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WOMEN'S PERCEPTIONS OF THEIR HEALTHCARE EXPERIENCE WHENTHEY CHOOSE NOT TO BREASTFEED

Authors:

Lisa A.Wirihana RN, RM, MN [1]

Alan Barnard RN, PHD [2]

1. Lisa A.Wirihana RN, BN, RM, MN is a Lecturer in the School of Nursing and Midwifery at Queensland University of Technology, Victoria Park Road, Kelvin Grove 4059, Australia
2. Alan Barnard RN, BA, MA, PHD is a Senior Lecturer in the School of Nursing and Midwifery Queensland University of Technology, Victoria Park Road, Kelvin Grove 4059, Australia.

Corresponding Author:

Lisa Wirihana, Queensland University of Technology, Victoria Park Road, Kelvin Grove, 4059 Phone: 5316 7412. Fax: 5316 7421 Email: l.wirihana@qut.edu.au

1 **Women’s perceptions of their healthcare experience when they choose not to breast feed**

2

3 **Abstract**

4 Research Question: How do women who choose not to breastfeed perceive their

5 healthcare experience? Method: This qualitative research study used a phenomenographic

6 approach to explore the healthcare experience of women who do not breastfeed. Seven women

7 were interviewed about their healthcare experience relating to their choice of feeding,

8 approximately four weeks after giving birth. Six conceptions were identified and an outcome

9 space was developed to demonstrate the relationships and meaning of the conceptions in a visual

10 format. Findings: There were five unmet needs identified by the participants during this study.

11 These needs included equity, self sufficiency, support, education and the need not to feel

12 pressured. Conclusion: Women in this study who chose not to breastfeed identified important

13 areas where they felt that their needs were not met. In keeping with the Code of Ethics for

14 Nurses and Midwives, the identified needs of women who do not breastfeed must be addressed in

15 a caring, compassionate and just manner. The care and education of women who formula feed

16 should be of the highest standard possible, even if the choice not to breastfeed is not the preferred

17 choice of healthcare professionals.

18

19 Key words: infant feeding, bottle feeding, postpartum care, qualitative research, experiences,

20 women‟s perceptions.

21

22 Total words: 4,391

23

24 **Women's perceptions of their healthcare experience when they choose not to breastfeed**

25

26 **Introduction**

27 The purpose of this study was to explore the postnatal experiences of women who do not

28 breastfeed and to gain an understanding of women‟s perceptions of their care and support in their

29 choice not to breastfeed their baby. The research focused on a group of women who are

30 representative of the 17% of women who have made the decision not to breastfeed [1] by the time

31 they are discharged from hospital. This demographic is often not included in the current health

32 care focus. The researchers recognize and fully support breastfeeding as the best option for infant

33 feeding for both the mother and the newborn. Despite valiant efforts in education and care, the

34 most recent figures suggest that 17% of women have made the decision not to breastfeed [1] by

35 the time they are discharged from hospital.

36 There is a lack of knowledge in the literature and research about ways to support women who,

37 through personal choice, do not breastfeed their baby [2]. If the correct preparation and storage of

38 infant formula is not followed, infants are compromised from bacterial infections, diarrhoea,

39 hypernatraemia or hyponatraemia or under nutrition all of which may result in future hospital

40 admissions [3,4]. If women are not supported, and educated in their choice not to breastfeed, both

41 mother and infant are put at risk. The realization of the risk may result in future hospital

42 admissions. Mothers who do not breastfeed and do not feel they were supported in their choice

43 are also at risk [2]. The potential risks for the mother involve feelings of guilt, anger, worry,

44 uncertainty and a sense of failure [10].

45 **Literature Review**

46 *Risks associated with bottle-feeding*

47 Milk provides an ideal breeding ground for bacterial growth [4]. If equipment is not

48 cleaned and sanitized appropriately infants may be put at risk. Recent research has shown that

49 infants younger than six months whose bottles and teats were not sterilized were more

50 susceptible to diarrheal infections[46, 4]. Risks to the baby can be reduced and possible future

51 clinical treatment costs can be minimized by effective equipment cleaning techniques [4].

52 Recently there has been a change in the recommended method for reconstituting formula

53 milk [5]. The purpose of this change is to combat the *Salmonella* and *Enterobacter sakazakii*

54 micro-organisms that are the most dangerous form of infection in infants associated with

55 contaminated bottles [4]. Bottle fed babies do not grow in length at the same rate as breast fed

56 babies but, at the same time, they gain more fat. Evidence suggests that infants who are bottle-fed are

57 at higher risk for overweight and obesity by six years of age [26].

58 *Possible reasons for bottle feeding*

59 Reasons women give for making the decision to formula feed without ever initiating

60 breastfeeding include the opinion of the father [24], the use of medications that they felt may be

61 harmful to the baby, previous breast surgery, previous negative experiences with breastfeeding,

62 multiple births, cigarette smoking and other responsibilities [25].

63 *Experience of women who choose not to breastfeed*

64 In many cultures and societies the performance of the mother in breastfeeding may

65 represent her ability to be a good mother and fulfil her role [6]. Some literature suggests that the

66 measurement of how good a mother is has come to be based on whether or not she chooses to

67 breastfeed [2]. There are many advantages to breastfeeding, however, some women regardless of

68 the compelling evidence and societal and cultural pressures, are unable to, or choose not to

69 breastfeed [2].

70 It is undeniable that infants who are formula fed are not receiving all of the benefits that

71 breastfed infants are given [7]. Formula feeding mothers also forego the advantages of

72 breastfeeding for themselves.

73 Many of these women perceive that they are not receiving the same care as breastfeeding mothers
74 [8]; they feel they are not given enough information on how to formula feed their infant [9]; they
75 experience feelings of guilt, worry, failure and uncertainty [2, 10] and are frequently depressed
76 and do not think of themselves as good mothers [2]. Mothers are vulnerable to criticism if they
77 are not seen to be actively seeking the best possible physical and psychological upbringing for
78 their child [11].
79 Currently throughout Australia there is a drive for hospitals to become accredited as Baby
80 Friendly through the Baby Friendly Health Initiative (BFHI). Within this drive mothers are
81 educated, supported and encouraged to breastfeed. It is uncertain if there is similar support for
82 women who bottle-feed.
83 **Subjects and Methods**
84 *Phenomenography*
85 Phenomenography studies the variety of ways that people think of the world [12]. The
86 major characteristic of phenomenography is the desire to capture awareness that is profound to
87 the experience of the selected phenomenon. The approach seeks to describe the different ways a
88 group of people understand experience and to present the logical relations between
89 understandings [13,14]. Phenomenography has implications for health care professionals in that they
90 would need to be prepared to enlist different strategies to address the needs of vastly different patients
91 [23].
92 An example of a similar research study that has used phenomenography in the midwifery context
93 was conducted to make sense of the challenge of smoking cessation during pregnancy [15].
94 *Results of phenomenography*
95 The formation of conceptions is the first result of data analysis in phenomenographic research.
96 These conceptions seek to depict key aspects of the experience but are not a
97 description of the experience itself [16]. When these different ways are examined and defined

98 into conceptions they can be conceptualised. When their links and inter relationships are analysed

99 they can be formed into an outcome space [16]. An outcome space, the second result, is a

100 depiction of the phenomenon that is being scrutinised. It displays in diagrammatic form the

101 collective awareness or understanding of the study group as a representation of the phenomenon.

102 The conceptions within the outcome space expose how the participants as a group have

103 experienced the phenomenon [17].

104 *Research site*

105 The site for the research was an outer urban hospital in South East Queensland. The

106 hospital is a Community Based hospital that has approximately 2,000 births per year and is the

107 major supplier of maternity services for the local area. The population in the catchment area is

108 predominantly of a lower socio economic status. The maternity unit of the Community Hospital

109 has recently been successful in obtaining accreditation for the BFHI. The hospital is referred to

110 as the Community Hospital in this text to provide anonymity.

111 *Sampling technique*

112 Women selected for the study had given birth via a spontaneous vaginal delivery of a

113 healthy full term (37 - 42 weeks) infant who did not spend any time in the special care nursery.

114 The women had chosen not to breastfeed their infant before discharge from the hospital and they

115 were willing to participate in the study. The exclusion criteria included women who had more

116 complicated care, such as an assisted delivery either by caesarean, forceps or vacuum assisted

117 and women whose infant had spent time in the special care nursery. The justification for the

118 exclusion criteria was that more complicated care would involve more time commitment from

119 healthcare workers. Of the seven women that agreed to participate in the study, six had a

120 previous child where they had experienced difficulty breastfeeding and the seventh participant

121 was a primipara (women who have not had a previous child).

122 Participants were interviewed approximately four weeks after the delivery of their baby at

123 a location of their choice. Data was collected using a semi-structured guided interview with
124 questions that focused on the participant's experience and understanding. Participants gave
125 written consent to have the interview tape recorded. The recordings were then transcribed at a
126 later time by a research assistant.

127 *Interview technique*

128 In phenomenographic research the quality of the data that is collected from the interview
129 process is reliant on both the interviewer and the interviewee [18]. The participant being
130 interviewed needs to understand that the interview is an open process and that they are free to
131 express their innermost feelings regarding the topic. The interviewer needs to be able to listen to
132 and immediately interpret what is being said so that subsequent questions are able to probe
133 deeper into the participant"s understanding of the experience [18].

134 *Ethical issues*

135 Both the Community Hospital Ethics Committee and the University Ethics Committee
136 approval were gained before embarking on this project. All guidelines for ethical practice were
137 followed. Women were given information on the purpose and aims of the study in order to gain
138 the appropriate informed consent. This information was delivered both verbally and in written
139 form to allow for any woman who may not be able to read. Participants were made conversant
140 with their right to withdraw [19] from the project. Participants were de-identified.

141 *Data analysis technique*

142 Whilst undertaking the scientific process to identify meaning within and across all the
143 experiences described by the participants, the researcher, through the thorough analysis of the
144 data, was able to identify specific meaning units (conceptions) as described by the women.
145 Further analysis and a great deal of reflection have provided an outcome space explaining the
146 phenomenon under investigation and a description of how these postnatal women who do not
147 breastfeed their baby understand their healthcare experience. Analysis of the data has occurred

148 through a process of critical interpretation by 136 the researcher. Each conception identified is
149 portrayed within an outcome space and each conception is supported by appropriate datum.

150 **Results**

151 Six conceptions were identified from the interviews as possibilities. The six were formed using
152 the participant's own language and were entitled: My choice will be best for me and my baby;
153 Make me feel important; Let me do it myself; Support me; Teach me; and Don't pressure me.
154 My choice will be best for me and my baby describes the participants' decision to choose to
155 bottle-feed. One woman made her decision to bottle-feed because she did not produce enough
156 milk with her previous child. "With my first child I always thought breastfeeding was easy and
157 natural and everything and when I was in hospital after 5 days of the child screaming, we found
158 out that I didn't have any milk……so this time I thought I just don't want the stress of it and
159 went straight on the bottle, and it was best for the child and best for me."
160 Make me feel important was a description articulated by some of the women because they
161 felt that their caregivers regarded the acquiring of a bottle for their baby as a low priority. The
162 following example demonstrates one participant's understanding of her experience of having to
163 ask a midwife for a bottle. She implies that she herself does not think of herself and her baby as
164 equally as important as others and did not want to disturb the midwives from doing more
165 important tasks. "It's crazy up there, there's a lot of mums and when you ring your bell the
166 nurse does not know what you're wanting until they actually get there so it could be a real urgent
167 thing or something as small as can I have a bottle please, and it's like "I was trying to help
168 somebody get to the toilet", so I feel like I could be taking them away from something a little
169 more important …."
170 Let me do it myself was a common conception among the women. With the introduction of
171 the BFHI there have been changes to accessibility of different areas within the maternity ward of
172 the Community hospital involved in the study and many other hospitals. Previously, women who

173 chose to bottle-feed their baby were shown a milk room with a fridge and sink and an area to
174 make up formula. When they needed a bottle for their baby they were able to access the room
175 and prepare it themselves. Baby Friendly Health Initiative accreditation standards have dictated
176 that no breastfeeding woman should be exposed to anything related to formula feeding.
177 Therefore, the milk room which also stores expressed breast milk and is next to the bathing
178 room, has had a swipe card entrance placed upon it. Only staff can access the room and if
179 patients need to go in to be shown how to make up formula they must be accompanied by a staff
180 member.
181 The following extract demonstrates one woman‟s feelings of being dependent upon staff
182 and feelings of frustration at not being able to do things for herself. "(Last time) Yes, I had no
183 worries at all, I used to be able to make it myself, come back and forth to wash the bottles out,
184 but this time around, no, and it was really frustrating not being able to do that, dependent on the
185 staff and I didn't like that."
186 There is a variation in the understandings and experience that different women had
187 regarding the conception of support me. Some of the women were enthusiastically
188 complimentary towards the healthcare workers and the care that they received, while others were
189 very unhappy with it. All of these women desired to be supported, but some of the women from
190 the sample group commented that they felt that there was no support for bottle-feeding while
191 others felt that they were completely supported. Despite the fact that some of the women
192 expressed the feelings associated with some of the other conceptions, they still felt that they
193 were supported during their health care experience.
194 For the women who expressed a feeling of lack of support, they felt the lack within their
195 hospital experience and after they were discharged home. They were concerned that they were
196 not educated about the right amount of milk to give their baby. They were concerned that there
197 was not the same level of follow up care for them as for breastfeeding mothers when they went

198 home. They felt that they were not supported in their decision to bottle-feed.
199 When compared to breastfeeding there are no advertised help lines. Women who
200 breastfeed are given a fridge magnet with the telephone number of a help line that they can ring
201 to obtain advice. The women feel there is no such information or support readily available to
202 bottle feeding mothers. This help may be available, but the women were not aware of it, which
203 links very closely to the next conception of Teach me. “There's not enough guidelines I don't
204 think with bottle-feeding and so many people probably try breastfeeding in the hospital and then
205 get home and find that it's not for them and then find that they have no information on bottle-
206 feeding, so I think it needs to be both, or even more so with bottle-feeding, there's just no
207 support or help. There are no help lines; they didn't give you a magnet with the bottle-feeding
208 help line or anything. It's just all about breast.”
209 All of the women interviewed in this study expressed some degree of lack in the post-natal
210 education that they were provided with. In most cases the form of education offered came in a
211 pamphlet or a book that they were directed to read. The following extract shows one woman’s
212 description of how she was taught how to make up formula, “No-one gave me any instructions; I
213 only had things on paper that were given to me once I got home on sterilizing and things like
214 that…. this time there was no explanations what so ever, it was here, read this”.
215 The conception of pressure to breastfeed was experienced by only a few women in
216 the study. For those women who did have understandings of pressure to breastfeed, the
217 experience was felt throughout the health care arena. Pressure came from encounters with
218 healthcare professionals, from other patients and visitors and from the public. It is
219 impossible to escape the advertising and promotion of breastfeeding. “With my first child I
220 tried breastfeeding and had no luck and found that the nurses were quite pushy, to the point
221 where I was in tears because I couldn’t do it and they just made me feel horrible because I
222 couldn’t do it and it just put a downer on my pregnancy”.

223 The six conceptions were linked together into an outcome space using the symbolism of a
224 tree with its roots, trunk, branches and leaves (see Figure 1). There are many similarities
225 between a tree that bears fruit and a mother and her child. The similarities add explanation of the
226 structural and referential meaning and depth related to the outcome space.
227 _______________________________________
228 Insert Figure 1 here
229 _______________________________________
230
231 *Elements of the tree*
232 *Roots*
233 In this outcome space there are six major conceptions that form the trunk and branches of
234 the tree. The roots represent the mother's previous experience or the ideas, attitudes, culture,
235 knowledge and concepts that she brings to the situation. The ideas may be influenced by other
236 significant members of her family including the father of the baby. Roots are the foundation of a
237 tree and must be deeply embedded in the soil in order to support the tree. When a woman has
238 had previous experience or when she has strong cultural or social influences on her, those
239 experiences and influences are deeply embedded and difficult to change.
240 *Trunk*
241 The trunk acts as a support system for the branches of the tree. Nutrients are absorbed
242 from the ground through the roots and travel to the branches and onto the fruit via the trunk of
243 the tree. The trunk supports the branches and has its support in the root system. This is
244 significant within the outcome space as the trunk depicts the conception of "My choice will be
245 best for me and my baby", which represents the mother's understanding of her experience of
246 choice of feeding style. Her choice to bottle-feed which has been based upon her previous
247 experiences has been the source of all of the other conceptions just as a trunk is the source of the

248 branches.

249*Branches*

250 The branches of the tree are representative of the limbs of a mother. These branches or

251 limbs reach up to the light and the heavens. Within the outcome space each of the conceptions

252 that are represented by the branches are a petition by the mother to the healthcare workers to

253 have her needs and the needs of her baby met. The branches hold up the leaves to the optimum

254 sunlight levels. The branches of the tree of the outcome space are a petition by the mothers,

255 seeking what they need to have the best possible outcome of their experience with bottle-

256 feeding, both for themselves and their babies.

257*Leaves*

258 The leaves of the tree represent the present experience. Experience is absorbed, filtered

259 and transported by the leaves back to the branches or conceptions where it is understood. When

260 the leaf is no longer useful it separates from the tree and falls to the ground where its elements

261 are broken down and re-absorbed into the soil where they nourish future growth. The experience

262 that a woman has, either positive or negative, will eventually be absorbed back into the root

263 system and form a basis and foundation for future decisions.

264 *Meaning of the Outcome Space*

265 The outcome space is a diagrammatic portrayal of the phenomenon. It represents the

266 elements of the meaning and context of the phenomenon. There are two aspects of the

267 conceptions and the outcome space. The first aspect is the structural aspect, which is the

268 awareness of the conception and how it is arranged in relation to other conceptions. The second

269 aspect is referential, where the true meaning of the conception and the outcome space is

270 uncovered. Figure 1 displays the phenomenon (outcome space) in a visual format. The

271 conceptions are possibilities of understandings of the experience as explained by the women in

272 this study. Some women in the study experienced most of the conceptions while others may

273 have experienced only two or three. These conceptions have been displayed as a representation

274 of parts of a tree in order to gain further understanding of their meaning. The conception of My

275 choice will be best for me and my baby has been placed in the trunk of the tree because this

276 conception is central to the experience of bottle-feeding in hospital. Without this understanding

277 that is based upon the mother‟s choice of feeding there would be no experience to discuss.

278 Having made the decision that bottle-feeding was best for me and my baby, that decision

279 then influenced the understanding of the experience and was linked to all of the other

280 conceptions. This link was formed because the choice to bottle-feed made these women's needs

281 different from the mainstream and caused their healthcare experience to be different from that of

282 women who did breastfeed.

283 The remaining five conceptions are represented by the branches of the tree. The branches

284 of the tree within the outcome space are arranged in a hierarchal order. The conceptions of Make

285 me feel important and Let me do it myself have been placed on the lower branches because

286 equity and self reliance are fundamental principles when caring for women. The conception of

287 Support Me is in the middle of the tree because it is closely related to all of the other

288 conceptions.

289 This branch has been divided to portray that some of the participants felt supported, while others

290 were in direct contrast and felt that they were not treated fairly. The conception of Teach me is

291 depicted as one of the higher branches because being educated is a consequence of being

292 supported, which is the conception directly below. Finally, the conception of Don't Pressure Me

293 is on the longest and highest branch that is connected to all of the other conceptions. For women

294 who felt pressured to breastfeed, it was experienced before, during and after their health care

295 experience.

296 The referential aspect or the meaning behind these six conceptions can be expressed by the

297 women's desire to be seen as being a good mother. Overwhelmingly, all of the women

298 understood that their choice to bottle-feed was not the preferred choice of healthcare providers.
299 However, they did want to feel important and supported. They wanted to be able to be able to
300 care for their own child, including preparing the formula for the infant. They wanted to have
301 their decision to bottle-feed supported and not be pressured into doing something that they did
302 not want to do. They also wanted information to be able to perform their role as a mother to a
303 baby that was bottle-fed.

304 **Discussion**

305 The benefits of breastfeeding are well documented and widely advertised. Healthcare
306 providers have an ethical responsibility to encourage breastfeeding [20]. However, despite this
307 great level of knowledge and a strong push from the World Health Organisation (WHO) to
308 promote, protect and support breastfeeding, there are still a significant number of women in
309 Australia who choose not to breastfeed. The WHO makes it very clear in its BFHI that if women
310 choose to formula feed their infants they should be supported within that choice [21]. There are
311 adverse consequences if women are not supported, and educated in their choice not to
312 breastfeed.

313 These consequences can affect both the mother and the infant. Education regarding the correct
314 preparation and storage of infant formula is vital to avoid infants being compromised from
315 bacterial infections, diarrhea, hypernatraemia or hyponatraemia, under nutrition and possible
316 future hospital admissions [4]. Mothers who do not breastfeed and do not feel they were
317 supported in their choice are at risk [2]. The potential risks for the mother involve feelings of
318 guilt, anger, worry, uncertainty and a sense of failure [10].

319 The results of this study have uncovered that the participant bottlefeeding mothers want to be
320 taught and be given the information they need, but they feel that they are not receiving it.
321 Women in this study who were bottle-feeding felt uncomfortable asking for help and felt that
322 others assumed that bottle-feeding was easy and that they should already know how to do it.

323 According to Lee [2], following the introduction of the BFHI into hospitals, education delivery
324 of bottle-feeding information is done in a "patchy‟ fashion. The present study supports this
325 finding as some of the women said they had been taught and others were not. Even with new
326 guidelines from the WHO for the reconstitution and storage of formula feeds [5], many women
327 were not educated. In most cases the women never saw a bottle being made and never even
328 entered into the area where the formula was prepared.
329 The variation of women's understandings of their level of support while they were in
330 hospital can also be linked to the description made by Lee [2] regarding the "patchy" delivery of
331 bottle-feeding information. The care that a woman receives is directly dependent upon the care
332 giver and some health care workers are seen as more vigilant towards breastfeeding than others.
333 Campaigners for breastfeeding who ignore the education needs of bottle-feeding mothers
334 are contributing to the risks [2].
335 All postnatal women are under some degree of pressure to be seen as being a good
336 mother [11]. With the promotion, protection and support of breastfeeding being impossible to
337 escape, women who choose to bottle-feed are vulnerable to the judgments of others.
338 Murphy [11] describes this as being in „moral jeopardy‟ and at risk of implicit or explicit claims
339 that women are sinning against their baby by not choosing breastfeeding. This is re-enforced by
340 the poster that appears on the maternity walls of the research site. It states "Everyone looks up to
341 Mums who breastfeed" implicitly stating that everyone looks down on Mums who do not.
342 *Limitations*
343 This study has only been conducted on a small scale with seven participants in the sample
344 group. A larger study with a larger number of participants may reveal conceptions that have not
345 been identified in this study.
346 *Directions for Future Research*
347 The experience of women who choose not to breastfeed is a topic that has attracted very

348 little research investigation. This research study has identified participants who have described

349 their understandings of their healthcare experience after they have chosen not to breastfeed. The

350 conceptions have identified areas of concern for mothers who bottle-feed their infants as

351 described by the women in the study. Further research is required to discover strategies to

352 address these areas in order to improve care and support for women who choose not to

353 breastfeed.

354 **Conclusion**

355 After many years of promoting breastfeeding to mothers, there is still approximately one

356 in five women who bottle-feed their infants [1]. This may be by choice, or the fact that for them,

357 there is no other option. These women form a substantial proportion of our society. They must

358 not be ignored, or left to their own devices, or made to feel that their decision not to breastfeed is

359 a "sin" against their baby. As a matter of equity, in keeping with the Code of Ethics for Nurses

360 and Midwives [22], their needs and the needs of their baby must be addressed in a caring,

361 compassionate and just manner. The care and education of women who choose not to breastfeed

362 should be of the highest standard possible, even if the choice not to breastfeed is not the

363 preferred choice of healthcare professionals.

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367 There is one figure in the text, labelled 'Outcome Space: Healthcare experience of women who

368 choose not to breast feed'. The figure is original work by the Librarian at XXX.

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