

Making Decisions Regarding Infant Feeding Practices during the First 6 Months of the Child: A Qualitative Grounded Theory Study on Portuguese Mothers

Joana Catarina de Lorangeira Lopes^{1*} and Natalia Vincens²

¹MPH, Lund University, Lund, Sweden

²Department of Public Health and Community Medicine, University of Gothenburg, Gothenburg, Sweden

*Corresponding Author: Joana Catarina de Lorangeira Lopes, MPH, Lund University, Lund, Sweden.

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Abstract

Exclusive Breastfeeding is recommended by World Health Organization until 6 months old. It is considered one of the most cost-effective measures to improve Child and Adult Health, making breastfeeding promotion a public health priority. Spite the efforts, worldwide only about 40% of the babies are exclusively breastfed at 6 months old. To tackle these numbers, it is important to acknowledge that breastfeeding is a voluntary behaviour.

The aim of this study is to create a better understanding of the process by which Portuguese mothers make decisions regarding infant feeding practices during the first 6 months of the child.

Nine in-depth, semi-structured interviews were conducted with Portuguese mothers that tried to breastfeed. Some of them continued exclusive breastfeeding until 6 months, some introduced formula or other practices before.

Corbin and Strauss Grounded Theory was used to collect and analyze the data. A conceptual model on different pathways that mothers can cross was created. The core category chosen was "Finding a balance between the best for the child and the best for the mother", describing the persistent struggle that mothers go through trying to counterpoise "giving their baby the best start in life" and "maintain their own wellbeing". This pathway was described in 5 categories: Creating Expectations, Realizing it takes two (or more), Questioning breastfeeding as a natural instinct, Solving incompatibilities between guidelines and real life; and Recognizing that motherhood makes you learn that "when you spit up into the air it falls on your face".

These findings suggest that, despite being a voluntary behaviour, breastfeeding or not, is a decision taking in a context. When mothers make decisions regarding infant feeding practices, they are influenced by peers, norms, values, public policies, and their concept of breastfeeding success. It is essential to consider these, and emphasize the central role of the mother, if we want to create a context that facilitates the choice of breastfeeding.

Keywords: *Infant Feeding Practices; Exclusive Breastfeeding (EBF); World Health Organization*

Introduction

The World Health Organization endorses Exclusive Breastfeeding (EBF) until 6 months old, meaning that the infant receives only breast milk, and not even water is given [1]. EBF allows to achieve optimal growth and neurodevelopment, being the most cost-effective measure to boost Child and Adult Health [1]. Breastfeeding during the first 1000 days of life has proved to be a protective factor against obesity, since it stimulates a healthy weight gain, and a lower plasma level of insulin when compared with children fed with formula [2]. Worldwide overweight and obesity accounts for 39% of the population [1] and it is known to highly increase the risk of noncommunicable diseases [1], suggesting that the cost-effectiveness of breastfeeding might be even larger than initially considered. It was shown that

breastfeeding can also have benefits for the mother, such as reduced risk of breast and ovarian cancer and lower risk of type 2 diabetes [3]. Then, breastfeeding brings not only health benefits, but as well economic and social ones. Surprisingly, EBF rates are falling in High Income Countries (HIC). The Global EBF rate is 41% [4], but it does not include Western Europe and other HIC, where it is estimated to be lower, according to the Lancet Breastfeeding Series [5].

The decrease in breastfeeding rate in High Income Countries might be explained by the change in women's role within the society, due to their emancipation, integration in the labour market and transformation of maternity social importance, with increase of the bottle culture popularity [6].

To foster breastfeeding, WHO and UNICEF adopted the Innocenti Declaration in 1990 [7], recognizing that breastfeeding should not fall on the shoulders of mothers alone and calling on governments and organizations to support, protect and promote breastfeeding. Support aims to give evidence-based advice at correct time; protection deals with the creation and enforcement of laws that ensure every woman's right to breastfeed; and promotion consists on creating social structures and cultural values that stimulate breastfeeding as the norm.

Breastfeeding is a voluntary behaviour, implying that the decision to adopt it or not, will be made by the mother. Different studies have shown that the mother will make this decision highly influenced by the culture she lives in, the information she has about breastfeeding importance for her and the baby and the conditions offered to her [8].

In Portugal, the majority of the mothers (90%) adopt breastfeeding during the first day after birth, but only circa 20% continues EBF at 6 months, proving Lancet Breastfeeding Series estimation to be true.

Data displays that the abandonment of breastfeeding occurs mainly between 4 and 6 months [9]. In Portugal, mothers have access to knowledge through public education and health services; breastfeeding is considered the norm; and there are public policies that protect mother's right to breastfeed. Nonetheless, there is an obvious mismatch between the structures in place and the breastfeeding rates observed. It is important to pay a closer look to this mismatch, if we want to promote breastfeeding. But to do so in an efficient way, it is important to recognize mother's experiences during this period.

Aim of the Study

The aim of this study is to create a better understanding of the process by which mothers make decisions regarding infant feeding practices during the first 6 months of the child. The research questions find adequate were:

- How do mothers make choices about infant feeding practices during the first 6 months of the child?
- What influences mothers' attitudes towards different infant feeding choices?

Materials and Methods

Study design

The study design was qualitative, using a Social Constructivist Grounded Theory approach aimed at producing a theoretical understanding of processes, choices and challenges involved in the phenomenon. Individual in-depth interviews were chosen for data collection, since they are suitable for understand the meaning that mothers give to their infant feeding choices.

Study setting

The study was conducted in Porto Metropolitan Area. This is an area served by 41 public healthcare centers and 13 public hospitals, 2 of them accredited by UNICEF as a Baby Friendly Hospital [10]. The Baby Friendly Initiative by UNICEF states 10 evidence-based steps that healthcare services must follow to help promote breastfeeding [11].

Portugal has a National Health System that provides Antenatal Care to all pregnant women. During these visits, women are advised about the importance and advantages of breastfeeding. They are also informed about Cantinho da Amamentação, a service provided by all healthcare centers in Portugal, where a specialized nurse is readily available to help and counsel mothers during lactation [12]. Furthermore, labour laws in Portugal ensure that parental leave is a right of every mother and father. Recent data show that 88.6% of mothers who gave birth in Portugal enjoyed their paid maternal leave, between 120 and 150 days; and 67.3% of fathers used their paternal leave of 10 days [13]. When the mother is back to work, labour law protects breastfeeding by giving the mother 2 hours reduction in her daily working hours, without impacting her monthly salary - the lactation schedule.

Study population and sampling

The study used purposive sampling to ensure that it would include both mothers who successfully exclusively breastfed until 6 months old and mothers who did not, either because they couldn't or because they decided not to. Only mothers who gave birth from January 2018 were included. This was a choice made, so the interviewed mothers could still remember how it felt to breastfeed, and that they still have present the perceptions and experiences they had, that could have potentially led to their choices on how to feed the baby.

To identify study participants an initial gatekeeper was used: a family photographer who had photographed pregnant women in the previous two years. He identified three women. Then, snowball sampling was used.

Efforts were made to include mothers with different education and income level, different number of children, and various working situations. Differences with regards to the women's situations was deemed important for gaining a better understanding of the linkage between their choices, and the structure they are living in.

Data collection

Interviews took place between March and April 2019. A mind map was created to help guide the interviews. It served as a semi structured interview guide, allowing the formulation of open-ended questions and promoting the creation of probing and follow-up questions. The mind map was validated by a researcher from the UNICEF Portugal Baby Friendly Initiative. Following grounded theory principles [14], data collection and analysis occurred simultaneously, which encouraged the mind map revision to include new emergent concepts.

All interviews were done in Portuguese and they were audio recorded. They lasted between 44 and 108 minutes and memos, or researcher's field notes, were taken and noted after the end of each interview, completing the data collected.

Analytical approach

Following each interview, they were transcribed verbatim (in Portuguese) from the recordings made. These transcripts formed the unit of analysis for this study.

This study used Corbin and Strauss Grounded Theory [14], which implies moving from the description what the participants say that is happening to an understanding of the process by which it is happening. This allows to pay attention to broader contextual factors and how can they be influencing the behaviors of informants. Moreover, Corbin and Strauss recognize that findings derive not only from data, but are also constructed by the researcher, meaning that the links and concepts created are interpretative and use the researcher's preunderstandings. The analysis was made in four different stages: open coding, selective coding, theoretical coding and integration with previous hypothesis. Open coding helps to consider all the possibilities since it consists on separate the data into smaller pieces, staying close to the text. Translation into English was made in this stage. Then, it is important to decide which codes are important and cluster them into categories, moving one step up in the abstraction level. This is what selective coding aims for. This process was not made all at

once, entailing going through the material repeatedly to make sure the properties and dimensions of each category were evaluated until conceptual saturation [14]. Also, in this stage, and to ensure that all created categories remained grounded in data, they were referenced back to initial transcripts. The third step was Theoretical Coding, or the quest to find axes between the created categories to build a hypothesis. To facilitate this process, a central category was chosen, and a story was written around it using all other categories. Finally, the hypothesis developed was compared with general framework and checked for eventual gaps, which is the last stage of analysis, Integration.

Ethical considerations

Ethical considerations for this study were in line with the principals of the Declaration of Helsinki [15] and the ones described by Dahlgren [16]: autonomy, beneficence, non-malevolence and justice.

The informants received an invitation and information letter with the explanation on the purpose of the assignment and the role of the informant. The letter emphasised that participation on this assignment was voluntary and that confidentiality and privacy would be ensured. Before the beginning of the interview the researcher recalled the aim of the assignment and that participants could refuse to answer any question or even stop the interview if they wish not to continue. Participants were asked for oral informed consent before continuing data collection and this consent was recorded. The interviews were carried in places chosen by the mothers, so they felt more comfortable. The research was designed with the intention to benefit the population under study from the findings, not individually, but by contributing to the academic knowledge about the mother’s point of view and no harmful consequences were predicted to happen.

Findings

In total, 9 women were interviewed for this study, differing in infant feeding practices, working situation, education and income level, access to maternal leave and age of the child. Every woman interviewed were living with their partners and their baby, and all were mothers for the first time, except one, who already had one child. Appendix 1 resumes the participants characteristics.

The findings originated a theoretical model of different pathways that mothers can cross when making choices about infant feeding practices during the first 6 months of the child. This model is represented in figure 1. There is a core category: finding a balance between the best for the child and the best for the mother, which embraces and is constituted at the same time by the 5 main categories. The 5 main categories indicate the 5 consecutive stages that mothers go through during this process: Creating Expectations, Realizing it takes two (or more), Questioning breastfeeding naturalness, Navigating through the misalignment between support and protection and support and Recognizing that motherhood makes you learn that “when you spit up it falls on your face”. The 12 subcategories indicate characteristics that mothers already possess or acquire during the process and that dictate their chances of finding the balance mentioned before. These characteristics are key aspect presented by more than one informant and do not represent individual mothers. The more on top a mother stays the higher the chance she is able to continue breastfeeding and feel empowered by deciding to do so. The path from stage 1 to 5 is not fixed, and mothers may change the path along the process. Changes in her pathway are influenced by the mother and other’s expectations, the network support, peer’s norms, work circumstances, and healthcare staff advices.

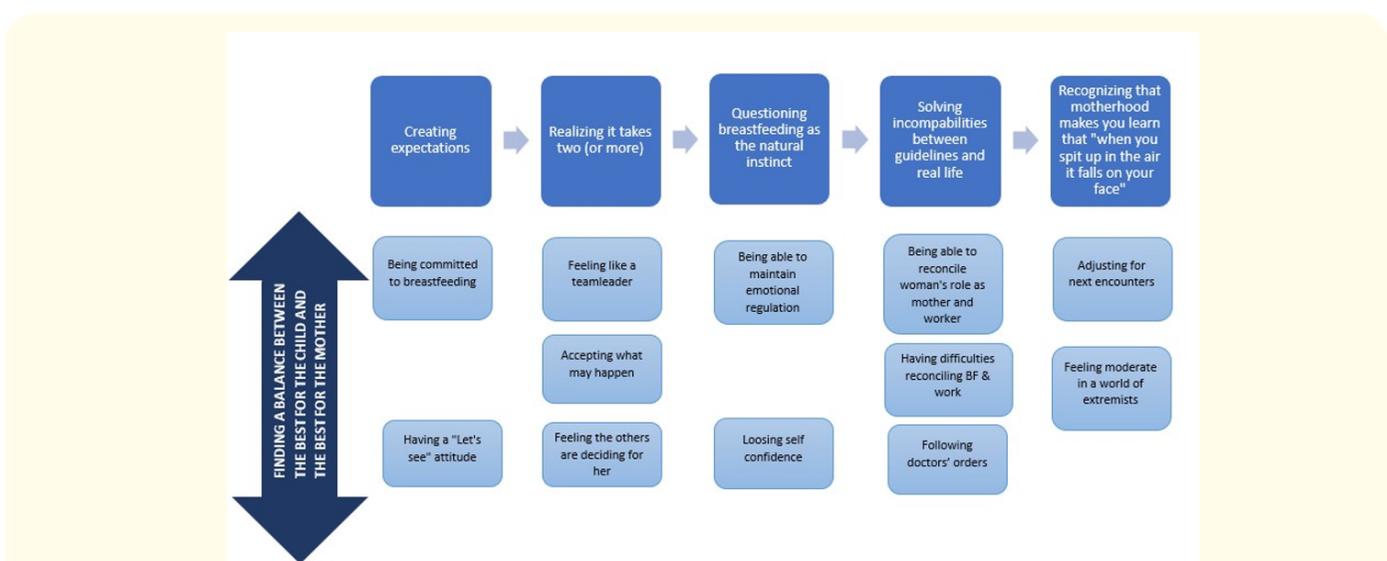


Figure 1: Conceptual model on different pathways that mothers can cross when making choices about infant feeding practices during the first 6 months of the child.

Core category: Finding a balance between the best for the child and the best for the mother

The core category illustrates the persistent struggle that mothers go through during this period of their life, when it comes to decide about the newborn feeding practices. Mothers want to give their baby the best start in life, regarding nutrition and development. Breastfeeding appears as the best and most natural and organic option, as long as it does not compromise the mother wellbeing, especially the psychological and emotional one. When it happens, mothers are constantly weighting all the options and its costs (for the baby and for them) and deciding what is the best option. Mothers believe that babies need them to feel alright and emotional stable, more that they need their breastmilk, and that is what the mothers strive for: "I am not saying that the mother should stop giving food to the baby. But the mother is also important in this process and people usually only think about the baby" (Informant 6).

Creating expectations

Creating expectations about breast feeding happens even before the birth. This is a period where mothers are concentrating most of their fears and doubts on labour procedures, leaving breastfeeding worries for later. Here mothers can have a "let's see attitude", usually highly influenced by close peers who had a difficult time breastfeeding. They think: "if it works, it works. If not, it is no big deal" (Informant 1). These are also the mothers who were told that breastfeeding is natural and should be easy, so there is no need for big efforts. On the other side, we have the mothers who are committed to breastfeeding, no matter what is ahead. They were informed about the difficulties and sacrifices they might have to do, but they are aware how important it is to Exclusive Breastfeed, both for them and the baby.

"I studied a lot about breastfeeding and I knew WHO recommends EBF until 6 months, and that was my main goal. (...) I knew what to expect, and I did not want to introduce the bottle or other things that could condition breastfeeding" (Informant 2).

Realizing breastfeeding takes two (or more)

Immediately after birth, mothers start to realise that breastfeeding TAKES TWO (OR MORE), and that it is also dependent on the baby, the labour conditions and the people around. On one hand we have the mothers who feel like the others are deciding for her. These mothers feel they had no agency and some were even imposed. Some did not start breastfeeding in the first hour after the birth due to labour conditions, compromising breastfeeding success, but they felt that decision was made without consulting her: "My doctor saw that I was in despair, crying, but I did not want to make the decision. I told him "I don't want to decide alone, without my boyfriend". And the doctor answered "It is not you who are deciding, it's me", and then he turned to the nurse and said "I don't want this mother like this, she will not breastfeed, feed the baby with formula" (Informant 6).

During this time, these mothers also felt that the tight baby schedules of breastfeeding every 2 hours are non-sense, and are being imposed, not respecting neither her nor the baby body. Mothers on this side might also had experienced pressure from the hospital staff, as for example, someone "taking mother breast and squeezing it" (Informant 1) or telling the mother she is just being "lazy". On the opposite side we have mothers who feel like a team leader. They are in charge of decisions, but they recognize they need support from others, either healthcare professionals or their family. For these mothers, nurses were available when in need, and they were supportive, sensitive and patient. Mother felt respected and included in all decisions regarding her or the baby.

In the middle, there are the mothers who don't feel their agency was taken away from them, but who don't clear express or have a will regarding infant feeding practices, accepting what may happen, either it is formula or breastmilk.

Questioning breastfeeding as the natural instinct

After overcoming the period when they realise that breastfeeding does not depend only on their will, mothers start to question breastfeeding as a natural instinct. During this period, the wounded breasts might cause intense pain and might be refused by the baby,

and the sleep deprivation can cause less resistance to all the challenges. Some mothers can start losing self-confidence and stop believing in their own capabilities to breastfeed.

“The last couple of night were very rough, but in general, the worst is sleep deprivation, and never know if I will be able to rest or not. (...) When he wakes up, I just think “Please no!”, and then I start to think “will this last the entire night? Or just this time?” (Informant 4).

Mothers realise they will not be able to move as freely, they become more dependent on baby schedules, making it hard to organize their routine or leave home. This “mobility loss” is also connected with bad experiences when public breastfeeding, that make it more comfortable to breastfeed at home. Mothers who fall on this path, feel that everyone else considers the baby wellbeing more important than their own. This is a period marked by self-doubting and insecurities. Mothers start to ask themselves if they can be good mothers, or if they will fail their sons, which only make it more difficult to go through the pain and tiredness. Insecurities are normal during motherhood, especially in the first months.

But what helps mothers to stay on the top side and maintain emotional regulation? They stay resilient, because they “keep in mind the benefits for the baby” (Informant 9). They have a network support that allows them to take care of themselves, as by “sharing house work”, or by allowing the mother to “take long showers”, or by having a “father who also wakes up in the middle of the night and helps the mother breastfeeding” (Informant 4). Besides the equity between the mother and father role, having a supportive grandmother shows to be very important for these mothers. These are also the uncomplicated mothers, who easily adapt to changes in their routines, and who are able to ignore the other when public breastfeeding, making them comfortable with it. These are mothers who feel very powerful because they can feed the baby, calm him/her, help him/her grow.

Another thing that these mothers have in common is that they choose to never or rarely use the bottle, because they are afraid it will make the baby refuse the breast, or to pump, because they did not adapt to it, or because they felt the milk production was not as good with it.

Solving incompatibilities between guidelines and real life

The fourth stage starts when mothers have to go back to work or decide to resume their daily routines and make plans, and they have to make decisions regarding the conflicts between what they were told during antenatal care courses and are being told or facing now. Some mothers were told by paediatricians to start solid introduction at 4/5 months, interrupting the exclusive breastfeeding period earlier, and they decided to Follow doctors’ order. This is where the first incompatibility appears: all the mothers in this study were told about EBF period of 6 months by the nurses providing antenatal care courses. However, at this point, mothers tend to trust the paediatrician, unless they have a close relative who is a health professional pushing for the 6 months period.

The mothers who chose to continue breastfeeding, either exclusive or not, face another problem: the difficulties reconciling breastfeeding and work. They feel a lot of stress and pressure trying to be a good mother, a good worker and a good housekeeper. They feel they have more priorities, but they are not able to balance the time and energy between the work and the family. Moreover, they feel that they will be losing opportunities at work if they express they have new priorities in their life, because employers and co-workers do not respect or are insensitive to motherhood. Some mothers also complain about schedule reduction right not being respected. This category expresses the misalignment between support offered in the ante natal care courses that follows WHO guidelines and protection, since legislation does not vouch for maternal leaves of 6 months. And its effects could be seen when mothers say they “feel that their milk production decreases fast once they are back to working life” (Informant 3).

The third category in this stage represents the mothers who are able to reconcile woman’s role as a mother and a worker”. The difference is that these mothers have safe places to pump at work, and they feel that there is a culture that respects motherhood, expressed by reduced working schedules that do not affect their career.

Recognizing that motherhood makes you learn that when you spit up in the air it falls on your face

The final stage does not necessarily happen right after the fourth. It happens when mothers reflect about the process and realize all the judgement, they either promote and/or were victim when it comes to infant feeding practices. This category is named after an expression used by one of the informants: "Breastfeeding, and maternity in general, is to become aware that when you spit up, it falls on your face. Initially I said, "I will breastfeed until his first teeth appear, because after it will hurt and I will stop", but I didn't. Then I said "I will breastfeed until one year, because it is enough and after it will spoil the baby". But I continue to breastfeed. Yes, there were a lot of things that changed along the process" (Informant 5).

Mothers shared the notion of being fed up by all the advices and opinions of people around them, recognizing that even they were once like that, with the best of intentions. They feel that, no matter what they did, breastfeeding or not, someone would always judge and advocate for the opposite - for bottle when they were breastfeeding, for breastfeeding when they were using formula. The majority decided to use this experience to adjust their expectations for next encounters. "Encounters" includes the next time one of their peers becomes a mother and the next time herself have a child. Mothers often mentioned that going through this process made them much more respectful of each mother's agency and decision, independently if it is Exclusive Breastfeeding or not.

"Before, when someone told me that she decided not to breastfeed, (...) I thought to myself "so selfish". (...) Now I think "See, what you thought about others is what you are now". I completely changed my opinion, if someone now tells me she is not breastfeeding, I don't even question. It is an option, either she can't or decided not to, but I don't have anything to do with it, it's her choice. I completely changed my approach" (Informant 6).

Mothers recall experiences when they felt judged about their choices. They are aware that they act and react to this judgement and it can have a big influence on their choices. But, most of the times, they were not realising it while it was happening, and only when they are able to distance themselves, they grasp it. The final subcategory Feeling moderate in a world of extremists is meant to represent this notion that mothers have that everyone else is pushing too much for one option, except them. This has two sides: it shows how lonely mothers can feel during this process, and how our perceptions are influenced by our choice of position, since all mothers live in the same society, but they experience what is the norm in different ways.

Discussion

This study exposed that this is a time when mothers struggle to find a balance between their own wellbeing and the baby wellbeing. In relation to research question number one, the study showed that all mothers strive for the best for their babies and for them, but it is not always easy to make it match. This way, every decision made along this time embodies this struggle. This study also showed that spite being a voluntary behaviour, breastfeeding is more than a personal choice, having mothers recognizing that, ultimately, they do not make these decisions alone, and they are influenced by the context they live in. This context is shaped by norms, close network support such as family and friends, legislation in place and healthcare professional's advice. The context influence sheds a light on research question number two. Moreover, the mother emotional, biological and psychological wellbeing have an influence on the way mother decides to breastfeed or not the baby. Thus, there are intrinsic and extrinsic factors that have impact on how mothers make decisions regarding infant feeding practices.

Extrinsic factors influencing breastfeeding

Mothers participating in this study demonstrated that pediatricians have the bigger influence on when to introduce complementary feeding. Complementary feeding englobes solid introduction and it is the transition period between milk and family diet. Reasons related to nutrition and development explain why this could be done after 4 months, and not delayed beyond 6 months [17]. This information contradicts WHO and UNICEF recommendation of exclusive breastfeeding until 6 months old, the same information repeated by nurses

during antenatal care courses. An alignment between these different recommendations should be seek, to help mothers and families to decide better. It should not be on the shoulders of the mothers to solve these incompatibilities. Other studies [18] had shown that this increases mother's anxiety in a period already stressful.

The European Society for Paediatric Gastroenterology, Hepatology, and Nutrition states that, even if solids introduction starts before 6 months old, breastfeeding should continue predominant [17]. However, legislation in Portugal only allows for maternal leaves of 4 months fully paid or 5 months paid by 80%. By encouraging mothers to go back to work so soon, the Portuguese State is not protecting nor promoting exclusive or predominant breastfeeding, obstructing mothers to give their children the best start in life. Children that will, most probably become adults that will contribute and benefit from the Portuguese welfare state. Having in mind all the benefits of breastfeeding, it could be interesting for further studies to measure the return of investment in breastfeeding on Adult Health, and how much money could be saved, if maternal leave was extended to 6 months.

Sometimes, EBF is interrupted not because of solid introduction, but because of formula introduction. The International Code of Marketing of Breastmilk Substitutes was adopted by World Health Assembly in 1981 and states restrictions and regulations of commercial promotion and labelling of infant formula [19]. As a health policy framework, it is non-mandatory to adopt, and each country decides if they enact legislation that implements the recommendations. Portugal, adopt some parts of the Code, publishing the Código de Ética de Substitutos de Leite Materno, biberões e tetinas [20] and also created legislation for it. Yet, the Code is not fully implemented, and when it is, there is no monitorization of compliance.

Intrinsic factors influencing breastfeeding

For breastfeeding to work, mothers need to feel that they will be able to adopt and sustain it, and they need to believe in her own capacity to carry it in good terms. This is known as self-efficacy; a term developed by Bandura and widely accept in the field of Health Promotion. Some researchers even refer that a mother's notion of self-efficacy is the better prediction of its success [21]. This study also shown that mothers who have the perception that they are in charge of decision, or they master breastfeeding technique, or are in an emotional or psychological state that allows them to have confidence in her skills, are the ones who will carry breastfeeding.

The notion of self-efficacy could be reinforced when the mothers are told about possible barriers and guided to master them. When there are no perceived barriers prior to the decision to breastfeed, there will probably be a backlash later, when mothers encounter some blockades as pain, exhaustion and other difficulties. Nurses at antenatal care courses play a very important role here, by helping to adjust mothers' expectations and to deconstruct the concept of breastfeeding as something natural and instinctive, that will not require any adaptation or persistence.

For mothers in this study, more important than to carry exclusive breastfeeding throughout the 6 months, is to find a balance between the best for the mother and the best for the child. This concept of breastfeeding success is a very important finding from this study. Health care workers, researchers and national and international lobbyists for breastfeeding mainly put the focus on the length of exclusive breastfeeding. Success of exclusive breastfeeding, for them, is based on the duration of it. This study showed that mothers are worried about their babies and they want to contribute to their child's right to the highest attainable standard of health. But the cost of it cannot be mother's loss on her wellbeing and agency. More than on the duration of breastfeeding, and the vision that it will give the baby the best start in life with consequences until the Adult life, mothers see breastfeeding as a relationship. The success of breastfeeding is closely related to their perception of how well can they continue it, without compromising mother's own body (because of wounds, and exhaustion) and mental and emotional health (the anxiety of not being good enough for the baby and the incapability of dealing with all the changes in their life). Thus, breastfeeding success, for mothers, is the capability of taking care of their child and nurture him/her, as long as it fulfills mothers and baby comfort and wellbeing. This idea has nothing to do with duration.

Trustworthiness

To ensure the evidence credibility, the interviews were in-depth, using probing and follow-up questions., with informants coming from different social strata and neighborhoods.

The transferability of the results to other settings is a choice left for the reader that should have in mind the new context. To help others in this judgement thick descriptions of the research process and informants' context was given.

The confirmability and neutrality of the findings were guaranteed with the involvement of another researcher, that check the creation of codes and categories. Besides, this allowed to bring an outsiders' perspective on the findings, a process known as peer debriefing [22-26].

Strength and Limitations

A strength of this study was that it was carried using the researcher and informants' native language: Portuguese. This allowed the researcher to better grasp the manifest and latent meaning of what was being said.

Recruitment of participants was difficult, because mothers were harder to reach than expected. The solution found was to contact mothers through a family photographer that contacted his clients. Most probably, mothers who seek a photographic register of their pregnancy and newborn were mothers who were very happy and at peace with this situation. This could lead to a bias and it would have been interesting to seek mothers who were not so comfortable with their pregnancies. Nevertheless, wider variation might have been achieved by using snowball sampling to reach the other six informants.

The author of this study is a female who is not a mother, what could represent both a strength and a limitation. Not being a mother gives the distance from the informants' situation, which facilitates a non- biased analysis. However, as a female and a feminist, it was difficult for the author to look to the data and not see a gender imbalance, within some households related to housework, and regarding discrimination on the basis of the women reproduction status (that includes lactation). Though, mothers going through it were not looking at it as a discrimination based on their gender, what made it difficult for the researcher to further explore this imbalance, which is something that could be pursuit in further studies.

Conclusion

In this study it was possible to show that when it comes to infant feeding practices mothers make decisions by constantly weighting the costs and benefits for both them and their baby and pursue a balance between the best for the mother and for the child. For mothers, breastfeeding success is not related to the duration of exclusive breastfeeding, but with the capacity of finding the forehead mentioned balance.

To breastfeed or not is not only dependent on the mother, but on the dyad mother-baby, the narrative and attitudes of healthcare professionals, the support of close friends and family and the structures in place to protect breastfeeding.

To increase the breastfeeding rates, it is important to have in mind these different stakeholders and the inconsistencies between them.

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