Exploring online breastfeeding support groups, part 1: *"I found it harder than I thought I would"*

Abstract

Background: Facebook support groups are becoming frequently used by mothers to support them with breastfeeding.

Aim: To explore how breastfeeding mothers make sense of and interpret their experiences of online social support groups, and the perceived impact of group use.

Method: Interpretative Phenomenological Analysis.

Results: This article reports on the first, of four, superordinate themes identified. Online breastfeeding support groups can support an internal vision of what breastfeeding is like and help the mother to regain control when faced with challenges.

Conclusion: When breastfeeding challenges arise, women are forced to re-evaluate their situation. The groups not only provide information but help a mother regain control and achieve her breastfeeding goals. How exactly this might occur, and the impact variables will be considered in further themes.

Key words: Breastfeeding support; online support; peer support; lactation.

Introduction

This article is the first in a four-part series that explores ten women's experiences of using Facebook groups for breastfeeding support. Human beings have always formed groups and lived-in communities, and social relationships and activities are arguably one of the most important areas of life (Bowling & Windsor, 2001). Societal changes, from industrialisation to capitalism have led to changes in societal structures, and technological developments such as the internet provide new ways for people to communicate and form communities online (Preece, Maloney-Krichmar & Abras, 2003). Communities that have found to provide environments where support, empathy, and friendship develop (Rheingold, 2000).

The uniqueness of computer-mediated communication has led to an increased popularity in computer mediated social support groups (White & Dorman, 2001), and utilized to empower diabetic patients (Oh & Lee, 2012), support those with depression (Houston, Cooper & Ford, 2002), or Cancer (Yoo et al., 2013), and their use in breastfeeding support is now emerging in the literature (Alianmoghaddam, Phibbs & Benn, 2018; Regan & Brown, 2019; Robinson, Lauker, Davis, Hall & Anderson, 2019; Skelton, Evans, LaChenaye, Amsbary, Wingate & Talbott, 2018).

Given that breastfeeding has long been a public health priority due to the benefits for mothers' babies and society (UNICEF, 2017; WHO, 1981), and that in many parts of the world breastfeeding rates are suboptimal, the scaling up and monitor breastfeeding promotion interventions is imperative (Victora et al., 2016). It is known that the transition to motherhood is a vulnerable time in a woman's life requiring proactive psychosocial support (Teefflen, Nieuwenhuijze & Korstjens, 2011), and the literature notes that that women who are supported practically and emotionally have higher rates of breastfeeding (Brown, Raynor, & Lee, 2011). Whether online breastfeeding support groups can support mothers is a pertinent question for practitioners, a question asked for several years now (Audelo, 2014).

Recent studies show the potential of Facebook as a source of parenting information and support (Duggan, Lenhart, Lampe , & Ellison, 2015), able to help mothers at different stages of parenting (Holtz, Smock & Reyes-Geastelum, 2015; Bartholomew, Schoppe-Sullivan, Glassman, Kamp Dush, & Sullivan, 2012). Studies also show Facebook's ability to support breastfeeding mothers' (Asiodu, Waters, Dailey, Lee & Lyndon, 2015; Niela-Vilen, Axelin & Melender, & Salantera, 2015; Regan and Brown, 2019; Robinson, Laukner, Davis, Hall and Anderson, 2019), however, studies that explore the lived experiences of online support use are lacking (Robinson, Laukner, Davis, Hall & Anderson, 2019).

Method

Participants

A purposive homogenous sample of ten participants were recruited via Facebook.com. All mothers had experience of using UK based online breastfeeding support groups, for at least four weeks. All mothers were interviewed by telephone, using a semi-structured questionnaire, and all came with their own stories to tell, and their own experiences of online support to share. Ethical approval was granted through the university and details relating to the background of the participants' and their pseudonym names are detailed in Table 1.

Narrative interpretation

Audio recorded narratives were transcribed by hand and then analysed using the seven-step approach to interpretative phenomenological analysis described by Smith, Flowers, and Larkin, (2009) (see Table 2). To supplement the interpretation process, a journal was kept as a tool for learning and reflexivity (Finlay, 2011; Vicary, Young & Hicks, 2016). Additionally, field notes were made (Wolfinger, 2002) paying attention the choices made, and the work of Yardley (2000) and Smith (2011) utilised as a quality framework (Yardley, 2000).

Findings

Although the journey of each women is unique, four superordinate themes emerged from the data reflecting their understanding of online breastfeeding support group use (Table 3). This article explores the first superordinate theme, in this four-part series: supporting an internal vision of what breastfeeding is like. This theme describes the mothers' thoughts and beliefs around breastfeeding; her vision of what she wanted to achieve. The online group was interpreted as something that helped her achieve her vision. Three subordinate themes are discussed.

A Vision.

All mothers were invited to talk about and reflect on their breastfeeding journey so far. All talked about their physical and emotional beliefs surrounding breastfeeding and what they wanted to achieve from breastfeeding their child. Emma decided in pregnancy, that she wanted to breastfeed: *"I was like well I'm going to breastfeed her there's no option, I'm just going to breastfeed"*. By saying no option Emma was talking of the benefits of breastfeeding and felt the evidence supporting breastfeeding was so strong that breastfeeding was what she needed to do. Emma was determined to breastfeed and continue to breastfeed her toddler through the belief that her baby needs her for food but also *"breast supporting"*.

Anne had always wanted to breastfeed and grew up in an environment where breastfeeding was encouraged by both professionals and her family: "*I think it [breastfeeding] had been a decision ever since [childhood], it's not really a decision if you know what I mean it's always been like If I had a child I will breastfeed"*. Interpreting Anne's story, not only has Anne grown up in a family culture believing that breastfeeding was best for her baby but also that formula was not.

Teresa took a similar view to Anne in that she believed breastfeeding was best for her baby, and Teresa also talked of growing up in a family environment that encouraged breastfeeding especially from her mother:

> *"I was really glad she did help me [Her mother] and I'm glad I reached out for support… I felt it [breastfeeding] was the one thing I should be doing, and the one thing I want to so and didn't want to lose that bond with him".*

Teresa had a clear vision of breastfeeding based on her family culture and strong emotions that breastfeeding would help her and protect her own health and support a bond with her baby. Lauren, however, was more ambivalent in her vision from the start: *"I didn't really put the line down that I was going to and I kind of initially thought let's get six months".*

Falling away from the vision.

This subordinate theme illustrates the range of issues that challenge a mother's vision of breastfeeding. Emma was determined to breastfeed and her vision was strong, but when her baby wasn't gaining weight, and formula was recommended by a professional she felt as though the vision that she had was not achievable Emma discussed feeling: *"completely lost because if an expert is telling you to give formula"*. Emma is seen here to trust the advice of professionals. She is seen falling away from her vision and having to revaluate her beliefs due to her situation, which was an emotional time: *"I literally cried for the 45-minute drive home"*.

Gail describes how her baby had a restricted frenulum causing poor attachment at the breast. This impacted her breastfeeding journey both physically and emotionally, demonstrating a need for support at this time:

"Every day I nearly threw in the towel and every day I was going to buy formula and everyday I'd say one more feed, just one more feed and we're still having one more feed… I was literally crying all the time to anybody that would listen".

Carole also shared an experience where she had posted to the group saying, *"oh my god why do I feel like I'm failing".* This emotional post came after a night of *"constantly breastfeeding".* Carole, like Emma above, had forged their vision from professional advice with negative repercussions.

All mothers described the physical and bodily experiences of breastfeeding, and experiences of feeling pain or discomfort. Anne simply describes times of *"tiredness and exhaustion"* whereas Val speaks of her experiences of pain with her first child: *"I remember just sat there crying and thinking I don't want to do this it's too painful. I found it so painful".* Similarly, breastfeeding was something Anne had always wanted to do, but her experience of pain and discomfort challenges that vision. Anne explains: *"I suppose everyone tells you it's difficult. I don't think I realised just how painful it would be at the beginning… I found it harder than I thought I would".* Anne however reflects today and states *"it's almost crazy that it was so painful because it doesn't hurt at all anymore".* Pain was also a dominant factor in Carole's discussion. Carole was given a breast pump in hospital and this was the first time she turned to online support groups for help: *"They gave me an ancient breast pump … oh my god it left my nipples in tatters… the nurses came in to find me crying and in agony".*

Tracey talks of specific times in her journey where she needed support. In the early days of being in hospital she describes: *"not feeling strong because everything's emotional, it was genuine emotion. I ended up having crazy thoughts. I just felt guilty. I was feeling horrendous".* Tracey had a vision that she wanted to achieve, and this was a time where she

needed support to continue. Falling away from her vision of breastfeeding and having to use a breast pump: "*horrible machine. It's not pleasant and it's not breastfeeding*".

Regaining control of the vision.

The subordinate theme: regaining control of the vision, describes how the mothers utilised the group as a tool to achieve their vision, to prevent, or overcome challenges and gain personal control over their situation. When faced with challenges and embarking on finding their own way, feelings of guilt and feeling deflated were reduced or alleviated.

Val describes pain in her nipples whilst breastfeeding motivating her to seek online support, which helped her regain control: "*I used the group, I wouldn't actually post the question; I would just do the search to find the answer. No doubt at all I would find the answer. I relied on it really. It was completely invaluable*". Similarly, when struggling with milk supply Emma had learnt how milk production works and describes: *I just put her on [the breast] all the time and just nonstop fed, and of course I built up my supply*". There is confidence in her saying *"and of course"*, showing how she is mastering the skill of breastfeeding and making her own choices. Emma was able regain control of her own situation through education. Emma moved against the advice of the professional and found her own way to making her vision of breastfeeding a reality.

Tracey talks of a time when she went to see a professional face to face however it turned to tears and frustration when she could not replicate practical information when arriving home: "*I did end up crying for the rest of the evening, she told me how to latch properly and I just couldn't do anything what she did and what she told me*". In this moment Tracey turned to the group to regain control and states *"I was not disappointed"*. Tracey describes how reading information built her ability to control her situation:

"It takes a lot of confidence to ignore people [professional advice]. If I'd have had an easy journey, then I wouldn't have read all those articles that I have done at three o'clock in the morning. All that extra knowledge that I've built up. It's made my experience stronger".

Summary

This first theme emphasises how the mothers interviewed have a vision of what they wanted their breastfeeding journey to look like for them, and when issues arose how they were forced to re-evaluate their situation. This emotional and embodied time saw how these mothers used the online groups, not simply as a source of information, but to regain control of their breastfeeding goals. How exactly this might occur, and the impact of group use variable will be considered in more detail in the following articles.

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Table 1

Participant demographic information

Name	Demographic information
Carole	Carole has four girls aged fourteen years, eleven years and a set of twins aged four and a half months. She regularly uses an online breastfeeding support group for parents of twins or triplets.
Teresa	Teresa has a ten-month-old son and regularly uses a national breastfeeding support group.
Tracey	Tracey is a mother or 15-month-old twins and regularly uses an online breastfeeding twins and triplets' group.
Chloe	Chloe has six-month-old twins and regularly uses the breastfeeding twins and triplets' group.
Anne	Anne has a nine-month-old son and uses the cow's milk protein allergy (CMPA) group, local based breast buddies' online group and a national online breastfeeding support group.
Jane	Jane has a nine-month-old son and frequently uses a physician's mums' group to support breastfeeding.
Val	Val has two children aged three years and a son who is fifteen months old. She regularly uses a local online group called human milk buddies' group.
Emma	Emma has two children aged three years and one year and frequently uses the breastfeeding older babies and beyond online group.
Gail	Gail has a three-year-old son, and regularly uses a small local online breastfeeding support group.
Lauren	Lauren has one daughter aged nine months and frequently uses a locally based online social support group.

Table 2

Adapted from Interpretative Phenomenological Analysis (Smith, Flower & Larkin, 2009).

Step	Title	Description
1	Reading and re-reading	Immersing oneself in the original data
2	Initial noting's	Free association and exploring semantic content
3	Developing emergent themes	Focus on chunks of transcript and analysis of notes made into themes
4	Searching for connections across emergent themes	Abstracting and integrating themes
5	Moving to the next case	Tring to bracket previous themes and keep open-minded in order to do justice to the individuality of each new case
6	Looking for patterns across cases	Finding patterns of shared higher qualities across cases, noting idiosyncratic instances
7	Taking interpretations to deeper levels.	Deepening the analysis by utilizing metaphors and temporal referents, and by importing other theories as a lens through which to view the analysis

Table 3

Superordinate and subordinate themes

Superordinate themes	Subordinate themes	Breastfeeding series publication
Supporting an internal vision of what breastfeeding is like.	A vision. Falling away. Regaining control.	Part 1
Providing a sense of community.	A tribe of like-minded people. Support to find the right information. Finding the right community online.	Part 2
Different types of support at different times.	Types of support. Temporal moments in time for support.	Part 3
The impact of the online social support group.	Confidence. Reassurance. Normalising. Reciprocity. Activism.	Part 4