

Abstract

Problem: Limited literature is available about women who wish to breastfeed but experience unexpected feelings of aversion in reaction to their infant suckling at the breast while breastfeeding.

Background: Breastfeeding benefits mothers, infants and society yet breastfeeding rates continue to fall below recommendations in part due to inadequate tailored support after hospital discharge. Influences on breastfeeding are complex and include many physiological, psychosocial and cultural factors.

Aim: To better understand the experience of women who have feelings of aversion during breastfeeding by synthesising the existing literature.

Methods: MEDLINE, CINAHL, PsycINFO, Maternity and Infant Care databases were searched for relevant literature published between 2000 to 2019. Using Covidence software, five qualitative research studies were identified. Studies were then analysed using meta-ethnographic qualitative synthesis.

Findings: Feelings of aversion during breastfeeding were described as visceral and overwhelming; leading to feelings of shame and inadequacy. This synthesis identified five findings; a central conceptual category of “it’s such a strong feeling of get away from me” with four key metaphors translated from this central conceptual category: “I do it because I feel it is best for my baby”, “I can’t control those feelings”, “I should be able to breastfeed my son and enjoy it”, and “I’m glad I did it”. This phenomenon may negatively affect a women’s sense of self and impact on the mother-infant relationship.

Conclusion: Some women who want to breastfeed can experience feelings of aversion while breastfeeding. The feelings of ‘aversion’ while breastfeeding can inhibit women from achieving their personal breastfeeding goals.

Keywords: Mothers, Breast feeding, Emotions, Lactation, Aversion, meta-synthesis.

Statement of Significance
Problem or Issue
Some women experience the complex breastfeeding difficulty of feeling aversion during breastfeeding which is in opposition to their desire to breastfeed.
What is Already Known
Limited literature exists on women who experience feelings of aversion while breastfeeding and this phenomenon is poorly understood.
What this Paper Adds
This study adds to the understanding of women who desire to breastfeed and experience feelings of aversion while breastfeeding, and will provide preliminary information to inform future research with the aim of supporting this population.

Introduction

The numerous long-term benefits of breastfeeding for women, their infants, and society, are widely acknowledged and understood.^{1,2} Despite this, some women who wish to breastfeed experience complex difficulties that can inhibit their ability to continue.^{3,4} Breastfeeding has the potential to cause positive and negative experiences for mothers and involves physiological and psychological processes that are unique for each mother-infant dyad.⁵ Challenges that arise for breastfeeding women, which can lead to cessation, are well documented;⁶ yet, little research exists on unexpected negative sensations and emotions that women describe as feelings of aversion while breastfeeding, which are in opposition to their desire to breastfeed.⁷ This study describes the phenomena of feelings of aversion that occur as a response to the act of breastfeeding, in contrast to physical pain during breastfeeding, or feelings of disgust caused by the thought or sight of breastfeeding.

Research and lay literature report some negative embodied experiences associated with breastfeeding. The phenomena of dysphoric milk ejection reflex (D-MER) which is a diagnosable condition is one such experience, which is characterised by feelings of dysphoria that last during the milk ejection reflex and then cease.^{8,9} Research on breastfeeding women, who have a history of childhood sexual assault (CSA), describes another type of aversion experience during breastfeeding, which is known and has a defined rationale as the presentation includes feelings of dissociation and triggered trauma memories.¹⁰ In contrast to these aversion categories described in the empirical literature, anecdotal social discourse from online breastfeeding support groups¹¹ and lay literature⁷ suggests women describe a different experience of aversion which occurs in other circumstances. Examples include: breastfeeding while pregnant, tandem breastfeeding,⁷ and breastfeeding around the time of ovulation and menses.¹¹ In contrast to D-MER, these lay sources indicate breastfeeding women, in any of these circumstances, may experience negative sensations,⁷ or feelings throughout the entire breastfeeding session.¹¹ Research on primates has explored mother-led weaning¹² and feeding refusal in many species, such as primates and mammals, that increasingly reject infants when mothers resume cycling and mating.¹³ However, the nature of this phenomenon in humans, and the associated mechanisms and underlying processes, are largely unknown which may inhibit the ability of midwives and health professionals to support this population.

Understanding women's experience of an aversion to breastfeeding, and how they manage this, is fundamental to our understanding of the phenomenon.¹⁴ Breastfeeding women need to articulate their own experience, and shared embodied knowledge, and this firsthand information must not be overshadowed by the biomedical narrative of breastfeeding.³ Breastfeeding provides short-term and long-term health benefits for women, children and society, and is a collective societal responsibility and not the sole responsibility of women.¹ Given that little is understood about these phenomena this review aims to synthesise what is currently known about women who describe feelings of aversion while breastfeeding.

Methods

This study was conducted to identify original research describing women’s experience of feelings of aversion while breastfeeding. Results from literature searches yielded no quantitative studies and five qualitative studies. In order to synthesise this qualitative literature, Noblit and Hare’s seven-step meta-ethnographic method¹⁵ was employed. This method was selected to understand how women describe feelings of aversion and “to enrich human discourse, not produce a formal body of knowledge”.¹⁵ First, the research question was identified as ‘what are the experiences of breastfeeding women who describe feelings of aversion while breastfeeding?’. Second, the relevant studies were identified. For the third and fourth step the studies were read and re-read to determine how they were related, including the similarities and differences. Step five and six involved synthesising translations. Finally, step seven expressed the synthesis.¹⁵

Search Method

The review protocol was registered and published with PROSPERO (CRD42018115103). The search strategy was developed by MM and agreed upon by AS, EB, EM and included the following electronic bibliographic databases: MEDLINE (OVID), CINAHL (EBSCO), PsycINFO (EBSCO), Maternity and Infant Care (Ovid). Sources used to identify studies for the review include bibliographic databases, reference lists of eligible studies, key journals, Internet resources, and contact with experts. The search strategy used only terms relating to the research question. Terms used as mapped key words include; aversion, agitation, nursing aversion, sensory, sensation and negative affect, and MeSH (Medical Subject Heading) terms include; anxiety, sensation, affect and emotions (see Table 1).

Table 1. Medline (OVID) search string terms with results

1.	exp Breast Feeding/ or breast fe*.mp. (41672)
2.	Breastfe*.mp. (22907)
3.	breast-fe*.mp. (41573)
4.	Tandem breastfe*.mp. (2)

-
5. Tandem-breastfe*.mp. (2)

 6. exp Lactation/ or lactati*.mp. (60499)

 7. 1 or 2 or 3 or 4 or 5 or 6 (102167)

 8. aversion.mp. (8176)

 9. agitat*.mp. (19655)

 10. exp ANXIETY/ or anxiety.mp. (202492)

 11. anxious.mp. (14493)

 12. emotion*.mp. or exp Emotions/ (325156)

 13. nursing aversion.mp. (2)

 14. sensory.mp. (189901)

 15. exp SENSATION/ or sensation*.mp. (317468)

 16. exp Affect/ or negative affect*.mp. (37711)

 17. 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 (896273)

 18. 7 and 17 (3090)

 19. limit 18 to "review articles" (491)

 20. limit 18 to animals (971)

 21. 18 not 19 not 20 (1744)

 22. limit 21 to english language (1590)

 23. limit 22 to yr="2000 -current" (1239)
-

Searches were limited to English language and human studies. Review articles were excluded. Due to the evolution of social and cultural practices regarding breastfeeding, the research team felt that it was appropriate to place a 20-year limitation on searches, studies published between January 2000 to 2019 were included. Database searches were re-run before final data extraction for further

retrieval. The full search strategy for all databases is available online at https://www.crd.york.ac.uk/PROSPERO/display_record.php?RecordID=115103.

Screening and Selection

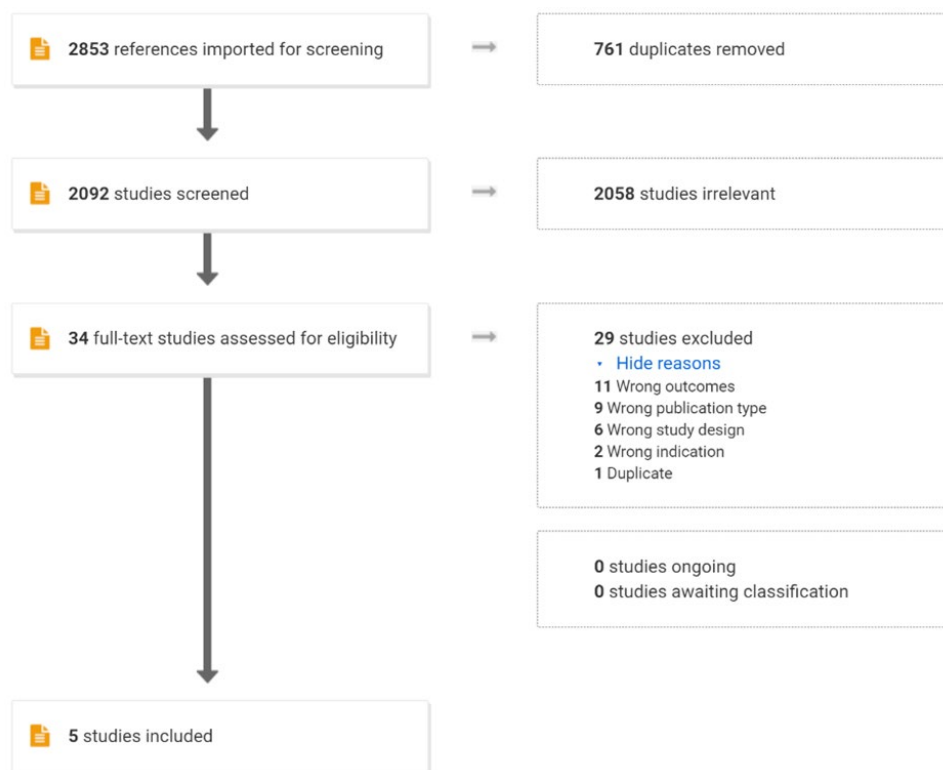
Literature searches resulted in 2843 references imported into Covidence systematic review software¹⁶ for title and abstract screening by MM and AS, in accordance with the ‘Preferred Reporting Items for Systematic Reviews and Meta-analyses’ (PRISMA) guidelines.¹⁷ Full text screening of 34 studies against eligibility criteria (Table 2) by MM and reviewed by AS and EB.

Table 2. Inclusion and exclusion criteria (Hawker, 2002).

Inclusion criteria	Exclusion criteria
1. Relevance to the research question: what are the experiences of breastfeeding women who perceive an aversion to breastfeeding?	1. Studies that do not contain terms relating to the research question: What are the experiences of breastfeeding women who perceive feelings of aversion while breastfeeding?
2. The context: Feelings of aversion while breastfeeding: <ul style="list-style-type: none"> a. The major focus of the study? b. Minor focus of the study? c. Mentioned in the study? 	2. Non-peer-reviewed studies.
3. The source (the population being studied): breastfeeding women who have or who do experience feelings of aversion while breastfeeding.	3. Review studies.
4. Type of study: peer reviewed; original research, empirical studies or theoretical studies (Hawker, 2002).	4. Case studies.
5. English language.	5. Studies published before January 2000.
6. Human studies.	6. Non-breastfeeding women.
7. Studies published after January 2000.	7. Animal studies.
	8. Non-English language.

After title, abstract and full text screening 2058 studies were deemed not relevant by MM and AS, as they did not meet the research criteria. Although some excluded studies shared key concepts with the included studies, such as exploring women’s experience with a history of CSA, studies were only included if they specifically described women’s experience of feelings of aversion while breastfeeding. The research team agreed on five final included studies. MM and EB completed data extraction and quality assessment using Covidence software. Quality assessment was performed using the CASP critical appraisal tool.¹⁸

Figure 1. Flowchart describing the citation screening and selection process in accordance with the PRISMA guidelines.¹⁷



Synthesising translations

After final extraction and quality assessment five included studies were synthesised for translations, Dietrich Leurer and Misskey¹⁹, Forster and McLachlan²⁰, Watkinson, Murray²¹, Wood and Van Esterik²², and Yate²³; see Table 3. Meta-ethnographic methodology, first used in the late 1980’s,¹⁵ was chosen to produce a whole that is greater than the sum of its parts, and interpretive and

inductive reasoning was used to synthesise the findings from included studies. Studies were read and re-read, metaphors were compared, and key metaphors identified. Researchers then collaborated to determine how the studies were related and to translate the meaning of studies into one another for final synthesis of the central concept. Key metaphors illuminating the central concept were expressed using the words participants chose to describe their experience.

Table 3. Qualitative papers included in synthesis.

Number	1	2	3	4	5
Title	The Psychosocial and Emotional Experience of Breastfeeding: Reflections of Mothers.	Women's views and experiences of breast feeding: positive, negative or just good for the baby?	Maternal experiences of embodied emotional sensations during breast feeding: An Interpretative Phenomenological Analysis.	Infant feeding experiences of women who were sexually abused in childhood.	A qualitative study on negative emotions triggered by breastfeeding; describing the phenomenon of breastfeeding/nursing aversion and agitation in breastfeeding mothers
Author	Dietrich Leurer and Misskey ¹⁹	Forster and McLachlan ²⁰	Watkinson, Murray ²¹	Wood and Van Esterik ²²	Yate ²³
Aims	To explore how mothers in Western Canada felt about their breastfeeding experience.	To explore women's views and experiences of breastfeeding, regardless of whether or not	To explore mothers' experiences of embodied emotional sensations during	To explore the effects of childhood sexual abuse (CSA) on women's breastfeeding and	To explore the phenomenon of breastfeeding aversion and agitation in breastfeeding.

		they breastfed, or length of breastfeeding.	breast feeding and to understand the meaning and consequences that such experiences may have on mothers' sense of self and the relationships they form with their children.	infant feeding decisions and experience.	
Country	Canada	Australia	United Kingdom	Canada	United Kingdom
Participants	Women (N=191) who had initiated breastfeeding and whose infant was between 6 and <12 months of age at the time of the survey.	Women (N=889) booking as public patients; having a first child; between 16 and 24 weeks pregnant at the time of recruitment, who had 6-month data available.	Women (N=11) who were currently breastfeeding or had done so in the past five years; who had experienced embodied emotional sensations during breastfeeding.	Women (N=6) breastfeeding with a history of CSA.	Women (N=694) who were breastfeeding.
Methodology	Qualitative based on open ended survey questions.	Qualitative based on telephone interview questions	Qualitative Semi structured interviews with	Qualitative interviews with thematic analysis.	Qualitative based on open ended questions in an online survey.

		embedded within a larger RCT.	phenomenological design		
Themes	1. Positive experience.	1. Positive comments/feelings about breast feeding.	1. Breastfeeding an unexpected trigger of intense emotional embodied experiences in-congruent with view of self.	1. Shame. 2. Touch. 3. Breasts. 4. Dissociation. 5. Medical care. 6. Healing.	1. Anger/rage. 2. Agitation. 3. Skin crawling /itching. 4. Wanting to unlatch. 5. Guilt and shame.
	2. Mixed experience	2. Negative comments/feelings about breast feeding.	2. Fulfilling maternal expectations, maintaining closeness with the child		
	3. Negative experience.	3. Doing it for the baby. 4. Breastfeeding in public.	3. Making sense of embodied emotional sensations essential to acceptance and coping.		

Findings

The included studies, when combined, reveal a meta-ethnographic line of argument ¹⁵ with the central conceptual category of “it’s such a strong feeling of get away from me”.²¹ Four key metaphors are translated from the central conceptual category across included studies: “I do it because I feel it is best for my baby” ¹⁹, “I can’t control those feelings” ²¹, “I should be able to breastfeed my son and enjoy it” ²¹, and “I’m glad I did it”.¹⁹ In most cases the studies did not provide the context of these phenomena; therefore, possible precipitating factors such as the recommencement of ovulation, could not be linked in these findings.

Table 4. Summary of metaphors in included studies.

Overarching Concepts	<i>“it’s such a strong feeling of get away from me”</i>	<i>“I do it because I feel it is best for my baby”</i>	<i>“I can’t control those feelings”</i>	<i>“I should be able to breastfeed my son and enjoy it”</i>	<i>I’m glad I did it</i>
Dietrich Leurer and Misskey ¹⁹	√	√	√	√	√
Forster and McLachlan ²⁰	√	√	√	√	√
Watkinson, Murray ²¹	√	√	√	√	√
Wood and Van Esterik ²²	√	√	√	√	√
Yate ²³	√	√	√	√	

“It’s such a strong feeling of get away from me”.^{21 p. 56}

Women described concomitant feelings of irritation, anxiety and anger, and felt a strong desire to unlatch baby from the breast ²¹; “it’s a sudden rush that makes me want to pull my son off immediately, want to run away”.^{23 p. 56}; “It just kind of feels, I don’t know, like, I never want to be touched again”.^{21 p. 56} Participants defined the feelings of aversion while breastfeeding as a physical reflexive sensation that is intense and overwhelming, like having the “creepy crawlies” and a feeling of “can’t stay still”.^{23 p. 451} Women recounted the experience as a “neuralgia like feeling, toe

curling”.^{23 p. 451}, “throat tightening and gut wrenching”.^{21 p. 56} and “I felt like my skin was crawling”.^{23 p.}

451

For many women, the physical feelings of aversion continued until the breastfeeding session ended.²¹ Postnatal menstruation coincided with feelings of aversion while breastfeeding for some participants; “Nearing the start of my cycle I experience aversions that are quite strong. During this time I have extreme agitation”.^{23 p. 452} Women stated that the long duration of physical contact required to breastfeed was difficult to successfully maintain while experiencing feelings of aversion while breastfeeding; “I end up having to take my son off as I can’t stand it any longer”.^{23 p. 451} Participants spoke of having “all the physical contact I could possibly take”.^{22 p. 139}

“I do it because I feel it is best for my baby”.^{19 p. 4}

Participants expressed feeling conflicted between negative feelings of aversion during breastfeeding and both the expected benefit breastfeeding conferred to the infant as well as the woman’s positive feelings of connection with their infant as a result of breastfeeding.²¹ Many women reported a desire to breastfeed with the intention to provide closeness and nurturing to their child and as such continued to breastfeed despite feelings of aversion^{21,23}, stating that they were “doing it for the baby”, and “...very tiring, quite stressful but still think it’s the best for him”.^{20 p. 120} Women repeatedly spoke of having loving feelings for their child that were incongruent with their feelings of aversion “because right together with it [aversion] comes another feeling, like very close attachment to the baby, like I care a lot about my baby. I feel the love”.^{21 p. 57} Many women emphasised that they continued with breastfeeding despite not enjoying it, describing breastfeeding as ‘best for their babies health’^{19,21,23}; “I’ve just persevered. I’ve thought of her more than me”.^{20 p. 120}

“I couldn’t control those feelings”.^{21 p. 56}

Women described feeling confused by the internal conflict of wanting to nurture and feed their infant while also experiencing feelings of aversion while breastfeeding^{21,23} commenting that these feelings were “irrational”.^{21 p. 56} Some women noted that their breastfeeding relationship had once

been enjoyable before they began to experience feelings of aversion “I think that’s another reason why (..) I persevered is because I looked forward to having maybe what we did have as a breastfeeding relationship again”.^{21 p. 57} Women expressed having uncontrollable feelings that were in sharp opposition with their sense of self and the nature of their relationship with their child; “I have extreme agitation and sometimes want to hurt my baby... I can’t shake the feelings when they occur”.^{23 p. 452} Some women were alarmed to experience violent thoughts towards their baby.^{21,23} In three out of five of the included papers women described feeling powerless when experiencing feelings of aversion during breastfeeding and that the experience caused them to feel out of control; “I was so angry at myself that I couldn’t control it”.^{21 p. 56} Included studies reported women’s expressed need to take breaks or end breastfeeding sessions early because they were experiencing feelings of aversion; “I have to unlatch and take a break”.^{23 p. 452} Many participants acknowledged that the feelings of aversion were beyond their control, describing it as like a biological instinct to wean; “it was just a biological thing that I couldn’t really control”.^{21 p. 58}

Those with a history of CSA described the experience of aversion as triggering feelings of dissociation and memories of trauma; “It always amazed me as to how beautiful of an experience [breastfeeding] could be and yet for me it was such a trauma”.^{22 p. 138} Some women with a history of CSA described being able to breastfeed without positive or negative emotions because they dissociated while breastfeeding; “I didn’t register any body sensation anyway. I was just... the breasts were functional for that time”.^{22 p. 139} Another type of aversion was described by women who identify as experiencing D-MER, which was portrayed as an emotional overwhelming feeling of dread that is stimulated by the let-down reflex and occurred even when using a breast pump; “I just felt like something terrible just had happened and I needed to cry about it but nothing terrible did happen”.^{21 p. 56} Although women in the included studies understood breastfeeding can be difficult, many reported that they had not heard of feelings of aversion while breastfeeding before experiencing it, many stating that they did not know what was happening to them.²³

"I should be able to breastfeed my son and enjoy it".^{21 p. 56}

This analysis revealed that a number of women reported feeling sadness with the unexpected change in their relationship with their baby after experiencing feelings of aversion while breastfeeding; "I really want to give affection, love and cuddles, but I may not want to give the milk, so I end up inadvertently rejecting him".^{21 p. 57} Participants expressed concern that the feelings of aversion might damage their breastfeeding relationship with their child; "honestly looking back now I probably would have weaned him entirely because for a good while our relationship was extremely strained".^{21 p. 57} Women also spoke of feeling that they had failed their child because of earlier than expected cessation of breastfeeding; "I feel like I let my baby down because I didn't breastfeed after 2 months".^{19 p. 5}

Although women wanted to breastfeed several were not able to continue as a result of feeling an aversion during breastfeeding.²¹ They described ending the breastfeeding relationship as both a relief because the feelings of aversion had stopped, but also felt sadness that the breastfeeding relationship had to end; "at six weeks he went on the bottle... and it was a loss for me. I felt 'touched out'".^{22 p. 139} Participants identified that feelings of aversion while breastfeeding affected their ability to continue to breastfeed even though they did not want to stop breastfeeding; "I really wanted to breastfeed my daughter, but the reality was very hard".^{23 p. 452}

Participants who experienced feelings of aversion while breastfeeding identified concomitant feelings of inadequacy with feelings of guilt and shame. Women described feeling "let down and guilty" when they were not able to successfully breastfeed,^{19 p. 5} and reported feeling disappointed in themselves for experiencing aversion while breastfeeding.²¹ Women expressed unfulfilled personal expectations stating that they felt "disappointed in myself for not trying harder",^{19 p. 5} and were "trying to be a perfect as [I] could be with [daughter]".^{21 p. 57} Women stated that feeling aversion was an obstacle to breastfeeding success that led to feelings of guilt; "it makes you want to stop all together and then it makes you feel guilty for feeling like this";^{23 p. 451} "I felt awful for feeling like

that”,^{23 p. 451} “I felt like I was a failure”.^{20 p. 120} Women equated failing at breastfeeding to failing at motherhood; “if I stop nursing then I don’t have any proof for myself that I’m a good mother”.^{21 p. 56} Women also linked the concepts of breastfeeding and mothering; “its nature’s way... we [mothers] were designed to nourish our babies in this way”.^{19 p. 4} Feelings of brokenness were reported by women stating that they felt “something is wrong with me”, and “my body doesn’t work the way it’s supposed to”.^{21 p. 56} Participants also reported feeling shame at not being able to provide milk for their babies²², and that this shame caused some to cease breastfeeding altogether “that was the end of my experience with breastfeeding”.^{22 p. 138}

“I’m glad I did it”.^{19 p. 3}

Several women who experienced feelings of aversion continued to breastfeed believing it was, “too valuable to take away”.^{21 p. 57} In particular, participants with a history of CSA expressed positive outcomes. Despite experiencing flashbacks breastfeeding had allowed them to heal from past trauma; “everything was so new, but in a wonderful way, not in a rejection way”.^{22 p. 139} Descriptions included positive self-regard at being able to persevere through difficulties; “I feel proud that I was able to get through tougher times and continue to breastfeed”.^{19 p. 3} Women with a history of CSA also commented that breastfeeding had allowed them to see their body in a new positive way; “this is what my body was designed for”.^{22 p. 140} Respondents stated that breastfeeding was a unique gift that only they could give to their infant; “breastfeeding is something special that only I can do”.^{20 p.}

119

Discussion

This is the first meta-synthesis exploring women's feelings of aversion while breastfeeding. This study revealed that some women experience strong negative embodied emotions and feelings of aversion while breastfeeding. These negative feelings were overwhelming and incongruent with women's sense of self. Feelings of aversion during breastfeeding may have negative implications for

the mother-infant relationship. Women who want to breastfeed but encounter breastfeeding difficulties may experience lasting feelings of sadness, disappointment and inadequacy.²⁴

Breastfeeding aversion is unexpected and confusing for women

Included studies reported that women who experience feelings of aversion while breastfeeding have a desire to breastfeed and understand the benefits for the mother-infant dyad but were psychologically unprepared to experience feelings of aversion. Many participants expressed a high regard for breastfeeding using positive phrases when describing their willingness to breastfeed. Although several women wanted to breastfeed for the health of their child and perceived benefit in establishing attachment bonds, some were unable to continue to breastfeed. For several women in the included studies feelings of aversion while breastfeeding began after the woman had already established breastfeeding and had overcome many initial breastfeeding challenges. Previous research has documented that women are often unprepared for breastfeeding difficulties²⁵; however, those who are more prepared for breastfeeding challenges may have more favourable breastfeeding outcomes.²⁶ The unpreparedness for the challenges and emotions experienced by women in these studies may partly be explained by the lack of published literature resulting in poor awareness of the phenomena among midwives, and other health professionals, as well as absence of solutions to support women experiencing breastfeeding aversion.

Breastfeeding aversion the embodied experience

Researchers have previously described breastfeeding as a sensory embodied experience.²⁷ Women in the included studies have described breastfeeding as intense, visceral, and overwhelming. These women also described the feelings of aversion while breastfeeding as a neuralgia type feeling that irritated their nerves to the point of revulsion and extreme displeasure. Feelings of aversion have been described in lay literature as intense and like an instinct or innate reaction that women could not control.⁷ This synthesis links the physical feelings of aversion while breastfeeding with the

negative emotions of anger and disgust and highlights that participants may experience the physical feelings and negative emotions of breastfeeding aversion all at once.

Breastfeeding aversion affects a woman's sense of self

Complex breastfeeding difficulties such as feelings of aversion while breastfeeding, as explored through this review, may affect more than the immediate mother-infant breastfeeding relationship and can cause negative impacts on a woman's sense of self.²⁸ Development of the maternal identity is key to maternal fulfilment and negative self-judgements around breastfeeding can have negative impacts on maternal identity and self-confidence.²⁹ In contrast, positive self-judgments around breastfeeding can increase maternal confidence.^{30,31} Complex breastfeeding difficulties may cause long-term feelings of inadequacy for women.³² Therefore, support for women who have experienced an aversion to breastfeeding may need to be ongoing. A woman's wellbeing may be negatively affected when they are not able to meet their own self-prescribed goals for breastfeeding.³² Previous research has found that women who experience complex breastfeeding difficulties or were not able to achieve their own breastfeeding goals were more likely to suffer from low mood.^{33,34} Based on the findings of this research, breastfeeding support should include a focus on the mental wellbeing of women who experience complex breastfeeding difficulties such as an aversion to breastfeeding.

Breastfeeding aversion may impact on the mother-infant relationship

Our review found that women who experienced feelings of aversion had concerns that these feelings might cause negative outcomes for their breastfeeding relationship. Other research has found that similar breastfeeding experiences do negatively affect the breastfeeding relationship. For example, early sensitivity in breastfeeding mothers was found to predict the duration of breastfeeding during the first years of breastfeeding.³⁵ In addition, previous research by Schmied and Barclay³⁶ found a disrupting and distorting experience of breastfeeding gave some women the sense that they were separate from their baby and working in opposition to each other; however,

women in this study also expressed a desperate desire for connectedness and intimate relationship with their infant through breastfeeding³⁶.

Weaning infants before mothers otherwise would have, as a result of experiencing feelings of aversion while breastfeeding, is a negative impact that can have implications for mental wellbeing. For example, research has shown that shorter breastfeeding duration may increase postpartum depressive symptoms³⁷. Due to limited literature about women who experience negative emotions while breastfeeding, it is unknown what initial impact these feelings may have on the mother baby dyad and what might be the possible short and long-term outcomes. Further research is needed to explore possible co-morbidities and etiological factors affecting breastfeeding aversion and the impacts of feelings of aversion while breastfeeding on the mother-infant dyad relationship. Similarly, the included studies did not provide details of participant characteristics such as breastfeeding histories and demographics. As such, it is unclear whether women's unique experiences of breastfeeding aversion were linked with such characteristics. Additional research is needed to better understand the similarities and differences in the experience of women who are; for example, tandem breastfeeding compared to breastfeeding while menstruating, or breastfeeding with D-MER.

Implications for practice

This review found that women can describe experiencing strong physical and emotional reactions to breastfeeding at the same time as wanting to continue to breastfeed their infant. It is critical that midwives, and other health practitioners, are able to support women who have this experience. Breastfeeding women report not feeling adequately supported by midwives and health professionals when experiencing breastfeeding difficulties.³⁸ Limited literature exists, on women who feel aversion while breastfeeding, which limits the availability of a language to describe these phenomena for midwives and health professionals. Furthermore, given our current climate of promoting the positive attributes of breastfeeding¹, it may be difficult for women to discuss negative breastfeeding feelings—such as aversion—with midwives and other health professionals. In addition, midwives and health professionals currently may not know what to advise women who might present with these

challenges. Nonetheless, those who support breastfeeding women must extend extra care to women experiencing aversion while breastfeeding, in order to ensure optimal health outcomes for the mother and child.

Breastfeeding support in this context must emphasise understanding of the unique experience of each mother-infant dyad. Prior research has found that mechanistic support, that focuses on a rules-based approach to breastfeeding, causes women to separate themselves into those who could and those who could not breastfeed.³⁹ Women who wish to breastfeed and receive useful support from midwives, and other health professionals, or lay people, are more likely to achieve a longer duration and period of exclusive breastfeeding.³⁸ Midwives, and other health professionals must be cognizant of how they interact with breastfeeding women who experience negative feelings, as these women may perceive they are being judged leading to feelings of failure and guilt. It is also important to be mindful not to exacerbate feelings of guilt and shame, which may further potentiate negative implications of shame such as isolation and/or breastfeeding discontinuation.²⁹ Due to the scarcity of literature on the phenomena of feelings of aversion while breastfeeding it is not known what types of support would be appropriate for women who experience this phenomenon.

Limitations

Limited literature exists on the phenomenon of women who experience feelings of aversion while breastfeeding; therefore, some included studies do not specifically mention aversion while breastfeeding. Of the five included studies only two specifically state aversion as a keyword.^{21,23} Of these two, the study by Yate²³ had major limitations as it was undertaken without ethics approval²³, and the survey instrument development was not documented. However, this paper was published in a peer reviewed journal and, due to the lack of published work in this area, we agreed to include it. In presenting the synthesised findings we have avoided using key metaphor subheadings from this study as the data may be unreliable, nonetheless the Yate²³ study sheds light on this phenomenon and enriches the discourse. We are mindful that technology is changing the landscape of data

collected online and understand that the inclusion of this study by Yate ²³, using opt-in methodology, might previously have been unpublished or negated.⁴⁰

This research may not be exhaustive; however, all attempts were made to capture relevant papers.

This is an underexamined topic and there are limited conventions in describing this phenomenon; as such, it is possible that some relevant manuscripts may have been overlooked.

Conclusions

This meta-ethnographic synthesis revealed that some women experience physical sensations and emotions that they describe as feelings of aversion while breastfeeding. These feelings may cause internal conflict and impact on the mother-infant relationship. However, some women who experience feelings of aversion while breastfeeding, and persist, may have positive outcomes.

Breastfeeding aversion is a phenomenon that is poorly understood and there is limited literature available to guide midwives, and other health professionals providing care to breastfeeding women during pregnancy and the postnatal period. Feelings of breastfeeding aversion may negatively impact a woman's sense of self and relationship with her young child. The phenomenon of breastfeeding aversion must be researched further, to provide information for midwives, and the health services community, to enhance understanding and support for this population and their families.

References

1. Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? *The Lancet* 2016; **387**(10017): 491-504.
2. Victora CG, Bahl R, Barros AJD, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016; **387**(10017): 475-90.
3. Burns E, Schmied V, Sheehan A, et al. A meta-ethnographic synthesis of women's experience of breastfeeding. *Maternal and Child Nutrition* 2010; **6**(3): 201-19.
4. de Jager E, Skouteris H, Broadbent J, Amir L, Mellor K. Psychosocial correlates of exclusive breastfeeding: A systematic review. *Midwifery* 2013; **29**(5): 506-18.

5. Knox BN. Infant Feeding Determinants [Psy.D.]. Ann Arbor: Michigan School of Professional Psychology; 2017.
6. Gianni ML, Bettinelli ME, Manfra P, et al. Breastfeeding Difficulties and Risk for Early Breastfeeding Cessation. *Nutrients* 2019; **11**(10).
7. Flower H. Adventures in Tandem Nursing: Breastfeeding during Pregnancy and Beyond. Illinois: La Leche League International; 2003.
8. Heise AM, Wiessinger D. Dysphoric milk ejection reflex: A case report. *International Breastfeeding Journal* 2011; **6**(1): 6-12.
9. Ureño TL, Buchheit TL, Hopkinson SG, Berry-Cabán CS. Dysphoric Milk Ejection Reflex: A Case Series. *Breastfeeding Medicine* 2017; **13**(1): 85-8.
10. Elfgen C, Hagenbuch N, Görres G, Block E, Leeners B. Breastfeeding in Women Having Experienced Childhood Sexual Abuse. *Journal of Human Lactation* 2017; **33**(1): 119-27.
11. Nursing Aversion/Breastfeeding Aversion Support. 2019. <https://www.facebook.com/groups/407193142696633/>.
12. Maestriperi D. Maternal influences on primate social development. *Behavioral Ecology and Sociobiology* 2018; **72**(8): 130.
13. Mandalaywala TM, Higham JP, Heistermann M, Parker KJ, Maestriperi D. Physiological and behavioural responses to weaning conflict in free-ranging primate infants. *Animal behaviour* 2014; **97**: 241-7.
14. Hargreaves K, Crozier K. A conceptual understanding of the factors that influence breastfeeding cessation. *Evidence Based Midwifery* 2013; **11**(3): 81-7.
15. Noblet G, W., Hare R, D. Meta-Ethnography: Synthesizing Qualitative studies. Newbury Park: Sage Publications; 1988.
16. Covidence systematic review software. Melbourne: Veritas Health Innovation; 2018.
17. Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *BMJ* 2009; **339**: b2700.
18. CASP Qualitative Checklist. 2018. <https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf> (accessed March 2 2019).
19. Dietrich Leurer M, Misskey E. The Psychosocial and Emotional Experience of Breastfeeding: Reflections of Mothers. *Global Qualitative Nursing Research* 2015; **2**: 2333393615611654.
20. Forster DA, McLachlan HL. Women's views and experiences of breast feeding: positive, negative or just good for the baby? *Midwifery* 2010; **26**(1): 116-25.
21. Watkinson M, Murray C, Simpson J. Maternal experiences of embodied emotional sensations during breastfeeding: an interpretative phenomenological analysis. *Midwifery* 2016; **36**: 53-60.
22. Wood K, Van Esterik P. Infant feeding experiences of women who were sexually abused in childhood. *Canadian Family Physician* 2010; **56**(4): e136-41.
23. Yate ZM. A Qualitative Study on Negative Emotions Triggered by Breastfeeding; Describing the Phenomenon of Breastfeeding/Nursing Aversion and Agitation in Breastfeeding Mothers. *Iranian Journal of Nursing and Midwifery Research* 2017; **22**(6): 449-54.
24. Ayton JE, Tesch L, Hansen E. Women's experiences of ceasing to breastfeed: Australian qualitative study. *BMJ Open* 2019; **9**(5): e026234.
25. Sheehan A, Schmied V, Barclay L. Exploring the process of women's infant feeding decisions in the early postbirth period. *Qual Health Res* 2013; **23**(7): 989-98.
26. Ahluwalia IB, Morrow B, Hsia J. Why do women stop breastfeeding? Findings from the Pregnancy Risk Assessment and Monitoring System. *Pediatrics* 2005; **116**(6): 1408-12.
27. Schmied V, Sheehan A, Fenwick J, Dykes F. Embodied knowledge and emotional labour in family conversations about breastfeeding: A discourse analysis. *Women & Birth* 2013; **26**: S18-S.

28. Papinczak TA, Turner CT. An analysis of personal and social factors influencing initiation and duration of breastfeeding in a large Queensland maternity hospital. *Breastfeeding Review* 2000; **8**(1): 25-33.
29. Thomson G, Ebisch-Burton K, Flacking R. Shame if you do--shame if you don't: women's experiences of infant feeding. *Maternal & Child Nutrition* 2015; **11**(1): 33-46.
30. Charlick SJ, McKellar L, Gordon AL, Pincombe J. The private journey: An interpretative phenomenological analysis of exclusive breastfeeding. *Women and Birth* 2019; **32**(1): e34-e42.
31. De Roza MJG, Fong MMK, Ang MBL, Sadon MRB, Koh MEYL, Teo MSSH. Exclusive breastfeeding, breastfeeding self-efficacy and perception of milk supply among mothers in Singapore: A longitudinal study. *Midwifery* 2019; **79**: 102532.
32. Hegney D, Fallon T, O'Brien ML. Against all odds: a retrospective case-controlled study of women who experienced extraordinary breastfeeding problems. *Journal of Clinical Nursing* 2008; **17**(9): 1182-92.
33. Brown A, Rance J, Bennett P. Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. *Journal of Advanced Nursing* 2016; **72**(2): 273-82.
34. Cooke M, Schmied V, Sheehan A. An exploration of the relationship between postnatal distress and maternal role attainment, breast feeding problems and breast feeding cessation in Australia. *Midwifery* 2007; **23**(1): 66-76.
35. Weaver JM, Schofield TJ, Papp LM. Breastfeeding duration predicts greater maternal sensitivity over the next decade. *Developmental Psychology* 2018; **54**(2): 220-7.
36. Schmied V, Barclay L. Connection and Pleasure, Disruption and Distress: Women's Experience of Breastfeeding. *Journal of Human Lactation* 1999; **15**(4): 325-34.
37. Dias CC, Figueiredo B. Breastfeeding and depression: A systematic review of the literature. *Journal of Affective Disorders* 2015; **171**: 142-54.
38. McFadden A, Gavine A, Renfrew MJ, et al. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews* 2017; (2).
39. Hunt L, Thomson G. Pressure and judgement within a dichotomous landscape of infant feeding: a grounded theory study to explore why breastfeeding women do not access peer support provision. *Maternal & Child Nutrition* 2017; **13**(2): e12279.
40. Pang PC-I, Chang S, Verspoor K, Clavisi O. The Use of Web-Based Technologies in Health Research Participation: Qualitative Study of Consumer and Researcher Experiences. *J Med Internet Res* 2018; **20**(10): e12094.