


Low-Income Women Balancing Full-Time Work and Exclusive Breastfeeding: A Qualitative Study


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Presenter Disclosures


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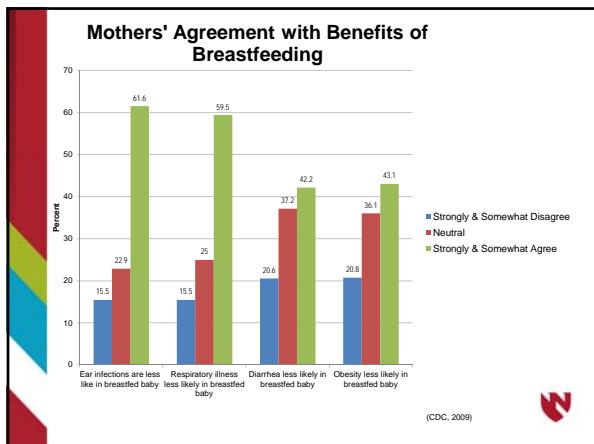
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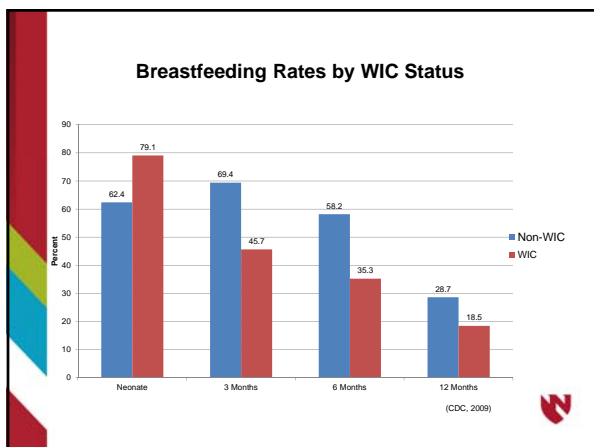


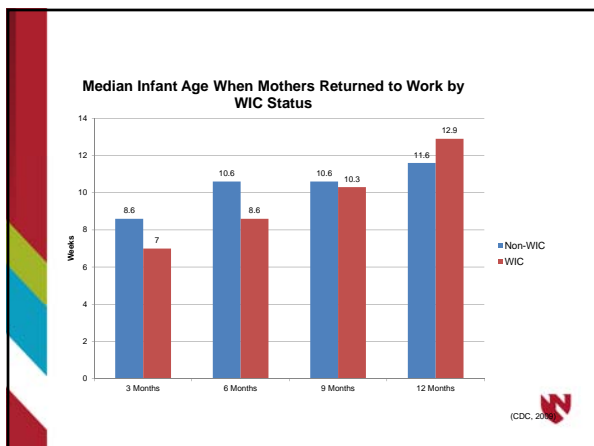
Session Objectives

- Describe experience of low-income women who balance full-time work and exclusive breastfeeding
- Discuss implications for breastfeeding efforts









Conceptual Framework

- Phenomenology
 - Understanding shared experiences of a phenomenon
 - Uses personal narratives as windows into lived experience
 - Strives for uniqueness not generalizability
- Positive Deviance
 - Uncommon behavior practiced by a few members of a community resulting in an improved state of being



Purpose of the Study

- Understand the experience of mothers in low wage jobs who manage to balance working full-time and exclusive breastfeeding.
 - Exclusive breastfeeding defined as feeding breast milk and not formula.
 - Older infants may be eating solid food.



Study Sample and Recruitment Procedures

- Low income mothers working full-time and exclusive breastfeeding
- WIC breastfeeding peer counselors
- Participant Recruitment
 - through WIC clinics in Nebraska and Western Iowa
 - Breastfeeding organizations
- 12 mothers and 8 WIC breastfeeding peer counselors
 - Mother aged 19-35 with 1-6 children employed in variety of para-professional settings
 - Peer Counselors with 1-3 years experience



Data Collection and Analysis

- Data Collection
 - Interviews with mothers and peer counselors
 - Focused literature review
- Data Analysis
 - Line-by-line coding of mother and peer counselor interviews
 - Literature review keyword queries
 - Categories identified
 - Family history
 - Supports > family/friends, providers, workplace
 - Preparation for return to work
 - Breastfeeding issues
 - Motivation for breastfeeding > early experiences



Results: Strong Sense of Themselves as Mothers

*"And so I was raised by my dad. My brothers and I were very active in sports and everything **but I was always the mom of the household kind of.** I'd always be cleaning up the kitchen. I don't know I just always **kind of acted like the mom of the household.** So I knew from when I was little that I wanted to have children and wanted to have children at an early age too."*

[Participant 9]



Results: Strong Sense of Themselves as Mothers

*"There's definitely a level of emotional maturity in the mothers that breastfeed. **The mother has to be able to put the needs of the baby ahead of herself because breastfeeding can be uncomfortable and inconvenient.** Unfortunately that's not something I see a lot especially in the younger moms that don't even want to try breastfeeding."*

[WIC peer counselor with 3 years experience]



Results: Timing and Type of Support

- Timing of Support
 - Providers = pre-natal and post-partum
 - Family and friends = pre-natal and post-partum
 - Workplace = return to work
- Type of Support
 - Acute need
 - Routine



Results: Acute Need Support

*I don't know what I would have done if he [husband] had not been there. When he asked me what I would do if I were counseling one of my moms, I said I'd tell her to hand express and then I just cried with relief. **Just having him there to take the baby and give me a minute to calm down and think made all the difference.***

(Participant 2)



Results: Routine Support

***I went online and found some mothers groups there.** It was helpful because with all my kids I'd experienced this weird feeling – almost like a panic attack – when my milk let down. I thought it was just me and just worked through it but one of the women in an online group mentioned the same thing. I was relieved when I learned that it had a name and it wasn't just me.*

(Participant 10)

***I have girlfriends who are also breastfeeding** and I usually turned to them when I had nipple soreness or things like that.*

(Participant 8)



Results: Routine Support (Providers)

*I'd had a nipple cream from the doctor in Lincoln [NE] with my first one but the doctor here didn't know about it. **So I called my old doctor** and got the formula and gave it to the doctor here. They called it into the pharmacy then for me.*

(Participant 2)

*My doctor told me that the reason we were having trouble with latch was that the baby was tongue tied but he wouldn't clip the tongue until the baby was at least 8 months old. **That didn't make any sense to me so I called MilkWorks** [a breastfeeding support provider in Lincoln NE] and they referred me to a doctor in Omaha [NE]. We got her tongue clipped and everything was fine after that.*

(Participant 5)

Results: Routine Support (Workplace)

*I **didn't discuss it with anyone**. I just said 'I'm breastfeeding' and told them which conference room I planned on using to pump when it wasn't busy. Nobody really said anything.*

(Participant 3)

*I **didn't really have a conversation** about it like in terms of asking if it was okay. I knew that's what I wanted to do and that was that.*

(Participant 12)

Literature Review

- Largely silent on the relationship between unintended pregnancy and breastfeeding
- Does not address how early experiences influence adult decisions as mother
- Reinforces notion that women with support are more successful in overcoming barriers
- Reinforces women's reluctance to discuss breastfeeding with employers

Conclusions

- Women exhibited strong sense of self as mothers
- Timing and type of support play a role in balancing full-time work and exclusive breastfeeding.



Future Research

- Role of emotional preparedness impact on breastfeeding decisions
- Positive Deviance as a framework to examine breastfeeding successes
- How employers view their role in supporting breastfeeding mothers in the workplace
- Clarify role of physicians, nurses, and family members during acute need



References

CDC. (2009). Infant Feeding Practices Survey II. Retrieved March 24, 2012, from <http://www.cdc.gov/ips/results/>

CDC. (2010). Healthy People 202 Maternal Child Health Objectives. Retrieved December 18, 2010, 2010, from <http://www.healthypeople.gov>

CDC-INFO. (2007). *Cponder 42.0-PRAMS Online Data for Epidemiologic Research*

Gatrell, C.J. (2007). Secrets and lies: Breastfeeding and professional paid work. *Social Science and Medicine*, 65(2), 393-404.

Heinig, M.J., Dewey, K.G., *Health advantages of breast feeding for infants: a critical review*. Nutrition Research Reviews. 1996. 9(01).

Marsh, D.R., Schroeder, D.G., Dearden, K.A., Stermin, J., and Stermin, M. (2004). The Power of Positive Deviance. *BMJ*, 329(7475).

Netshandama, V.O. (2002). Breastfeeding practices of working women. *Curationis*, 25(1), 21-27.

Payne, D., & James, L. (2008). Make or break: Mother's experiences of returning to paid employment and breastfeeding: a New Zealand Study. *Breastfeeding Review*, 16(2), 21-27.

Stratheran, L., et. al., *Does breastfeeding protect against substantiated child abuse and neglect? A 15-year cohort study*. Pediatrics, 2009. 123(2).

Taylor, J.S., & Cabral, H.J. (2002) Are women with an unintended pregnancy less likely to breastfeed? *The Journal of Family Practice*, 51(5).

Vennemann, M.M., et al., *Does breastfeeding reduce the risk of sudden infant death syndrome?* Pediatrics, 2009. 123(3).

Watkins, D.C. (2012). Qualitative Research: The Importance of Conducting Research That Doesn't "Count". *Health Promotion Practice*, 13.



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