fed babies are overall more content and easier to settle (Cloherty, Alexander and Holloway, 2004; Brown, 2014) making them more likely to either formula feed or substitute with formula. Secondly, the opinions of family and friends have a huge influence on mothers (Andrew and Harvey, 2011; Leahy-Warren et al, 2014; Schafer et al, 2017). Andrew and Harvey (2011) discuss how mothers that were breastfed themselves by their mothers are a lot more likely to breastfeed their own children simply because their mother had or has the opinion that they should. This is supported by Leahy-Warren et al (2014) who state that women who have been exposed to breastfeeding through their family and friends are much more likely to breastfeed because they have seen positive attitudes towards breastfeeding and have been encouraged to do so, which links to Schafer et al (2017)'s findings that mothers who have optimism and a positive attitude towards breastfeeding are more likely to go on and have positive experiences with it. However, Bai, Fong and Tarrant (2015) offer a different approach, stating that multiparous mothers often have less desire to prove their mothering skills when it comes to their second or other subsequent children and therefore may breastfeed for a shorter duration, or chose not to initiate breastfeeding at all.

Having older children at home.

One of the factors that influences a mothers breastfeeding choice may be her lifestyle and whether she has any older children around (Andrew and Harvey, 2011; Leahy-Warren et al, 2014; Bai, Fong and Tarrant, 2015). Although there is very little literature that explores how having older children present affects a mother's breastfeeding experience with her new baby, the literature that is out there has a general consensus that the affect is negative. Andrew and Harvey (2011) found in their studies that mothers felt that their older children were a barrier to breastfeeding their new baby as they did not have enough time to look after the older children properly at the same time as breastfeeding. This is supported by both Leahy-Warren et al (2014) and Bai, Fong and Tarrant (2015) who both agree that mothers have less time for interacting with their subsequent children as a result of needing to look after the older child and caring for the older child meant they would be spending less time at home and having to worry about breastfeeding the new baby in public, which then raised the issue of the lack of social approval for this.