

Complex Decisions: Deconstructing Best A Grounded Theory Study of Infant Feeding Decisions In The First Six Weeks Post-birth

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CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

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Preface

In 1994, I began a journey of research that would ultimately lead me to this thesis. I was working as a midwife, for the most part in the postnatal area of a maternity unit but also facilitating antenatal groups. At this time, it was not uncommon during the early post-birth period to hear women say 'I didn't think breastfeeding would be like this' and 'why don't they tell us about this in the antenatal groups'. I was concerned that women were not being provided with adequate or appropriate antenatal breastfeeding 'education'. My experience of breastfeeding had been very positive. I had enjoyed breastfeeding and breastfed both my daughters for a total period of 21 months. In addition to my personal experiences, I also believed that breastfeeding, if successful, could be a wonderful experience for all women. So, in an effort to provide better antenatal education and consequently improve women's experiences, I compared two methods of antenatal breastfeeding education. The experimental group was a peer led group and the control group was lead by me a midwife. I used maternal perceptions of success and duration rates as my outcome measures. I did not find any differences between the groups in relation to breastfeeding rates, which were high, or maternal perceptions of success. What I did find out though, was that I did not understand women's experiences of breastfeeding. I also discovered there was a paucity of midwifery literature exploring women's experiences of breastfeeding.

Two of my recommendations following this first study were: 1) to investigate how physical, social and emotional factors interact and effect breastfeeding initiation and duration rates and further identify the number of women who are unable to breastfeed for physical, social and emotional reasons and 2) that further substantive research was needed to identify what types or aspects of support are important to the breastfeeding woman.

Towards the end of that study, I got a job as a research midwife and during this time I was involved in a postnatal outcomes study. This larger postnatal outcomes study gave me the opportunity to assist with designing an infant feeding study, which would run concurrently to the postnatal outcomes study. The infant feeding study would give insight into some of

the questions arising from my previous work. The aim of this infant feeding study was to explore the physical, social and emotional experiences influencing women's baby feeding decisions by investigating women's own decision making processes, and what they perceived influenced these decisions. A grounded theory methodology was chosen to collect and analyse data, which was derived from in-depth interviews with women. We chose to interview women about their infant feeding plans and experiences and purposefully sampled women from late in their pregnancy until 6 months post-birth. As the research assistant, I conducted the interviews.

Initial analysis of this data led to a thematic analysis of the antenatal infant feeding decisions of women, the findings of which, were published in *Midwifery*. A copy of this article is attached to this thesis (see appendix VIII). It also confirmed the complexity and importance of exploring women's infant feeding decisions in the first six weeks post-birth. My PhD was born.

The advantages of doing this first study were that it helped prepare me for using the methodology; it extended my interviewing skills; it made me clear about the research question and confirmed the importance of studying women's infant feeding decisions in the first six weeks post-birth.

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Abstract

Breastfeeding is promoted globally as the optimum method of infant feeding. Despite this, breastfeeding initiation and duration rates differ significantly between and within countries, as well as social and cultural groups. While Australian breastfeeding initiation rates appear high, breastfeeding rates decline quite significantly in the first six weeks. In an effort to implement strategies to increase breastfeeding rates, many research efforts have aimed at identifying factors that predict breastfeeding initiation and duration and/or breastfeeding attrition. These studies have predominantly used quantitative methodologies, and although a number of factors associated with the infant feeding decision have been identified, the mechanisms by which they affect the decision remain unknown.

In contrast to quantitative studies, a much smaller amount of qualitative research has explored aspects of the infant feeding experience and has found the experience of breastfeeding to be complex. Rather than simply being an individual act, infant feeding decisions are constructed and practiced within the social milieu in which women live.

The purpose of this research was to explore and describe the experiences of women making infant feeding decisions in the first six weeks post-birth. A constructionist grounded theory methodology was used to collect and analyse data. Data were collected through in-depth interviews with thirty-seven women. The women were theoretically sampled in accordance with the principles of grounded theory. In addition to the empirical study, literature focusing on breastfeeding, aspects of the postnatal period and mothering, was used to inform, strengthen and help explain the findings emerging from the empirical data.

Four main categories emerged from the data that described what women deemed important to their infant feeding decisions. These categories were 'it's really best to breastfeed', 'it's the unknown', 'it's not the only thing going on', and 'everybody's best is different'. The Basic Social Process, which was also the core category, was labelled 'deconstructing best'.

The core category 'deconstructing best' linked the categories in a process of decision-making that the women embarked on during this period. It demonstrates the individuality of the experience and provides an explanation as to why trajectories of experience cannot be explicated and predicting outcomes has been unsuccessful.

The findings demonstrate that women's infant feeding decisions in the first six weeks post-birth are multifactorial. In contrast to this, hospital policies as well as health professionals' understandings and practices, are generally embedded in the concept that breast is best.