

Original paper

Processes for Instilling Confidence in Mothers to Continue BreastFeeding

Hiromi TAMURA

Assistant Professor, Department of Nursing, Faculty of Health Science, Aino University

Naoko NAITOH

Professor, School of Nursing University of Human Environments

Mutsuko SASAKI

Professor, School of Nursing Faculty of Medicine, Kagawa University

Abstract

This study clarifies the process through which mothers gain confidence during continued breastfeeding.

Using an interview guide, semi-structured interviews were conducted with eight mothers. The interviews focused on the process through which mothers gain confidence during continued breastfeeding. The data were analyzed using constant comparative analysis, drawing on Saiki's grounded theory approach.

The average age of the participants was 31.3 (± 4.34). The mothers displayed desire and enthusiasm from the time of their pregnancy as they <looked forward to breastfeeding their infant>. Then, as the mothers <repeatedly engaged in breastfeeding>, they moved from having the perception that {communication by way of breastfeeding is something special} to achieving a sense of oneness by feeling that they were [always together with their infant during breastfeeding]. The mothers succeeded in <surmounting their breastfeeding-related worries> through consultations with midwives and other medical professionals. Moreover, as the mothers came to {understand the simplicity and virtue of breasts by investing effort in breastfeeding}, they {recognized the possibility of feeding the infant only breast milk}, affording them a degree of < comfort and confidence in feeding the infant exclusively on their own breast milk >. On the other hand, {early anxiety about breastfeeding} led to increased < impatience and fastidiousness during breastfeeding > and fatigue among the mothers, as well as a sense of < anguish at not being able to receive the child with a smile >. In addition, the notion that {doing nothing would lead to the use of powdered milk} led mothers to experience <anxiety about not being able to manage on breast milk alone and to feel a sense of guilt about using powdered milk>.

Both before and after giving birth, the mothers maintained a strong desire and enthusiasm as they <looked forward to breastfeeding>, as well as a strong sense of oneness with their infant because they were [always together with their infant during breastfeeding]. Repeated breastfeeding helped the mothers acquire the ability to care for themselves, affording them a degree of emotional comfort, which, in turn, helped them develop confidence as they recognized that breastfeeding is possible precisely because it involves engagement with their own child.

Key words: breastfeeding, confidence, mothers

I. Introduction

In 2001, the Ministry of Health, Labour and Welfare cited an increase in the rate of breastfeeding in Japan as one of the targets of its national campaign to promote maternal and infant health designated "Healthy Parents and Children 21". Conducted until 2010, this program was a

significant effort to stem the declining birthrate by creating comfortable conditions in which to bear and raise healthy children. Breastfeeding has 3 advantages: it is nutritionally beneficial, immunologically beneficial, and it promotes mother and child interaction. Breastfeeding has a particular advantage in terms of bonding since breastfeeding is a loving act by a mother for her

infant and greatly promotes mother and child interaction. Breastfeeding fosters the infant's trust in their mother, it heightens the mother's awareness of her role through contact with her infant, and it has a beneficial effect on the infant's mental and psychological development. The basic concepts of breastfeeding support are to sustain maternal and infant health (regardless of whether a baby is fed breast milk or baby formula), to foster a healthy mother/parent and child relationship, and to instill confidence in a mother as she rears her child. Breastfeeding is beneficial for maternal and infant health. Conditions can be created to allow mothers who want to breastfeed to do so comfortably. These conditions help to instill in a mother the confidence to care for her baby. The Ministry of Health, Labour and Welfare reported that most mothers wish to breastfeed their baby; 52.9% want to breastfeed their baby if they can produce milk, 43.1% absolutely want to breastfeed, and 96.0% want to breastfeed. However, the Ministry of Health, Labour and Welfare also reported that the most frequent problem with breastfeeding was that mothers did not feel like they produced enough breast milk, followed by mothers not being able to produce breast milk. Hattori et al. indicated that breastfeeding is linked to a mother's confidence in her role and happiness with the mother and child relationship, so breastfeeding may be an effective way to alleviate subsequent parenting worries or minimize parenting missteps. Hattori et al. cited these aspects as evidence of the importance of promoting breastfeeding. In light of these findings, the current study sought to ascertain the process by which mothers gain the confidence to continue breastfeeding. This study also sought to examine specific forms of support to help mothers continue breastfeeding.

II. Methods

1. Definition of terms

Breastfeeding: Breastfeeding is defined as nursing an infant, regardless of how much milk the mother produces.

Confidence: In this study, the process of gaining confidence is defined as the process of affirming one's ability and worth.

2. Methodology

This study sought to identify phenomena and processes that were not readily apparent when mothers gained the confidence to breastfeed by discussing their feelings and attitudes. To that

end, a qualitative methodology in the form of constant comparative analysis was used. This methodology was based on Saiki-Craighill's Grounded Theory Approach. Individuals may not be consciously aware of their thoughts or actions, but those thoughts and actions are closely linked to interview data. Saiki-Craighill's approach uses those data to identify phenomena and processes that are not readily apparent. Data are analyzed and the properties and dimensions of complex phenomena are examined based on those data. Correctly interpreting data allows a higher level of abstraction of concepts. At a higher level of abstraction of concepts, properties and dimensions can be reviewed. The use of paradigms allows the discernment of phenomena and processes, the identification of insufficient information, and the verification of category placement based on changes in dimensions when a relationship between categories is depicted in a coding paradigm. Thus, properties and dimensions continue to serve as qualifiers throughout analysis. This increases efficiency and promotes appropriate data handling.

This approach also minimizes the bias of the analyst.

3. Subject selection criteria

Subjects were mothers who were breastfeeding at 2-24 months postpartum, regardless of how much milk they produced. Subjects were selected regardless of age, parity (primipara vs. multipara), the presence or absence of complications during pregnancy or after delivery, and the facility where they delivered. A WHO/UNICEF campaign to promote breastfeeding recommended that infants be breastfed for at least 6 months after birth and that breastfeeding be continued to 2 years of age or beyond with complementary feeding. Breastfeeding should continue as long as is mutually desired by the mother and baby. Thus, there is no deadline at which to stop breastfeeding. The current subjects were mothers who breastfed their baby for what was deemed to be an appropriate period.

4. Interviews

Interviews were conducted from May to December 2012. A semi-structured format was used, and interviews took about 30 to 60 minutes. Interviews were conducted using an interview guide. Once a subject consented, the interview was recorded with a digital voice recorder. Interviews took place at a location specified by the subject. An investigator inquired about the

subject's characteristics and breastfeeding conditions and noted the answers on the top page. The interview location and duration were also noted.

5. Analysis of data

A constant comparative analysis was performed based on Saiki-Craighill's Grounded Theory Approach.

Trustworthiness, credibility, transferability, confirmability, and dependability are effective criteria for the assessment of qualitative research according to Holloway & Wheeler. These qualities were verified to ensure trustworthiness and credibility. Examples were discussed and instructions were provided by a lead investigator, and efforts were made to clearly describe the conduct of this study. Discussions and instructions from lead investigators were documented as evidence of the conduct of this study.

III. Ethical considerations

This study was approved by the ethics committee of the Faculty of Medicine, Kagawa University. It was also approved by the ethics committee of the hospitals where the investigators work (approval no. 24-021). Potential subjects were told that they had the right to be fully informed, they were informed that the decision to participate in this study was at their own discretion, and they were given ample time to make that decision. Potential subjects were informed verbally and in writing that the data obtained would not be used except for research purposes. Potential subjects indicated their consent to participation by signing a consent form.

IV. Results

1. Overview of subjects

Eight subjects consented to interviews and their responses were analyzed. Subjects had a mean age of 31.3 years (± 4.34). Four of the subjects were primiparas and 4 were multiparas. Seven of the subjects delivered vaginally and 1 delivered via Caesarean section. The gestational age was a mean of 38.62 weeks (± 1.58) (range: 36-40 weeks). The birth weight of infants was a mean of 2,860 g (± 234.92 g), (2,374-3,102 g). All of the subjects delivered in a hospital. All of the mothers were employed but had taken maternity leave or childcare leave to concentrate on rearing their children. Infants were 2 to 13 months of age, with a mean of 7 months (± 3.58), when interviews

were conducted. Infants were fed breast milk alone or they were beginning to eat baby food in accordance with their age. None of the infants were fed complementary foods. Some mothers had breast problems and were treated for flat nipples, cracked nipples, or mastitis.

2. Narratives from categories

Mothers were found to have a strong desire and motivation to "[Enjoy] breastfeeding" throughout the perinatal period. Even when a mother did not produce enough breast milk after delivery, she repeatedly "[Breastfed] her baby numerous times" in a valiant effort to do what she could as the mother of that child. Through breastfeeding, mothers interacted with their child, and thus strengthened the bond with the infant. By "Constantly Being with One's Child through Breastfeeding," mothers also keenly felt as one with their child. If issues developed during breastfeeding, mothers were able to consult a nurse midwife or someone else and "[Overcome] one's concerns about breastfeeding." In addition, mothers sensed the benefits of breastfeeding and being able to breastfeed, leading to "Full confidence that one will be able to breastfeed."

Despite "Enjoying breastfeeding," mothers had growing "Impatience with and insistence on breastfeeding" and increased fatigue, leading to "The distress of not being unable to smile when in contact with one's child." This led to the consequence of mothers "[Worrying] over being unable to breastfeed and guilt the over use of formula." In addition, mothers' worries about breastfeeding led to action in the form of "Breastfeeding one's baby numerous times." Despite "The distress of not being able to smile when in contact with one's child," mothers were able to "[Overcome] one's concerns about breastfeeding." However, the reverse was also true since difficulty "Overcoming one's concerns about breastfeeding" led to "The distress of not being able to smile when in contact with one's child."

3. Categories and sub-categories for each paradigm

A description all in capitals indicates a core category, and a description in italics indicates a sub-category. Quoted statements are typical accounts.

1) Conditions

"Enjoying breastfeeding" means that mothers have a strong desire and motivation to breastfeed their child. This desire and motivation began before delivery. This category consisted of 6 sub-

Table 1 Overview of subjects

Subject	Age	Parity (Primipara vs. multipara)	Pregnancy and delivery				Returned home	Employed	Childcare leave	Interview			
			Abnormalities during pregnancy	Mode of delivery	Gestational age	Infant's weight				Infant's age	Breast or nipple problems	Duration	Location
1	25	Primipara		Vaginal	40 wks & 6 d	3,010 g	Y	On childcare leave	6 mos.	Flat/cracked nipples	33.26 min.	Family home	
2	35	Multipara (para 2)	Anemia	Vaginal	39 wks & 6 d	3,102 g	Y	Granted childcare leave (1 yr)	13 mos.	None	20.27 min.	Health instruction room at a facility where an investigator worked	
3	28	Primipara	Threatened abortion	Vaginal	40 wks & 3 d	3,064 g	Y	On postpartum leave	2 mos.	Flat/cracked nipples	60.00 min.	Family home	
4	33	Primipara	Gestational diabetes	Vaginal	39 wks & 3 d	2,800 g	N	None	5 mos.	Mastitis	46.22 min.	Home	
5	36	Multipara (para 3)		Vaginal	40 wks & 6 d	2,855 g	N	On childcare leave	6 mos.	None	27.24 min.	Health instruction room at a facility where an investigator worked	
6	28	Multipara (para 3)		Caesarean section	36 wks & 5 d	2,374 g	N	Maternity leave	7 mos.	None	19.47 min.	Health instruction room at a facility where an investigator worked	
7	27	Primipara	Premature birth	Vaginal	36 wks & 5 d	2,640 g	Y	On childcare leave	7 mos.	Flat/cracked nipples	88.27 min.	Health instruction room at a facility where an investigator worked	
8	37	Multipara (para 3)		Vaginal	39 wks & 3 d	3,035 g	Y	Granted childcare leave (1 yr)	12 mos.	Mastitis	35.44 min.	Health instruction room at a facility where an investigator worked	

categories: *“Pride at having exclusively breastfed one’s child.”* *“Contemplating the joy of breastfeeding while pregnant,”* *“Wanting to breastfeed one’s child for a prolonged period,”* *“Wanting to breastfeed a third child like the previous two,”* *“Taking one’s time before returning to work,”* and *“Fervently wanting to breastfeed one’s child so that child grows up big and strong.”*

“Pride at having exclusively breastfed one’s child”
 “I’m very proud of the fact that I didn’t have to feed my baby a single drop of formula. I wanted to exclusively breastfeed my baby.”
“Contemplating the joy of breastfeeding while pregnant”
 “Once I became pregnant, I thought about the joy of breastfeeding. If I breastfeed, my baby will grow up strong, so I wanted to breastfeed if I

could.”

“Wanting to breastfeed one’s child for a prolonged period”

“I produced about 100–150 mL of milk. I’m still lactating. I want to breastfeed for a long time.”

“Wanting to breastfeed a third child like the previous two”

“I thought if I lactate, I want to breastfeed my third child just like I did for my older children. I wanted to breastfeed exclusively.”

“Taking one’s time before returning to work”

“With my third child, I’m in no hurry to return to work, I haven’t been ill, and everyone says breastfeeding is a joy.”

“Fervently wanting to breastfeed one’s child so that child grows up big and strong”

“If my child goes out to play and starts crying a

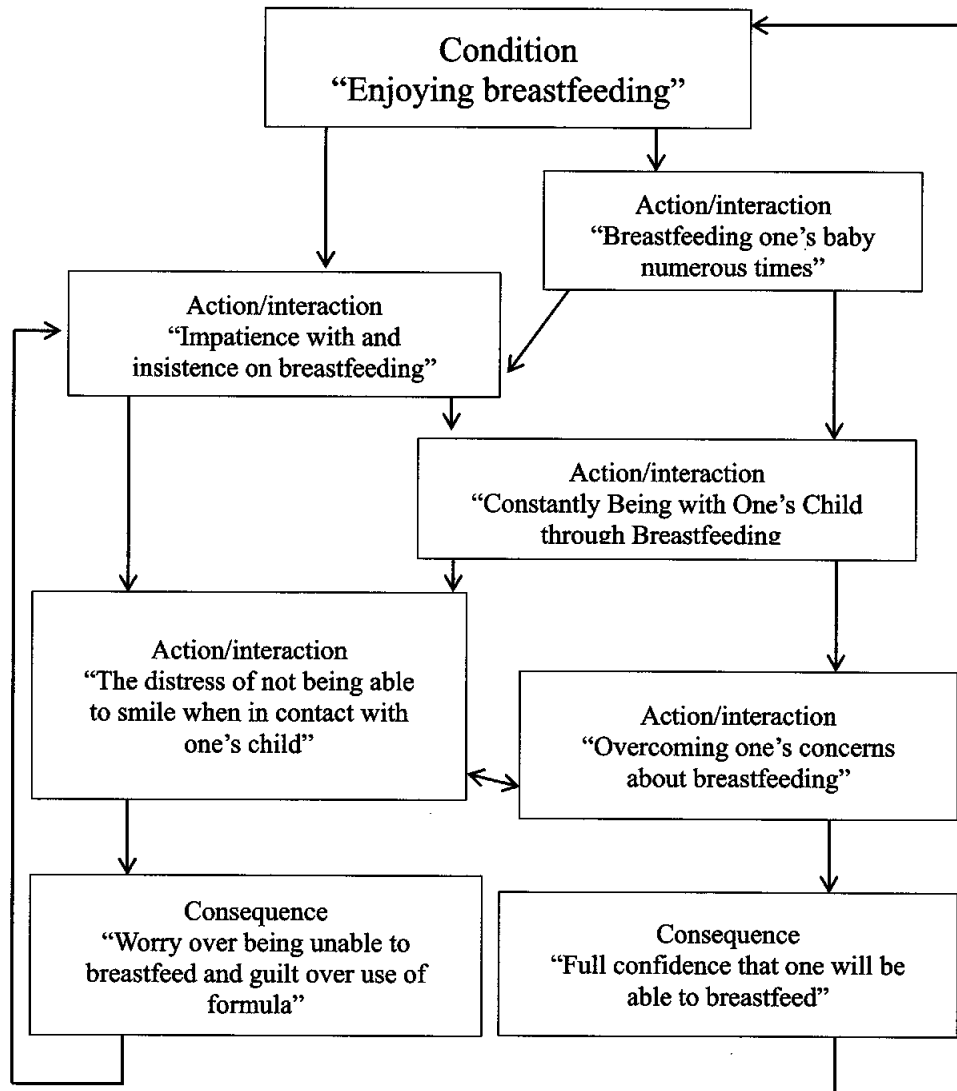


Figure 1 Coding paradigm for the phenomenon “Constantly Being with One’s Child through Breastfeeding”

little, I'll pick the child up reassuringly. Breastfeeding results in a stout baby, so I'm resolved to do it."

2) Action/interaction

"Constantly Being with One's Child through Breastfeeding" means that a mother interacts with her child while breastfeeding. This interaction strengthens her bond with her child. Feeling as one with one's child both physically and mentally results in a mother treasuring her child.

This category consisted of 8 sub-categories: *"Breastfeeding is a blessing since it promotes physical contact and bonding," "A baby is cute when it stares at its mother while nursing," "Breastfeeding is a special form of communication," "Breastfeeding allows one to be with one's child," "Breastfeeding is convenient and economical," "Breastfeeding helps a baby's immune system to develop and is economical," "Breastfeeding soothes a baby," and "Breastfeeding is a good option."*

"Breastfeeding is a blessing since it promotes physical contact and bonding"

"I'm really thankful for breastfeeding since I don't have to pay for formula. Breast milk is warm and I think that it is good to make contact and bond with my child through breastfeeding."

"A baby is cute when it stares at its mother while nursing"

"I think that it is cute when my baby nurses since my baby stares right into my eyes, and the gurgling sound my baby makes while nursing is cute, too."

"Breastfeeding is a special form of communication"

"I think that my baby and I have a special form of communication."

"Breastfeeding allows one to be with one's child"

"This is the only time when my child needs to be breastfed, and I'll be with my child for the time being, so I should breastfeed my child."

"Breastfeeding is convenient and economical"

"If I have diapers and a fresh change of clothes, I can take my child anywhere right now. Even for just a short trip."

"Breastfeeding helps a baby's immune system to develop and is economical"

"They say that breastfeeding helps a baby's immune system to develop, right? Breastfeeding is also a good option since I don't have to wait and prepare formula when my baby starts crying."

"Breastfeeding soothes a baby"

"I like breastfeeding since it truly soothes my

baby right now. My baby is teething but doesn't bite. For now, I'll breastfeed and maybe I'll stop when my baby is 1 year old."

"Breastfeeding is a good option"

"Preparing formula is a pain, so breastfeeding is a better option."

3) Action/interaction

"Breastfeeding one's baby numerous times" is a period when mothers have a hard time breastfeeding. Mothers earnestly breastfeed their child since this is what they can do for him/her. Mothers still want to breastfeed their baby, and they resolve to continue doing so. This category consisted of 6 sub-categories: *"Having a baby that has nursed a number of times," "The joy of earnestly continuing to nurse one's baby," "Earnestly practicing breastfeeding," "Earnestly continuing to nurse one's baby," "Breastfeeding exclusively," and "Breastfeeding whenever time permits."*

"Having a baby that has nursed a number of times"

"I breastfed my baby about 6 times an hour... Then, I breastfed my baby every now and then over a period of about 24 hours and then over a period of about a month."

"The joy of earnestly continuing to nurse one's baby"

"For now, I'm not supposed to give my baby food. The only way for my baby to get liquids is by nursing."

"Earnestly practicing breastfeeding"

"Wherever I go, my baby is always with me. I nurse my baby whenever my baby wakes and cries."

"Earnestly continuing to nurse one's baby"

"I think the reverse is true: I feel like I have to breastfeed. This time, I'm making a change and earnestly continuing to breastfeed."

"Breastfeeding exclusively"

"I exclusively breastfed my second child without ever running out of milk. I heard that breast milk is good for the immune system and digestion. You cradle a baby while it nurses, so it's like the two of you are linked."

"Breastfeeding whenever time permits"

"I'll breastfeed as time permits. I let my baby nurse every so often since I didn't think I had enough breast milk."

4) Action/interaction

"Overcoming one's concerns about breastfeeding" means that a mother with concerns over breastfeeding can seek the advice of her own mother or a nurse midwife to alleviate her

concerns. Other people also assist the mother. From their perspective, the mother is actively coping with her concerns. This category consisted of 10 sub-categories: *“Realizing that breastfeeding is the only option for the time being,” “Being sleep-deprived and tired but gradually feeling better after breastfeeding one’s baby,” “Going back home helps to reduce stress,” “Starting breastfeeding without making any preparations during pregnancy,” “Being relieved by having someone listen to one’s problems,” “Eventually overcoming complications with dietary therapy,” “Cutting corners reduces stress,” “Breastfeeding or using formula is the mother’s decision,” “Help from other people helped one to avoid being overly tired,”* and *“Taking time to breastfeed and letting housework go for the time being.”*

“Realizing that breastfeeding is the only option for the time being”

“I didn’t have enough breast milk and my baby was crying. My poor baby, I thought, so I tried feeding my baby formula, but my baby didn’t drink much. I don’t have any other choice for now.”

“Being sleep-deprived and tired but gradually feeling better after breastfeeding one’s baby”

“I’m doing pretty well, so I can take a breath for now. If I breastfeed every now and then, my baby goes straight to sleep.”

“Going back home helps to reduce stress”

“Once I went back home, things were immediately a lot easier. When I went back again, things were easier that time, too. Then at 1 month after delivery things were easier. Within 3 months of delivery, things got easier.”

“Starting breastfeeding without making any preparations during pregnancy”

“I worked while pregnant with my second child, so to be perfectly honest I didn’t make any preparations. As I gradually started lactating, the amount of milk I produced increased, as expected.”

“Being relieved by having someone listen to one’s problems”

“I was concerned since I was having trouble producing enough milk for my baby to drink. Just having someone understand that breastfeeding wasn’t going well for me really was a relief.”

“Eventually overcoming complications with dietary therapy”

“I had gestational diabetes and was told I’d have to take medication. I was also told I’d have to be admitted while pregnant. My blood glucose levels rose. They checked me for gestational diabetes

and I eventually beat it.”

“Cutting corners reduces stress”

“Food is vital to the body and it helps restore stamina, but I was worn out. I was also mentally affected by the earthquake, so I sought to eliminate stress.”

“Breastfeeding or using formula is the mother’s decision”>

“I fed formula to my 2 older children, so I thought formula would be just as good as breast milk for this baby. However, formula and breast milk do differ a little. So which one? Something’s different, right? Like adherence? Or adhesion?”

“Help from other people helped one to avoid being overly tired”

“That’s right, other people helped. They’d listen, so I didn’t feel worn out.”

“Taking time to breastfeed and letting housework go for the time being”

“I let housework go for the time being and set aside time to breastfeed. I couldn’t do anything, so it was breastfeeding time.”

5) Action/interaction

“Impatience with and insistence on breastfeeding” is the expression of uncertainty when a mother wants to breastfeed but she has concerns. A mother tries to overcome this difficulty, but she is beset by impatience and insistence. Confronted with reality, the mother is confused by her concerns over breastfeeding. This category consisted of 6 sub-categories: *“Being convinced that one will probably not be able to breastfeed,” “Impatience with breastfeeding,” “Imagining that one would be a bad mother if one completely forewent breastfeeding,” “Being anxious about breastfeeding initially,” “Insistence on breastfeeding,”* and *“Having a baby that initially nursed and then went straight to sleep because of poor breastfeeding.”*

“Being convinced that one will probably not be able to breastfeed”

“I realized that I probably wouldn’t be able to breastfeed my baby. I’m worried since giving formula to a baby is bad, so I’m resolved not to feed my baby formula unless I have to.”

“Impatience with breastfeeding”

“You see other babies gulp milk down. My baby just sleeps and doesn’t want to nurse at all. I feel like I’m waking my baby and forcing my baby to nurse. Everyone else breastfeeds and their babies nurse.”

“Imagining that one would be a bad mother if one completely forewent breastfeeding”

"If I keep trying to nurse my baby, I should produce milk. That's what mammals do, right? If you don't produce milk and just give up...That's not right, is it?"

"Being anxious about breastfeeding initially"

"My third child has had trouble latching on. I initially wondered if I had enough milk compared with when I breastfed my 2 older children."

"Insistence on breastfeeding"

"I'm trying to breastfeed. I've refrained from consuming anything that might cause an allergy. Although my breasts have become a little sensitive..."

"Having a baby that initially nursed and then went straight to sleep because of poor breastfeeding"

"Initially, my baby would nurse and then immediately go to sleep. Maybe my baby didn't want to nurse from me. I thought I must be rather bad at breastfeeding."

6) Action/interaction

"The distress of not being able to smile when in contact with one's child" means that a mother has increased postpartum fatigue and that the mother is worn out during the postpartum period. This category consisted of 4 sub-categories: *"Being concerned over the use of nipple cream or a nipple shield while breastfeeding," "Mothers should be told that breastfeeding is a chore when one is sleep-deprived," "The distress of not being able to smile when in contact with one's child,"* and *"Going through the hassle of expressing milk and sterilizing a nipple shield."*

"Being concerned over the use of nipple cream or a nipple shield while breastfeeding"

"I was told breastfeeding is beneficial, so I used a moist towel, cream, or a nipple shield and continued breastfeeding."

"Mothers should be told that breastfeeding is a chore when one is sleep-deprived"

"When my baby cries, I have to stop massaging my breasts so I can feed my baby. I can't stand to hear my baby cry, and I'm thinking, please go to sleep."

"The distress of not being unable to smile when in contact with one's child"

"When I'm not relaxed, I can't smile when I'm with my baby, so that's the hardest thing for me."

"Going through the hassle of expressing milk and sterilizing a nipple shield"

"After less than an hour, my baby started crying again. I didn't have enough nipple shields or disinfectant, so I had to really stock up."

7) Consequences

"Full confidence that one will be able to breastfeed" means that a mother relaxes when she is confident that she will be able to breastfeed. As she relaxes, her confidence builds. This category consisted of 9 sub-categories: *"Realizing that breastfeeding is simple and worthwhile if one makes the effort," "Realizing that one has enough milk to breastfeed one's baby," "Relaxing and then breastfeeding one's baby," "Having the confidence to personally judge how much to breastfeed one's baby," "Confidence that one will be able to breastfeed," "Realizing that one is adept at breastfeeding," "The comfort of breastfeeding exclusively," "Feeling buoyed after realizing that one is able to breastfeed one's baby,"* and *"Reliably producing breastmilk just by changing one's diet or expressing milk."*

"Realizing that breastfeeding is simple and worthwhile if one makes the effort"

"When I had my first child, I really made an effort to breastfeed. I realized that breastfeeding is simple and really worthwhile."

"Realizing that one has enough milk to breastfeed one's baby"

"My baby just nursed. I was surprised since I seemed to have enough milk."

"Relaxing and then breastfeeding one's baby"

"Once I was relaxed, then my baby made an effort to do the same, too."

"Having the confidence to personally judge how much to breastfeed one's baby"

"I'm confident that I can judge how much milk I should give my baby."

"Confidence that one will be able to breastfeed"

"I should be able to breastfeed. It's enjoyable."

"Realizing that one is adept at breastfeeding"

"I'm adept at breastfeeding. If things keep going like this, then I won't need to use formula."

"The comfort of breastfeeding exclusively"

"I'm in a breastfeeding group, so I'm really happy and upbeat. I'm happy I don't need to use formula. Lactating isn't much of a burden."

"Feeling buoyed after realizing that one is able to breastfeed one's baby"

"I was happy. I was happy and my mood brightened. I had been in a bad mood the whole time but then my mood brightened."

"Reliably producing breastmilk just by changing one's diet or expressing milk"

"I changed my diet a little so I could breastfeed. It was no big deal. It's great, I can reliably produce milk just by making a few changes."

Table 2 Paradigms (combined)

Paradigm	Combined data for subjects 1-8	Sub-category
Condition	"Enjoying breastfeeding"	<i>Pride at having exclusively breastfed one's child</i> Contemplating the joy of breastfeeding while pregnant Wanting to breastfeed one's child for a prolonged period Wanting to breastfeed a third child like the previous two Taking one's time before returning to work Fervently wanting to breastfeed one's child so that child grows up big and strong
Action/interaction	"The distress of not being able to smile when in contact with one's child"	<i>Being concerned over the use of nipple cream or a nipple shield while breastfeeding</i> Mothers should be told that breastfeeding is a chore when one is sleep-deprived The distress of not being unable to smile when in contact with one's child Going through the hassle of expressing milk and sterilizing a nipple shield
	"Impatience with and insistence on breastfeeding"	<i>"Being convinced that one will probably not be able to breastfeed"</i> "Impatience with breastfeeding" "Imagining that one would be a bad mother if one completely forewent breastfeeding" "Being anxious about breastfeeding initially" "Insistence on breastfeeding" "Having a baby that initially nursed and then went straight to sleep because of poor breastfeeding"
	"Breastfeeding one's baby numerous times"	<i>"Having a baby that has nursed a number of times"</i> "Earnestly continuing to nurse one's baby" "The joy of earnestly continuing to nurse one's baby" "Earnestly practicing breastfeeding" "Breastfeeding exclusively" "Breastfeeding whenever time permits"
	"Constantly Being with One's Child through Breastfeeding"	<i>"Breastfeeding is a blessing since promotes physical contact and bonding"</i> "A baby is cute when it stares at its mother while nursing" "Breastfeeding is a special form of communication" "Breastfeeding allows one to be with one's child" "Breastfeeding is convenient and economical" "Breastfeeding helps a baby's immune system to develop and is economical" "Breastfeeding soothes a baby" "Breastfeeding is a good option"
	"Overcoming one's concerns over breastfeeding"	<i>"Realizing that breastfeeding is the only option for the time being"</i> "Being sleep-deprived and tired but gradually feeling better after breastfeeding one's baby" "Going back home helps to reduce stress" "Starting breastfeeding without making any preparations during pregnancy" "Being relieved by having someone listen to one's problems" "Eventually overcoming complications with dietary therapy" "Cutting corners reduces stress" "Breastfeeding or using formula is the mother's decision" "Help from other people helped one to avoid being overly tired" "Taking time to breastfeed and letting housework go for the time being"
Consequences	"Full confidence that one will be able to breastfeed"	<i>"Realizing that breastfeeding is simple and worthwhile if one makes the effort"</i> "Realizing that one has enough milk to breastfeed one's baby" "Relaxing and then breastfeeding one's baby" "Having the confidence to personally judge how much to breastfeed one's baby" "Confidence that one will be able to breastfeed" "Realizing that one is adept at breastfeeding" "Feeling buoyed after realizing that one is able to breastfeed one's baby" "Reliably producing breastmilk just by changing one's diet or expressing milk" "The comfort of breastfeeding exclusively"
	"Worry over being unable to breastfeed and guilt over use of formula"	<i>"Being taken aback by the potential harm to one's child"</i> "Guilt over using formula" "Being greatly pained by the desire to breastfeed one's baby" "Worry over breastfeeding techniques and preparing formula" "Trying different approaches to alleviate one's worries about breastfeeding" "If left to one's own devices, one would use formula"

A description in all capitals indicates a core category, a description with the first letter capitalized indicates a category, and a description in italics indicates a sub-category

8) Consequences

"Worry over being unable to breastfeed and guilt over use of formula" is how mothers who wanted to breastfeed felt when they were forced

to use formula since they did not produce sufficient breast milk. Mothers were impatient and worried about being unable to breastfeed exclusively and they also suffered guilt over using

formula. This category consisted of 6 sub-categories: *"Being taken aback by the potential harm to one's child," "Guilt over using formula," "Being greatly pained by the desire to breastfeed one's baby," "Worry over breastfeeding techniques and preparing formula," "Trying different approaches to alleviate one's worries about breastfeeding,"* and *"If left to one's own devices, one would use formula."*

"Being taken aback by the potential harm to one's child"

"My baby only urinated and defecated twice a day. I was shocked at the negative impact formula had on my baby's elimination of waste and body weight."

"Guilt over using formula"

"I felt guilty giving my baby formula. I felt sad and hollow when I fed my baby formula."

"Being greatly pained by the desire to breastfeed one's baby"

"I was greatly pained since I thought breastfeeding would be such a joy. When I dwelled on my failure, it was really hard."

"Worry over breastfeeding techniques and preparing formula"

"I was apprehensive before I was discharged. They taught me how to prepare formula. I prepared it myself. For a month, I gave my baby formula or breast milk."

"Trying different approaches to alleviate one's worries about breastfeeding"

"I did a lot of research. I wanted to try as many approaches as I could."

"If left to one's own devices, one would use formula"

"I was left to my own devices when I went back at work, and I started giving my baby formula. Since then, I've been a bit concerned."

The coding paradigm for the phenomenon "Constantly Being with One's Child through Breastfeeding" indicated a process. A mother repeatedly interacted with her child through breastfeeding. As she spent time with her child, she gained the confidence to continue breastfeeding.

V. Discussion

1. Thoughts of mothers evident in "Constantly Being with One's Child through Breastfeeding"

Mothers continued to have a strong desire and motivation to "[Enjoy] breastfeeding" throughout the perinatal period, so they "[Breastfed] one's

baby numerous times" (e.g., *"Earnestly practicing breastfeeding"* and *"Breastfeeding whenever time permits"*) even if they did not produce enough breast milk. Through repeated breastfeeding, mothers bonded with their child as a result of mother and child interaction (e.g., *"Breastfeeding allows one to be with one's child"* and *"Breastfeeding is a special form of communication"*). This bonding resulted in mothers feeling as one with their infant (i.e., "Constantly Being with One's Child through Breastfeeding"). All of the mothers were employed and they all planned to return to work. While they were not working, mothers presumably wanted to feel as one with their child through breastfeeding.

Klaus & Kennel stated that facilitating mother and child interaction results in the establishment of a mother and child relationship and that this relationship affects breastfeeding. Sato reported that an infant's stimulation of the nipple by suckling directly stimulates lactation, causing prolactin levels in the blood to rise. Sato also reported that direct contact with an infant causes increased milk production.

Mothers are constantly with their child during breastfeeding. Mothers keenly feel as one with their child both physically and mentally, so the presence of the mother is essential to the infant and the presence of the infant is similarly essential to the mother. Thus, mothers keenly felt as one with their child by "Constantly Being with One's Child through Breastfeeding." By "Constantly Being with One's Child through Breastfeeding," a mother repeatedly interacts with her child through breastfeeding. While doing so, she gradually becomes aware of the infant's personality and the cues it gives off. She becomes more sensitive and responsive to the infant, strengthening the mother and child bond. The mother feels as one with the infant through direct skin-to-skin contact (i.e., frequent breastfeeding). This sense of oneness provides the mother with emotional support and helps her to gain confidence.

"Being anxious about breastfeeding initially" increased "Impatience with and insistence on breastfeeding." In addition, the slightest issue triggered "The distress of not being able to smile when in contact with one's child" and led to "Worry over being unable to breastfeed and guilt over the use of formula." Yoko & Nakagomi reported that mental and physical strain in the puerperal period greatly affected the development of a maternal mindset and the assumption of a maternal role. That strain also greatly

increased childrearing difficulties. Muramoto & Takahashi stated that guilt and worry in the puerperal period exacerbated psychological symptoms or physical ailments, leading to a risk of maternity blues or postpartum depression. Breastfeeding plays a crucial role in lessening the mental and physical strain after delivery. These findings indicate that mother and child interaction needs to be promoted in the puerperal period, and that a mother needs to continually interact with her child so that she experiences the sense of "Constantly Being with One's Child through Breastfeeding." Efforts should be made to allow pregnant women to observe mothers breastfeed as part of a workshop for pregnant mothers-to-be or to provide settings where pregnant women can interact with breastfeeding mothers. Every mother "[Enjoys] breastfeeding" and "Being with One's Child through Breastfeeding," and interventions need to allow mothers to feel as one with their child and gain the confidence to breastfeed.

2. The process by which mothers relax and gain the confidence to continue breastfeeding

Mothers continued to have a strong desire and motivation to "[Enjoy] breastfeeding" throughout the perinatal period. By "Constantly Being with One's Child through Breastfeeding," mothers also keenly felt as one with their child. When mothers actually start breastfeeding, they often have breast problems or feel as if breastfeeding is not going well, leading to distress and concerns. Mothers receive help from other people (i. e., "*Help from other people helped one to avoid being overly tired*" and "*Being relieved by having someone listen to one's problems*"). With this support, mothers developed an increased ability to perform self-care. Repeated breastfeeding also helps a mother to develop the ability to perform self-care and it helps the mother to relax. As she relaxes and spends time with her child, she will gain the confidence to continue breastfeeding. These steps represent a process. As a mother continues to breastfeed, she "*[Realizes] that [she] is adept at breastfeeding*" and she "*[Feels] buoyed after realizing that [she] is able to breastfeed [her] baby,*" so she gains the "*Confidence that [she] will be able to breastfeed.*"

Yoko & Nakagomi examined psychosocial changes in puerpera in terms of the assumption of a maternal role. Yoko & Nakagomi stated that women develop an increased capacity to perform self-care and that they develop the capacity to rear a child. As mothers recover physically during the puerperal period, they gain the

confidence to rear their child. The puerperal period is crucial according to Yoko & Nakagomi, so efforts should be made to minimize the burden on those women in conjunction with their husbands and other family members. Efforts should also be made to provide puerpera with support.

Takahashi & Tamakoshi cited personal situations involving one's own mother and one's husband as factors that relate to mother and infant bonding. Similarly, mothers in the current study indicated that "*Help from other people helped [them] to avoid being overly tired*" and that "*Going back home [helped] to reduce stress.*" With support from other people, mothers developed an increased ability to perform self-care. As mothers overcame their concerns about breastfeeding, they gradually became able to cope with conflict (i. e., irritation and confusion) and they relaxed.

In the current study, mothers repeatedly "[Breastfed] one's baby numerous times" (e. g., "*Earnestly practicing breastfeeding*" and "*Breastfeeding whenever time permits*"). This action helped mothers to develop the ability to perform self-care and relax when breastfeeding. As mothers relaxed, they gained confidence, increasing their self-efficacy. During breastfeeding, the increased self-efficacy of the mother provides a basis for subsequent childrearing and a basis for the health of the mother for the rest of her life.

Repeated breastfeeding helps a mother to develop the ability to perform self-care and it helps the mother to relax. As she relaxes and spends time with her child, she will gain the confidence to continue breastfeeding. These steps represent a process.

Analysis of the interview data revealed that mothers have a strong motivation and desire to "[Enjoy] breastfeeding" throughout the perinatal period. Mothers "[Breastfeed] [their] baby numerous times" since this is what they can do for their child. This results in a mother interacting with her child by "Constantly Being with One's Child through Breastfeeding" and it results in mother and child bonding. Mothers also "[Overcome] [their] concerns over breastfeeding," so they gain the "Full confidence that [they] will be able to breastfeed."

Mothers who were "[Impatient] with and [insistent upon] breastfeeding" had distress due to and difficulty with breastfeeding. Mothers felt "The distress of not being able to smile when in contact with one's child," leading them to "Worry over being unable to breastfeed and [feel] guilt the over use of formula." If, however, a mother was

able to somehow “[Overcome] [her] concerns about breastfeeding,” then she relaxed. As she relaxed, she gained confidence, as this study revealed.

VI. Conclusion

The process by which mothers gain the confidence to breastfeed was analyzed, and that analysis yielded the following findings.

1. The process by which mothers gain the confidence to breastfeed consisted of 1 core category, “Constantly Being with One’s Child through Breastfeeding,” and 7 categories: a condition in the form of “Enjoying breastfeeding,” actions/interactions in the form of “Breastfeeding one’s baby numerous times,” “Overcoming one’s concerns about breastfeeding,” “Impatience with and insistence on breastfeeding,” and “The distress of not being able to smile when in contact with one’s child,” and consequences in the form of “Full confidence that one will be able to breastfeed” and “Worry over being unable to breastfeed and guilt over use of formula.”
2. Mothers continued to have a strong desire and motivation to “[Enjoy] breastfeeding” throughout the perinatal period, so they continued to “[Breastfeed] one’s baby numerous times.” Mothers repeatedly interact with their child through breastfeeding, leading them to feel as one with their child by “Constantly Being with One’s Child through Breastfeeding.” However, some mothers displayed “Impatience with and insistence on breastfeeding,” and this led to “The distress of not being able to smile when in contact with one’s child” and “Worry over being unable to breastfeed and guilt over use of formula.”
3. Repeated breastfeeding helps a mother to develop the ability to perform self-care and it helps the mother to relax. As she relaxes and spends time with her child, she will gain the confidence to continue breastfeeding. These steps represent a process.

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References

- Hattori R, Nunohara K, Nawa F et al.: The meaning of breastfeeding for mothers who breastfed at a baby-friendly hospital, *Bulletin of Gifu College of Nursing*, 9 (2), 27-33, 2009.
- Holloway & Wheeler, trans. supervised by Noguchi M: *Qualitative Research in Nursing*, Igaku-Shoin, 2nd ed., 246-261, 2011.
- Japanese Association of Lactation Consultants: *Standards for Breastfeeding Support*, Igaku-Shoin, Chaps. 1, 3, 7, and 8, 2014.
- Klaus MH and Kennel JH, trans. by Takeuchi T et al.: *Parent-Infant Bonding*, Igaku-Shoin, 31-155, 1991.
- Maternal and child health in Japan: Interim assessment of “Healthy Parents and Children 21,” *Mothers’ and Children’s Health and Welfare Association*, (3), 2013.
- Ministry of Health, Labor, and Welfare: *Support Guide on Nursing and Weaning*, “Healthy Parents and Children 21,” public website, Breastfeeding Part I, www.mhlw.go.jp/shingi/2007/03/dl/s0314-17b-1.pdf
- Ministry of Health, Labor, and Welfare: *Overview of the Results of the 2005 Survey on Infant Nutrition*, (6), 1-21, 2006.
- Ministry of Health and Welfare *Study of Mental and Physical Disabilities*, 81-84, 1992.
- Muramoto J, Takahashi M: *Perinatal Nursing*, Nouvelle Kirokawa, 124-134, 152-194, 326-359, 2009.
- Saiki-Craighill S: *A Workbook on Implementing the Grounded Theory Approach*, Japanese Nursing Association Publishing Company, 2010.
- Saiki-Craighill S: *An Introduction to the Grounded Theory Approach*, *Journal of the Japanese Society of Child Health*, 72(2), 194-197, 2013.
- Sato A: *A comprehensive study of maternal factors and maternal and child health*, 1992
- Takahashi Y, Tamakoshi K et al.: *A multivariate analysis of factors related to mother-infant bonding up to 1 month after birth*, *Japanese Journal of Maternal Health*, 52(1), 101-110, 2011.
- Uemura H, Aono T: *The significance of breastfeeding*, *Obstetrical and Gynecological Therapy*, 82(1), 19-23, 2001.
- Yoko K, Nakagomi S: *Assessment of psychosocial changes in puerpera and care for those women*, *Introduction to Maternal Nursing*, Medicus Shuppan, 186-190, 2013.