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Childbirth and Breastfeeding Over Three Decades: One Mother's Story

Hila J. Spear, RN, PhD, IBCLC

ABSTRACT

This article describes one mother's selected childbirth and breastfeeding experiences that transpired over the span of three decades. Her story is a source of inspiration and encouragement for breastfeeding mothers and health-care professionals who provide maternity care for today's childbearing women. Furthermore, this personal account reveals that, although breastfeeding support and childbirth services have improved over the past 30 years, more needs to be done to promote positive birth experiences and breastfeeding outcomes.

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Personal stories can be of value in that they illustrate how others perceive their unique life experiences and circumstances. When considering nursing care relative to childbirth and the promotion of positive breastfeeding outcomes, it is important to listen to the voices of childbearing women. The following narrative is based on selected personal childbirth and breastfeeding experiences of one mother who gave birth to five children over the span of almost 24 years. Her remarkable story is a source of inspiration and encouragement for mothers as well as for health-care professionals interested in meeting the maternity and breastfeeding support needs of childbearing women.

I ALWAYS WANTED TO BE A MOTHER

From the time she was a little girl, Penny had always wanted to become a mother. She recalled that when she was about 8 or 9 years old she observed her aunt breastfeeding. Her mother told Penny that she too had been a breastfed baby. Penny was curious about this activity and learned that breastfeeding is how one is supposed to nurture and nourish one's children. Years later, when she began having her own children, Penny expressed, "Of course I knew that I would breastfeed my babies."

Penny's childbirth history began in 1971 with the birth of her first child, a son, when she was 24 years old. During her first pregnancy, she became involved in a local nursing-mothers group, which later affiliated with the La Leche League. Almost two years later, Penny's second son was born. Ten years passed before she gave birth to her third son, followed by the birth of a daughter 26 months later. In 1994, her last child, another son, was born about nine and a half years after the birth of her

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daughter. Penny was almost 47 years old when her last child was born. With the exception of one of her children who was born with a cleft palate, Penny exclusively breastfed all of her children for nine months to about one year, and overall duration of breastfeeding ranged from one to five years.

Determined to forego the use of any pain medication, Penny managed the discomfort of labor during all of her childbirth experiences by using comfort techniques she had learned in her Lamaze class. Her primary reason for refusing medication or regional anesthesia during labor was to protect her unborn from any possible negative effects. She said, "I was more afraid of the medication than I was of the pain." Penny stated that epidurals were not routinely used when she began having babies. She pointed out that some women were hesitant to have an epidural because they feared the potential for paralysis. She said natural childbirth was best for both mother and baby. Penny stressed she insisted that she be allowed to initiate breastfeeding soon after she gave birth.

GOING AGAINST THE NORM

Penny remarked, "For the most part, I never did what my doctors told me to do. I put more stock in a book I read about natural birth and breastfeeding. When I had questions, I'd go back to my nursing-mothers group and talk with them." She continued, "The doctors didn't know that much about breastfeeding back then. Doctors had a lot of control over you in the hospital; they wanted to manage everything. I'm just the type of individual who wants to do it my way." Penny's motivation to assert herself was her desire to do what she thought was best for her baby. She further noted that she was one of the first women in her community to have rooming-in. "Mothers shouldn't be separated from their babies. They need to be together." In the following excerpt, Penny describes her initial childbirth experience:

The day after my first baby was born, the doctor came into my hospital room and said, 'What in the world are you feeding that child? Whatever it is, you'd better can it and sell it.' My baby had already started gaining weight. I didn't follow any of the rules that said to nurse on one side for five minutes. I just nursed him whenever he wanted to eat. I fed my baby on demand, because I knew that it was the best for him. He was 5 pounds and 11 ounces when he was born, and I

started nursing him right away. I can't remember if I nursed him on the table, but I nursed him early on. They [the nurses] wanted the baby in my room during the day but back in the nursery at night. Because I fed on demand, I had my baby with me all day. Nurses would come to get my baby, but I wouldn't send him back.

She not only charted her own course regarding breastfeeding practices, but Penny also took charge of her childbirth experiences. She said that, with her first birth, her physician performed an episiotomy. She stated he "just did it." Immediately following the procedure, Penny told the physician, "Next time, you're not going to be doing that." When she gave birth to her second child, she stated that the obstetrician "didn't even get a chance to do an episiotomy because the baby came too fast." She said it is important for doctors and nurses to give credence to what laboring mothers have to say. For example, although Penny informed the nurses that her babies were always born soon after her membranes ruptured, they did not pay attention. She stated that her husband delivered their fourth baby in the labor bed soon after her membranes ruptured. "I don't know why some nurses don't listen to you. You know your own body."

I WAS DEVASTATED, I WANTED TO NURSE HIM

David, Penny's first child, weaned when he was 1 year old. By then, she was pregnant with her second child. Baby Charles was born with a cleft palate. Although Charles was unable to physically latch on and suckle at the breast, Penny was determined to do all she could to provide him with breast milk. With creativity and dedicated support, Charles was fed breast milk for about nine months. Penny vividly remembered this breastfeeding experience:

My second baby had a cleft palate. It didn't affect his lip. He'd try to latch on and couldn't. He'd just scream. Every now and then, I thought I could see that something was wrong. So I got the big spotlight on the wall and looked in his mouth and the back of his throat and saw what looked like a big hole. I called the nurse and showed



"When I had questions, I'd go back to my nursing-mothers group and talk with them."

her. She gasped and took the baby to the nursery right away. His cleft palate probably wasn't picked up by the doctors because it was unusual—it was way in the back of the palate. I was devastated over the fact that he couldn't nurse. We tried different types of nipples. They didn't work. At the local drug store, my mother found a glass syringe with a nipple on one end and a bulb on the other. We poured the breast milk into it, put the nipple in his mouth, and squeezed the milk into his mouth. I hand- or manually expressed milk for four months. Since it was hard for me to keep up a good milk supply, my mother ran a milk route every week and collected breast milk from moms in the nursing-mothers group. You couldn't do that now, but it wasn't a problem in 1973.

Charles's palate was repaired when he was about 17 months old. When he was able to take oral fluids, he was fed donated breast milk. Penny stated that her son quickly recovered from his surgery and was a happy, healthy toddler.

THERE'S NO NEED TO RUSH WEANING

Edward, Penny's third child, was born when Charles was 10 years old. During her fourth pregnancy, Penny did not force weaning with her young son. She believed that the weaning process should not be rushed. She recalled Edward was not ready to wean, and she wanted to maintain lactation because of the challenges she faced while trying to sustain her milk supply for her son Charles, who experienced difficulties due to a cleft palate. Edward was just over 2 years old when his baby sister was born. Penny stated:

Tandem nursing just seemed like the right thing to do. They both had their favorite side. Edward adjusted well to the new baby, and he and Mary had a special bond together. He would pat her while they both breastfed. My son nursed for almost four years and my little girl weaned when she was about 2 years old. They were very healthy as children and well adjusted. Supply and demand really works. I produced plenty of milk.

When Penny was almost 47 years old, her last child was born. Penny and her husband had thought their childbearing days were over and were surprised when she became pregnant with their fifth child, Matthew. After Matthew was born, Penny had a hysterectomy, which extended her leave

time from work. "This surgery was a good thing," she said, "because I had three months to get breastfeeding well established." Once Penny returned to a work schedule that involved being away from her baby for 12 hours a day, she used an electric breast pump to maintain her milk supply. Matthew was fed breast milk exclusively for about one year and continued to breastfeed until he was almost 5 years old. As a preschooler, Matthew's breastfeeding was limited to bedtime and was primarily for comfort and special time together. Penny commented, "Some people think that you are crazy if you breastfeed for that long." She acknowledged that, unlike some other cultures, American society frowns upon women who breastfeed toddlers.

MOTHERS HAVE MORE BREASTFEEDING SUPPORT TODAY

Over the years, Penny has promoted breastfeeding among a number of family members and friends. She remarked that she has come alongside other women to assist them in the fine art of breastfeeding. While visiting her own mother, Penny had the extraordinary experience of breastfeeding her 14-month-old son Matthew as her daughter-in-law sat across from her nursing her grandson. Penny said she remembered telling everyone, "Well, this is one for the books." She affirmed the importance of a breastfeeding heritage passed on from one generation to the next. Penny further commented:

I think breastfeeding needs to be promoted more by the doctors before the baby comes. That's when you need to be preparing mothers. It should begin as soon as they find out they're pregnant. Doctors need to be sure to tell moms that breastfeeding is best. With my later pregnancies, the doctors I went to had nurses in the office teach childbirth and breastfeeding classes. This is a great idea. I think it's [breastfeeding] a much more positive thing now. It seems like nurses have had more training about breastfeeding. They come into the new mother's [hospital] room to make sure she's nursing okay.

Even when mothers are experienced with breastfeeding, Penny emphasized that it is important for them to know support is available if they need it. She stated that, in her opinion, "hospitals are much better about supporting breastfeeding now. It has really changed for the better since I first started having babies."

REFLECTIONS AND CONSIDERATIONS FOR PRACTICE

Undoubtedly, Penny was a breastfeeding pioneer and continues to be an outspoken advocate. Although, when Penny began having children, the standard practice was to carefully restrict feed times at the breast, she asserted herself as a mother and breastfed her newborn on demand. She nursed for as long and as frequently as the baby desired. Now, decades later, nurses who are knowledgeable about breastfeeding no longer impose time limits at the breast. However, some nurses continue this outdated practice (Spear, 2004). Nurses and other health-care providers who offer pre- and postnatal care must provide accurate and consistent breastfeeding information and guidance to promote breastfeeding success.

Years ago, despite limited technological support, Penny managed to provide breast milk for her child born with a cleft palate. She succeeded in doing so with a network of other breastfeeding mothers, the La Leche League, and her own unwavering commitment. Presently, both the nursing and medical professions have made strides toward a more proactive breastfeeding mindset. With advanced technology and the availability of ancillary equipment designed to facilitate breastfeeding for mothers with infants with special needs, it behooves nurses to obtain and maintain up-to-date breastfeeding knowledge and to refer mothers for additional lactation assistance as needed.

In the United States, public opinion toward long-term breastfeeding is less than positive. Li, Fridinger, and Grummer-Strawn (2002) reported that 31% of the adults who participated in the national Healthstyles 2000 survey believed that 1-year-olds should not be breastfed. As noted by Penny, prolonged breastfeeding continues to be viewed as an unacceptable behavior in American culture. Current American Academy of Pediatrics (AAP) guidelines recommend that mothers breastfeed their children for the first year of life and do not specify time limits regarding how long mothers should breastfeed (AAP, 2005). Duration of breastfeeding should be based on the individual mother-baby couplet. Breastfeeding beyond the minimum of one year is reasonable “as long as mutually desired by mother and child” (p. 499). Moreover, the AAP confirmed that no psychological or developmental problems are related to extended breastfeeding. To be in agreement with the latest AAP breastfeeding recommendations, nurses and other health-care

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Thankfully, a more patient- and family-centered approach to maternity care exists today. However, like Penny, some mothers continue to express that their childbirth and breastfeeding experiences are overly managed, and they question and challenge routine approaches to care that separate mothers and their newborn infants. Recently, I have had mothers tell me that they felt sadness and regret because they were not allowed to hold their babies soon after nonemergent cesarean births. They also noted that the initiation of breastfeeding was delayed for two hours or longer. Are these protocols based on tradition and for the convenience of the nursing and medical staff or are they medically indicated? As primary caregivers for mothers during the childbirth experience, nurses can advocate for mothers and their newborns by communicating with physicians and colleagues about the need to evaluate routine practices during labor and birth from an evidence-based perspective (Simpson, 1999).



CONCLUSIONS

Breastfeeding women and health-care professionals alike can take heart in the “can do” attitude exemplified by Penny’s experiences and can use her story to encourage others. Childbirth and the establishment and maintenance of breastfeeding are critical life events, and health-care professionals must do their part to promote positive birth experiences and breastfeeding behaviors. First and foremost, mothers and babies should be kept together unless serious medical complications are evident. In contrast to Penny’s story, most women today have ready access to support and are served by an increasingly breastfeeding-friendly health-care environment. Nevertheless, more needs to be done to

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facilitate optimal breastfeeding behaviors and, in turn, lasting health benefits for both women and their children.

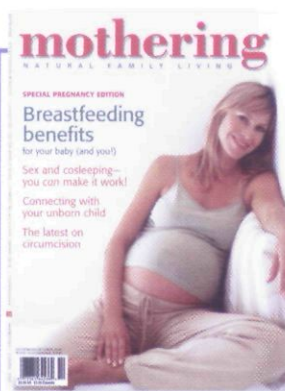
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