Title

Maternal Experience of Interactions With Providers Among Mothers With Milk Supply Concern

Journal

Clinical Pediatrics, 51(8)

ISSN

0009-9228

Authors

Flaherman, Valerie J
Hicks, Katherine G
Cabana, Michael D
et al.

Publication Date

2012-08-01

DOI

10.1177/0009922812448954

Peer reviewed

Published in final edited form as:

Clin Pediatr (Phila). 2012 August ; 51(8): 778–784. doi:10.1177/0009922812448954.

Maternal Experience of Interactions With Providers Among Mothers With Milk Supply Concern

Valerie J. Flaherman, MD, MPH[1], **Katherine G. Hicks, BA**[1], **Michael D. Cabana, MD, MPH**[1], and **Kathryn A. Lee, PhD, RN**[1]

[1]University of California, San Francisco, San Francisco, CA, USA

Abstract

Background—Milk supply concern is the most common reason given by mothers for discontinuing breastfeeding.

Objectives—To describe maternal experiences of interactions with health care providers related to milk supply.

Patients and methods—Ten focus groups (N = 56 participants) were conducted among mothers who had had milk supply concern in the first month after birth. Group sessions were audio-recorded, transcribed, coded, and analyzed to identify themes.

Results—Interactions regarding milk supply concern evoked strong emotions, including gratitude, guilt, disappointment, and fear, and measurement of infant weight was frequently reported as a trigger for these emotions. Some mothers reported that experiencing “pressure” and “guilt” when providers emphasized exclusive breastfeeding led to suboptimal breastfeeding choices.

Conclusions—Interactions with providers about milk supply concern evoke strong emotions among mothers. Providers should be aware that how they communicate routine advice regarding infant weight and formula may have unintended consequences, including discontinuation of breastfeeding.

Keywords

breastfeeding; lactation

Introduction

Breastfeeding provides optimal infant nutrition, and the Centers for Disease Control and Prevention, the World Health Organization, and the American Academy of Pediatrics

Corresponding Author: Valerie J. Flaherman, Department of Pediatrics, University of California, San Francisco, 3333 California Street, Box 0503, San Francisco, CA 94143-0503, USA, flahermanv@peds.ucsf.edu.

Declaration of Conflicting Interests

The authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Dr Michael Cabana has served as a paid consultant for the following companies: Abbott Nutrition (Abbott Park, IL), Mead-Johnson (Evansville, IN), and Pfizer Consumer Products (Madison, NJ).

recommend breastfeeding for at least 1 year and exclusive breastfeeding for 4 to 6 months.[1-4] However, among mothers in the United States who breastfeed, less than half meet the Healthy People 2020 goal of exclusive breastfeeding through 3 months.[5] Some researchers have found that breastfeeding support from health care providers is effective at promoting breastfeeding,[6-11] but others have found no effect from provider support.[12,13] Variations in the interactions between providers and new mothers might explain variations in the outcomes of these studies.

Mothers with milk supply concern might be a population for which outcomes would vary depending on type of interaction with providers, because milk supply concern can become a self-fulfilling prophecy. Mothers with concerns about low milk supply may begin formula supplementation, leading to decreased infant breastfeeding demand. This decrease in breastfeeding demand increases milk stasis, and in turn would result in true insufficient milk supply. Effective breastfeeding counseling and positive provider–maternal interactions could prevent this downward spiral in milk production toward breastfeeding discontinuation.

Maternal concern about milk supply is the most common reason for mothers to stop breastfeeding or stop exclusive breastfeeding.[14-22] Improved approaches for counseling this population may significantly improve US breastfeeding duration. Since improved maternal–provider interactions for mothers with milk supply concern could lead to longer breastfeeding duration, we undertook a qualitative study of mothers with milk supply concern to describe their interactions with providers related to their breastfeeding experience.

Methods

Focus groups were conducted with mothers to explore attitudes, opinions, and experiences regarding interactions with providers using a structured list of questions with follow-up probes to explore four areas: (*a*) maternal expectations of breastfeeding during pregnancy and initial breastfeeding experiences; (*b*) maternal experience of interactions with pediatricians, obstetricians, and nurses regarding breastfeeding; (*c*) maternal perception of the infant weight measurement and its effect on milk supply concern; and (*d*) maternal reaction to specific provider recommendations regarding milk supply. Two general pediatricians, 1 nurse, and 1 anthropologist reviewed the questions for content and clarity. Informed consent was obtained from all participants. This study was approved by the University of California San Francisco Committee on Human Research.

Participants

Participants for this study were recruited by mailings to primary care clinic patients, flyers distributed and posted in primary care sites, playgrounds, and community locations, and posting on an electronic Web site (http://sfbay.craigslist.org). Recruited women were eligible to participate if they had healthy term infants currently 2 to 6 months old, reported to study investigators that they experienced milk supply concern in the first month after birth, were ≥18 years, and spoke English. Each participant took part in a 90-minute focus group session and received a $50 gift card. Nine of the 10 focus groups had 5 to 8 participants, and one

group had only 2 participants. Infants were permitted but not required to attend the focus group.

During February–July 2009, separate focus groups were held for 3 categories of participants: (A) mothers who had concerns about low milk supply but were able to continue exclusive breastfeeding through at least 2 months; (B) mothers who had concerns about low milk supply, used some formula in the first 2 months but were still breastfeeding (fully or partially) at 2 months; and (C) mothers who had concerns about low milk supply and discontinued breastfeeding before 2 months. Ten focus groups were conducted; 3 groups from each category of participants and 1 additional group (category B) because of low attendance at one group.

Data Collection

All 10 focus groups were conducted by a single trained, independent, paid focus group facilitator who was not employed in health care or trained as a health care provider. This facilitator used a focus group guide provided by the study team (Table 1). A study investigator (VJF) and a research assistant observed all meetings through a one-way mirror. Meetings were audio-recorded and written notes were taken.

Data Analysis

All audio-recordings were transcribed and entered into ATLAS.ti (Atlas, version 6, ATLAS.ti Scientific Software Development GmbH, Berlin, Germany). Transcripts and original audio data were analyzed independently for major themes by 2 of the authors (VJF and KGH) using an iterative line-by-line coding process based on grounded theory. After generating an initial coding scheme including a range of observable categories—from common to rare categories, we then repeated the coding process using an incident-by-incident coding technique and used the constant comparative method to compare these two approaches in the completion of our coding scheme. All transcripts were coded by both coders, with discrepancies resolved through consensus.

Results

A total of 56 mothers participated in 10 focus groups. Twenty (36%) mothers were recruited from 450 direct mailings to potentially eligible patients receiving primary care at University of California, San Francisco, 19 (34%) mothers were recruited from the electronic Web site and 17 (30%) mothers were recruited from flyers distributed around the community. Demographic details are presented in Table 2.

Themes

Expectations of Breastfeeding and Milk Supply (Theme 1)

Expectations of breastfeeding and milk supply varied widely for mothers in this study and within each category of breastfeeding outcome. Some mothers expected breastfeeding to go smoothly. “I assumed I would have a very good supply because my sister ... always had plenty of milk and my mom did as well” (participant 19, category B). “I had set a goal for

myself, ‘Okay I’ll ... do three months but would love to do six if I could’” (participant 48, category C). Other mothers were worried about potential problems. “My perception in my head was some women have plenty of supply and some woman don’t” (participant 2, category B). “I thought it would be difficult but I had no idea how painful it was going to be” (participant 4, category A).

Interactions With Providers Regarding Milk Supply Evoked Strong Emotions (Theme 2)

Mothers from all groups reported vivid memories of many interactions with providers regarding breastfeeding and milk supply. Positive experiences with provider interactions were most prominently recalled by mothers in category A and also occurred frequently among mothers in category B. “[The pediatrician] was just really supportive of the fact that it would get better and that to try not to worry about your milk supply so much” (participant 5, category A). “They always said ‘don’t give up’ and ‘It’s hard in the beginning’” (participant 20, category B). However, some mothers reported that interactions with providers generated negative experiences. This perception was especially prominent among mothers in category C. “A lot of doctors said, ‘Just try this, do it like this and do it like that,’ but none of that worked. It was a lot of pressure” (participant 43, category C). “The lactation nurses that I saw [gave] too much pressure and ... I would feel the guilt” (participant 17, category B). “She was grabbing my breast and she’s like shoving it in the baby’s face just like and it really makes you feel like a failure” (participant 51, category C).

Maternal Experience of Interaction With Providers Differed by Type of Provider (Theme 3)

Nurses and lactation consultants—Interactions with nurses and lactation consultants dominated all 10 focus group discussions. In general, category A participants reported more positive experiences and category C participants reported more negative experiences with these providers (Table 3). “Every time a new nurse came in I wanted her opinion” (participant 5, category A). “The more [the nurse recommended], the more pressure that I got if I didn’t want to” (participant 45, category C). “Pretty much every nurse that I crossed they were pushy about it. They told me that I needed to breastfeed” (participant 51, category C).

Obstetricians and pediatricians—Mothers in all 3 categories reported limited experiences with obstetricians regarding breastfeeding. “There was not a [chance] I was getting in with the OB to talk about breastfeeding so the pediatrician was the backup and it just felt like it’s the black hole” (participant 25, category A). “It feels very fragmented to me, like the pediatrician is for baby. The OBGYN is for like womb” (participant 22, category A).

Mothers in all 3 categories had varied experiences interacting with pediatricians. Some experiences were positive. “The pediatrician and the pediatrician’s office I’d say is the most helpful thing that I ever found” (participant 2, category B). However, some mothers had the opposite experience: “I just didn’t look to pediatricians for advice” (participant 13, category B). “I haven’t asked my pediatrician many questions about breastfeeding because he’s a man” (participant 4, category A).

Interactions With Providers Regarding Newborn Weight (Theme 4)

Mothers in all 3 categories reported that infant weight measurement generated milk supply concern (Table 4). “The first week I was worried about his weight dropping so I put him to the breast a lot” (participant 4, category A). “He kept going lower and lower and lower ... So I felt so guilty. I was like, ‘What am I doing wrong?’” (participant 29, category B). “Alright I’m going to call [the WIC] office, I’m going to tell them I need formula because I have to feed him, he’s going to starve” (participant 56, category C). Interactions with providers after weight measurement were not always effective at alleviating milk supply concern, even when infant weight was normal. “It was set in my mind that I wasn’t giving him enough even though the doctors were saying I was doing a good job, I just wasn’t, I guess I didn’t believe them” (participant 11, category B).

Maternal Experiences of Interactions With Providers Discussing Formula (Theme 5)

Maternal experience of discussions regarding formula varied sharply by outcome category (Table 5). Mothers in category A reported appreciating provider focus on exclusive breastfeeding and disliking the casual discussion of formula. “I had really great consistent advice from nurses and people in the hospital that she would lose weight and that would be okay” (participant 40, category A). “It was very, it was like a confidence-unnerving thing to say, ‘Oh you should always have formula around just in case you fail’” (participant 23, category A). “Nurses [seem] to be a little patronizing at times ...when they just [say], ‘You’ll manage and if you don’t, formula’” (participant 26, category A).

Mothers in categories B and C experienced reassurance when providers discussed formula as an option. “[The pediatrician said] he’s really weak right now so if we give him a little bit of formula he’ll get stronger and then maybe he can suck better” (participant 12, category B). “I think it’s important for providers to say ... at the end of the day if it doesn’t work out for you or if you decide to choose not to it’s okay” (participant 20, category B). In particular, mothers in category C emphatically reported many negative experiences regarding interactions with providers in which exclusive breastfeeding was emphasized. “It was just pressure and it was more like ‘you have to do this’” (participant 44, category C). “[The health care community] gives you the message that this is so important that you can’t stop at anything, if it hurts you, if you don’t have enough milk, if it just doesn’t work with your lifestyle, if you’re physically incapable it doesn’t matter, never stop, never give up, keep on trying and it’s something you do in a life or death situation” (participant 52, category C).

Importantly, some mothers in categories B and C reported that provider recommendations against formula use generated maternal distrust of the provider. “They told me, real milk comes in between day three and five. So I ... got the colostrum and then day five [baby] lost 16% of his weight” (participant 12, category B). “I’m like, ‘You don’t understand I really can’t do this,’ and she just wouldn’t hear me so I changed pediatricians” (participant 52, category C).

Discussion

Mothers in our study frequently reported that interactions with their health care provider affected their decision making differently from the way apparently intended by the provider. Although mothers reported many positive experiences with their providers, they also reported many negative experiences that generated or enhanced milk supply concern, and their reports often suggested that the negative experience was unintended by the provider. For example, routine infant weight measures reported to mothers by their provider received intense maternal focus and generated anxiety about milk supply even when accompanied by provider reassurance. Our results suggest that improved counseling techniques for breastfeeding mothers with milk supply concern might have a significant impact on breastfeeding outcomes.

In our study, interactions with nurses and lactation consultants figured predominantly; improved counseling approaches from these providers might be especially important in improving overall breastfeeding duration. Of note, whereas some mothers appreciated a focus on exclusive breastfeeding, other mothers experienced this as pressure or guilt. Our results show that apparently simple messages regarding breastfeeding and formula use affect maternal breastfeeding decisions. Therefore, it would be important for all providers to understand a mother's intention regarding infant feeding before counseling is initiated.

Our study has limitations to consider and findings cannot be generalized to all new mothers. First, we recruited English-speaking participants from the San Francisco Bay Area, and provider practices and maternal experiences may differ by geographical location and maternal culture. Second, we categorized mothers based on feeding patterns at 2 months and did not determine maternal feeding intention prenatally. Mothers in each category reported a variety of prenatal feeding intentions that did not necessarily translate into outcomes. However, maternal recall of prenatal feeding intention might differ from actual prenatal feeding intention. Therefore, we cannot be certain that outcomes would have been improved by counseling targeted toward actual postpartum feeding intention. Nevertheless, the frequent maternal report of frustration with provider interactions that were disparate from their feeding intentions suggests that targeted counseling would improve outcomes. Third, mothers in our study chose to enroll in a focus group regarding milk supply concern, and it is likely that some made this choice because they had particularly intense experiences of milk supply concern that they wanted to share in a focus group. Therefore, our results may represent mothers with more intense experiences of milk supply concern than the general population.

Nevertheless, our result show that current approaches to breastfeeding counseling are not effective for every mother with milk supply concern. Whereas many mothers experienced positive interactions with providers, others felt pressure, guilt, and fear. These feelings were so intense in some cases that it alienated some mothers from their providers. Of special note, our results show that newborn weight measurement can be a critical turning point in breastfeeding decision making; focused counseling may be needed to maintain effective breastfeeding. Our data suggest that a detailed assessment of maternal intention regarding breastfeeding and formula would improve maternal–provider interactions because

assumptions regarding maternal feeding plans may alienate mothers at a vulnerable period. Based on results from these participants, counseling regarding breastfeeding and formula should be based on an assessment of the new mother's intention to breastfeed.

Acknowledgments

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This project was supported by grant number KL2 RR024130 from the National Center for Research Resources and grant numbers 5 K12 HD052 and 1K23HD059818-01A1 from the National Institute of Children Health and Human Development.

References

1. Ip, S., Chung, M., Raman, G., et al. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Agency for Healthcare Research and Quality; Rockville, MD: 2007.
2. Office of Disease Prevention and Health Promotion. Healthy People 2020 Objective Topic Areas 2010. http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf. Accessed May 13, 2011
3. UNICEF/WHO. Baby-Friendly Hospital Initiative. Revised, Updated and Expanded for Integrated Care, Section 1, Background and Implementation, Preliminary Version. 2006. http://www.who.int/nutrition/topics/BFHI_Revised_Section1.pdf. Accessed January 17, 2008
4. Gartner LM, Morton J, Lawrence RA, et al. American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics. 2005; 115:496–506. [PubMed: 15687461]
5. Breastfeeding trends and updated national health objectives for exclusive breastfeeding—United States, birth years 2000-2004. MMWR Morb Mortal Wkly Rep. 2007; 56(30):760–763. [PubMed: 17673896]
6. Escobar GJ, Braveman PA, Ackerson L, et al. A randomized comparison of home visits and hospital-based group follow-up visits after early postpartum discharge. Pediatrics. 2001; 108:719–727. [PubMed: 11533342]
7. Lieu TA, Braveman PA, Escobar GJ, Fischer AF, Jensvold NG, Capra AM. A randomized comparison of home and clinic follow-up visits after early postpartum hospital discharge. Pediatrics. 2000; 105:1058–1065. [PubMed: 10790463]
8. Taveras EM, Capra AM, Braveman PA, Jensvold NG, Escobar GJ, Lieu TA. Clinician support and psychosocial risk factors associated with breastfeeding discontinuation. Pediatrics. 2003; 112(1): 108–115. pt 1. [PubMed: 12837875]
9. Coutinho SB, de Lira PI, de Carvalho Lima M, Ashworth A. Comparison of the effect of two systems for the promotion of exclusive breastfeeding. Lancet. 2005; 366:1094–1100. [PubMed: 16182897]
10. Bonuck KA, Trombley M, Freeman K, McKee D. Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. Pediatrics. 2005; 116:1413–1426. [PubMed: 16322166]
11. Labarere J, Gelbert-Baudino N, Ayral AS, et al. Efficacy of breastfeeding support provided by trained clinicians during an early, routine, preventive visit: a prospective, randomized, open trial of 226 mother-infant pairs. Pediatrics. 2005; 115:e139–e146. [PubMed: 15687421]
12. Bunik M, Shobe P, O'Connor ME, et al. Are 2 weeks of daily breastfeeding support insufficient to overcome the influences of formula? Acad Pediatr. 2010; 10:21–28. [PubMed: 20129478]
13. Pugh LC, Serwint JR, Frick KD, et al. A randomized controlled community-based trial to improve breastfeeding rates among urban low-income mothers. Acad Pediatr. 2010; 10:14–20. [PubMed: 19854119]

14. Li R, Fein SB, Chen J, Grummer-Strawn LM. Why mothers stop breastfeeding: mothers' self-reported reasons for stopping during the first year. Pediatrics. 2008; 122(suppl 2):S69–S76. [PubMed: 18829834]
15. Lewallen LP, Dick MJ, Flowers J, et al. Breastfeeding support and early cessation. J Obstet Gynecol Neonatal Nurs. 2006; 35:166–172.
16. Schwartz K, D'Arcy HJ, Gillespie B, Bobo J, Longeway M, Foxman B. Factors associated with weaning in the first 3 months postpartum. J Fam Pract. 2002; 51:439–444. [PubMed: 12019051]
17. Rempel LA. Factors influencing the breastfeeding decisions of long-term breastfeeders. J Hum Lact. 2004; 201:306–318.
18. Yang Q, Wen SW, Dubois L, Chen Y, Walker MC, Krewski D. Determinants of breast-feeding and weaning in Alberta, Canada. J Obstet Gynaecol Can. 2004; 26:975–981. [PubMed: 15560860]
19. Williams PL, Innis SM, Vogel AM, Stephen LJ. Factors influencing infant feeding practices of mothers in Vancouver. Can J Public Health. 1999; 90:114–119. [PubMed: 10349218]
20. Blyth R, Creedy DK, Dennis CL, Moyle W, Pratt J, De Vries SM. Effect of maternal confidence on breastfeeding duration: an application of breastfeeding self-efficacy theory. Birth. 2002; 29:278–284. [PubMed: 12484390]
21. Evans ML, Dick MJ, Lewallen LP, Jeffrey C. Modified breastfeeding attrition prediction tool: prenatal and post-partum tests. J Perinat Educ. 2004; 13:1–8.
22. Colin WB, Scott JA. Breastfeeding: reasons for starting, reasons for stopping and problems along the way. Breastfeed Rev. 2002; 10(2):13–19. [PubMed: 12227559]

Table 1

Focus Group Guide

Section	Sample Questions/Prompts
I. Brief introductions	Please share your first name and tell us a little bit about your family and your life.
	Reminder about signed consent forms, anonymity, privacy, and confidentiality.
II. Structured component, participants answer one by one	
1. General discussion of breastfeeding expectations	While you were pregnant, what were you expecting breastfeeding would be like?
2. General discussion of early breastfeeding experiences	What was your first time nursing your baby like?
III. Semistructured conversation	
1. Early problems breastfeeding	Did you ever have a time where you had a real problem breastfeeding? When did you start to worry about breastfeeding?
2. Obstetrician messaging	When you had this problem breastfeeding, what did the obstetrician say?
3. Pediatrician messaging	When you had this problem breastfeeding, what did the pediatrician say?
4. Nurse messaging	When you had this problem breastfeeding, what did the nurses say?
5. Weight change	Did you have any concerns about your baby's weight in the first week? Did you try anything to improve your baby's weight?
6. Interventions	Did you try anything else to help you improve breastfeeding? What did you think of what you tried?

Table 2

Demographics for Focus Group Participants (N = 56) and by Category of Breastfeeding Continuation at 2 Months[a]

	Total (N = 56)	Category A (n = 21)	Category B (n = 19)	Category C (n = 16)
Age (years)	34.3 ± 0.6	37.3 ± 0.4	34.7 ± 0.5	29.7 ± 0.7
Parity (% primiparas)	75.0	90.5	68.4	62.5
Education (%)				
High school/general equivalency diploma	20	10	6	58
Some college, technical school, or associate degree	6	0	11	8
College degree	41	53	44	17
Graduate degree	33	37	39	17
Race/ethnicity (%)				
Non-Hispanic white	48	67	53	20
Non-Hispanic black	20	11	11	40
Non-Hispanic Asian	16	11	30	7
Hispanic	6	0	0	20
Other	10	11	6	13

[a]Category A breastfed exclusively for 2 months without using any formula. Category B breastfed for 2 months and used some formula in that time. Category C had discontinued breastfeeding by 2 months

Table 3

Interactions With Providers by Provider Type (Theme 3)

Pediatricians
We want our pediatrician … approval as well … that we're doing a good job (participant 32, group 6, category B)
The pediatrician you know was the one that recommended the supplementing, um but again she you know she was very supportive. She said most often times baby will go back to a breast exclusively (participant 12, group 3, category B)
I had already kind of like lied [to the pediatrician] and said that I was breastfeeding more in a day than [I was] …, oh I'm kind of ashamed that I'm not breastfeeding as much as I am but I just couldn't (participant 48, group 9, category C)
I didn't know which doctor to mention it to, the OB or the pediatric doctor … and no one asked me (participant 9, group 2, category A)
Once the pediatrician got on the scene it was like everything was an emergency, like a crisis (participant 14, group 3, category B)
Obstetricians
I don't think my OB even knows about my issues with breastfeeding. I never even thought of calling her (participant 12, group 3, category B)
OBs don't necessarily know that much about why some women don't have as good of a milk supply and what the reasons could be (participant 19, group 4, category B)
I did discuss it with my midwife but the OB like I never, it was never considered part of like the domain of his expertise to talk about breastfeeding (participant 23, group 5, category A)
My OB wasn't very in tune with me about breastfeeding because all I saw her for was my six week postpartum (participant 1, group 1, category B)
Nurses
The nurses, they were usually very responsive with my breastfeeding questions and even when I would call labor and delivery crying they would, if they didn't have a lactation consultant, they would help and try to figure it out by what I was describing … or how to help manage the pain … (participant 28, group 5, category A)
I think that's the mixed messages too that I got, like some nurses would say "time it, like ten, fifteen minutes" and some would say "just let her finish, it's up to her and then you can change to the other" (participant 17, group 4, category B)
Then another nurse would come in and be like, "Well I heard you tried it earlier would you like to try it again?" It's like, "No ma'am I already said that I don't want to do it." … Then another one would come in and it's like, "Please just stop it." (participant 44, group 8, category C)

Table 4

Interactions With Providers Regarding Newborn Weight (Theme 4)

The doctor said, “Okay his weight gain’s okay,” like she didn’t say his weight is bad and I didn’t think—, but she was just like, “His weight gain’s okay,” and I didn’t think about it until we got home and I was like, “Did she just say his weight gain was okay?” “Oh my gosh I’m not giving my baby enough food,” and like I totally panicked then (participant 36, group 7, category A)
I’m still reassured every time we put him on the scale at the pediatrician’s office because it helps me realize that even though I can’t tell how much he’s eating he’s getting enough (participant 6, group 2, category A)
My pediatrician did reassure me in some ways because she said, “It’s pretty normal for breastfed babies to be thinner, to be a little bit on the smaller side” (participant 16, group 4, category B)

Table 5

Maternal Experience of Interactions With Providers Discussing Formula (Theme 5)

Mothers who breastfed exclusively through 2 months (category A)
The nurse actually told me that if my milk didn't come in within a certain period that we were going to have to give him formula so that he would have some sustenance and I didn't really like that idea and it wasn't even that she consulted me and wanted to see how I felt about it but it was sort of matter of fact that this is what will happen. (participant 4, group 2, category A)
In the back of my mind the formula is in the closet and somehow you know the Greek in me or whatever I couldn't throw it away or give it away in case I needed it and that's like really—, if you really need formula you know how to go to the store and buy it but sending it to you in the mail I thought was kind of a little dirty trick that the formula companies do (participant 3, group 2, category A)
Mothers who breastfed through 2 months and used formula before 2 months (category B)
Babies may need formula, it's not the worst thing in the world. It doesn't mean you're a bad mom. It doesn't mean you'll never be able to breastfeed exclusively. (Participant 12, Group 3, Category B)
I think striking that balance to make sure that the mother is happy so they could make could feed their baby and that if you can't breastfeed exclusively … you can bring in the formula to supplement and you can start a bottle with breast milk early on (participant 11, group 3, category B)
Mothers who stopped breastfeeding before 2 months (category C)
[Formula] is the other option and again when the nurse kind of said "just be thankful," she said it very modest like, "Oh just be thankful you have something [formula] to feed her." When she said that to me I was like, "That's it, I'm just happy for that," and I'll try [breastfeeding] every single time. I actually rented a breast pump from [hospital] and took it home with me and I tried for a good 5 days every 3 hours, try to pump, but I was only producing not even an ounce (participant 42, group 8, category C)
The woman came in and she asked me and she asked me over and over and over again and I told her, "No I was not going to do it, I tried it and it's not going to work so maybe I'll try when I get home but it's not going to work and [baby] is just not accepting it so I'm going to continue giving her the bottle," and once again she tried and told me that it would be "best because it will work, you just have to keep trying, sometimes if you switch your breasts and switch positions or what not and it will work." But basically I didn't. I just stuck with the bottle. So basically they didn't tell me anything at all (participant 44, group 8, category C)