

Resilient despite poor support: Breastfeeding among maltreated young mothers.

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Background

In the US, young mothers are the least likely to initiate breastfeeding and to breastfeed exclusively.¹ Mothers who have a history of child abuse and neglect also face barriers when trying to breastfeed their children and are less likely to do so.² Little is known about the experiences that young mothers who have a history of maltreatment face when making decisions around infant feeding.



Objectives

To determine what challenges young maltreated mothers face when trying to breastfeed their children.

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Methods

In-depth semi-structured interviews ($N=23$) were conducted with young maltreated mothers (ages 18-25), their caregivers, and the professionals that work with them.

Interviews were transcribed verbatim and analyzed using a five-step thematic analysis approach:³

- Familiarization with the data
- Initial coding
- Generation and refinement of themes and subthemes,
- Finalized themes.

Mothers were on average 17.8 when they gave birth and most were African American (78%) followed by Latina (22%). All of the young mothers received WIC and 78% initiated breastfeeding. The median length of breastfeeding was 2.5 months (range: 3 days to 2 years). Professionals (mean age: 33.9) had worked with an average of over 40 parenting youth. Caregivers were on average 65 years old and had served a mean of 8.5 youth.

Results

Theme 1: Pressure to Feed a Certain Way:

Participants described pressure to breastfeed from some professionals and the expectation that they would feed formula from others.

"They was trying to force me to keep breastfeeding, but I was just telling them like, "I can't. Like, this is a me decision. Like, this is my breast. This not yours. You don't know how I feel." (Rose)

"They already make assumptions. And it's not just my case that I just explained. There's other situations where moms go to the doctor and get a checkup, and it's towards the end of that time—that third trimester—and they ask them, They don't even ask about breastfeeding with younger females, com-compared to older females." (Veronica)

Theme 2: Sources of Information

Main sources of support and information included obstetricians, WIC, and the internet, but resources were often insufficient.

Results

"I know that there's lactation consultants at, like WIC and, um, some of the skilled nursing providers do, you know, touch on [breastfeeding]. But what I do find is that some parenting, um, models don't." (Purple)

Theme 3: Support

Participants discussed the lack of support both from health professionals and the mothers' communities

"Because I knew I really didn't have that much support for real. So, I couldn't really breastfeed him. 'Cause I knew like if I wanted to go to work and stuff, - and I would probably be stuck breastfeeding [my son]. So, I just gave him the bottle." (Shelly)

Theme 4: Breastfeeding Cessation

Reasons for breastfeeding cessation included lack of support, difficulties with breastfeeding, discomfort with feeding in public, and substance use.

"That's when it started to hurt very extremely bad, and I was breastfeeding him, and it really felt like someone was biting my nipple so I stopped doing it. I started pumping the milk and stuff, but like I said, he wouldn't latch onto the bottle. After a while, I'm not—I'm gonna tell the truth. I started smoking so I stopped breastfeeding, period." (Leah)

Conclusions

Young mothers with a history of maltreatment face significant barriers yet show resilience in attempting to breastfeed their children. Many experienced a systemic lack of support and low expectations for continued breastfeeding. Initial findings suggest optimum opportunities for improving systemic support may be among medical professionals and WIC staff.

References: ¹ Olaiya et al. (2016). MMWR Morb Mortal Wkly Rep; ² Channell Doig et al. (2020) Journal of Human Lactation; ³Braun and Clarke (2006). Qualitative Research In Psychology.