COMPARING EXPERIENCES OF WOMEN WHO WERE DIRECT BREASTFEEDING AND WOMEN WHO USED EXPRESSED BREAST MILK TO FEED THEIR INFANTS

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Abstract

Purpose: To provide understanding about feeding experiences of women who provide breast milk through direct breastfeeding and exclusive expression and to compare these experiences.

Study Design and Methods: A qualitative study was conducted to gather experiences from the perspectives of women who had given birth to a healthy, term infant within the past 12 months and exclusively fed breast milk for at least 2 weeks. The sample was recruited from motherhood and breastfeeding support groups on Facebook. Groups had state- or national-based memberships. Interviews were examined for themes that were compared between feeding groups using thematic analysis.

Results: Fifteen new mothers participated. Under the primary themes of *Similarities* and *Differences,* seven subthemes were identified: *Fatigue, Importance of Support, Finding Joy in a Common Goal, Mixed Feelings, Trusting versus Tracking, Latching versus Body Failure,* and *Pumping in Isolation.*

Clinical Implications: Mothers who provide breast milk share common experiences and feelings of satisfaction. Expressed breast milk feeding offers some mothers a way to provide the benefits of breast milk while preserving a balance between maternal and infant physical and mental health needs. Understanding the different ways in which women manage breast milk feeding while balancing maternal and infant needs can prepare nurses to discuss various methods of breast milk feeding and provide individualized support.

Key words: Bottle feeding; Breastfeeding; Breast milk expression; Human milk.

It is recommended that infants exclusively receive breast milk for the first 6 months of life (Meek et al., 2022). Yet, in the United States, this goal is not often met (Centers for Disease Control and Prevention, 2020). Nationally, only 25.6% of infants are exclusively fed breast milk at 6 months (Centers for Disease Control and Prevention, 2020). This is a dismal number considering exclusive breast milk feeding for the first 6 months of life is a national and global standard and is far below the Healthy People 2030 target of 42.4% (U.S. Department of Health and Human Services, n.d.) and the World Health Organization (WHO) 2030 Global Nutrition Target of 50% (WHO, 2014). With numerous health benefits, maternal and infant health can be positively affected by improving breast milk feeding rates.

Breast milk feeding includes both direct breastfeeding (latching the infant's mouth to the breast) and expressed breast milk feeding (feeding breast milk via bottle or other feeding tool after being expressed). Rates of parents expressing breast milk in the United States have been documented to be as high as 94% having ever expressed in the first 12 months of life (O'Sullivan et al., 2019). There are also parents who exclusively feed expressed breast milk rather than direct breastfeeding, a practice often termed exclusive expression or exclusive pumping. When the Infant Feeding Practices Survey II was conducted between 2005 and 2007, 5.6% of parents were exclusively pumping (Shealy et al., 2008), whereas recent studies indicate rates of 7.5% and 7.7% at 3 and 6 months, respectively (O'Sullivan et al., 2019). Globally, some countries have seen even greater rates such as 12.9% in China (Jiang et al., 2015) and 19.8% in Hong Kong (Bai et al., 2017), although there is variation in the definition of exclusive expression.

Clinicians play a key role in providing professional support that can influence breastfeeding rates. When parents report receiving enough support, they are more likely to be feeding human milk at 6 months than those who report not receiving enough support (Cramer et al., 2021). Findings from two systematic reviews suggest interventions that include a professional breastfeeding support component have positive effects on initiation and duration of breastfeeding (Chetwynd et al., 2019; Meedya et al., 2017). Research examining the influence of professional support within the context of different human milk feeding methods (direct breastfeeding or bottle-feeding expressed breast milk) is limited. There is a need for individualized breastfeeding support (Blixt et al., 2019) and the context of human milk feeding may affect the type of support needed.

To provide tailored support, nurses and lactation experts must understand the experiences of parents feeding breast milk. The landscape of breast milk feeding is changing; most breast milk feeding parents use a breast pump at some point (O'Sullivan et al., 2019), some parents doing so exclusively, and access to and demand for breast pumps has increased in the years since the Affordable Care Act was enacted (Grundy et al., 2022; Hawkins et al., 2022). Tailored support may need to change to support these methods. Nurses in perinatal settings can play a key role in educating and supporting women who are breast milk feeding. It is important to understand the various perspectives of women using different methods of breast milk feeding. Therefore, the purpose of this study was to explore and compare the infant feeding experiences of women who practice direct breastfeeding and exclusive expression to feed breast milk to better understand how their needs might be similar or different.

Study Design and Methods

Guided by a constructivist paradigm in which researchers acknowledge the multiple realities of experience (Guba & Lincoln, 1982), a qualitative descriptive design was used to examine the experiences of a purposive sample of mothers aged 18 or older, who self-identified as having used exclusive expression, direct breastfeeding, or a combination of feeding methods to exclusively provide breast milk to term (>37 weeks) infants for at least 2 weeks. Having fed for at least 2 weeks was chosen to gather insight on the needs of parents with all types of experiences, from those who fed breast milk for only a short time to those who fed breast milk for much longer Ethical approval was granted by the Primary Investigator's (PI) university Institutional Review Board.

Participant Recruitment

Between January and February 2020, participants were recruited from 4 Facebook social media groups chosen based on their descriptions as groups for peer support for members feeding breast milk. Three of the groups' membership were based in a midwestern state and the fourth included members from across the United States. At the time of recruitment, memberships totaled 768, 1,388, 4,887, and 28,000, respectively. The PI obtained permission to post study information in the form of a digital flyer in each group. The digital flyer invited parents who were pumping and/or directly breastfeeding to participate. Interested group members contacted the PI by email or phone to determine eligibility and schedule an interview.

Data Collection

Interviews were conducted by the PI via phone or in-person based on the participant's preference and proximity to the researcher's location. Participants gave verbal consent to be interviewed and audio-recorded and answered demographic questions verbally. Interviews were transcribed using NVivo transcription software (QSR International, 2020). Interviews opened with the prompt; *Tell me about your infant feeding experience, from the very beginning when you considered how you would feed your baby until now*. Probing questions were used to obtain a deeper understanding. Recruitment and interviews were ongoing until information being collected from participants in all groups became redundant and themes and codes could be identified and adequately be described (Saunders et al., 2018).

Data Analysis

The PI and another research team member conducted a thematic analysis as described by Braun and Clarke (2006) that began with reading the transcripts in their

entirety to familiarize themselves with the data. Then, relevant segments of the texts were assigned initial codes. Similar codes were subsequently categorized into potential themes based on "patterns of shared meaning" (Braun & Clarke, 2019, p. 593). The authors compared their individually coded and categorized text to develop a consensus and review themes, which were then refined and named. The final step was selection of exemplar quotes and excerpts to relate the analysis to the research question to produce a report. Analysis was both inductive and deductive as codes and themes were developed inductively from the data followed by the researchers making comparisons between feeding groups to deductively determine similarities and differences. Trustworthiness was enhanced through peer debriefing with the research team about emerging codes and themes, maintenance of an audit trail, and provision of thick descriptions and quotes in the results to demonstrate dependability, credibility, confirmability, and transferability described by Lincoln and Guba (1985).

Results

Participants

Fifteen women participated in this study; 14 participated via telephone interview, whereas 1 participated in an in-person interview. Interviews ranged in duration from 17 to 60 minutes with an average of 31 minutes. Their characteristics are presented in Table 1. Average duration of exclusive breast milk feeding was 4.8 months, with a range of 2 to 7 months, and average infant age at the time of the interview was 7 months. Fourteen mothers had prenatal intentions to directly breastfeed. Of the 14, 9 mothers

TABLE 1. PARTICIPANT DEMOGRAPHICS

Characteristic	All Participants	Direct Breastfeeding	Combination	Exclusive Expression
	n (%)	*n* (%)	*n* (%)	*n* (%)
Race				
Black/African American	1 (7)	0	0	1 (17)
Hispanic	2 (13)	0	0	2 (33)
White, Non-Hispanic	8 (53)	5 (83)	2 (67)	3 (50)
Mixed-Race	2 (13)	1 (17)	1 (33)	0
Marital Status				
Married	15 (100)	6 (100)	3 (100)	6 (100)
Level of Education				
Some College	9 (60)	4 (677)	3 (100)	2 (34)
Graduate school or higher	6 (40)	2 (33)	0	4 (66)
Income[†]				
$40,001–80,000	3 (20)	2 (34)	0	1 (17)
$80,000 and above	11 (73)	3 (50)	3 (100)	5 (83)
Parity				
Primiparous	5 (33)	1 (17)	1 (33)	3 (50)
Multiparous	10 (67)	5 (83)	2 (66)	3 (50)
Prenatal Feeding Intention[‡]				
DBF only	6 (40)	3 (50)	0	3 (50)
Mostly DBF, some EBM	7 (47)	3 (50)	3 (100)	1 (17)
Mostly EBM, some DBF	1 (7)	0	0	1 (17)
EBM only	1 (7)	0	0	1 (17)
Plan to Begin or Resume Employment				
Yes	10 (67)	2 (33)	3 (100)	5 (83)
No	5 (33)	4 (67)	0 (0)	1 (17)
Average Length of Maternity Leave if Returning (Months)				
	4	7.5	2.8	3.4
Duration of Exclusive Breast Milk Feeding (Months)				
	4.8	5.5	5	4

[†]One participant in direct breastfeeding group declined to answer

[‡]DBF = direct breastfeeding, EBM = expressed breast milk

fulfilled that intention with 3 of those 9 expressing milk occasionally. The other 5 participants exclusively expressed breast milk. One intended to and did exclusively express.

Themes

Under the primary themes of *Similarities and Differences,* seven subthemes were identified: *Fatigue, Importance of Support, Finding Joy in a Common Goal, Mixed Feelings, Trusting versus Tracking, Latching versus Body Failure,* and *Pumping in Isolation.*

Similarities in the Experiences of Mothers who Were Breast Milk Feeding

Fatigue. Frequency of feedings and feeding around the clock was described as a significant source of fatigue and exhaustion in the early weeks for all groups. One direct breastfeeding participant described being *exhausted and sleep deprived*. Another participant switched to exclusive expression after about 2 weeks due to being overwhelmed from waking frequently to attempt latching and she *just really needed to sleep*.

Importance of Support. Having a support network was crucial to continuing to provide breast milk. Participants commended their partners for emotional support and *cheerleading* for their decisions to feed breast milk. They also provided physical support: caring for other children, ensuring the feeding parent's comfort, bottle-feeding expressed milk, and cleaning pump parts.

Participants sought online and in-person networks of other breast milk feeding women. Whether to vent or ask a question, the 24/7 presence of online support was important and comforting *to feel like, not alone, especially those late, late nights*. Some also received in-person support from groups such as La Leche League meetings and Mommy and Me groups or from coworkers. One exclusive expressing participant noted, *I'm not sure I would have made it as long as I did without [coworker's] camaraderie*.

Finding Joy in a Common Goal. Largely motivated by the health benefits such as immunological and nutritional components, the primary goal for participants was to provide breast milk. Participants found joy in being *the one* that would meet their infants' nutritional needs and keep them *thriving and healthy*. In all feeding groups, words like *happy, proud, glad,* and *just a really good feeling* were used to describe how *producing something that's so good* made them feel. A direct breastfeeding participant described her pride that she *grew them from just my body for the first six months! It's just a really satisfying thing... it kind of makes you feel like a badass!* An expressing participant said *it's something only I can do...I'm his sole nutrition provider right now and that feels nice*.

Providing breast milk was a bonding experience for and offered a sense of connection. Direct breastfeeding participants credited the physical *closeness and touch* while feeding for their bond. Participants who exclusively expressed also spoke of a connection they felt by being the only one able to provide benefits to their infants. One stated *I feel like I bonded with her and even when I'm not with her, that I'm doing something for her*. Bonding with others also brought joy to expressing participants like one who was *happy seeing how it changed their interaction and my husband more feeling connected to the baby*.

Mixed Feelings. There were mixed feelings about the process of feeding breast milk that varied by feeding group, but all agreed that the end result of feeding breast milk made it worth the effort. Although direct breastfeeding was generally described as enjoyable, women also felt that the inability to leave and disliked being touched so often that one called *the mental toll of breastfeeding*. Some longed to share the responsibility. For expressing participants, the time-consuming nature of expression made women feel a *love-hate relationship* with pumping. However, sharing feeding responsibilities, controlling quantities, and developing schedules were benefits that made them satisfied with their decision. They shared sentiments that they would still *lean more toward* exclusive expression over directly breastfeeding in the future. They considered exclusive expression the best option and to provide breast milk without the stress that direct breastfeeding had caused.

Differences in the Experiences of Mothers Based on Breast Milk Feeding Method

Trusting versus Tracking. Participants who directly breastfed found relief from the fatigue in knowing *that it was going to get better*, their babies were growing, and trusting their bodies and infant feeding cues rather than tracking and timing feeds. These observations gave them the confidence to continue. In contrast, exclusively expressing participants who felt that their bodies were failing at producing milk were relieved to see and track the quantities. One found reassurance *that I knew that she was getting something*.

Expressing participants described daily schedules that allowed them to sleep and share feeding responsibilities. One said that because her husband could help with feedings, they could get into a *routine to where I instead of feeding her directly on the breast every two hours or every hour and a half ... I would just have to pump maybe every three hours*.

Latching versus Body Failure. As all but one participant intended to feed at the breast. Obtaining a proper latch or not in the early weeks was a key turning point in determining the trajectory of participants' experiences. Participants who directly breastfed, either as a sole feeding method or in combination with expressing, described having a *good start* to breast milk feeding when infants *latched right away* and produced adequate quantities of breast milk. Combination feeding parents only expressed as needed or desired. Alternatively, for many exclusive expressers, failed attempts to latch their infants to the breast, uncertainty about milk supply, and fatigue caused them to switch to exclusive expression within the first few weeks postpartum. One participant stated that she was *pretty much traumatized from it* [latching]. The one who planned to express had no interest in these attempts to latch.

When these repeated attempts to directly breastfeed failed to produce expected infant weight gain, relieve

Experiences of women who use exclusive expression for breast milk feeding is not well understood.

nipple pain, or improve feedings, participants felt *really disappointed* and *just frustrated* in their bodies and themselves. Another said *I kind of felt inadequate*. Guilt was intensified by societal expectations of direct breastfeeding: *They say, "boob is best"? . . . So, I felt this pressure that this is what is best. And so, when you're not meeting what I think that society or what is said out there in social media, is that was kind of hard.* One was jealous of direct breastfeeding parents and stated, *it's like they make it look so easy. So, then you wonder, why is this so difficult for me?*

Pumping in Isolation. After choosing exclusive expression, participants were pressured throughout their journeys to *just keep on trying* [to latch] or *just stick with* [direct breastfeeding] by family, friends, and health care providers. They felt alone as exclusive expressers and in their quest for information from providers. One said, *they never offered a pump or talked to me about pumping* while another *wanted to have known where to find more information about it. Even when latching wasn't working it was either you breastfeed, or you just give them formula... you know, all or nothing.* This polarized approach to infant feeding options made women feel alone and unsupported by health care providers in their chosen method. Later, they encountered an inability to perform other tasks and felt *stuck* or *tied* to their pumps. Several talked about being isolated while having to pump privately because *your nipples are in the flanges and they're see-through* making them feel more *open and vulnerable*. Although breast milk expression gave expressing participants the ability to foster the infants' relationships with others, they also felt at times as though they were missing out on time with family, friends, or the infant when taking time away to express milk.

Discussion

This study adds to the limited data about women who exclusively express breast milk for healthy term infants and compares their experiences to those who feed directly at the breast. Their stories indicate that expression, whether exclusive or in combination with direct breastfeeding, may be a way that women can navigate the demands of early motherhood, their own needs, and still provide for the nutritional needs of their infants through breast milk. Changing feeding strategies was a way for some new mothers to achieve the goal of providing breast milk, and they voiced satisfaction in achieving this goal with their chosen methods. A major difference in their experiences occurred when exclusive expressing participants stopped directly breastfeeding due to latch difficulties, fatigue, and supply concerns. Early professional breastfeeding support to achieve a proper latch is key to avoiding these negative experiences and continue directly breastfeeding if it is what the parent desires.

Fan et al. (2022) reported similar negative experiences leading to exclusive expression in a sample of exclusively expressing parents in Hong Kong, whereas Flaherman et al. (2016) found expression to be used as a strategy to improve direct breastfeeding. Pain and feeding problems are often cited reasons for discontinuing breastfeeding (Bai et al., 2015; Balogun et al., 2015; Jackson et al., 2019; Morrison et al., 2019) and for both starting and discontinuing milk expression (Fan et al., 2022; Flaherman et al., 2016; Jiang et al., 2015). Individualized strategies to address pain and infant feeding problems such as position changes to improve latching are necessary for continuation of direct breastfeeding.

However, these participants' stories also revealed that the emphasis health care professionals place on direct breastfeeding and their practice of not providing substantive guidance about managing exclusive expression left women feeling alone, guilty, and disappointed in their bodies. Several studies have noted that an emphasis on the "breast is best" mentality and promotion of breastfeeding (usually at the breast) as the superior feeding choice has been found to lead to guilt in women who formula feed or are unable to meet their breastfeeding goals (Anders et al., 2022; Benoit et al., 2016; Fallon et al., 2017; Hvatum & Glavin, 2017; Komninou et al., 2017; Stallaert, 2020). Jardine (2019) found that negative feelings such as guilt were more likely to be experienced by women unfamiliar with the practice of exclusive expression prior to birth. Others have reported feelings of judgment or stigma from society and health care providers regarding breast milk expression (Dietrich Leurer et al., 2020; Johnson et al., 2013). It is important that health systems develop supports for families who either choose exclusive expression at birth or who begin direct breastfeeding and may need to exclusively express at some point during the infant year.

We found social support, especially online support, was crucial to participants' abilities to continue feeding breast milk. Recent studies have shown the importance of social media and social support in improving breastfeeding outcomes. Researchers have found that participation in social media breastfeeding support groups had positive effects on exclusive breastfeeding both directly and indirectly though breastfeeding confidence and knowledge (Wilson, 2020). A qualitative study of eight breast milk feeding mothers revealed that women had increased self-efficacy due to knowledge and confidence gained from social media groups along with increased agency due to the 24/7 accessibility of support and information (Black et al., 2020). These studies did not include women who exclusively expressed breast milk. Participants in our study similarly credited social media for their abilities to find information and keep going; thus, supporting social media as a valuable resource for breast milk feeding women regardless of feeding method. Although parents receive

valuable social support and guidance through social media, it is essential that they are directed to evidence-based clinical resources and guidance as well.

Limitations

Limitations include a lack of racial and socioeconomic diversity within the sample. Selection bias from using Facebook groups to recruit participants could have affected sample diversity and the experiences gathered. Only 6 of 15 participants were exclusively expressing, and 5 of these 6 did not intend to exclusively express, which may have influenced their experiences. All participants in this study self-identified as women and mothers, but future research should incorporate inclusive, gendered-neutral language to support all families that feed breast milk that may not identify as such.

Clinical Implications

Mothers who provided breast milk via all methods shared common experiences and feelings of satisfaction. Although the goal of breastfeeding promotion has always been to have parents feed baby directly at the breast for most feeds, expressed breast milk feeding offers some a way to provide the benefits of breast milk when they might otherwise end breast milk provision or choose not to provide human milk at all.

Nurses can provide patient-centric support by considering providing human milk as a spectrum of options and must be prepared to support women whether they always direct breastfeed, exclusively express, or combine both methods in some way. Acknowledging exclusive expression as a viable option for breast milk feeding and offering information and support may provide a more positive experience for those choosing this method of infant feeding. Encouragement from providers for milk expression can increase confidence (Fan et al., 2022).

Women experience feelings of guilt and failure when they do not live up to the "breast is best" ideal. Clinicians have an opportunity to assuage these feelings by celebrating the victory of feeding any human milk by any modality. Nurses can begin this support prenatally by presenting infant feeding options on a spectrum, teaching them the best ways to promote a sufficient milk supply for all options, identifying potential obstacles, and planning to persist in their planned feeding method despite those obstacles. Then, after birth, breastfeeding support can be aimed at navigating various combinations of direct feeding and expression as the woman navigates various obstacles or competing demands. As women shared that a common reason they stopped putting baby directly at breast was difficulty latching, targeted support to help women establish a good latch prior to hospital discharge should be a priority as part of this early feeding support. Women who have this comprehensive planning plus targeted support are more likely to celebrate the accomplishment of what their bodies can do rather than leaving them feeling that they failed at achieving the singular goal of direct breastfeeding.

In its position statement on breastfeeding, the Association of Women's Health, Obstetric, and Neonatal Nurses explains the role of the nurse that includes recommendations nurses "link parents to breastfeeding resources" (2021, p. e2). Our study shows that for some, social media is a key source of social support for providing breast milk. Nurses and lactation support professionals can support women by being knowledgeable of online communities, connecting families to those. This should occur in combination with referral to reputable online sources or clinical consultation that provide evidence-based information and anticipatory guidance about obtaining a proper latch to avoid pain, education on different feeding methods, proper usage of breast pumps, management of bottle-feeding, and strategies for success if a parent chooses exclusive expression.

Clinical nursing leaders in perinatal settings should ensure nurses have access to educational opportunities offered to provide nurses up-to-date, evidence-based information about the full spectrum of direct breastfeeding management and milk expression methods. An environment of collaboration should be supported so lactation consultants, nurses, and families can work together to develop a plan for human milk feeding that meets the needs of infants and parents. ✣

CLINICAL IMPLICATIONS

- Nurses can use this knowledge to better understand how parents manage breast milk feeding and balance maternal and infant needs.
- Helping women establish a good latch prior to hospital discharge should be a priority in early feeding support when parents desire to directly breastfeed.
- Nurses should acknowledge and support different ways of breast milk feeding that meet families' needs and changing goals and celebrate the victory of feeding breast milk regardless of modality.
- Nursing support of breast milk feeding should include practical and informational support and connection to resources, regardless of method, without contributing to pressure and guilt. Online resources for parents can include informational resources such as the CDC or KellyMom.com along with online community engagement for social support such as Facebook groups for breast milk feeding parents.
- Nurses and nurse leaders should ensure that they remain up to date on all breast milk feeding methods to adequately educate and support families. Recorded webinars on these topics are available through the United States Lactation Consultant Association website accessible for all perinatal professionals.

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