

City University of New York (CUNY)

## CUNY Academic Works

---

All Dissertations, Theses, and Capstone  
Projects

Dissertations, Theses, and Capstone Projects

---

5-2019

### The Lived Experience of African American First-Time Breastfeeding Mothers at a Baby Friendly Hospital

Catherine A. Hagerty

*The Graduate Center, City University of New York*

[How does access to this work benefit you? Let us know!](#)

More information about this work at: [https://academicworks.cuny.edu/gc\\_etds/3150](https://academicworks.cuny.edu/gc_etds/3150)

Discover additional works at: <https://academicworks.cuny.edu>

---

This work is made publicly available by the City University of New York (CUNY).

Contact: [AcademicWorks@cuny.edu](mailto:AcademicWorks@cuny.edu)

Running Head: BREASTFEEDING LIVED EXPERIENCE

THE LIVED EXPERIENCE OF AFRICAN AMERICAN FIRST-TIME BREASTFEEDING  
MOTHERS AT A BABY FRIENDLY HOSPITAL

by

Catherine A. Hagerty, MA, RN

This dissertation is submitted to the Graduate faculty in Nursing in partial fulfillment of the requirements for the degree of Doctor of Philosophy,  
The City University of New York  
2019

© 2019

Catherine A. Hagerty

All Rights Reserved

BREASTFEEDING LIVED EXPERIENCE

The Lived Experience of African-American First-time Breastfeeding Mothers  
at a Baby Friendly Hospital

by

Catherine A. Hagerty

This manuscript has been read and accepted for the Graduate Faculty in Nursing  
in satisfaction of the dissertation requirement for the degree of  
Doctor of Philosophy

---

Date

---

Dr. Martha V. Whetsell  
Chair of Examining Committee

---

Date

---

Dr. Martha V. Whetsell  
Executive Officer

Supervisory Committee  
Dr. Catherine A. Georges  
Dr. Marie Claire Roberts  
Dr. James L. Cox  
Dr. Stephanie Lewin

**Abstract**

THE LIVED EXPERIENCE OF AFRICAN AMERICAN FIRST-TIME BREASTFEEDING  
MOTHERS AT A BABY-FRIENDLY HOSPITAL

By

CATHERINE A. HAGERTY, RN, MA

Advisor: Professor Martha Whetsell

The purpose of this research study was to explore the lived experiences of African-American first-time mothers at a hospital following the Baby Friendly Hospital Initiative (BFHI) guidelines to promote breastfeeding. Breastfeeding rates for African-American mothers are lower than other racial groups. BFHI institutions offer breastfeeding support through adaptation of a set of practices designed to promote exclusive breastfeeding. Reflection on this experience allows discovery of approaches that help both nurses and patients. The study methodology used is qualitative phenomenology developed by van Manen (1990) with its philosophical origin in the work of Merleau-Ponty (2008). Participants were nine first-time mothers who self-identified as African-American between the ages of 20 and 30 at a BFHI compliant hospital. The five essential themes revealed through the interview processes were professional support for breastfeeding, knowledge of breastfeeding, commitment to breastfeeding, community of mothers, and being seen as a good mother. The Roy Adaptation Model (RAM) (Roy & Andrews, 1991; Roy, 2009) is the nursing model used to understand the African-American first-time breastfeeding mother as an adaptive system with a purposeful cause.

*Keywords:* Breastfeeding, First-time Mothers, African-American, Nursing, Phenomenology, van Manen

### **Acknowledgements**

To my husband Andrew, it is because of you that I have been able to realize all of the best things in my life. You encouraged me when I decided to become a nurse, you stood beside me through midwifery school, you rejoiced when I embarked on the journey through graduate school. I'm amazed at the joy we share together every day and I look forward to the next adventure with you. Your constancy hugs and keeps an even keel.

To my children Owen and Keara, your presence brought the sunshine and I am filled with wonder at the two of you. It is with awe that I watch you embark on your lives and I thank you for being my inspiration to dream. You taught me not to be afraid of charging turtles. If you have even of a fraction of the bliss you bring to me your days will be filled with laughter and joy.

To my beloved Dr. Martha Whetsell, you are a force of nature. Your brilliance and grace radiate and envelope all those who have the privilege of your wisdom, care and friendship. You have shown me how to be generous, kind and caring in a way no one else ever could. I look forward to being astounded by you for many years to come.

To Dr. Alicia Georges, I knew from the first day of class with you that you would make a difference in my life. Your support and wisdom have guided many of us on this perilous journey and I am grateful for your knowledge and ability to shepherd us through the joys and travails.

To Dr. Marie Claire Roberts, my friend, mentor and confidant, I can't express how you have enriched my life. I count on many years of working and playing together. I look to you for inspiration and creativity as you change the world.

To Dr. James L. Cox, you my friend are a wonder. I appreciate your generosity and the support for not only me but all of the graduate students who have gone before. You offer yourself with an open heart and brilliant mind.

## BREASTFEEDING LIVED EXPERIENCE

To Dr. Stephanie Lewin, you have been there for many steps of this journey. I am fortunate to have made my dear friend my colleague. You are a role-model for the future of so many women we know.

**Table of Contents**

ABSTRACT..... ii

    Acknowledgments..... iii

TABLE OF CONTENTS..... v

CHAPTER I: AIM OF THE STUDY ..... 1

    Introduction..... 2

    Aim of the Study ..... 3

    Phenomenon of Interest ..... 3

    Phenomen Within Context..... 4

    Assumptions and Biases ..... 5

    Methodology ..... 6

    Relevance to Nursing..... 6

    Summary of the Chapter ..... 7

CHAPTER II: DEVELOPMENT OF THE STUDY ..... 8

    Historical Context ..... 8

    Experiential Context ..... 14

    Theoretical Context..... 15

    Summary of the Chapter ..... 16

CHAPTER III: METHODOLOGY ..... 17

    Background of the Method ..... 17

    Husserl and Heidegger..... 17

    Merleau-Ponty..... 18

    Van Manen..... 19

## BREASTFEEDING LIVED EXPERIENCE

Summary of the Chapter .....	21
CHAPTER IV: METHODOLOGY APPLIED .....	22
Research Activities .....	22
Protection of Human Rights.....	24
Sample Selection.....	25
Data Collection .....	25
Analysis of Data.....	26
Summary of Chapter .....	26
CHAPTER V: FINDINGS OF THE STUDY .....	27
Research Setting.....	27
Study Sample .....	28
Study Findings .....	48
Study Sample .....	28
Participant Demographics.....	30
Establishing Rigor.....	31
Participant Experiences.....	31
Thematic Analysis .....	41
Essential Themes .....	42
Theme 1: Support of Professionals.....	43
Theme 2 : Commitment Needed for Success.....	47
Theme 3: Community of Mothers.....	48
Theme 4: Being Seen as a Good Mother .....	50
Concluding Finding .....	52

## BREASTFEEDING LIVED EXPERIENCE

Summary of Chapter .....	52
CHAPTER VI: REFLECTIONS ON THE FINDINGS .....	53
Synthesis Data and Literature .....	53
Theme 1: Support of Professionals .....	54
Theme 2: Commitment Needed for Success.....	55
Theme 3: Community of Mothers.....	56
Theme 4: Being Seen as a Good Mother .....	57
Thematic Statement Using a Nursing Model.....	58
Limitations of the Study.....	61
Implications.....	61
Personal Reflections.....	63
Recommendation for Further Study.....	64
Summary .....	65
APPENDICES .....	68
Appendix A: CUNY IRB Approval Letter .....	68
Appendix B: Research Hospital IRB Approval Letter .....	69
Appendix C: Staff Flyer .....	70
Appendix D: Participant Flyer .....	71
Appendix E: Written Consent Form .....	72
Appendix F: Recruitment Script .....	73
Appendix G: Demographic Survey.....	74
REFERENCES .....	75

*Where, boundless nature, can I hold you fast?  
And where you breasts? Wells that sustain  
All life--the heaven and the earth are nursed.*

—*Goethe. Faust*

## CHAPTER I

### Aim of the Study

#### Introduction

The Surgeon General of the United States has called for an increase in the number of infants who are breastfed as the one of the most important steps in improving the health of our future generations (United States Department of Health and Human Services, 2011). Every day in the United States (US) over 10,000 women give birth in hospitals and birthing centers (Centers for Disease Control, 2017). During the admission process a nurse will ask them all a nearly identical question: “How do you plan to feed your baby?” Mothers-to-be are usually given three choices breast, bottle, or both. For most of these women, this the first child rearing decision they will make. Mothers in the US overwhelmingly identify breastfeeding as the ideal nutrition for their newborns (McCann, Baydar & Williams, 2007). Even with this knowledge, 48% of mothers will leave the hospital supplementing their infants with infant formula (CDC, 2011). While across the US nearly half of all healthy newborns receive infant formula, supplementation rates at some hospitals approach 100% (New York City Department of Health and Mental Hygiene, 2011). Studies suggest that mothers, particularly first-time breastfeeding mothers, who supplement their infants are less likely to exclusively breastfeed to the recommended age of six-months (DiGirolamo et al, 2005).

## BREASTFEEDING LIVED EXPERIENCE

The health benefits associated with exclusive breastfeeding exist for both infant and mother and are well documented in the literature. They include decreased rates of obesity, fewer infant otitis media infections and lower rates of Type II diabetes (Chung et al, 2007, AHRQ, 2010, Jandri et al, 2006). All professional organizations involved in the care of mothers and infants have included formal policy statements supporting exclusive breastfeeding and limiting formula supplementation to healthy infants. (AAP 2005, ACOG 2007, ACNM 2004, AWHONN 2010). The US Department of Health and Human Services has also focused on reducing formula supplementation in the Healthy People 2020 Initiative, which established a goal of no more than 14% of newborns receiving formula while in the hospital. (USDHHS, 2010). New York State, among others, has established a formula supplementation target of  $\leq 18\%$  for healthy newborns (NYSDHMH, 2010).

Out of the concern about global use of supplemental formula the World Health Organization (WHO) and The United Children's Fund (UNICEF) jointly created the Baby Friendly Hospital Initiative (BFHI) (WHO, 2010). The BFHI established a formal designation for institutions to recognize those providing best practices in maternity care. The BFHI was designed to reduce supplementation and support exclusive breastfeeding, which is commonly known as *The Ten Steps to Successful Breastfeeding* (Baby Friendly, USA 2013).

While adoption of BFHI guidelines has been shown to be an effective way to reduce supplementation rates (Saadeh, 2012) many BFHI accredited hospitals still maintain supplementation rates nearly double the Healthy People 2020 goals (NYSDHMH, 2011). The environment of care and the support of nurses has been shown to improve overall breastfeeding rates (DiGirolamo et al, 2008, Perrine et al, 2012). Prior to this study no research that existed to understand the lived experiences of the African-American first-time breastfeeding mother who

## BREASTFEEDING LIVED EXPERIENCE

gives birth at a BFHI institution. Nurses need to understand the lived experience of the African-American first-time breastfeeding mother at a BFHI institution to provide more effective breastfeeding care. This study explores the lived experience of African-American first-time breastfeeding mothers who give birth at BFHI accredited hospital.

### **Aim of the Study**

The aim of this study is to explore the lived experience of African-American first-time breastfeeding mothers who have given birth at a BFHI institution. The researcher is guided by the following question:

What is the lived experience received by the African-American first-time breastfeeding mother who gives birth at a hospital accredited as Baby Friendly by the BFHI?

### **Justification for the Study**

With both the Healthy People 2020 initiative and the US Surgeon General pursuing expansion of BFHI practices as a way to increase breastfeeding rates (UDHHS, 2011), an understanding of the lived experience of the African-American first-time breastfeeding mother at a BFHI institution will prove invaluable to the future of these efforts. This research into the lived experience of the African-American first-time breastfeeding mother at a BFHI institution, will fill this gap in knowledge. This study creates the opportunity to illuminate the BFHI model from the perspective of the African-American first-time mother and may help to enhance the BFHI experience and develop new approaches to the unique needs of African-American first-time breastfeeding mothers.

### **Phenomena of Interest**

The phenomena studied are the lived experiences of African-American first-time breastfeeding mothers who give birth at a BFHI institution. Lived experience research gives

## BREASTFEEDING LIVED EXPERIENCE

unique insight into how individuals experience their world (Van Manen, 1990). Lived experience has been described as the “consciousness of life” (Dilthy, 1985). First-time breastfeeding mothers experience a new consciousness in their experience at a BFHI institution. While the phenomenon of first-time breast-feeding mother has been studied in a hospital that does not follow the Baby Friendly Protocol BFHI (Hong, 2003). Prior to this study, there was no research that examined the lived experience of the African-American first-time breastfeeding mother who give birth at BFHI institution. The BFHI institution by definition is an environment designed to provide first-time breastfeeding mothers with all support needed to prevent supplementation. In spite of this environment research shows that first-time breastfeeding mothers are not exclusively breastfeeding. The lived experience of these mothers will give a clear picture of the truth of their experience.

### **Phenomena Within Context**

As healthcare has advanced, much of the focus both locally and internationally has been on prevention. Exclusive breastfeeding has been demonstrated as an effective measure to aid in these efforts (Chung et al, 2007). BFHI institutions offer a unique environment to facilitate exclusive breastfeeding (WHO, 2014). As more hospitals heed the call by the Surgeon General to adopt BFHI practices and seek BFHI designation (USDHHS, 2011) it is expected that more infants will be born in BFHI institutions. Currently, less than 2% of the infants in the US have been born in a BFHI institution (US Vital Statistics, 2009). However, as institutions work to improve breastfeeding rates, it is expected that many more will be adopting BFHI practices with some state and local health departments requiring that hospitals provide maternity services to comply with many of the BFHI *The Ten Steps to Successful Breastfeeding* guidelines (NYS DHMH, 2011, 200 NYCDHHS 2010). It is believed that this study of the lived experience

## BREASTFEEDING LIVED EXPERIENCE

of the African-American first-time breastfeeding mother at BFHI institution will contribute to the body of knowledge about the needs of this specific population as well as the needs of breastfeeding mothers overall.

### **Assumptions and Biases**

I hold the belief that the first-time breastfeeding mother may face unexpected challenges and that her experience of breastfeeding in the early postpartum period is critical to success. Furthermore, I believe that women who choose to supplement may not fully understand the impact of early supplementation on breastfeeding. While many institutions have adopted BFHI guidelines to promote breastfeeding, hospitals are falling short as many women continue to supplement their infants with formula. Understanding the experience of these mothers is important as infants and mothers can both achieve health benefits from increased rates of exclusive breastfeeding and decreased rates of formula supplementation (Chung et al, 2007, AHRQ, 2010). While I do believe that it is a woman's choice whether or not to breastfeed, nursing care directed at improving exclusive breastfeeding rates would benefit mothers, infants and the broader society.

I have had personal experience with breastfeeding challenges and was actively discouraged from breastfeeding by my mother and mother-in-law with the birth of my first child. Having never been exposed to breastfeeding, I found it unnatural, difficult and emotionally draining during the first few days. The nursing staff, while well intentioned, encouraged me to supplement. It was through the support of a professional nurse, who was also a lactation consultant, that I successfully breastfed. I did not supplement either of my children. I believe, that had I not received care that directly supported my breastfeeding needs, the outcome would have been quite different.

## BREASTFEEDING LIVED EXPERIENCE

As the Director of Maternity Services for 3 years at a non-BFHI institution I was directly responsible for developing and implementing breastfeeding policy. When I entered this position, I was very surprised at the extent to which formula was offered to all mothers regardless of breastfeeding status. I was also surprised about the lack of support for exclusive breastfeeding by nurses and physicians.

### **Methodology**

When a woman gives birth to her child, she becomes a mother and is transformed in her being and perception of self through a single event, a point in time that is the birth of her child. She brings with her the entirety of her previous self, not separate from whom she was and now is. Her experience giving birth at a BFHI institution is unique just as she is unique. This experience, within the BFHI environment, is what van Manen called “a unity of experience” (van Manen 1999). It is that which when reflected upon can be called “being an African-American first-time mother in a Baby Friendly Hospital” (van Manen 1999). It is through the phenomenological research into the lived experience that allows the African-American first-time breastfeeding mother to reflectively make the past present.

### **Relevance to Nursing**

The benefits of breastfeeding provide nurses who care for mothers during the postpartum period the unique opportunity to influence the health of both mothers and infants. Patients have identified the nurse as a major factor influencing breastfeeding outcomes (Grummer-Strawn, & Fein, 2008, Murray, Ricketts & Dellaport, 2007). This study will provide nurses with knowledge of the lived experience of the African-American first-time breastfeeding mother and allow them to better understand the individual care they deliver.

### **Summary**

This chapter described the aim of the study, the phenomenon of interest and significance to nursing. The assumptions and biases of the researcher were conveyed. The need for the study was outlined and a brief background of the construct of the Baby Friendly Hospital Initiative was given. The choice of van Manen's phenomenological research method was discussed along with a brief discussion of the research process. The study of the phenomena of the lived experience of the African-American first-time breastfeeding mother who gives birth at a BFHI institution is important as it will add to the body of knowledge needed to provide maternal care and to and better inform future policies in maternity care. Chapter II will discuss the development of the study.

## **Chapter II**

### **Development of the Study**

#### **Historical Context**

Until the mid 19<sup>th</sup> century breastfeeding was part of the natural course of childrearing. Most infants were born at home and while feeding alternatives have always existed the majority of infants received only breast milk. This changed in the early 1900s as childbirth moved from the home to the hospital. Hospital births, attended by physicians, often included the routine administration of general anaesthesia, and separated a woman from her newborn (Riordan & Wambach, 2011). As hospitalized women were under the control of the hospital staff, the feeding of their infants became the domain of physicians and nurses. The developing specialty of pediatrics became concerned with regulation and measurement. Mothers were discouraged from breastfeeding as doctors looked to control the frequency, duration and volume of infant feeding. Physicians felt that monitoring infant growth, which is closely related to nutritional intake, would be more easily achieved if mothers switched to infant formula (Riordan & Wambach, 2011).

Marketing of commercial infant formula to consumers and physicians began in earnest in the late 1800s. Formula use was expanded by manufacturers through the offering of financial incentives to physicians for its promotion (Riordan & Wambach, 2011). The medical profession gained further control over infant feeding by lobbying to limit formula manufactures from marketing directly to consumers. Formula thus became available only through prescription (Greer & Apple, 1991). The financial relationship between healthcare and formula companies continues today with hospitals receiving free formula for new-borns, branded diaper bags and

## BREASTFEEDING LIVED EXPERIENCE

“patient discharge gifts” containing coupons and incentives to purchase formula. Additionally, formula companies pay to subsidize medical schools through an average of a \$10,000 donation for each medical student (Walker, 2001).

In the early 20<sup>th</sup> century formula feeding became the accepted norm and rates of breastfeeding in the US declined steadily with exclusive breastfeeding falling to 18% in 1968 (Meyer, 1968). The rate for infants who received any breast-milk also fell, reaching an all-time low of 22% in 1972 (Eckhardt and Hendershot, 1984). It was during the mid 1970s and the social change of the women’s movement, that many American women became more vocal about their reproductive health. Women strived for a more natural approach to both childbearing and nutrition. As an extension of this cultural shift, more women again began to breastfeed. Breastfeeding rates began to recover but levelled off in the mid 1980s at 58% (Riordan & Wambach, 2011). Even though recent studies show slight improvement in breastfeeding initiation, literature indicates that rates of supplementation, a practice associated with early breastfeeding cessation remains high (Thulier & Mercer, 2009). Today, nearly 50% of healthy breastfed newborns in the US also receive supplemental infant formula (CDC, 2011).

When healthy infants are given formula, they may not experience the positive health effects of breastfeeding. The extensive benefits, which are well documented in research, extend to both infants and mothers and continue well beyond infancy (Chung et al, 2007, AHRQ, 2010). Studies indicate that infants who are exclusively breastfed demonstrate a significantly reduced incidence of Otis-media infection, fewer gastrointestinal disturbances including lower rates of complications from diarrhea (Chung et al, 2007). Breastfed infants have a reduced risk for Sudden Infant Death Syndrome (SIDS) and reduced numbers of hospitalizations for lower respiratory infections than formula fed infants (Chung et al 2007, AHRQ 2010). The benefits of

## BREASTFEEDING LIVED EXPERIENCE

breastfeeding continue through childhood; in older children, studies indicate that breastfeeding decreases the chance of developing asthma in the presence of family history, a significant risk factor (Chung et al 2007, AHRQ 2010). There are long-term benefits of breastfeeding for both adolescents and adults with breastfed individuals having reduced risks of obesity, childhood leukemia and both Type-I and Type-II diabetes (Chung et al 2007, AHRQ, 2010, Kwan et al 2004).

Mothers also experience positive health benefits from breastfeeding; these include a lifetime reduction in the risk for both breast and ovarian cancers. Additionally, women who breastfeed have a reduced risk for the development of Type-II diabetes and more often return to their pre-pregnancy weight (Chung et al 2007, AHRQ 2010). Mothers who breastfeed experience psychosocial benefits as well. Breastfeeding mothers are less likely to experience postpartum depression (Figueiredo, Canário, & Field, 2013) and report that breastfeeding enhanced the bonding experience (Guttman & Zimmerman, 2000).

The economic benefits of exclusive breastfeeding exist for both the families of infants' and society as a whole. It is estimated that exclusive breastfeeding would save individual families nearly \$1500 in the first year of life (Ball, 2000). US healthcare expenditures related to preventable conditions could be reduced by \$13 billion dollars annually if mothers exclusively breastfed their infants for the recommended first 6 months of life (Bartick et al, 20103). There has been increased focus in both the US and internationally on ways to reduce the use of infant formula and increase the number of infants exclusively breastfed.

Over twenty years ago in 1990, the United Children's Fund (UNICEF) leaders met out of concern about the global expansion and promotion of infant formula. The discussion centered on the negative impact of formula use and the health implications of decline breastfeeding rates.

## BREASTFEEDING LIVED EXPERIENCE

This meeting resulted in the *Innocenti Declaration*, an international mobilization of health agencies to develop maternity care practices that support breastfeeding and limit the use of formula. It evaluated research into the numerous health and social benefits for both infants and mothers and established exclusive breastfeeding for the first 4-6 months of life as the ideal infant nutrition (UNICEF, 2014). The following year the World Health Organization (WHO) joined with UNICEF and began the Baby Friendly Hospital Initiative (BFHI) which introduced the *Ten Steps to Successful Breastfeeding*, a comprehensive practice guideline for hospitals and birthing centers to support breastfeeding (WHO, 1991). Since its inception nearly 15,000 institutions worldwide have received official designation as a BFHI institution (WHO 2014).

BFHI institutions, also known as Baby-Friendly Hospitals, have undergone extensive external review and are certified in providing maternity care that creates the best opportunity for successful breastfeeding (UNICEF, 2014). Hospitals and birthing centers that receive the Baby-Friendly designation have made a unique commitment to breastfeeding through the implementation of BFHI clinical practices. They do not receive free formula from infant formula manufacturers and offer no branded materials, “gift bags” or incentives to patients. The BFHI institution provides a full-time lactation consultant and trains all staff in the support of the breastfeeding dyad. “Rooming in” a practice that keeps an infant at the mother’s bedside is encouraged while the use of pacifiers and routine supplementation with infant formula is discouraged. The WHO Ten Steps to Successful Breastfeeding are described below as presented in the publication *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services* (WHO/UNICEF 1991).

### **Ten Steps to Successful Breastfeeding**

## BREASTFEEDING LIVED EXPERIENCE

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast-milk, not even sips of water, unless medically indicated.
7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The use of infant formula at a BFHI institution should be limited to the medically indicated reasons for supplementation outlined by the WHO and the American Academy of Pediatrics (AAP) (WHO, 2009). Maternal choice is not listed as an indication for formula supplementation. The WHO and the American Academy of Pediatrics have agreed on the following as medically indicated reasons for formula supplementation during the postpartum period (WHO, 2009).

### **Maternal Indications for Formula Supplementation**

- Maternal HIV infection

## BREASTFEEDING LIVED EXPERIENCE

- Maternal Herpes Simplex Virus Type-1 (HSV-1) infection with active lesions on the breasts
- Cytotoxic chemotherapy
- Hepatitis-B infection (infants should receive Hepatitis B vaccine within 48hours of birth)
- Maternal exposure to radioactive iodine 131
- Excessive use of topical iodine or iodophors in open wounds
- Hepatitis C
- Substance use of stimulants such as cocaine, amphetamines, alcohol or ecstasy
- Substance use of sedatives such as alcohol, opioids, cannabis or benzodiazepines

### Infant Indications for Avoidance of Human Breast Milk and Supplementation with Specialized Formula

- Galactosemia
- Phenylketonuria
- Maple syrup urine disease

### Infant Indications for Primary Breastfeeding with Addition of Non-Human Milk Supplementation

- Preterm infants born at less than 32 weeks' gestation
- Very low birth weight infants (less than 1500 grams)
- Infants who are at increased risk for hypoglycemia defined as those who experienced hypoxic stress during birth, infants of diabetic mothers, and those whose blood glucose has not responded to breastfeeding

Facilities are evaluated and certified through a rigorous application process and pay approximately \$15,000 in fees for designation and an annual service fee. It takes an average of 3 years for a facility to undergo the designation process (Baby Friendly USA 2014). While several studies have documented the positive effect the adoption of the BFHI has had on US breastfeeding rates (DiGiralomo, Grummer-Strawn & Fein 2001, Broadfoot et al., 2005, Merwood 2005, Merten, Dratva & Ackerman, 2005) there are only 175 BFHI institutions in the US. Today only 6.9% of births in the US occur at a BFHI facility (Baby Friendly USA 2014).

### **Experiential Context**

In my personal experience as a nurse, certified nurse midwife, nurse educator and administrator for women's inpatient services I have worked with first-time breastfeeding mothers in a wide variety of settings. There are great variations in the physical construct of nursing care delivery and support for breastfeeding in US hospitals. These variations in care, including the BFHI environment, make the care environment constructed for postpartum patients unique. With most other types of nursing care, there are consistencies between institutions about appropriate practice, such as standardized post-operative care or turning and positioning policies to prevent pressure ulcers in bed-bound patients. This consistency does not always exist for first-time breastfeeding mothers in maternal care in spite of best evidence. In hospitals that have been certified as BFHI we see the adoption of evidence-based practices and we are presented with the opportunity to study the experience of this evidence-based care. Additionally, as maternal action and involvement are integral to the realization of patient breastfeeding goals in the nursing care-plans of nurses at BFHI institutions, understanding the phenomena of the African-American breastfeeding maternal experience within a BFHI environment is critical.

I have worked on postpartum units where there is absolutely no formal training or ongoing education for postpartum nursing staff on the fundamentals of breastfeeding, or how to help and support women who wish to breastfeed. I have worked in institutions that do not encourage breastfeeding, that provide formal breastfeeding classes to mothers but don't allow the mothers to bring their infants to the breastfeeding class. As a nurse administrator I have created institutional breastfeeding policies in compliance with NY State regulation. I have also been responsible for the monitoring and reporting of breastfeeding policies, practices and rates to both state and national agencies. I have taught maternity clinical to Baccalaureate student nurses in

## BREASTFEEDING LIVED EXPERIENCE

multiple hospital settings. These experiences have allowed me to see wide variations in postpartum care and have driven me try to understand the experiences of the many mothers I have met. It is this conscious self-awareness of the meanings of my own personal experiences that allows me, as a researcher, to conduct a study examining the lived experience of African-American first-time breastfeeding mothers at a BFHI institution.

### **Theoretical Context**

The Roy Adaptation Model (RAM) was the conceptual and theoretical framework for the study of the lived experience of the African-American first-time breastfeeding mother at a BFHI hospital. In the RAM the constructs of the meta-paradigms of nursing, person, health and environment are uniquely identified. Person in the RAM is a bio-psycho-social human system in continual interaction with their environment. As the holistic human system interacts with stimuli from the environment the response is adaptation, which is seen as “the process and outcome whereby thinking and feeling persons as individuals or groups, use conscious awareness and choice to create human and environmental integration” (Roy & Andrews 2008).

It is in the RAM that the person, a discrete individual, who responds to positive or negative stimuli through adaptation that creates the potential for application to a study of the African-American first-time breastfeeding mother at a BFHI hospital. Women who become mothers and breastfeed their newborns are responding to biological, psychological and social stimuli.

### **Summary**

This chapter discussed breastfeeding and formula feeding in a historical context. The researcher’s experiential context and interest in the phenomena to be studied was examined. A

## BREASTFEEDING LIVED EXPERIENCE

theoretical context was identified with a brief discussion of the Roy Adaptation model of nursing practice. Chapter III will discuss the phenomenological research methodology.

## **Chapter III**

### **Phenomenological Methodology**

This chapter will discuss the choice of the phenomenological research method developed by Van Manen.

#### **Rationale for the Selection of the Method**

To understand the unique lived experience of the African-American first-time breastfeeding mother at a BFHI institution requires inquiry into the essences of the phenomena. The essences of phenomena are the internal structures and meanings of a lived experience, which are understood to be: that without which the phenomena would not exist. It is in these meanings where the universality of “what it is” becomes known (van Manen, 1990). This researcher believes that is the most appropriate methodology to answer the question “what is the lived experience of the African-American first-time breastfeeding mother at a BFHI institution?”. This allowed the researcher to study this human experience through the accounts of those who are engaged in the phenomena in their life-world (van Manen, 1999). Phenomenological methodology provides for identifying pre-reflective experience through textual depiction (van Manen, 2011).

#### **Background of the Method**

##### **Husserl and Heidegger**

Phenomenology and thus phenomenological method are based on the subjectivity of reality and was born as part of the naturalist movement in philosophy, a counter balance to the positivist paradigm which viewed all-knowing as objectively measurable (Article Husserl and

Heidegger in nursing Citation). Phenomenology itself is rooted in questions of epistemology and asks, “what and how do we know knowledge?” (Merleau-Ponty, 1945, 2005).

The development of phenomenology as a research methodology is credited to the philosophical traditions of German mathematician Edmund Husserl (1859-1938) and his student Martin Heidegger (1889-1976). While both were concerned with understanding the nature of knowledge through interaction between researcher and participant they differed in approach. Husserl adhered to the belief that phenomenology is based on consciousness of the individuals’ experience, or intentionality of thought, perception and emotion. Husserl’s phenomenological tradition requires the researcher to bracket, that is, recognize and suspend their own beliefs while being immersed in the phenomena (Sokolowski, 2008).

In Polit and Beck (2005) it was discussed that Heidegger, moved away from epistemology as pure text, or knowledge as description of experience toward ontology or knowledge as being in the world. As Heidegger developed his science of phenomenology, he integrated the philosophical tradition of interpretation, or hermeneutics. Heidegger understood a phenomenon or an experience through meaning. The practice of interpretive phenomenology as put forth by Heidegger, established, as intrinsic, the researcher’s experience and own knowledge. He dispelled with the notion of bracketing, as hermeneutics incorporates what is known as being and being presumes knowledge (Polit & Beck, 2012).

### **Merleau-Ponty**

In 1945 Merleau-Ponty’s *Phenomenology of Perception* integrated the philosophical intentions of both Husserl and Heidegger by presenting the understanding that the researcher remains in the world even while bracketing. He identified bracketing as the potential for creating an “experience error” which ascribes to phenomena that which one expects to find (Merleau-

Ponty 1945, 2005). Merleau-Ponty identified human intentionality or relatedness as the connection between individuals and their life world. The individual in describing his experience and our understanding of the experience requires both the participant and researcher to view the experience from the intentional stance of the experiencing person (Cypress, 2009). This creates an interconnectedness identified by Merleau-Ponty as the “knot” of relation, dependent and independent perspectives which ‘engage each other like gears’ (Merleau-Ponty, 1945, 2005).

### **van Manen**

Max van Manen was greatly influenced by the work of Merleau-Ponty and furthered the science of phenomenological research by recognizing the need for researchers to create techniques to understand the life world of an individual. The process developed by van Manen provides the researcher with 1) a construct for engaging participants in the research, 2) thoughtfully reflecting on the phenomena as described both in part and as a whole, 3) writing and re-writing the participants’ relation of the phenomena, and lastly 4) identifying themes significant to the phenomena (van Manen 1990). The process developed by van Manen allows the researcher to identify and understand the phenomena of choice through exploration of the meaning of the experience. As a researcher, Van Manen understood and explained the process of phenomenological research as a “principled form of inquiry” conducted by researchers utilizing six methodological activities which are not linear but simultaneous and must be discovered by the researcher within the context of questioning the lived experience of the individual (van Manen, 1990).

The six structural activities of phenomenological method identified by van Manen (1999) are:

- 1) *Turning to a phenomenon which seriously interests us and commits us to the world;* This is also known as *turning to the nature of lived experience*. It is the researcher who must hold a desire to make sense of a facet of a human existence and the understanding that phenomenological inquiry itself leads to inexhaustible richness of description.
- 2) *Investigating experience as we live it rather than as we conceptualize it;* van Manen's methodology, rooted in the work of Merleau-Ponty calls a return to the world as experienced, pre-reflexively (Merleau-Ponty, 1962).
- 3) *Reflecting on the essential themes which characterize the phenomenon;* This activity asks the researcher to reflect on and illuminate the nature of the significance of the experience.
- 4) *Describing the phenomenon through the art of writing and rewriting;* The work of phenomenological research involves giving language to a phenomenon through questioning and illumination of the nature of the lived experience.
- 5) *Maintaining a strong and oriented pedagogical relation to the phenomenon;* Requires the researcher to be aware of preconceived attitude toward the phenomena and to be fully engaged without disinterest as the phenomena is revealed. This is a conscious and committed realization of the researcher's orientation to the phenomena.
- 6) *Balancing the research context by considering parts and whole;* Phenomenological research examines the lived experience by holding as constants both the entirety and its composites. How the parts, or aspects of a phenomenon, are at once irreducible and yet distinct in their relation to the phenomena as a whole.

This research into the phenomena of the lived experience of African-American first-time breastfeeding mothers who give birth at a BFHI institution followed the processes and activities outlined by van Manen (van Manen, 1999). These activities were conducted within the guidelines established by the Graduate Center regarding research and the protection of human subjects.

### **Chapter Summary**

This chapter began with the rationale for selecting phenomenology as the method of inquiry for this research. It discussed Husserl descriptive phenomenology and differentiated it from Heidegger's interpretive phenomenology. The chapter discussed Merleau-Ponty's contribution to phenomenology by development of the concept of bracketing as a potential for creating an "experience error" in research. The chapter concluded with Van Manen's six activities of the methodological process in conducting research of lived experience and a statement ensuring the protection of research participants. Chapter IV will discuss the application of this phenomenological approach.

## Chapter IV

### Methodology Applied

This study of the lived experience of African-American first-time breastfeeding mothers at a BFHI institution was conducted using the phenomenological methodology of van Manen (van Manen, 1999). This chapter will discuss the activities and procedures involved in the execution of this research.

### Research Activities

The hermeneutic phenomenological tradition of inquiry can be understood from its' ontological nature, or the interpretation of an existing truth of being (van Manen 2011). As the truth of being an African-American first-time breastfeeding mother at a BFHI hospital can only be learned from an African-American first-time breastfeeding mother, the researcher oriented herself to the experience and utilized the non-linear activities developed by van Manen in his 1990 work *Researching Lived Experience: Human Science for an Action Oriented Pedagogy*.

Activity one: *Turning to a phenomenon which seriously interests us and commits us to the world; also known as turning to the nature of lived experience*. The goal of the researcher is to make sense of a facet of a human existence. To do this I kept the thought of the lived experience of the participants as they relate it in a conscious orientation before, during and after the interview. It is with commitment to understanding of the phenomena that creates a fullness of inquiry. The researcher is committed to the depth and breadth of the inquiry (pg.31).

Activity two: *Investigating experience as we live it rather than as we conceptualize it*. This required that I be oriented to the truth of being an African-American first-time breastfeeding mother at a BFHI hospital and began this process by examining and journaling my own thoughts, relational experiences and understanding of the phenomena before conducting any interviews.

This orientation to the phenomenon was held as a constant, in full consciousness as I interviewed participants (p.31).

Activity three: *Reflecting on the essential themes which characterize the phenomenon*; In reflection, the researcher is able to identify that which is significant to the experience and bring to light that which may be obscured by existing only pre-reflectively. The interviews were examined for meanings and the essential themes that can be identified as this unique lived experience. It is not without note that the researcher views this activity of “reflection” through the context of illumination. Reflection is light and light is illumination. The lived experience of the participant is brought into illumination, as it has always been in existence but is brought forth into a conscious understanding. (pg.32)

Activity four: *Describing the phenomenon through the art of writing and rewriting*; Phenomenological research involves giving language to a phenomenon. As the interviews were examined, they were written and rewritten with a consciousness of inquiry. It is this application of thoughtfulness of language to the phenomena that allows the true phenomena to be revealed (p.33)

Activity Five: *Maintaining a strong and oriented pedagogical relation to the phenomenon*; the researcher must be actively engaged with the phenomena at all levels of inquiry and through all activities. This was accomplished through reflection on the processes engaged in by the researcher throughout the research process. Journaling of the researcher’s thoughts, feelings and attitude toward both the phenomena and the research process allowed the researcher to maintain a strong orientation to the phenomena of African-American first-time mothers at a BFHI institution. This is a conscious and committed realization of the researcher’s orientation to the phenomena (pg.33).

Activity Six: *Balancing the research context by considering parts and whole*; the text and context of the phenomenological research were examined both in whole and in part. The researcher considered the interviews, both recordings and transcripts, in their entirety, conducted line by line as well as key word analysis while examining the orientation of the whole and parts to each other (van Manen 1990, pg.33).

### **Protection of Human Subjects**

The study was conducted consistent with the protection of the rights, privacy and confidentiality of each participant. Prior to beginning the research process, the researcher obtained approval from the City University of New York (CUNY) Lehman College Institutional Review Board (IRB) (Appendix A). The researcher sought a partnering research hospital and received IRB approval of the host hospital (Appendix B). This institution was chosen for three specific reasons, 1) they have a very large maternity service with a high rate of normal vaginal births, 2) they have formal nursing policies in place that are consistent with the BFHI initiative, 3) they have formally begun the application process for BFHI certification and thus their practice is consistent with a BFHI certified hospital. There were no real or potential conflicts of interest for this study. There were no identifiable or potential risks or benefits for study participants. A written consent form was completed by all study participants as well as verbal consent for both participation and audio recording were obtained at the time of the audio recording of the interview. The researcher made notes during and after the interviews. The audio recordings were transcribed and cataloged by randomly assigning the names of flowers and were heard by only the researcher.

Participant confidentiality was ensured, as participants were deidentified and randomly assigned the names of flowers for the purposes of analysis. Confidentiality of demographic data

was maintained at all points of the analysis and no personal identifiers can be associated with the data. All electronic versions of materials associated with the study are kept on a password protected computer accessible only to the researcher and any written materials are secured in a locked fire-proof box. All materials associated with this study are accessible only to the researcher and will be destroyed three years after the conclusion of this study.

### **Sample Selection**

Participants were selected from a sample of African-American first-time mothers who have given birth to their first child at an accredited Baby Friendly Hospital Initiative institution. Participants were limited to women who have delivered vaginally with no postpartum complications. A sample size of approximately 10-12 participants was initially anticipated, however saturation of information was achieved with 9 participants.

### **Data Collection**

Following Institutional IRB approval, a flyer describing the study was approved for posting in the staff lounge (Appendix C). Participants were recruited through review of the hospital admission record demographic and delivery reports to ensure they met both inclusion and exclusion criteria. After introducing myself, I discussed the study, gave them a copy of the study participant recruitment flyer (Appendix D) and consent form for review (Appendix E). If the individual expressed interest, I asked for a contact number, gave them my contact information. Participants were contacted several weeks after discharge. Participants interviews were recorded and transcribed for the purposes of analysis. Additional participants were recruited until saturation of content was achieved and no new information was gained through the interview process (Morse 1991). Participants were compensated with a \$50.00 Amazon gift

certificate. No additional compensation was provided to participants who agreed to review transcripts for accuracy.

An unstructured interview technique was used to collect the data for this study. In phenomenological study the use of an unstructured interview format allowed for the essences of the lived experience of African-American first-time African-American breastfeeding mothers at a BFHI institution to be illuminated. Interviews with participants were conducted at a place and time convenient to the participant. The researcher utilized the techniques of van Manen in which the experiences, thoughts and feelings of the researcher are held as a constant in the consciousness of the researcher as the interview progresses (van Manen 1990). It is with this explicit knowledge and understanding that the researcher was able to view data obtained in the interviews without bias or misinterpretation.

### **Analysis of Data**

The audio recordings of participant interviews were transcribed into text, and the researcher listened to the audio recordings and read the transcripts both individually and in tandem. The text was then analyzed for the essential themes of the phenomenon which are the intrinsic meanings which exist independent of language and description. The researcher considered the both the parts and whole at all times and the orientation of the identified themes to each other. The analysis of data continued until no additional themes or meanings were revealed. Identified themes helped to inform the subsequent interviews. Methodology applied and the results of the findings will be discussed in Chapter V.

### **Summary of Chapter**

This chapter discussed the application of phenomenological research methodology of Max van Manen. It described the research activities conducted as well as the protection provided

for participants in this research and the researchers participation in the IRB processes of the City University of New York and the host institution. The procedures used for the handling and storage of research data were defined. The sample size and selection were also discussed. Recruitment of participants and the collection of data were described. The analysis of data using the methodology of van Manen was described. In Chapter V the researcher will provide the research results and Chapter VI will present the researchers reflections on the research findings.

## **Chapter V**

### **Findings of the Study**

The purpose of this study is to understand the lived experience breastfeeding for African-American first-time mothers who have given birth at a hospital that follows the practices outlined in the Baby Friendly Hospital initiative. Nine African-American women between the ages of 20 and 30 were interviewed for this study. The interviews were recorded and transcribed then analyzed utilizing the phenomenological methodology of van Manen (van Manen, 1999). Participants were asked to “tell me about breastfeeding your baby.” Participant interviews described unique experiences in which I identified and interpreted the common meanings of the interviews. Interviews ranged in length from 30 to 90 minutes.

After the end of the recorded interview, I made initial notes about the interview and the overarching meaning of the content and context of the interviews as well as my personal feelings. The recordings were transcribed, and I then read them while listening so as to reflect on their meaning. I analyzed the interviews to identify the themes or meaning units that had relationships to each other, using different highlighters to distinguish them. The transcripts were again re-read to confirm the initial identified themes and to synthesize the themes into essential themes. These themes determined the relationship between initial themes and were used to

articulate a broader interpretive thematic statement that can help to understand the lived experience of African-American first-time mothers who give birth at hospitals that adhere to the protocols of the Baby Friendly Hospital Initiative.

### **Research Setting and Study Participants**

I was granted institutional IRB approval at a large metropolitan hospital that was in the process of applying for designation as a Baby Friendly Hospital Initiative institution. The hospital had adopted the practices of the BFHI 2 years earlier. The hospital granted access to the electronic health record system of the hospital to screen for potential research participants. During the research period I was able to identify 35 potential participants who met the research criteria. I approached these individuals on the post-partum unit and they were given a flyer describing the study (Appendix D) I then discussed the possibility of participation in the study.

If the participant stated they were interested, I confirmed the information needed to for inclusion or exclusion. The study criteria in addition to the age limitations of between 21 and 30 years of age included: being an English-speaking first-time mother who self-reported race as African-American on the demographic information of the hospital admission record, having delivered their infants vaginally with neither mother nor infant being diagnosed with any medical complications of childbirth. I then asked for contact information. Twenty individuals were identified who met the inclusion criteria and initially expressed interest in being contacted. I then contacted them via telephone 3 to 4 weeks after discharge.

When I contacted these individuals, 8 were no longer interested, 3 were not reachable by the contact numbers provided and 9 study participants agreed to participate. I offered to meet the participants in a public venue or to come to their residence for the interview. All participants requested interviews to be conducted in their own homes and invited me to visit their homes.

Upon arrival and ensuring privacy, I reviewed the consent form, obtained written consent and verbal assent to the interview and to record the participant. Participants were compensated for their time with an Amazon gift card in the amount of \$50.00.

The interviews were recorded and transcribed, both the electronic recordings and transcriptions files being stored on a password protected computer wholly controlled by me. The signed written consent forms and de-identified demographic surveys were stored in a locked file cabinet accessible only to me. Participants were randomly assigned the names of flowers for the purposes of analyzing and reporting the study findings. The demographic data of the participants is presented in Table 1.

**Table 1. Demographics of Participants**

Name	Ethnicity	Age	Household Members	Marital Status	Household Income \$	Education	WIC
Tulip	African-American	22	Fiancé	Single	>75,000	College degree	no
Rose	African-American	26	Spouse	Married	>75,000	College degree	No
Iris	African-American	20	Female Friend	Single	45-75,000	GED	yes
Daisy	African-American	22	Brother and sister-in-law	Single	15-20,000	High school diploma	yes
Daffodil	African-American	30	Lives alone	Single	>75,000	College degree	no
Poppy	African-American	21	Father of Baby and parents	Single	>75,000	Some college	yes
Violet	African-American	23	Parents and 1 sibling	Single	15-20,000	Some college	yes
Lily	African-American	26	Spouse	Married	>75,000	College degree	no
Jasmine	African-American	28	Spouse	Married	>75,000	College degree	no

## **Establishing Rigor**

Rigor in phenomenological qualitative research is developed through the conscious orientation to the phenomenon while engaged in the research process. As described by van Manen, the researcher reflects on the phenomenon throughout all activities in the data collection and data analysis process (van Manen,1990). A continuous reflection on the phenomenon was maintained by journaling personal thoughts and feelings to assess for personal biases at all points in the data analysis. A multi-level data analysis allowed for thematic development. For this study of the lived experience of the African-American first-time breastfeeding mother at a BFHI compliant institution, participants were interviewed. These interviews were recorded and transcribed, read and re-read for accuracy as well as read while listening to the recording. Data were analyzed using a line-by-line review. Interviews continued until it was determined that no additional or new information was obtained. To achieve this saturation, nine participants were interviewed. The ninth participant was the final participant which validated saturation. Participants were given the opportunity to review the themes developed. The results were reviewed with an expert nursing researcher for clarity and feedback.

### **Participant Experiences**

#### **Rose**

Rose is a 26-year-old married African-American woman who works as a Certified Nursing Assistant (CNA) in an emergency room of a hospital. When I introduced myself to her she was awaiting discharge from the post-partum unit. Both her husband and father were with her. When I described the study, she said she would “love to talk to me, because she was ‘all about’ everything breastfeeding”. I contacted her approximately 2 weeks after she had given birth and she made an appointment for me to visit her at her home.

Rose lives with her husband in a 2<sup>nd</sup> floor rental unit of a two-family home owned by her maternal aunt. It had been approximately 4 weeks since she had given birth. On the day of the interview, her husband was home but left shortly after the interview began. Her living room had a baby swing and an infant stroller in the corner. Her infant son slept in a baby seat on the table as we talked. As we sat down, she pointed to a carrying case for a breastmilk pump on a side table and told me that that was the first thing she had asked for from her mother. Rose was relaxed and seemed enthusiastic to talk about her experience. She was smiling and was very animated when she spoke. Her enthusiasm for the subject was captured when asked about breastfeeding:

*I just knew that I wanted to be one of those moms who are pro-breastfeeding. I was always, that's the first thing that came to my mind was breastfeeding. I never judged anyone who had a different idea or opinion about breastfeeding or not breastfeeding, but I knew that I wanted to breastfeed.*

The interview lasted approximately 1 hour as Rose described her experiences before she gave birth, in the hospital as well as what had transpired since she arrived home with her infant. She described asking her own mother about how she and her brother were fed and indicated that her mother wasn't successful at breastfeeding.

*I'm the second. I asked my mom if she breastfed me, and she said that I gave her a lot of trouble. She couldn't get the latch, so she just gave up. My brother wasn't breastfed either. Yeah. But I didn't ask about him, but I know he wasn't breastfed. But as far as I, she said she tried for a couple of months, couldn't get it, so she went to formula, yeah. I've never really cared what anybody else thought about me breastfeeding or not. I just knew I was going to do it, that's it.*

She indicated that she had had a female obstetrician who didn't provide her with any information on infant feeding while she was pregnant. She also said she didn't talk to any of her friends.

## **Daisy**

I met Daisy on the post-partum unit where she was with her mother. Daisy is 22 years old. She lives with her brother and sister-in-law. She had given birth 12 hours before I introduced myself to her on the post-partum unit. She invited me to interview her at her apartment in a large building that was part of a city housing development. I met with her on a sunny morning approximately a month and a half after she had given birth. She was soft-spoken but welcoming. We sat in a small dining area off of the kitchen where her sister-in-law and sister were preparing food. She and her female relatives run a home catering business and they were preparing food for orders for delivery later that day. She is unmarried and the father of her daughter does not live nearby. Her 2-year-old nephew was playing on the floor next to us as we talked. She offered me some tea that I accepted. As we began our discussion, she was initially shy, and after a few preliminary questions about her pregnancy, she relaxed.

*I never thought I would have a baby, I used to be on the pill but that didn't work so I got pregnant. I knew that I was going to try to give her the breast. My family is from Jamaica and everyone there does it. I didn't really think about it. I took some alfalfa to make more milk because I didn't have very much. My sister [sic] there helped. I have been doing both bottle and breast. She likes the bottle better. I think that it's easier for her to drink more. It's hard to tell if she is getting enough when I give her the breast.*

## **Daffodil**

Daffodil is the oldest of the participants at 30 years of age. She is a single mother who is an elementary school teacher. Daffodil became pregnant by asking a male friend who lives several states away to donate sperm. She said she planned on raising her son by herself and the friend was chosen because he was “smart and nice” and he was not interested in participating in childrearing. She was very open about the circumstances of conceiving her child and appeared relaxed while discussing her pregnancy and birth. She lives in a large one-bedroom apartment on the first floor of a two-family home in a quiet residential neighborhood. She said that she had

grown up in the neighborhood and her sister still lived nearby. Her sunny and cheerful apartment was quiet and comfortable with several unopened gifts from the baby shower thrown by her colleagues at the elementary school where she teaches. She said she was taking the next 6 months off from work so she could remain at home with her baby. She told me she had received some of her prenatal care at the hospital located 3 blocks from her home, however, she decided that she did not want to give birth there. When asked why she wanted to change she gave several reasons.

*I had always gone to the clinic for my birth control, and they were okay, but my friends and sister told me that the labor and delivery nurses were not that good, and the rooms were small. I switched after I did a few Google searches, but it was hard to get a midwife to take me because I was already six months pregnant, they don't like to take you if you are already very pregnant. I found a doctor who would see me though. I was glad I switched, the nurses on labor and delivery were so good and the breastfeeding nurse was really helpful. I thought I knew what to do but she showed me how to make it easier.*

## **Tulip**

My introduction to Tulip was very brief. When met her on the post-partum unit. She said she had been awake all night because she wanted to breastfeed but was having trouble figuring it out. She was very tired, and her mother was with her on the unit. I discussed participation in the study, and she agreed that I could call her, but said she wasn't sure that she would be breastfeeding by the time I contacted her. Tulip is a 22-year-old administrative assistant for a law firm. She is engaged to be married and lives with her fiancé in the basement apartment of a brownstone. I was able to set up a meeting with her after leaving 3 messages approximately 1 month after she got home. On the day of the interview, her fiancé was home, and she wanted to get out of the house, so we left her son and went to a small nearby park where we sat on a bench near the playground area. The interview with her began with her apologizing for not sitting up in bed when I approached her in the hospital.

*I'm sorry, I was really tired since I hadn't been able to sleep all night. My mother was there with me for the whole time, I don't think she slept either. The nurses had been showing me how to breastfeed and I thought you were going to ask me to breastfeed again. I was thinking that I would never be able to do it and I was done with trying.*

When asked if she was still breastfeeding or if she had given up, she smiled, and her voice lifted.

*I'm still breastfeeding during the day and I pump so it doesn't always have to be me to feed him. can't believe that I was able to get through that. I am breastfeeding during the day and my fiancé is feeding sometimes at night.*

## **Iris**

Iris is a 20-year-old single mother who invited me to visit her at her apartment but said that she would have to wait because she hadn't moved in yet. She said she was going to move in with her friend, another young single mother. When I first met Iris, she was in the breastfeeding lounge of the post-partum unit. I spoke briefly with her while she was waiting for the lactation consultant to come to help her with breastfeeding. When I told her about my interest in talking to women about their experiences with breastfeeding at the hospital, she said that she didn't know very much about it but wanted to learn. She said she was alone at the hospital and her friend was going to come to take her home tomorrow.

*I didn't really think about doing it until I saw the WIC lady when I went to the clinic. She told me it was best. I don't know because everyone that I know uses formula. I'm supposed to see the breastfeeding lady here. I think it may be better, but I don't know anybody who does it.*

I contacted her 2 weeks after her delivery, but she indicated that she hadn't moved yet and wanted to wait to talk until she had. I was able to arrange an interview with her more than a month later and when I arrived at her apartment she was caring for her own son and the 3-year-old child of her friend. Her apartment was on the 5<sup>th</sup> floor in a dilapidated building in a public housing development. The elevator was not in service on the day of my visit and she had to

come down to let me in as the buzzer was not working. The apartment was very small and sparse. There was only a worn leather sofa, with a fold-out table and a large tv in the living room. I didn't note any children's toys or any infant equipment with the exception of the convertible stroller with infant seat where her newborn daughter slept and several cans of infant formula on the table. I asked if her friend had also just moved in. She said that her friend had actually moved there several months ago. The television was on during our interview tuned to a music video channel and the child she was caring for was sitting in front of it while we talked. She was very soft-spoken but seemed comfortable with our conversation. She told me about how she was no longer just breastfeeding. She said she had tried, but it was too painful.

*I tried but she was so fussy, and she couldn't get latched. I was able to do it when she wasn't happy. I think bottles are good. You can take them with you.*

### **Poppy**

Poppy is a 21-year-old unmarried woman who lives with the father of her baby. It was early in the morning on the day I met her She was alone in her post-partum room and her newborn daughter slept on her chest as we spoke. She had given birth only 12 hours earlier and seemed already very at ease with her baby. I commented on how relaxed she seemed with her baby. She told me that she was a nanny for 4-year-old twins. She planned on returning to work in under a month and would be able to bring her daughter with her. She was tired but said she would be happy to talk to me. Her family and the father of her baby had gone home for the day and she was happy for the rest following a long labor. I contacted her approximately 6 weeks after first meeting her and she told me that she had not gone back to work as she anticipated. She had become engaged to the father of her baby and they had moved in with her family and she was planning on returning to school to become a medical assistant. I made arrangements to speak with her the following week but because of the weather we did not end up meeting for 2 more weeks. When I did go to her home it was busy with her mother, father and younger sister

watching tv in an adjoining room. Poppy invited me to speak with her in her room, which was large, tidy and filled with infant toys and equipment. She was sitting in a rocking chair and was nursing her infant as we spoke.

*I think that I will be able to continue breastfeeding because I am going to go back to school and they said they have a room that I can go to pump at. I have a friend who went to the program and she was breastfeeding for a month or two. I don't know if I will be able to keep doing it when I get a job, but I think that if I can keep breastfeeding until I get a job it will be best.*

I asked her about whether she had planned on breastfeeding when she initially started breastfeeding because her initial plan had been to return to work very soon after giving birth.

*I knew that I wanted to breastfeed, the mom that I worked for said she nursed the twins, but she mostly pumped for maybe a month. I thought that since the kids were old enough to be in school, I would be able to breastfeed, but I decided that I needed to get a regular job with insurance and vacation. So, I kinda planned it but not really.*

## **Violet**

Violet is an unmarried 23-year-old college student who lives with her family in the home she grew up in. I met her on the post part-um unit as she was preparing to be discharged with her infant daughter. She was giving her infant a bottle while I spoke to her about being participating in the study. She indicated that she had tried to breastfeed but felt very sore after so many attempts that she needed “a break from it”. When I contacted her a few weeks after discharge she said she was still breastfeeding “sometimes”, and she would be happy to meet with me and discuss it.

*I didn't try breastfeeding until the breastfeeding nurse came to talk to me about it. She came in to talk to me a lot. They gave me some papers about it and showed me how to do it. I'm not able to keep doing it all the time. I have been giving him bottles at night because he sleeps better. I tried to keep breastfeeding only, but I don't get any sleep. I want to try more because everyone keeps says it's best. I want to do what's best for her. I'm not sure if I'm making enough milk because she cries when I have just fed her.*

Violet's mother encouraged her to give bottles at night. She indicated that her mother was willing to get up during the night to help so her daughter could sleep, so she started introducing formula.

At first, I thought she wasn't going like the formula, but she really likes it. She can drink a whole bottle really fast. If I give her formula, then she sleeps for a long time and I don't have to feed her every 2 hours. I can give her a bottle every four hours. My mother told me to give her formula because then I can start mixing formula when give him cereal. I get free formula from WIC so it's ok. I talk to other mothers on line who give formula and it's ok. My mother didn't breastfeed any of us.

## **Lily**

Lily is a 26-year-old married social worker who was alone when I met her on the postpartum unit. She was breastfeeding her newborn son when I met her. She said she would be happy to talk to me about breastfeeding. She indicated that the interview may have to wait a few weeks because she was moving to a new apartment and things were "kind of upside down" right now. I was surprised when she contacted me just a week after her discharge to ask to be interviewed. I was able to meet her 2 weeks later. She lived in a large apartment building in a bright and spacious apartment on the 10<sup>th</sup> floor of the building. She was alone when I arrived at her home her son was sleeping in an infant carrier on the coffee table. Her apartment was very homey, and I was surprised to find it fully decorated given her statement when we met. She indicated that her mother had just left to return to Florida where she lived. There was a sense of serenity in the home, she seemed just as relaxed as when I met her.

*So far, it's been pretty good, I spent a lot of time resting because my mother did was here with us from before I had him until she left. She was really helpful. She cleaned and cooked. My husband is going to take some time off in a few months. I have been just here with him. I am using all of my vacation time to stay here longer than the six weeks they give you. I may not go back, but I haven't told my boss anything because I don't know.*

I asked if breastfeeding was something that she planned on continuing when she did return to work.

*When I started it was a little harder, I had a lot of pain because he didn't latch very well when I got home. My mother wasn't a lot of help with it because she didn't breastfeed any of us. But then I watched a few videos and kinda got the hang of it. I thought that if I gave bottles then it would be easier to go back to work, but now that I am doing ok with it, I might like to continue with it. The only thing is that my husband wants to give him a bottle so I pump, then my husband, or my mother, when she was here, would get up and feed him at night.*

Lily was the most serene of the women I met, I noticed that there was a softness to her that was reflected in every aspect of her home. The colors were soft, the lighting was soft, she had soft music playing in the room as we spoke. She was very content with her new infant.

*I spend all of my time here with him, he's a sweet baby, I can just sit here and watch him for a long time. I don't get tired of watching him, I am afraid that if I go into another room he may cry or when I take a shower, I bring him near the door and leave it open so I can hear him. My mother thinks I'm crazy, but it makes me feel better. I really haven't had any desire to go out, he's happy here and I can feed him here easily.*

## **Jasmine**

Jasmine is a married 28-year-old who works at a large financial firm downtown. She had a large gathering of family in the room when I met her. She was packing up her belongings and was waiting for her husband to bring the infant seat for their son to go home in. She was already dressed to leave. When I discussed being part of the study, she said she had never been part of a study, but that she had been successful at breastfeeding while in the hospital and planned on continuing wanted to breastfeed and gave her the flyer. When I contacted her, it was over a month after she was discharged, we were able to meet 2 weeks later. Jasmine lives in an apartment in a modern building that appeared to be no more than a few years old. The apartment was on a high floor with a view across a neighborhood that is very far away from the hospital she delivered at. She was alone, her husband who also works in finance and was home with her on parental leave, had taken the baby out for a walk so we could talk. She discussed how she ended

up at the hospital where this study was conducted. She indicated that she had done some background work on hospital rating systems and reviews.

*I was seeing a doctor in the city as my GYN and he seemed good, but when I got pregnant, I did some research, and I asked him the things you are supposed to ask. Like about things like how many C-sections do you do? What do you think about walking epidurals and things like that? He seemed to be uncomfortable with me asking those questions, he acted kind of offended. So, I shopped around, I went on to yelp and Zocdoc to see reviews and I asked a friend who lives here who she saw, and she liked him, so I went to see him. He had a midwife that I saw once but he said he did most of the deliveries himself. He was ok. I liked the midwife, but she wasn't going to probably deliver me, so I stuck with him. He delivers at the hospital, so I stuck with him. I saw that they deliver a lot of babies and that made me think they knew what they were doing.*

Jasmine was planning on breastfeeding for as long as she could. She was taking almost seven months off from her job for maternity leave. This was a factor in her choice to breastfeed.

*I knew that because of my job that it would mean that I could take the time off and breastfeeding would be easier. If I go back to work and I'm still breastfeeding I may pump but I may start some formula because if I go back at 6 months, then he will need formula. I haven't decided if I'm going to go back. I told them I would and that's what I plan but I like being here with him. I may feel different when my husband goes back to work but now, we are spending time together with him. It's like I thought it hoped it would be. We don't get much sleep, but we don't have to get up in the morning right now so it's ok.*

## Thematic Analysis

The transcribed interviews were again reviewed while listening to the audio recordings. Re-reading the transcripts gave me the opportunity to ensure the transcripts were accurate and additionally to bring to mind my own experience of meeting and interviewing the participants.

After rereading the transcripts, I reached out to the participants to provide an opportunity for them to again meet to review the accuracy of the transcribed interviews. I was initially able to meet in person with the 2 participants who answered the phone when I contacted them. As all of the contact numbers were mobile numbers, I was also able to send text messages after initially leaving a voicemail to request a follow-up interview. Of the 7 remaining participants, 2 responded by text agreeing to an in-person meeting. One additional participant returned my call and I was able to interview her via telephone. The 5 remaining participants did not respond to additional attempts to contact them. All participants confirmed the information in the interviews was accurate.

The nature of lived experience research is to discover the fundamental meaning of the individuals' lived experience through the living language of the participants (Van Manen, 1997). To accomplish this, I read the transcripts again looking for the fundamental meaning groups of the experience of an African-American first-time mother who gives birth at a hospital that follows BFHI protocols. I assigned each to a color-coding system with highlighters to distinguish them. I categorized the fundamental meanings into the following groups: 1) support, 2) knowledge, 3) confidence, 4) commitment, 5) community, 6) fitting in, 7) being judged 8) fear of failure, and 9) wanting to be a good mother.

While the re-reading of transcripts using a selective or highlighting technique gives rise to fundamental meanings, a line-by-line approach, which followed, allowed me to identify any individual statements or partial statements that gave voice to the fundamental meaning of the experience of these African-American first-time mothers. Reflection on these groupings and each phrase or statement provided the opportunity to evaluate overlapping ideas and establish the themes identified in the groupings. Extraneous or incidental themes were eliminated through a comparison of groupings, statements, and notes made in each reading. The four participants with whom I was able to speak with for follow-up to the initial interviews were given the opportunity to clarify on the initial themes and all gave confirmation of these themes and offered no additional information to clarify. Although, one participant did contact me via text, 2 months after our last contact, to inform me that she wanted me to know she was still breastfeeding after she returned to work. I responded asking her if she wanted to discuss this further and she declined stating, "I just wanted you to know".

## **Essential Themes**

### **Determining the Essential Themes**

Phenomenological research requires that the researcher determines those aspects of a phenomenon that “without which a phenomenon could not be what it is” (van Manen 1997, p.107). Initial themes were examined by following van Manen’s methodology and asking, “is the phenomenon still the same if we imaginatively change or delete these themes from the phenomenon” (van Manen, 1997, p.107). In contemplating each of the themes I was guided by van Manen (2007) which asks that the researcher “direct the gaze toward the regions where meaning originates, wells up, percolates through the porous membranes of past sedimentations and then infuses us, permeates us, infects us, touches us, stirs us, and exercises a formative

effect”. Using this free reflection technique and a discussion with an expert researcher I was able to fold themes 1 and 2 together, 3 and 4 into one, themes 5 and 6 together, and themes 7 and 8 and 9 into a single theme. This process yielded the following essential themes:

1. Support
2. Commitment and Confidence
3. Community
4. Fear

The process of finalizing of these themes was reviewed with an expert nursing researcher to determine if any modification was needed. These four final themes were then expanded into broader statements that more fully capture their meaning.

In order to capture the meaning of a phenomenon, van Manen (1997) guides the researcher to relate to the reader through a text that is both profoundly descriptive and rich in the dialogue that is the phenomenon. The phenomenon of the lived experience of the African-American first-time mother at a BFHI institution is presented through the words of the participants as examples and to illustrate the essential themes of the lived experience.

### **Essential Theme 1: Support of Professionals**

The participants described both positive and negative experiences of the breastfeeding support provided to them by the nurses, lactation consultants, physicians, midwives and other staff with whom they interacted. Each participant discussed the theme of support experienced in their interactions with the health care team. When asked about the support for breastfeeding from their primary obstetrical care person some participants said they received information, some stated that they either received no information or they were directed to speak with another professional about infant feeding.

When Jasmine was asked about the information received from her obstetrician, she seemed surprised as she reflected on her experience to realize that he had never spoken to her about breastfeeding.

*I didn't think about this before. He didn't ask me at all what I was going to do. I guess he didn't know much about it. Maybe he just thought I was gonna do it, but I didn't know anything about it. Maybe I would have asked him questions.*

This was consistent with other participants who described their interactions with their obstetrical care provider, whether the provider was a physician or a midwife.

When Rose, who received care from a midwife, indicated that when she asked her midwife about breastfeeding, she deferred the discussion to the lactation consultant at the hospital.

*She said to read about it if I want, and I could look at YouTube, but not to worry about it during pregnancy because 'you really can't do anything about it without a baby and the nurses will help you' so I didn't ask her again.*

Daisy discussed her care from a midwife. She had been under the care of a doctor when she first became pregnant but changed to a midwife after her friend recommended her.

*My midwife asked me about what I was gonna do breast or bottle and when I told her breast, she told me it was the best. She made sure that I was able to talk to the WIC lady about it, she helped me with some information. I wanted to ask about giving some formula, but I didn't.*

Iris stated that she had received very little information from her doctor. She and the other participants all indicated that breastfeeding and breastfeeding information would be handled by a WIC counselor, the lactation consultant, or the nurses on the postpartum unit.

*My doctor and the WIC told me that I should breastfeed, he said it was up to me but that I should give it a try. The WIC lady gave me some information about breastfeeding, and I watched a movie in the clinic. They said they would tell me more about it at the hospital. I think they left that up to the nurses.*

Most of the participants expressed a positive experience with the lactation consultant and viewed this support as helpful. Jasmine's experience was shared by all of the participants

*The breastfeeding nurse was really patient with me, she kept coming back to check to see if I was doing ok. She came back every time I asked. The other nurses were telling me to breastfeed, but they didn't spend that much time with me. The breastfeeding nurse was the one who gave me all of the information. The other nurses were always checking to see if I was doing it.*

All of the participants discussed having an understanding of the benefits of breastfeeding. They all discussed noticing print advertisements at their prenatal appointments, in literature and the post-partum unit as well as social media postings and advertisements as sources of information about breastfeeding as a preferred feeding method. The information imparted from formal sources such as lactation consultants, nurses, and W.I.C. educators or administrators was often in the form of posters, pamphlets or written instructions.

Tulip indicated that there was a lot of information for her on breastfeeding but none on formula:

*The posters are everywhere in the hospital about breastfeeding being the way I was supposed to go. I remember seeing them even in the bathrooms. A poster right on the back of the door that says 'it's liquid gold' ...They didn't even talk to me about formula, but they had some in the baby bed.*

When asked about information regarding safe infant feeding with formula, all of the participants indicated that they were not given any instructions.

Daisy discussed the lack of information regarding bottle feeding:

*The nurses didn't show me how to give a bottle. When I said I was going to do both, they just gave me extra bottles when they brought her to me. They did ask how much she had taken from the bottle, but that's it.*

Gaining knowledge came from a variety of sources including social media, however, social media engagement emerged as a separate theme of community. The Internet, social media and friends were cited repeatedly by the participants as being of "more help" than formal

healthcare channels. Rose's experience was echoed by the other participants. All of the participants discussed their interaction with

*I just searched for breastfeeding stories on YouTube and there were a whole bunch of people talking about it. I was able to see how some women were struggling and they had some helpful tips*

Poppy felt overwhelmed by the amount of information given to her in such a short period of time during her 48-hour stay in the hospital as well as the way it was taught. When asked about her interaction with the lactation consultant she said:

*There is so much going on, you don't sleep, the daddy doesn't sleep, visitors come, and they try to teach you in the time they are with you. I didn't get a chance to ask about anything like bottle feeding or diapers. All they wanted to do is get me to feed, read the information.*

Lily gained much of her knowledge from the vloggers (video bloggers) on YouTube as well as Instagram postings by women who were breastfeeding:

*They had so many good tips about what to do. I used to watch new blog posts every day when I started. Because I haven't really gone out much, I don't have friends here so the moms here on YouTube and Instagram are helpful. I have posted questions and most of the time someone answers for me...it makes me feel not so alone.*

The participants with the exception of Iris went to the daily breastfeeding "class" but described it not as formal instruction but more of a breastfeeding group led by the lactation consultant.

None of the participants described this interaction as notably helpful. As Lily stated:

*It was nice that they had a group, but only two of us were in there. When the breastfeeding nurse came to see me in my room it was easier to breastfeed. I didn't stay long when she had the class. But she came to my room when I was having trouble and she showed me different positions, I didn't realize that the way I thought I was supposed to hold him wasn't working for me. She showed me how to do the football hold. That worked for me.*

## **Essential Theme 2: Commitment and Confidence Needed for Success**

The participants discussed discovering that breastfeeding required both time and physical presence, which gave them a sense that they were committed to breastfeeding. The participants discussed the physical demands as challenging. When interviewed, many of the participants stated that the physical demands and the sleep patterns of their infants led them to supplement with formula for the last feeding before bed.

*I know that if I give her a bottle she will sleep for longer. I give her formula at night and she sleeps for almost 5 hours. That's when I get my sleep. I just wouldn't be able to get any sleep if I had to keep getting up. She wants to eat every 3 hours if I only breastfeed.*

*I am still breastfeeding but it's a lot of work. I have to stop what I'm doing every 2 or 3 hours. I don't see how I can do this and go to work every day. It's getting hard. I will try to do it for as long as possible, but I don't know.*

All of the participants discussed having some of the common difficulties of breastfeeding which made them question their ability to be successful.

*It hurt so much in the beginning, I tried pumping first before giving the breast. Sometimes I feel like giving up. I didn't think I would be able to breastfeed every time.*

*I just thought I can't do this, it hurts, he's crying all the time, I don't get any sleep and I can't go out for more than an hour without pumping. If I'm not going to do this for like 6 months, why should I put myself through this?*

*I think she is getting enough milk; she's growing ok and she is peeing and pooping like they said, but she cries so much. Now she is feeding every 2 hours and that's a lot. I don't think I can keep this up if it's every 2 hours.*

Participants discussed feelings of being competent in their breastfeeding and how it gave them the confidence to continue.

*Once I knew that I was making enough milk because he was sleeping better, and I had so much milk when I pumped it started to get easier. I can pump the extra and freeze it, so I don't have to worry about running out of milk.*

*I knew that if I could get through it, I actually said to myself "you can do this" because it wasn't as easy as they made it sound.*

*I remember talking to one of my friend's sister who was pregnant, and I was giving her advice on how to hold the baby, what positions worked and what do if her nipples cracked and got sore. It made me feel like I knew what I was doing.*

*When I first knew that I was pregnant I knew I was going to breastfeed and when it wasn't natural or easy like I thought it was going to be I was afraid that I would have to stop, and I didn't want to not do it. I think now I know what I am doing, and I know it's not going to be hard the next time because I did it.*

### **Essential Theme 3: Community of Mothers Through Social Media**

Participants in this study identified a sense of community when they interacted with mobile applications on their phones and social networking sites (SNS). They often spoke about the women they interacted with as friends, and verbalized admiration and trust in the content they were being exposed to. The women who blogged or vlogged (video blog) about breastfeeding were viewed as more approachable than formal sources of information. Daffodil who was the most engaged with social media voiced a perspective shared by all of the participants.

*I downloaded all of the breastfeeding apps. I used what to expect when I was pregnant, and they have a breastfeeding thing, but I use all of them. Baby tracker is good to remind me to nurse that was good in the beginning. I use the links to see what other mothers were doing. Instagram and Facebook have so many people just posting about what they are doing, how it's working, what to try. I got a lot of tips about how to take care of sore nipples. In the beginning, I was DM-ing (direct messaging) all the time. The moms on there were really great. They get back to you if you have a question and they post videos. I talked to them every day in the beginning. I felt like I could check in to see if everything was ok. I don't have that many friends who breastfeed, but I do now.*

. The participants described these interactions as both supportive and informative. While a source of knowledge for some like Tulip:

*There was one mom on Facebook who was showing how to get a good latch. She would breastfeed and talk about how to avoid the mistakes she made. I got some good tips from her. It was less like a lesson and more like a friend helping you. She was the one that gave me the idea to pump a little first before I breastfed, so my breast wasn't so hard when there was a lot of milk.*

All of the participants reported varying degrees of social media use related to breastfeeding, while all had utilized formal patient sources of information available on the internet at various sites such as The Mayo Clinic and The Children's Hospital of Philadelphia (CHOP), they described the most valuable support and information was from individuals that posted their own experiences. The use of Facebook and Instagram was seen as a positive source of information. The participants reported enjoying the time they spent on social media. The joining of the community was a deliberate and voluntary act. It was a community that they relied on and felt part of in a way that formal breastfeeding sources were not. However, the participants were aware of the risk of using only user-generated content (UGC) as a source of information. Lily talked about seeing a post about dealing with breast engorgement that she double checked with a book she had.

*One of the moms on Facebook said that she found cold helped with the pain of having too much milk. She said she used frozen peas inside her bra. So, I tried it and it didn't help very much when I looked in the book it said just the opposite. I should have been putting warm cloths not cold. Then I started checking the things that I saw. Most of them were pretty good but some were not mentioned in my book, so I didn't do them.*

Daffodil had begun the use of SNS as a way to gather information but soon realized that there were real-life social benefits as well.

*I found out about a breastfeeding group that meets in a church not far from here. The mom who started it didn't like the La Leche group. When I went, she told me that she was the only black mother there. She said they were nice, but she felt kinda out of place. She had her first baby 5 years ago and so she started this at her church, and I think it's more than just the moms at her church because I go there and some of the moms said they were from far out in Brooklyn not near here.*

The participants referred to the women who posted on SNS in personal terms. They recognized the individual women they interacted with as friends and discussed them using the

terminology of friendship and described interacting with them in ways that they would normally engage with friends. Social media use was a daily occurrence for all of the participants.

*I know this girl; my friend on Facebook, I know this girl; one of the moms that I talk to; she helped me; they gave me good advice; she DM'd me every day to see how I was doing; she checked with me to see if it worked; I talked to her about other stuff too; I found out she lives in Florida so I may visit when I go to see my aunt; she even said she would send me some of her older son's clothes because she's not having another baby.*

*I just went on Facebook and looked for breastfeeding groups; there were so many mothers out there talking about breastfeeding on Facebook; I joined a breastfeeding group and was able to get tips and help from other mothers; the mothers on Instagram posted videos so I could see how they were getting the baby to latch; I would watch videos they posted and then I could DM (direct message) them about how to get it right; Instagram was full of moms just putting it right out there, they just did it; I didn't go to the class at the hospital; I talked to my friends on Instagram; I thought I was the only one who wasn't going to be able to breastfeed but I found a whole bunch of girls like me; the moms on Facebook were either you're not a good mother if you give formula; you can find out anything on social media.*

#### **Essential Theme 4: Being Seen as a Good Mother**

While the participants interviewed indicated when they became mothers, they had varied expectations of being competent or skilled in their breastfeeding, all of them expressed a fear of not being successful. They additionally discussed fear of being judged for either choosing to breastfeed or supplement with formula. For one participant, Violet, the two were synonymous.

*When the lactation consultant was with me, I was able to get him to latch and it was easy. When I got home I had so much trouble. I couldn't get him to latch and he would start crying and he seemed so frustrated. I had so much trouble that I just wanted to quit. If he couldn't breastfeed, how was I going to do it? I had to change his diapers and feed him but if I couldn't even just get him to latch. I cried for a week every time I tried to feed him; I was so upset at not being able to do this by myself. All I had to do was feed him and I couldn't even do that. I thought it was just what I was supposed to be able to do.*

This sense of fear of being judged as not being a competent mother on the most basic level was even more pronounced when the participants compared themselves to the women, they had seen either in public or on social media.

*I watched so many of the mothers in the breastfeeding chat rooms and on Facebook talk about it being difficult, but they were doing it so why was it still hard for me? Some of them were saying it's going to get easier, but every day felt like I was never going to learn how to do it. That's why I started giving bottles. I wanted to breastfeed, but she was so fussy, and I started to pump so she could at least get breast milk instead of formula. So now I pump and give it to her in a bottle. I think it's ok, but I know it's not best.*

They discussed being viewed as being successful in feeding their infants was at times driven by comparing their success with the success presented by women they knew personally as well as the stories presented on social media. Poppy discussed feeling inadequate and that she wasn't doing everything right for her baby when she compared herself to the mother she worked for as a nanny.

*When I was pregnant, I knew that I was going to breastfeed, I pictured myself being one of those mothers who just was comfortable doing it. I didn't realize how nervous I was going to be breastfeeding in public. The family I worked for were happy for me and said that I would be able to keep the baby with me. The mom said 'Oh, it will be easy for you, you should really do it for as long as possible.' She stopped because she went back to work, and it was too much work. When she called, I didn't tell her that I had started giving bottles already.*

Rose spoke about that she felt both the nurses at the hospital, as well as other women, were passing judgment on her mothering skills. She feared having strangers say something to her in public because she was breastfeeding or formula feeding.

*My friends at church told me that if I only nurse him, he won't ever sleep through the night. My cousins told me that if I give him any bottles, he will get confused. The breastfeeding lady said that if I don't feed him often enough, I won't have enough milk. We had friends over and the husband was very uncomfortable with the idea of me breastfeeding, so I had to go into another room. It made me feel like I was doing*

*something wrong. My girlfriend said she thought that I'm making the baby love me more than my husband because he doesn't get to feed him as much.*

### **Concluding Finding**

The concluding finding of this research study was derived from the essential themes of the lived experience of the African-American first-time mother at a Baby Friendly Hospital Initiative compliant hospital. The concluding finding is that these women sought out and welcomed information and support from a wide variety of sources in order to develop a personal sense of community with other breastfeeding mothers. The ability of these women to reach out to and identify with women who were breastfeeding, allowed them to view themselves in new role as a mother regardless of the ultimate success or failure of breastfeeding. This role identification as an adaptive process can transcend a task focused construct of the act of breastfeeding.

### **Chapter Summary**

This chapter discussed the findings of the lived experience of African-American first-time mothers at a Baby Friendly Hospital Initiative compliant hospital. The chapter presented the research setting, the recruitment of the nine participants in the sample, the participant experiences and described the methodology used for thematic analysis which revealed the four essential themes of support of professionals; commitment needed for success; community of mothers through social media; and being seen as a good mother. The concluding finding ended the chapter by connecting the themes with a descriptive meaning. Chapter VI will discuss the researcher 's reflections on the findings.

## **CHAPTER VI: REFLECTION ON THE FINDINGS**

This study examined the lived experience of African-American first-time mothers at a Baby Friendly Hospital Initiative compliant institution. This chapter will present the study overview, discuss the findings within the context of nursing theory, discuss the findings in relation to current literature, and further discuss the implications and recommendations for nursing practice, education, and research.

The purpose of the study was to understand the lived experience of African-American first-time breastfeeding mothers at a Baby Friendly Hospital Initiative compliant hospital. The phenomenological research method developed by van Manen was selected for this study because of its' ability to illuminate the meaning of the experience through the perspective of those who live it. This study used a purposeful sample of nine African-American first-time breastfeeding mothers who gave birth at a hospital that is BFHI compliant.

The interviews were recorded, transcribed and to provide the data needed to identify themes. This study illuminated four essential themes of the lived experience of African-American first-time breastfeeding mothers. This chapter will present a synthesis of the data with literature; a thematic statement using a nursing model; discuss limitations and implications of the study; give the researchers personal reflections as well as recommendations for further study.

### **Synthesis of Data and Literature**

The essential themes illuminated in the data analysis from the research activities in Chapter V were support of professionals; commitment and confidence needed for success; a community of mothers on social media; and being seen as a good mother.

### **Theme 1: Support of Professionals**

The theme, Support of Professionals, contained phrases that captured the meanings:

*The breastfeeding nurse was very patient with me, even when I asked her to come every time I tried to breastfeed. She helped me latch and showed me how to get comfortable in different positions; Some of the nurses were really involved. They would show me how to get him to open his mouth so he could take the whole nipple, but there were a couple of nurses who didn't help, even when I said I was having trouble. One just said, "oh, the lactation consultant will be in to help, and she just left; the breastfeeding nurse was really good at getting her to feed, most of the nurses tried to help, but when I had trouble they sometimes told me to just keep trying; I wasn't sure if I was doing it right, but the nurses made sure I was; the WIC lady at the clinic told me about breastfeeding and gave me some pamphlets but she didn't show me how.*

Support can begin in the prenatal period and can greatly influence the mother's decision to breastfeed as well as their success. The experience of professional support was both positive and negative for the participants in this study. Mothers who perceived support as a positive when it was offered through structured interactions with their healthcare provider only when they perceived the care as being offered with adequate time to ask questions and discuss information in detail (Schmied et al, 2011). Mothers who perceived the information being provided as inadequate interpreted this as a lack of support and this perception had a negative effect on their breastfeeding (Lewallen and Street, 2010).

A common source of professional support is provided by counselors for the Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC) a program which provides women at or below 185% of the poverty guidelines in the US, which is the equivalent of \$22,311 annually for an individual (USDA, 2018). Five of the participants in this study reported contact with a WIC counselor at some point during their prenatal care. African-American individuals who came in contact with a WIC provider were actually less likely to breastfeed than individuals who did not. This is attributable to a cultural difference that left WIC

participants with a belief that breastfeeding is expensive, or the food choices discussed were not culturally congruent with their personal beliefs (Kim, Feise, & Donovan, 2017)

The work of breastfeeding support by professionals is most often left to lactation consultants and nurses on the post-partum unit. The majority of women receive their prenatal care from physicians; however, physicians have not been part of the breastfeeding discussion most women during the prenatal period or after birth with the lack of interaction identified as a passive barrier to breastfeeding (Johnson, Kirk, Rooks & Muzik, 2016). The discussion with their physician may be too short or non-existent for most women (Demirci, 2013). Rates of breastfeeding initiation and duration to the recommended age of 6 months increase when education and support are provided by professionals (Chung, Raman, Trikalinos, Lau & Ip, 2008).

### ***Theme 2: Commitment and Confidence Needed for Success***

The mothers participating in this study reported a commitment to breastfeeding when faced with breastfeeding difficulties. They revealed a sense of confidence when they were successful in overcoming these difficulties and discussing the ability to access the information needed to build on their breastfeeding knowledge and skill. Conversely, if they decided to transition to formula a sense of settling or compromising framed their perception of their commitment or confidence.

Breastfeeding mothers and the perception of commitment was identified by Hoddinott and Pill (1999) as the “committed breast-feeder” which identified the breastfeeding behaviors which could be closely correlated with confidence in breastfeeding and resulted in an increase in the breastfeeding mother's commitment to overcoming challenges. The Breastfeeding Self-Efficacy Scale both long and short form, was developed from Bandura's social learning theory

and can be used to identify strategies that enhance breastfeeding confidence (Dennis, 2003). Blyth, Creedy, and Dennis (2002) identified breastfeeding confidence as a modifiable factor that is responsive to intervention.

New skills require practice to gain the confidence needed to be successful and commitment to overcome difficulties which could inhibit success. Breastfeeding has been identified as a learned skill. The process of breastfeeding is a multifaceted one that includes “a confidence in the process of breastfeeding; confidence in the individual’s ability to breastfeed and a commitment to make breastfeeding work despite obstacles” (Avery, Zimmerman, Underwood, & Magnus, 2009). Phillips (2011), identified commitment as being the result of confidence in the mother’s ability overcome the inevitable difficulties the mother would encounter.

### ***Theme 3: Community of Mothers on Social Media***

The participants in this study identified social media as not only an alternative source of information but an opportunity to engage with or create a community of mothers. Social Networking Sites (SNS) such as Facebook and Instagram have been a source of community for individuals who want to connect with other like-minded individuals to discuss or learn about a particular topic. The growth of SNS provides individuals with access to direct information from individuals through User Generated Content (UGC). Individuals who have an expertise in a subject or simply an interest in it spend time creating content, most often accompanied by images or videos that focus on a topic. There are many SNS that are dedicated to breastfeeding that offer the opportunity to navigate content, contacts and connect with other users. According to the data on Facebook's webpage more than 1.5 billion individuals use Facebook every day (Facebook, 2019). Instagram's web site claims over one billion daily users (Instagram, 2019).

SNS offer a new avenue to deliver information about healthcare as well as connect individuals who are interested in a particular subject. Access to accurate information is not yet well understood. Understanding the relationship between accuracy and accessibility is not yet well understood. The breastfeeding community is subject to the sociometrics of the individual poster. Sociometrics, which are the number of users, friends or followers and the "likes" or "shares" have been shown to influence the perception of accuracy of the information contained in a post (Jin, Phua, and Lee, 2015). Formal breastfeeding organizations like La Leche League or Breastfeeding USA have less than one quarter of the likes or shares that some individual bloggers have (Facebook, 2019).

The accuracy of information is directly related to the perception of the viewer. Popular pages were perceived to be a more credible source of information than less popular pages. The messaging style of the posters has a direct relationship to the viewer seeing the information as accurate or correct and lead viewers to develop "wishful identification" or to be seen as more influential (Jin, et al, 2015). Wishful identification for mothers can lead to adaptation of a "maternal identity" which in itself is aligned with breastfeeding behaviors (Schmeid and Lupton, 2011).

#### ***Theme 4: Being Seen as a Good Mother***

The participants in this study identified being seen as a good mother who is doing what is best for their infant as important in their decision to breastfeed. They noted that friends and family members offered advice and guidance for what would be the "best" thing for them to do. Familial advice and influence if positive have been correlated with increased breastfeeding initiation and continuation rates (Meyerink et al, 2002). Mothers who had difficulty breastfeeding or chose to formula feed have to face an additional layer of scrutiny over their

decisions. Conflict and uncertainty during the transition into motherhood itself brings about feelings of stress (Mercer,2004). There are aspects of moral conflict for mothers who are struggling with the decision whether or not to continue breastfeeding and the implications it has on how the individual is viewed as a mother (Wall, 2001). The construct of mother can be viewed through a cultural lens within a society where to be viewed as a "good mother" is to be seen through the prism of being a breastfeeding mother with no acceptable way to construct a counter-narrative to the norm (Simonardottir and Gislason, 2018).

### **Thematic Statement Reflection Using A Nursing Model**

This descriptive phenomenological study of the lived experience of the African-American first-time mother at a BFHI hospital was conducted to illuminate the experience of these new mothers. It is important to understand how they experience giving birth at a BFHI institution, an environment uniquely constructed to provide the care designed to promote breastfeeding. The interviews with the study participants revealed their experience through asking “What was your experience of breastfeeding?”. The sharing of their experience, in their own words, brings illumination to a previously unstudied phenomenon.

The Roy Adaptation Model (RAM) (Roy, 2009) with philosophical roots in humanism, allows the individual to be viewed as an adaptive system with creative power to act in a purposeful manner in response to external and internal stimuli. Roy classified stimuli as focal, contextual, and residual. With the RAM focal stimuli can be either internal or external and is that which is most immediately in the consciousness of the individual. This can be an event or object, for the study participants we can view this as the birth of their child and becoming a mother. Contextual stimuli in the Roy Model are described as all of the environmental factors which contribute to affect the focal stimuli. These can be either internal or external but are not

the central point of an individual's attention or energy. These contextual stimuli, for the participants of this study, can be viewed as factors like an emotional connection to the individuals who provide information or care in the breastfeeding process. Residual stimuli in the RAM are those factors which have an unknown effect. Residual stimuli are either internal or external and may not be conscious to the individual (Roy, 2009).

Adaptation level in the Roy Adaptation Model exists as a life process of the human adaptive system and is described by Roy in 2009, as either integrated, compensatory, or compromised. This adaptation level in itself is a stimulus, as the human life process is ever changing and responding to the focal, integrated, and contextual stimuli. The first level of adaptation, the integrated adaptation level, is described as human needs being met through the unified structures and functions of the human life processes (Roy, 2009).

The compensatory level of adaptation is the second level of adaptation and is where Roy identified the coping process subsystems of the cognator and regulator (Roy, 2009). The regulator is the physiologic adaptive process. The regulator subsystem for participants in this study has both internal and external stimuli that act as inputs to the physiologic processes of breastfeeding as well as stimuli that help to develop perceptions of the participant. According to Roy, 2009, the cognator subsystem responds via the "four cognitive-emotional channels: perceptual and information processing, learning, judgment, and emotion". Learning in the RAM is achieved through imitation, insight, and reinforcement, all of which are necessary for breastfeeding. Perception and information processing, as well as judgement, play a part in creating the response of adaptation into being a breastfeeding mother.

The compromised level of adaptation occurs when integrated and compensatory mechanisms prove inadequate and the individual is not adapting to the stimuli in a manner that is consistent with the intended purposeful manner.

The Roy Adaptation Model further describes four categories or modes through which adaptation occurs. These are: 1) the physiologic, 2) self-concept, 3) role-function, and 4) interdependence. It is the interplay of these modes that allows for growth and adaptation. The physiologic mode is the biologic processes and requires physiologic integrity for physiologic needs to be met. Self-concept comes from an individual's internal perceptions and the perceptions of others. It is comprised of both body sensation and body image. Role function is the role that an individual holds in a social unit, as well as the expectations of the individual in that role, and the relationship the role has to others in society. The interdependence mode is the behavior(s) in interdependent relationships and are further delineated as receptive and contributive behavior (Roy, 2009).

The Roy Model allows us to understand the lived experience of the African American first-time mother and the themes derived through phenomenological inquiry as 1) the physiologic mode of breastfeeding at a BFHI institution, 2) self-concept mode of the beliefs and feelings of becoming a mother will direct behavior, 3) role function mode is that the participant has adapted to a position in society of a first-time mother which is different than she previously held, 4) interdependence mode is the relationship between the mother and infant who must both evolve to recognize the conduit of receptive and contributive behaviors which act as stimuli and the support systems of the BFHI hospital.

### **Limitations of the Study**

There are several limitations of this study. The findings of this study are limited by the population chosen. As this study examined the lived experience of African-American first-time mothers there is no representation of other racial groups. Women who identify as White, Hispanic, Asian-American, Native-American, or Pacific-Islander were not included in this study but also receive care at the study institution. There are no multi-parous women in this study, the experiences of these women who have already had children are not represented.

Another limitation of the study is the research setting. The study institution is in a large urban area with a very large obstetrical service. Similar institutions that follow the Baby Friendly Hospital Initiative protocols but have smaller services or are located in another geographic area may have similar populations that experience first-time breastfeeding differently.

Sample size, while appropriate for phenomenological research and the methodology chosen leaves open the possibility that the nine women included in this study may not be representative of all African-American first-time breastfeeding mothers. The participant age was limited to between 20 and 30 years-of-age. Older or younger participants may have views not represented by the study participants.

### **Implications**

The findings of this phenomenological study have implications for nursing practice as well as the promotion of breastfeeding. The participants in this study described understanding that there are physiologic benefits to breastfeeding, but none were able to identify specific benefits beyond the concept of “breast is best” and citing the posters and written materials using the phrase “liquid gold” to convey the value of colostrum, or the first milk produced after birth. Nurses who are providing postpartum care and breastfeeding support have an opportunity to

educate their patients in the health-promoting qualities of breastmilk. Providing mothers with the knowledge that breastmilk provides not only nutrients but also offers passive immunity through acquiring maternal antibody protection. The participants were not aware of any long-term benefits to their infants or themselves beyond one participant who noted that she had heard she may lose weight more quickly.

The participants in this study reported receiving little to no direct breastfeeding information from their prenatal practitioner. Nurses have long understood that patients retain information best when it is presented prior to hospitalization, and the postpartum period is one of recovery with many physiologic and emotional processes competing for the new mother's attention. Information about breastfeeding in the prenatal period may be more effective than receiving detailed information only by the nursing staff. Providing more substantial breastfeeding in the form of classes or information sessions throughout the lengthy prenatal period may provide an opportunity for clarification of concerns and the opportunity to ask questions. This would provide nurses on the postpartum unit the opportunity to reinforce information in their educational sessions rather than introduce new information that is competing with the emotional and physical changes the mother is experiencing.

Participants reported gaining information from social media. While there are many platforms accessible to women who are interested, hospitals and formal sources of information should adapt to this new avenue of knowledge acquisition. The development of patient-centered social media sites and mobile applications can create a user-friendly approach to providing health information to patients. The rapid changes in social media platforms and dependence on mobile devices in our everyday lives should be viewed by healthcare providers as an additional avenue for reaching and educating patients.

## **Reflections of the Researcher's Experience**

When I first conceptualized this study, I didn't realize how much the process of understanding the lived experiences of these mothers would allow me to bring forth not just memories of breastfeeding my own children, but the feelings associated with that time in my life. The methodology of van Manen gave me an opportunity to bring into a new consciousness a wealth of emotions, both joy and trepidation, with which I became a new mother, the support from the nurses that cared for me and the challenges I faced as I created a community of mothers myself. The exercise of journaling at each step of the process allowed me to reflect on the sense of sharing the experience. I was able to identify and view my relational position to the experience, that is to say, it allowed me to stand both within and outside of the experiences of these women, something that I don't think would have occurred with another methodology.

Listening to the women as they told me about their experience and coupling those voices with reading their words created something that I can only describe as a new dimension of collectivity. Phenomenological research, as well as the methodology of van Manen, did just exactly what it was designed to do, it created a unanimity of voice, a collective expression of their experience. I can't overemphasize the importance for me as a new researcher to discover my own harmonious relationship to the methodology itself.

While I was initially surprised that all of the women so openly welcomed me a stranger into their homes to talk to them, I see the value it created for both of us. I was able to sit with the participants in their own environments as they discussed their relationship to breastfeeding. I believe being with them in the place that they construct their families gave them the opportunity to view their experiences in a more unencumbered way. I am grateful for their willingness to let me, a stranger into their lives.

## **Recommendations for Further Study**

The breastfeeding experience for most new mothers is a complex intersection of factors. Some of which have been described in this study. The study has created an opportunity for furthering the information generated here through further examination of the African-American first-time mother who gives birth at similar hospitals or at other hospitals. This study focused on the overall experience of the mothers. A quantitative analysis of this population and setting would help to further inform the body of knowledge of all breastfeeding women and women at BFHI institutions in particular. The participants brought forth new questions that could be answered by further research, in particular, the participant engagement with Social Networking Sites and the construct of community inherent in their use. Qualitative studies on the efficacy of User Generated Content and the healthcare community's ability to reach out to patient populations to deliver content that can educate and inform may further the clarify the themes identified in this study. The themes identified may be applicable to other breastfeeding populations to gather further insight into the maternal experience.

## **Summary**

Chapter VI presented the research findings with previous literature. The individual themes were compared to other research studies to help develop confidence in their meaning. The implications of the findings and the researcher's personal reflection on the research process and findings were presented. Recommendations for further study were discussed to encourage the development of additional knowledge of breastfeeding for African-American first-time mothers.

**APPENDIX A**

**Approval  
Notice Initial  
Application**

10/23/2017

Catherine Hagerty,  
The Graduate School & University Center

RE: IRB File #2017-1076

The Lived Experience of African American First-time Breastfeeding Mothers at a Hospital that follows Baby Friendly Protocols.

Dear Catherine Hagerty,

Your Initial Application was reviewed and approved on 10/23/2017. You may begin this research. Please note the following information about your approved research protocol:

Protocol Approval Period: 10/23/2017 - 10/23/2018  
Protocol Risk Determination: Minimal  
Expedited Categor(ies): (6) Collection of data from voice, video, digital, or image recordings made for research purposes.; (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.);

Documents / Materials:

Type	Description	Version #	Date
Survey(s)	demographics.docx	1	10/16/2017
Interview Question(s)	Grand tour and follow up questions.docx	1	09/27/2017
Recruitment Script	recruitment script.docx	1	09/28/2017

Informed Consent/Permission Document	Informed Consent	1	10/16/2017
--------------------------------------	------------------	---	------------

Please remember to:

- Use **the IRB file number** 2017-1076 on all documents or correspondence with the IRB concerning your research protocol.
- Review and comply with CUNY Human Research Protection Program [policies and procedures](#).

The IRB has the authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.

If you have any questions, please

contact: Zoltan Boka

718-960-4108

ZOLTAN.BOKA@lehman.cuny.edu



DATE: February 28, 2018

TO: Kelly Reilly, PhD, RN-BC

CC: Catherine Hagerty MA, RN, Assistant Professor

RE: IRB Approval of **2018-02-01** - "The Lived Experience of African American First-time Breastfeeding Mothers at a Hospital Following the Baby Friendly Protocol"

---

On **February 28, 2018**, the above-mentioned study was reviewed and approved by the Chair or Designee of the Maimonides Medical Center (MMC) IRB/Research Committee. This study satisfied the criteria for expedited review set forth in federal regulations 45 CFR 46.110, under the following category(s):

The IRB Chair and the Privacy Officer Designee have reviewed approved the following documents:

- IRB Application (xForm)

**Enrollment:** The IRB approved the request to . Over enrollment without the IRB approval of an amendment is considered a protocol deviation.

**Informed Consent:** During the approval period, all subjects enrolled not only must provide voluntary informed consent to participate in the study, but also must sign a copy of the appropriate stamped consent document(s). A copy of the consent document(s) must be given to the subjects for their record.

The requirement to obtain informed consent from the subjects has been waived by the IRB in accordance with 45 C.F.R. § 46.116(d).

During the approval period, all subjects enrolled must provide voluntary informed consent to participate in the study. The requirement to obtain written informed consent has been waived in accordance with 45 CFR 46.117(c).

**Approval Period:** Approval is granted in accordance with federal regulations 45 CFR 46 and 21 CFR 50 and 56. The IRB approval begins on **February 28, 2018**, and **expires on February 27, 2019**.

**Continuing Review:** If continuation is desired beyond the expiration date, a **Continuing Review xForm** and updated **Conflict of Interest Disclosures** for all investigators must be submitted to IRB at least 2 weeks prior to the IRB meeting scheduled in the month for which the study will expire (<http://intranet.mmc/Main/IRB.aspx>). Federal regulations do not permit a "grace period" for continuing review. If the deadline is not met in time for IRB approval, the study automatically expires on the date stated above and all research must stop including data analysis.

**Project Closure:** When the project expires or when it is completed or discontinued prior to the expiration date, a **Closure Report xForm** must be submitted to the IRB.

**Amendments:** Any proposed changes (e.g., change in enrollment/recruitment number, study design, investigators) to a research project must be reviewed and approved by the IRB before they are initiated except when necessary to eliminate apparent immediate hazards to the participants. If changes are initiated to eliminate an apparent immediate hazard, the IRB must be promptly notified.

**Reporting Requirements:** Whenever an incident (e.g., Adverse Event; Serious Adverse Event; Unanticipated/Unexpected Problem Involving Risks to Participants or Others; Unanticipated Adverse Device Effect, Protocol Deviation; apparent or serious or continuing non-compliance; complaints; termination, suspension, or hold; incarceration of a research participant, changes initiated to eliminate an apparent immediate hazard, etc.) occurs with research participant from the Medical Center, the PI must promptly report it in writing to the IRB in accordance with IRB policy. External incidents for multi-center studies must be reported at or before the time of continuing review or as required by a study group or sponsor.

**Audits:** If an external audit is conducted, the PI must promptly report the findings in writing to the IRB.

**Additional Requirements:**

- All Applicable Clinical Trials must be registered at <http://www.clinicaltrials.gov/> prior to enrolling any patients into the trial.
- Prior to initiating a research study at Maimonides Medical Center, the Office of Grants and Contracts must approve the research budget and the Legal Department must approve any contracts related to the research.
- Prior to initiating a study at Coney Island Hospital, please note that additional NYC Health and Hospitals Corporation (HHC) Approval is required for studies conducted at any of the HHC facilities. Please go to [www.star.nychhc.org](http://www.star.nychhc.org) to begin the process.

**Questions:** If you have any questions, please feel free to contact Sara D Meeder at 917.974.8091 or [smeeder@maimonidesmed.org](mailto:smeeder@maimonidesmed.org), or you may direct questions to the IRB e-mail box at [IRB@maimonidesmed.org](mailto:IRB@maimonidesmed.org) (“IRB” in global directory).



Will  
iam  
Sol  
omo  
n,  
M.  
D.  
Cha  
irm  
an,

IRB

A handwritten signature in dark ink, appearing to read 'Dennis Feierman', with a long horizontal flourish extending to the right.

---

Dennis Feierman, MD, PhD  
Alternate Chairman, IRB

# **NEW BREASTFEEDING**

# **NURSING RESEARCH**

# **AT MAIMONIDES**



## **What is this nursing research project?**

The Nursing-Research department at Maimonides Medical center has approved a research study by Catherine Hagerty MA, RN to conduct interviews with first-time mothers who have self-identified as Black or African American mothers about breastfeeding. This study is part of Catherine's doctoral work at the City University of New York.

## **What will this study involve?**

Catherine will ask first-time mothers, who self-identify as Black or African American, if they would like to participate in a study about breastfeeding. She will explain the study, participants will sign informed consent and will be interviewed privately by Catherine. The interview should take under one hour.

## **What does it mean to nursing staff?**

Nursing staff on both Labor and Delivery and Post-partum will only need to be aware of this study. Catherine will identify herself to the staff when on the unit and will select patients from admission records as well as conduct all research activities and interviews.

## **How can I get in touch with Catherine Hagerty if I have questions?**

Catherine will leave an envelope with her business card with the information specialist on the L&D and Post-partum units. Her contact information is:

Catherine Hagerty MA, RN 347-721-1337 or [catherine.hagerty@touro.edu](mailto:catherine.hagerty@touro.edu)

**NEW MOTHERS INVITED TO  
PARTICIPATE  
NURSING RESEARCH  
AT MAIMONIDES**



**What is this nursing research project?**

The Nursing-Research department at Maimonides Medical center has approved a research study by Catherine Hagerty MA, RN to conduct interviews with first-time mothers about breastfeeding. This study is part of Catherine's doctoral work at the City University of New York.

**What will this study involve?**

Catherine is inviting first-time mothers if they would like to participate in a study about breastfeeding. She will explain the study, you will sign informed consent and will be interviewed privately by Catherine. The interview should take under one hour.

**How will this study benefit me?**

You will receive a \$50 Amazon gift card as a thank you for your participation. Sharing your experience will help nurses bring the right care to you.

**How can I get in touch with Catherine Hagerty if I have questions?**

Catherine Hagerty MA, RN 347-721-1337 or [catherine.hagerty@touro.edu](mailto:catherine.hagerty@touro.edu)

APPENDIX E

CITY UNIVERSITY OF NEW YORK

Graduate Center

Department of Nursing

CONSENT TO PARTICPATE IN A RESEARCH PROJECT

**Project Title:** The Lived Experience of First-time Breastfeeding Mothers at a Baby Friendly Hospital

**Principal Investigator:** Catherine Hagerty RN, MA  
Assistant Professor  
Touro College Department of Nursing  
902 Quentin Road  
Brooklyn, NY 11223

**Faculty Advisor:** Dr. Martha Whetsell, Associate Professor  
Department of Nursing  
Lehman College-CUNY  
50 Bedford Park Boulevard West  
Office: T3 Room 203  
Bronx, NY 10468  
718-960-8199

**Site where study is to be conducted:** Post-partum unit of Harlem Hospital in a private interview area, other locations convenient for participants

---

**Introduction/Purpose:** You are invited to participate in a research study. The study is conducted under the direction of Catherine A. Hagerty, a doctoral student in the Department of Nursing at the Graduate Center, City University of New York. The purpose of this research study is to explore, describe, and understand the lived experiences of first-time breastfeeding mothers who give birth at a hospital that has been designated as Baby Friendly by the World Health Organization. The results of this phenomenological study may help uncover needs of the first-time mother and further the development of nursing education. The participant's interviews will be audio-recorded and all recordings and transcriptions will be stored in a locked file cabinet accessible only to me, the researcher. Audio-recorded interviews will be used to clarify conversations. Computerized notes of the encounters will be secured in my, the researcher's, computer under password access.

**Procedures:** Approximately 4 - 10 individuals are expected to participate in this study. Each subject will participate in one initial interview and then another interview for clarification of transcription of the dialogue. The time commitment of each participant is expected to be approximately 60 minutes in length. Each session will take place at either at 2800 Victory Blvd, Staten Island, New York 10314 or at private locations convenient for the participants.

**Possible Discomforts and Risks:** Your participation in this study may involve minimal risk due to stress, no more than encountered in everyday life. There should be no physical discomfort experienced. If so, to minimize these risks you may withdraw from the study at any time and cease the interview if you feel it necessary. If you are upset as a result of this study you should seek mental health counseling at the following locations:

1. Crisis Intervention, New York City Department of Health and Mental Hygiene at  
1-800-LIFENET

**Benefits:** There are no direct benefits to participating in this study. However, participating in this study may increase the general knowledge of what it is like to care for dying pediatric patients.

**Alternatives:** There are no alternatives to participating in this study other than refusing participation.

**Voluntary Participation:** Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. If you decide to leave the study, please contact the principal investigator Catherine A. Hagerty to inform them of your decision.

**Financial Considerations:** Participation in this study will involve no cost to the participant.

**Confidentiality:** The data obtained from you will be collected via audio recordings and transcribed into written documents. The collected data will be accessible to myself the researcher (PI), and my dissertation sponsor. The researcher will protect your confidentiality by coding the data for future clarification of the information provided by participants and securely storing the data in a locked location accessible only to the researcher (PI). The collected data will be stored in secured in a locked area, whereas audio recordings will be kept in a password protected computer file and transcriptions in paper format will be kept in a locked file cabinet accessible only to myself (PI) and my dissertation sponsor have access to. Consents and demographic data will also be kept in a locked file cabinet of which only myself the researcher (PI), and my dissertation sponsor have access to. To protect confidentiality, participants will not be referred to by name. Participants will choose pseudo-names to use for reference.

**Contact Questions/Persons:** If you have any questions about the research now or in the future, you should contact the principal investigator, Catherine A. Hagerty (347) 721-1337, or via email [chagerty@gc.cuny](mailto:chagerty@gc.cuny) or dissertation sponsor Dr. Martha Whetsel (704) 778-1157, at

[marwhet@hotmail.com](mailto:marwhet@hotmail.com). If you have any questions concerning your rights as a participant in this study, you may contact, Valerie Lauria @ (718) 960-8093 [valerie.lauria@lehman.cuny.edu](mailto:valerie.lauria@lehman.cuny.edu)

**Statement of Consent:**

“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I may have will also be answered by the principal investigator of the research study. I voluntarily agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.

I will be given a copy of this statement.”

_____	_____	_____
Printed Name of Signed Subject	Signature of Subject	Date

_____	_____	_____
Printed Name of Signed Person Explaining Consent Form	Signature of Person Explaining Consent Form	Date

_____	_____	_____
Printed Name of Signed Investigator	Signature of Investigator	Date

**APPENDIX F**

**Participant Demographic Survey Questionnaire**

**1) How old are you today?\_\_\_\_\_**

**2) What is your highest level of education?**

- Less than grade school       Completed grade school       Some high school  
 High school/GED       Some college       College degree

**3) What is your ethnic background?**

- Black or African American       White       Asian/Pacific Islander  
 Hispanic/Latino       Native American       Other \_\_\_\_\_

**4) What is your marital status?**

- Single       Married       Divorced  
 Separation       Domestic Partner

**5) With whom do you live?**

- Alone       Husband       Father of Baby       Mother/father  
 Partner       Friend       Grandparent       Other \_\_\_\_\_

**6) What is your yearly household income?**

- Less than \$15,000       \$15,000 - \$20,000       \$20,000 - \$30,000  
 \$30,000-\$45,000       \$45,000-\$75,000       Over \$75,000

**7) Do you receive WIC?**

- yes       no

## APPENDIX G

### THE CITY UNIVERSITY OF NEW YORK

*Catherine A. Hagerty RN, MA*

*Doctoral Student Nursing*

#### RECRUITING SCREENING SCRIPT

**Title of Research Study:** **The Lived Experience of Breastfeeding for First-time African American Mothers**

**Principal Investigator:** Catherine Hagerty RN, MA  
Candidate PhD

---

I would like to introduce myself. My name is Catherine Hagerty and I am a nurse and graduate student who is conducting a study about new mothers here in the hospital. I am conducting a research study that will bring a greater understanding about the experience of African American women who are breastfeeding their first baby. I would like to speak to you about the breastfeeding of your baby. Would you like to participate by sharing your experience with me?

The interview will take about an hour. I will ask you some questions about your breastfeeding experience. You do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time. Your participation in the study is voluntary. This interview will take place here on the post-partum unit. You will receive a \$50 Amazon gift card for your participation in the study. The interview will take place here in the hospital before you are discharged.

I will make every effort to keep your answers confidential. No one except for the research team will have access to your answers. You will be asked to sign a written consent form and I will record our interview. I will review our discussion and I will provide you with the opportunity to clarify any of the information I gather from the interview. Would you like to participate in an interview?

If you have questions about your rights as a research participant, or if you wish to voice any problems or concerns to someone other than the researchers, please call CUNY Research Compliance Administrator at 646-664-8918.

Thank you again for your willingness to answer our questions.

## References

- AHRQ. (2007). Chung, M., Raman, G., Chew, P., Magula, N., Trikalinos, T., & Lau, J. Breastfeeding and maternal and infant health outcomes in developed countries. *Ovid Techno Asses (Full Rep)*, 153, 1–186.
- Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries.
- Ball, T. M., & Wright, A. L. (1999). Health care costs of formula feeding in the first year of life. *Pediatrics*, 103(4 Pt 2), 870–876.
- Bartick, M. C., Stuebe, A. M., Schwarz, E. B., Luongo, C., Reinhold, A. G., & Foster, E. M. (2013). Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstetrics and Gynecology*, 122(1), 111–119. doi:10.1097/AOG.0b013e318297a047
- Breastfeeding: Data: Report Card | DNPAO | CDC. (n.d.). Retrieved December 13, 2013, from <http://www.cdc.gov/breastfeeding/data/reportcard.htm>
- Committee on Health Care for Underserved Women, American College of Obstetricians and Gynecologists. (2007). ACOG Committee Opinion No. 361: Breastfeeding: maternal and infant aspects. *Obstetrics and Gynecology*, 109(2 Pt 1), 479–480.
- Cypress, B. (2009). Dissertation (Full Text), *The Meaning of Intensive Care Unit Experience as Perceived by the Nurses, Patients, and Family Members*. ProQuest On-line: AAT 3348347 UMI: 3348347. -
- Dennis, Cindy-Lee. “The Breastfeeding Self-Efficacy Scale: Psychometric Assessment of the Short Form.” *Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN*, vol. 32, no. 6, Dec. 2003, pp. 734–44.
- DiGirolamo, A. M., Grummer-Strawn, L. M., & Fein, S. (2001). Maternity Care Practices:

Implications for Breastfeeding. *Birth*, 28(2), 94–100. doi:10.1046/j.1523-536X.2001.00094.x

Division of Women's Health Policy and Leadership. (2004). Position Statement Breastfeeding. American College of Nurse Midwives.

Eckhardt, K. W., & Hendershot, G. E. (1984). Analysis of the reversal in breast feeding trends in the early 1970s. *Public Health Reports (Washington, D.C.: 1974)*, 99(4), 410–415.

Figueiredo, B., Canário, C., & Field, T. (2013). Breastfeeding is negatively affected by prenatal depression and reduces postpartum depression. *Psychological Medicine*, 1–10. doi:10.1017/S0033291713001530

Gartner, L. M., Morton, J., Lawrence, R. A., Naylor, A. J., O'Hare, D., Schanler, R. J., ... American Academy of Pediatrics Section on Breastfeeding. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115(2), 496–506. doi:10.1542/peds.2004-2491

Greer, F. R., & Apple, R. D. (1991). Physicians, formula companies, and advertising. A historical perspective. *American Journal of Diseases of Children (1960)*, 145(3), 282–286.

Grummer-Strawn, L. M., Scanlon, K. S., & Fein, S. B. (2008). Infant feeding and feeding transitions during the first year of life. *Pediatrics*, 122 Suppl 2, S36–42. doi:10.1542/peds.2008-1315d

Guttman, N., & Zimmerman, D. R. (2000). Low-income mothers' views on breastfeeding. *Social Science & Medicine (1982)*, 50(10), 1457–1473.

Guyer, B., Freedman, M. A., Strobino, D. M., & Sondik, E. J. (2000). Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century. *Pediatrics*, 106(6), 1307–1317. doi:10.1542/peds.106.6.1307

- Hong, T. M., Callister, L. C., & Schwartz, R. (2003). First-time mothers' views of breastfeeding support from nurses. *MCN. The American Journal of Maternal Child Nursing*, 28(1), 10–15.
- Kwan, M. L., Buffler, P. A., Abrams, B., & Kiley, V. A. (2004). Breastfeeding and the risk of childhood leukemia: a meta-analysis. *Public Health Reports (Washington, D.C.: 1974)*, 119(6), 521–535. doi:10.1016/j.phr.2004.09.002
- Manen, M. V. (1990). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. SUNY Press.
- May, K.A.(1991) Interview techniques in qualitative research, concerns and challenges. In J.M. Morse (2<sup>nd</sup>), *Qualitative Nursing Research* (188-201). Newbury Park: Sage.
- McCann, M. F., Baydar, N., & Williams, R. L. (2007). Breastfeeding attitudes and reported problems in a national sample of WIC participants. *Journal of Human Lactation: Official Journal of International Lactation Consultant Association*, 23(4), 314–324.  
doi:10.1177/0890334407307882
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. London : Routledge & K. Paul ; New York : Humanities Press. Retrieved from  
<http://archive.org/details/phenomenologyofp00merl>
- Merten, S., Dratva, J., & Ackermann-Liebrich, U. (2005). Do baby-friendly hospitals influence breastfeeding duration on a national level? *Pediatrics*, 116(5), e702–708.  
doi:10.1542/peds.2005-0537
- Meyer, D. E., & de Oliveira, D. L. (2003). Breastfeeding policies and the production of motherhood: a historical-cultural approach. *Nursing Inquiry*, 10(1), 11–18.
- Meyers, D. (2009). Breastfeeding and Health Outcomes. *Breastfeeding Medicine*, 4(Suppl 1), S–

- 13–S–15. doi:10.1089/bfm.2009.0066
- Morse, K.A.(1991) Strategies for Sampling. In J.M. Morse (2<sup>nd</sup>), *Qualitative Nursing Research* (127-145). Newbury Park: Sage.
- Murray, E. K., Ricketts, S., & Dellaport, J. (2007). Hospital practices that increase breastfeeding duration: results from a population-based study. *Birth (Berkeley, Calif.)*, 34(3), 202–211. doi:10.1111/j.1523-536X.2007.00172.x
- New York City Department of Health and Mental Hygiene. (2011). *Making Breastfeeding the Norm: A Report on Breastfeeding Rates and Supportive Practices in New York City Birth Hospitals*. Retrieved from <http://www.nyc.gov/html/doh/pregnancy/html/after/breast-feeding.shtml>
- Perrine, C. G., Scanlon, K. S., Li, R., Odom, E., & Grummer-Strawn, L. M. (2012). Baby-Friendly hospital practices and meeting exclusive breastfeeding intention. *Pediatrics*, 130(1), 54–60. doi:10.1542/peds.2011-3633
- Reiner, G (2012). Understanding the Differences between Husserl’s (Descriptive) and Heidegger’s (Interpretive) Phenomenological Research. *Journal of Nursing Care*, 1(119). doi:doi:10.4172/2167-1168.1000119
- Riordan, Jan, W., Karen. (2010). *Breastfeeding and Human Lactation* (fourth.). Sudbury, MA: Jones and Barlett.
- Roy, C. (2009) *The Roy adaptation model.*, Upper Saddle River, NJ: Pearson
- Saadeh, R. J. (2012). The Baby-Friendly Hospital Initiative 20 Years On Facts, Progress, and the Way Forward. *Journal of Human Lactation*, 28(3), 272–275. doi:10.1177/0890334412446690
- Sandra M., G. (2003). Selling Out Mothers and Babies by Marsha Walker. *The Journal of*

*Perinatal Education*, 12(1), 48–50. doi:10.1624/105812403X106720

WHO | Baby-friendly Hospital Initiative. (n.d.). *WHO*. Retrieved September 21, 2013, from <http://www.who.int/nutrition/topics/bfhi/en/>