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Fathers and breast feeding very-low-birthweight preterm babies

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Abstract

Objective: to explore fathers' experiences of the breast feeding of their very-low-birthweight preterm babies from birth to 12 months of age.

Design: a qualitative study using interpretive phenomenology. Data were collected via longitudinal in-depth individual interviews.

Setting: publicly funded tertiary level hospital, Australia.

Participants: a purposive sample of 17 Australian parents took part in the broader study. This paper reports on data from the seven participant fathers.

Findings: this paper explores the discursive changes in fathers' accounts of their perspectives on and support of the breast feeding of their preterm baby. The fathers' accounts highlight their marked influence on breast feeding, their ambivalent experiences related to breast feeding and their struggle in negotiating a parenting role related to baby feeding.

Key conclusions: this study highlights the role and influence that fathers of preterm babies have on breast feeding, and explores the tensions and paradoxes inherent in promoting the ideology of breast feeding while valuing the practice of bottle feeding.

Implications for practice: this study highlights the need to encourage and involve fathers in breast-feeding education including the impact of bottle feeding on breast-feeding outcomes. The active and positive contribution that fathers make towards preterm breast feeding should be acknowledged and encouraged.

Keywords Breast feeding; Breast expression; Preterm; Breast milk; Fathers

Introduction

Throughout the academic and research literature on the experience of being a parent, the tendency is to emphasise mothering (Barclay and Lupton, 1999; Mander, 2004). Indeed, few studies investigate fathering or even joint parenting. Barclay and Lupton (1999) suggest that the body of literature available on fatherhood often represents it as potentially pathological, disruptive, stressful and involving personal struggle. More specifically, in neonatal care, the father is too often the forgotten factor. As Holditch-Davis and Miles (1997, p. 27) argue:

Fathers are left out of the sample, are combined with the mothers for analysis, or are compared with mothers as if mothers were the standard for all parents.

Three decades ago, a study by Benfield et al. (1976) found that fathers reported drastic alterations in daily activity while their partner and baby were hospitalised, assuming a central role in maintaining family stability during the crisis. Since this report in 1976, little research has investigated the paternal aspect of neonatal intensive care and how fathers cope with the drastic changes in daily life. There is, however, a developing body of knowledge on fathering the newborn term baby (Jordan, 1990; Jordan and Wall, 1990; Henderson and Brouse, 1991; May, 1996; Lupton and Barclay, 1997).

There is an associated paucity of research on fathers and breast feeding. It has been common for both researchers and clinicians to ignore the impact of men and their contributions to successful breast feeding (Bar-Yam and Darby, 1997). Fathers of term babies in the USA have been shown to have poor knowledge of breast feeding (Giugliani et al., 1994a). However, if they had other breast-fed children, attended prenatal classes or had received specific breast-feeding information, they were found to have a significant knowledge of breast feeding (Giugliani et al., 1994b). In a study investigating the experience of new fathers, Henderson and Brouse identified breast feeding as a frustration because 'it was the one job the fathers could not participate in even if they wanted to' (1991, p. 296). Unfortunately, the authors provided no further elaboration and so 'participation' remained here a rather 'all or nothing' concept.

Jordan and Wall (1990) investigated 56 fathers of healthy term babies with 'normal' breast-feeding experiences regarding their attitudes and

experiences in relation to new fatherhood throughout the perinatal period. For this group of fathers, the reality of breast feeding was vastly different to their pre-birth expectations. The fathers described how breast feeding maintained the exclusivity of the mother-baby relationship that existed during pregnancy, and therefore breast feeding was considered a potential barrier to the development of father-baby bonds (Jordan and Wall, 1990).

Gamble and Morse (1993) studied 14 fathers of successfully breast-fed term babies and identified a process of adjustment to breast feeding, which they called 'postponing'. They found that the men in their study used their perception of the mother-baby relationship as a 'gold' standard against which to measure their own relationship—thus while breast feeding, the father had to postpone his relationship with the baby until after weaning (Gamble and Morse, 1993). Breast feeding was frequently seen as an inconvenience in life, but fathers accepted this because of its positive benefits for the baby (Gamble and Morse, 1993).

Voss et al. (1993) undertook a study of 113 fathers and their attitudes to baby feeding. For this study, there was a response rate of 79% and the authors suggest that this indicates that fathers have more interest in baby feeding than they are usually given credit for. More than half of the men (60%) were involved with baby-feeding decisions, 64% sometimes helped with feeding and 17% always helped with baby feeding (Voss et al., 1993). Among individual general comments, the researchers received several that suggested that some 'fathers felt left out and envious of the "special bonding" between mother and baby while others pointed out that bottle feeding allows them the chance to "have a closer bond" to the baby' (Voss et al., 1993, p. 177).

Australian research on new fatherhood strengthens this body of literature of fathers and breast feeding. Barclay and Lupton (1999, p. 1016) found that men who wanted to be emotionally involved with their baby in the early weeks of parenting found breast feeding very time consuming for their partners, and it excluded them in a way that was unexpected. Some fathers found the intimacy engendered by feeding the baby helped them to 'fall in love' with their baby. Furthermore, bottle feeding established a vehicle for the communication and engagement they sought but had not yet achieved while their baby was breast fed. Men were left feeling more detached than they expected or wanted to be while their partner was breast feeding.

Research has shown that most women decide upon the method of feeding they intend to use for

their unborn baby before pregnancy or during the first trimester (Kaufman and Hall, 1989; Lefebvre and Ducharme, 1989; Losch et al., 1995; Jaeger et al., 1997; Earle, 2000). Thomson (1989) interviewed first-time mothers and demonstrated that the father was influential in the decision to breast feed. Giugliani et al. (1994a, b) has shown that partners providing a favourable attitude towards breast feeding was the most important factor for women associated with a commencement of breast feeding. Women who perceived that the father preferred their baby to be breast fed were 10 times more likely to breast feed than women without the perceived support (Scott et al., 1997).

A significant deficit in the research literature is, however, that most studies investigating feeding intent investigate the general birth population rather than preterm populations. Even within the limited research literature on breast feeding preterm babies, there has been little research attention paid to the particular breast-feeding dynamics and practices associated with very-low-birthweight (VLBW) babies. To address this first deficit, Kaufman and Hall (1989) investigated the feeding choice of 125 women following preterm birth. They found that women with more identified supporters of breast feeding—for example, family and friends—were more likely to choose to breast feed than bottle feed; and while health professionals may have supported a decision to breast feed, it is unlikely they influenced the initial decision (Kaufman and Hall, 1989).

Studies around the world continue to demonstrate an inverse relationship between baby gestation at birth and duration of breast feeding, with some findings indicating that more than half of the women who initiate breast feeding for their preterm baby abandon it prior to the baby's discharge from hospital (Lefebvre and Ducharme, 1989; Ingram et al., 1994; Meier and Brown, 1996; Yip et al., 1996; Jaeger et al., 1997; Furman et al., 1998; Gunn et al., 2000). This body of work demonstrates that despite the number of women commencing lactation following the birth of a preterm baby, very few ever achieve exclusive breast feeding after the baby's discharge from hospital.

Many of the studies cited above are quantitative and while they provide much-needed statistical and epidemiological information, they do not investigate qualitatively the reasons why women cease their efforts to breast feed their preterm babies. Of those studies that explore reasons for cessation of breast feeding—based on questionnaire or structured interview data—perceived milk insufficiency is the most cited reason (Hill et al., 1994; Jaeger

et al., 1997). Social support has been shown to be the major source of support for breast-feeding women (Match and Sims, 1992; Isabella and Isabella, 1994). Mothers of preterm babies have been found to cite partner support as the most useful and the most influential on breast-feeding duration (Kaufman and Hall, 1989).

Whilst it is evident that fathers can have a significant influence in the decision and duration of breast feeding of healthy term babies, and the level of support a woman anticipates from her partner will affect her baby-feeding decisions, little is known about fathers of preterm babies and their experiences regarding breast feeding. Authors such as Bar-Yam and Darby recognise this limitation in current knowledge and suggest that

'prospective studies that follow the attitudes and actions of women and men ... would shed further light on the issues of breast feeding in the perinatal period' (1997, p. 49). Kenner and Lott (1990, p. 32) recognise that fathers may become more involved with their baby in the neonatal intensive care unit (NICU) environment and that the desire for this continued pattern of caretaking often exists upon discharge. This paper is based on a wider study which redressed the important research gap in our understanding of new parents' experiences of breast feeding their VLBW preterm baby, and reports in particular on the male participants' experiences of breast feeding VLBW preterm babies from birth to 12 months of age.

Method

Interpretive phenomenology guided the qualitative, longitudinal, research process. Interpretive phenomenology is a qualitative research approach that systematically investigates people's lives, experiences, understandings and perceptions of what it means to be human. This approach advances our knowledge by increasing our understanding of participants' lived experience (Benner, 1994). Interpretive phenomenological research does not aim to explain, control or theorise; rather it offers a plausible interpretation and detailed description of a phenomenon that reveals, enhances or extends our understandings of human experience as lived and articulated (Diekelmann and Ironside, 1998).

Study setting

This study was conducted in 1999 in an Australian metropolitan hospital providing Level II and Level III

neonatal services as well as domiciliary services following discharge. The hospital has a policy to promote breast feeding for all newborn babies, including preterm babies, unless there is a medical contra-indication. The researcher was a neonatal nurse, familiar with preterm baby care and terminology of the NICU, but had not worked in the participating NICU and did not have any responsibilities for the participating families' clinical care.

Participants

The primary temporal consideration was that participants could be recruited at the outset of the phenomena in question and followed through while living the phenomenon. For the purpose of this study, preterm is classified as birth before 37 completed weeks of gestation; and VLBW is classified as a birth weight ≤ 1500 g. Parents were excluded from selection if they did not speak English; if their baby had a congenital abnormality likely to affect feeding; or if their baby was considered gravely ill by the attending neonatologist. Parents identified as intending to breast feed their VLBW preterm baby(s) that met the criteria were approached within one week of the birth in person by the primary researcher (first author). At this first contact, the study was explained verbally, an information sheet and introductory letter were provided, and the parents were invited to participate. A follow-up contact—either in person or by telephone (as arranged at time of first approach)—was made two to three days later to discuss the study, enable parents to ask any further questions, and to ascertain their willingness to participate. Ten mothers and seven fathers consented to participate in the larger study. Basic details of the participant fathers are provided in Table 1. As personal details of fathers are not normally collected at the participating NICU, it was not

possible to compare these parents with the larger population of the NICU. This paper will only present data and discussion related to the fathers' narratives.

Ethical considerations

Ethical approval was gained from the necessary institutional human research ethics committees at both the hospital and university, and all local and national research guidelines pertaining to informed consent, participant confidentiality and anonymity were adhered to.

The study data

The generation of data occurred through a total of 20 semi-structured interviews. (Six fathers interviewed three times and one father interviewed twice.). Sequential rather than single interviews with participants were used in order to track the experience over time and to capture whether and how changes in perceptions, experiences and understandings occurred. First interviews were held within two weeks of birth, the second at eight to ten weeks post-birth and the third interviews were held at 12 months post-birth. The number of interviews held with each father is evident in Table 1. Individual interviews were conducted in a setting of the participant's choosing, using private interview rooms, the father's own home or over the telephone. These interviews were akin to natural, informal, relaxed conversations, which allowed the participants to speak freely about their most salient experiences and perceptions related to the breast feeding of their preterm baby.

No interview schedule was applied, but rather a spider map of keywords was used. The open-ended questions posed during the interviews revolved around the topics of conversations as directed by

Table 1 Participant details.

Participant reference	Number of interviews	Assisted reproduction	Single or multiple birth	Previous children	Distance of usual residence to hospital (km)
Peter	3	Yes	Twins	Nil	<10
Colin	3	No	Twins	One	>10
Brian	3	Yes	Twins	Nil	>200
Paul	3	Yes	Single	Nil	<10
John	3	No	Single	One	Interstate
Dennis	3	Yes	Single	One	>200
Wayne	2	No	Twins	Three	>10

the participants. When the conversation waned, the spider map helped to bring up new ideas and areas for further discussion. In order to enable spontaneity of discussion, interviews were audio-taped. Recruitment and data collection ceased once data saturation was achieved. Multiple interviews with each participant also give the researcher the opportunity to clarify uncertainties and explore further issues or points of interest from the participant's previous interview.

The interview recordings were transcribed verbatim and analysed using thematic analysis outlined by Benner (1994), which sought to highlight and explore the narrated experiences, perceptions, salient events, discursive patterns and changes over time articulated by the participants. All original tapes were listened to verify the accuracy of the transcript but also to understand not just what the participants said but how they were saying it. Following this tape listening, a line-by-line reading and coding of the transcripts in N-Vivo was done. The interview data was openly questioned and contemplated in detail in order to identify and explicate salient themes, patterns, similarities and dissimilarities, observations, events, perceptions, understandings and social practices which illuminate parents' lived experiences (Patton, 1990; Darbyshire, 1994). Identification of everyday reasoning and association made by the participants were sought. (Benner, 1994). Data management was enhanced through the use of N-Vivo—a computer programme designed for qualitative data.

Limitations

Interpretive phenomenology acknowledges that research is necessarily a researcher's interpretation of participants' articulated experiences. It is also acknowledged that seven fathers of breast-fed preterm baby(s) is a relatively small number of participants, and thus interpretations are presented with caution and cannot be automatically generalised to the broader breast-feeding population. This study has been conducted with White, Anglo-Australian heterosexual men. It would therefore be presumptuous to suggest that these parents speak for all parents of preterm babies.

Findings

Interpretive analysis of the interview data has demonstrated many similarities and some small differences between the participant fathers, and

these have been developed within three broad themes. Firstly, all fathers participated to some degree in their partner's decision to breast feed their unborn baby, and more significantly to continue to breast feed following the preterm birth. The ways in which fathers supported the decisions to breast feed and on what basis they made these decisions are presented in the first theme. Secondly, all fathers supported their partner's breast feeding by assisting with breast expression. This support came in many forms including emotional, physical and psychological support. The ways in which fathers support their partner's breast expression is presented as the second theme. The last theme to be presented is the father's role in baby feeding. In hospital, many of the fathers took an active role in bottle feeding their preterm baby, and following discharge, many were reluctant to relinquish this for exclusive breast feeding. Their experiences surrounding this aspect of preterm baby breast feeding is presented as the third theme.

The decision to breast feed

All families in this study intended to breast feed their newborn preterm baby. This was a criterion for participation in the study. Whilst this was predominantly the mother's decision, all of the fathers felt that they had had some input into the decision-making process as to whether the baby would be breast fed. In all instances, this decision was made prior to or around the time of conception. Some fathers could not articulate their input; however, through their accounts and discussions, it was evident that their views were sought and assimilated by the women. The fathers felt that it was important to support their partner's decision; however, they were prepared to speak frankly about what they thought was the best choice.

Paul was very supportive of breast feeding but felt it had to be his wife Lisa's decision. Paul suggested that men have no real 'right' to decide for a woman whether breast feeding is to be done or not:

... she just made that decision on her own. I mean, to me, I don't think that really concerns me because the way I look at it, I mean, she's carrying the child and she's got to deliver the child and she's the one that's got the milk so I, I feel that I don't think I really have a say. And it's a proven factor that, like I said, the mother's milk is good for the baby and I'd be fool to say 'nope, I don't want you to breast feed' because that to me is, it's out of line, you know, and

I think from the, from what we know or what little I know about mother's milk, they reckon it's pretty good so. Yeah, I reckon give it to the baby, I mean I can't see no problem with that (4B#1par16).

Although Paul said it was not his place to decide, it is evident that he too preferred breast feeding. For this couple, the decision was straightforward as both Lisa's and Paul's preferences were the same.

Brian was a little more adamant than Paul that he wanted his children to be breast fed:

Oh yeah I do, because you know I was, I guess I was reading a lot of material in newspapers and books and so forth and I just sort of made sure that Bev was aware of the information I had read, but I think she's pretty well decided that she wanted to breast feed as well (3B#1par8).

Brian was willing and prepared to argue the case for breast feeding, but his wife Bev was keen to do the same. The decision to breast feed was a joint one between couples in this study, and all the families in the study mutually agreed that breast feeding was the preferred option.

For all families, the preterm birth re-affirmed and strengthened their decision to breast feed—through their own prior knowledge and experience, the information provided and with the encouragement they received from the neonatologists and midwives to provide breast milk. Paul remembered being advised by the doctors that breast milk was best for their preterm baby:

I think the information we got was quite sufficient. You know, we got the major prize, it's like, you know, best for the baby, immune system and, you know, a couple of other things and that's it, that's all you need to hear, it's, like, that's the way to go, you know (4B#3par200).

The doctor's advice that breast milk is the best food for the preterm baby was encouraging for these new parents. The information did not convince them to breast feed, but it did provide the incentive to commence and continue their intended breast-feeding efforts despite the inherent difference following preterm birth.

Breast feeding was equated with better health outcomes for the baby and given the baby's prematurity, the fathers felt that this was of paramount importance. Prematurity reinforced the decision to breast feed. Most fathers felt initially that even though artificial milk was available, this was not an option for their baby as

'breast milk was best' and their partners had indicated their willingness to breast feed. For these parents, breast feeding was an integral part of the moral and practical project of parenthood, and of choosing and providing the best care possible for their baby. All of the participant families believed there were no good reasons not to breast feed and that there were only benefits in doing so. Parents saw their very small and preterm baby as having special or unique needs where the baby's fragility and vulnerability conferred even greater need for the benefits of breast milk.

The strong commitment to wanting 'the best for their baby' was only intensified by the preterm birth. Peter commented on the benefits of breast milk for any baby:

It's better than any substitute that can be around ... and the better benefits of, well, the antibodies, like, kind of thing that they get from the milk that they can't produce, well, jabs [vaccinations] for (1B#1par 5).

When asked if the preterm birth influenced their feeding decisions, Peter disagreed. For him, the preterm birth was a setback but not detrimental. Breast milk, he said, was best for any baby. By the time of his second and third interviews, Peter was very supportive of breast feeding because of the special needs of the preterm baby and because the health professionals considered breast milk the better milk for baby to have:

... you know, it's the better milk and all this kind of thing, but being preterm that you want to, you know, they need all the assistance they can get. Well, that's an issue where you think to yourself that they're going to need more help because they are prem (1B#2par248).

For Peter, breast feeding became a more important issue over time because of the 'specialness' of his preterm baby. Breast feeding offered extra benefits—a protection that Peter felt was even more important for a preterm baby than a term baby.

Throughout all of the interviews, breast feeding was described as something 'natural' and normal. Breast milk was considered 'natural' for the baby, breast feeding 'natural' for the mother to do and something that will happen 'naturally'. Colin explained:

I don't know, it's just a normal part of life, nature's way of feeding the babies, so, yeah, it's just the normal thing to do (2B#1par3).

Colin was adamant that breast feeding was the best feeding method for babies:

I know some people don't actually think breast milk is all that necessary, they think formula does the job just fine, but I don't think anything can be better than breast milk (2B#2par20).

References to breast milk as the best milk for babies occurred frequently throughout the data, and the strength of conviction that participants showed in describing breast feeding as simply 'the best' was striking. Paul summed up his strong beliefs about breast milk being best:

knowing that even though it's a mother's milk, you know, they can produce formulas and this and that but it's not, nowhere near, like mother's milk, so, that's obviously the best for baby and that's it, it's as simple as that, you know there is no substitute, so, if you want your baby to be strong and healthy and have a good immune system while it's this small, or even a full term, you know, mother's milk. That's it (4B#2par128).

For all parents, breast feeding was the best for babies and they wanted to give their baby the best they could.

Some fathers cited mother-baby bonding as another benefit of breast feeding, but this emotional side of breast feeding always came second to the baby-focused and nutrition/health-focused reasons for choosing to breast feed. As Brian explains:

I'm sure Bev had an emotional involvement as well, but we didn't talk about that terribly much, but, I mean, I think she just said things along, well, you know, it'd be nice to breast feed your children, but, I mean, I was keenest from the point of view of the health of the babies (3B#1par28).

Significantly perhaps, given their view that at-breast feeding essentially 'excluded' them from intimacy with the baby, participant fathers made no mention of any impact that breast feeding may have on their ability to bond with their baby.

During the first interviews, all participants spoke of how it was clearly a choice of one of two methods of baby feeding—to breast feed or to bottle feed with artificial milk—and they easily articulated the reasons for their decision to breast feed. Variations of these options such as mixed/ supplementary feeding or bottle-feeding breast milk, were not seen as options at the outset of their breast-feeding experience. For all of the

participants in this study, artificial milk was described as second best choice—as not the best option for their baby. As Peter explained:

Well, we both thought that it was probably the better option for the children to be breast fed because it's better than any substitute that can be around ... the option was that if we could breast feed then that would be the preferred option ... then second to that would have to be, of course, formula (1B#1par9).

Colin spoke of artificial milk being a possible option but only if the breast milk 'dried up'. He said:

Um, well [if breast milk dries up] we'll have to use formula, ... and formula will be all right. If we have to do it, we have to do it, but I just think breast feeding would be the better way to do it, to feed the babies because that's the way nature intended it. There's a lot of people that have trouble breast feeding and you get things that go wrong and have to use formula, I just didn't want to be one of them (2B#1par379).

Colin took a pragmatic approach, depicting artificial milk as something he may well have to use, but one that was ideologically second best. To him, artificial milk is not as good as breast milk, but it is still 'all right'. The way Colin tells his story is one of justifying the options that lay ahead. He states his belief but then softens his position, as the 'failure of breast feeding' and need for artificial milk may happen to him. Colin was concerned that breast feeding, like other aspects of the pregnancy and birth, may be unsuccessful. As he said, 'well something could be going wrong. Nothing's gone right yet so ...' (2B#1par371). The fathers combined a principled preference for breast milk with all of its benefits with a fatalistic pragmatism acknowledging that if breast feeding did not, for whatever reason, work out, then the nutritional 'exit strategy' of artificial milk and bottle feeding 'would do'.

Supporting breast expression

The participant parents intended to breast feed, that is to feed the baby directly from the mother's breast. Breast feeding following preterm birth was initiated by maternal expression of breast milk. No parent had considered breast expression prior to the imminent preterm birth, and some had not even heard of it. Dennis showed his total lack of

awareness of breast expression following the preterm birth of his son:

Expressing. I'd never even heard of it until Alison did it and I was quite shocked, I thought it was bizarre when I seen her at a machine pumping her breasts and pulling milk out (7B#3par247).

Dennis found the use of a machine to extract milk was a most unusual and visually confronting under- taking. Wayne described the whole expressing experience as 'alien':

well, I think they'd obviously rather have their babies with them, it's a little bit alien, I got that impression that it's a little bit alien the whole plastic bit and the sucking thing and this distance between the milk and the babies is very alien (9B#2par273).

Wayne became aware of the distance between mother's milk and baby that is inherent in expressing, and he found this particularly disturbing for both him and his partner. Sweet (2006) has previously described the impact of this objectification and separation of breast milk in the preterm experience.

The long-term breast expression following pre-term birth enabled fathers to participate in baby feeding more 'actively' than fathers of breast-fed babies born at term. Preterm baby breast feeding became a routine set of tasks to be performed every day. Fathers were able to participate in this breast feeding, for example, through monitoring expressed milk volume, transporting milk, bottle feeding with expressed breast milk and with electric breast pump mechanics—something they would not get in 'normal' breast feeding. As Wayne explained:

I used to get bottles ready. I was a bit involved in that. Because you're using a machine, it had to be cleaned and sterilised and so I could have input in that ... (7B#3par131).

Most of the fathers in the study felt that they took an active role in assisting their partners to express breast milk. The assistance that they often provided was doing the 'technical tasks' surrounding the actual breast expression, such as preparation, cleaning and storage of the pump and handling the expressed milk, and ensuring their partner had water to drink and a flannel while expressing.

Not all of the men took an active role in the tasks of breast expression. Wayne found that contributing in other ways, such as by looking after their other children and doing household chores like

washing and ironing, were the best ways he could assist his partner Helen:

looking after the other three kids. Making them, you know, making their food and tidying up the house, the washing. All the things that she would normally do, I guess (9B#2par7).

Wayne's help was still a positive assistance for Helen, particularly while trying to express and transport the milk to the hospital. Although the assistance provided by the fathers was tangential to the actual breast feeding, it was warmly welcomed by the mothers in the study.

Paul was willing and wanted to help his wife with breast expressing, but he felt there were limited ways in which he could do so. The most important form of help Paul found he could provide was emotional help. Despite the daily difficulties, Paul felt it important to keep a positive outlook and support Lisa in her endeavour to breast feed:

I mean, you know, I knew how much it meant to Lisa to do that and, you know, I had to support her, like, I couldn't be selfish about it. I mean, you've got to ... you've got to have a certain amount of understanding, of patience, because, I mean, the child is as much yours as it is hers so, you know, you're a part of it all and if you don't support your partner I think you're a bit out of line there. That's just my opinion. Sure, it does get frustrating sometimes, but you can't show that because then I think you're being selfish, you know (4B#3par156).

Even those fathers geographically separated from their partners felt that they had an emotional support role to fulfill. Regular telephone conversations providing positive reinforcement was one way they felt that they could contribute. Bev and Brian found themselves living apart during the week and because of this physical separation, there were limited things Brian could do to help Bev achieve her breast feeding. Verbal encouragement became the main way he was able to assist on a daily basis. Brian said:

Yeah I guess you know like we've probably had two or three nights when you know she's sort of been in tears on the phone, which is very upsetting, and they're on the down days and you know just things sort of pile up, pressure piles up, that sort of thing ... Really I've only got the phone conversations (3B#2par36-52).

Most fathers cited the emotional support they provided their partners as being important to the mother's persistence, motivation and satisfaction during the long haul of expressing.

Some couples shared the very personal ways that they associated humour with the breast expressing. Dennis spoke of making Alison giggle at times while expressing:

Yeah, I've massaged Alison's breasts while she's expressing and everything, you know, you can have a laugh and a giggle. No, this has been good for us (7B#1par252).

Paul made positive jokes about Lisa's leaking breasts and her seeming abundance of milk to help her be positive about things:

Like, I went to give her a cuddle this morning and I got wet on my chest so I said 'honey you're leaking you know' (4B#1par68).

The use of humour was evident as an intimacy and normalising practice within all of the families. Brian spoke of trying to make Bev laugh a little to cheer her up:

That's when I feel it's a bit hard being, you know, when she's in tears on the phone, you know, I don't think any husband likes that situation when you're so far away and, you know, you've just felt, keep talking to her and make a few jokes and try and get her to laugh and that sort of thing and sort of realising that tomorrow things will be better (3B#2par40).

As he was so far away, there was little else he could do to ease the burden that Bev felt.

Breast expression is visually explicit and exposes women's bodies. Some fathers expressed concern at when and where their partners performed breast expression. Colin said:

I don't mind her doing it, I don't mind her doing it in front of me. ... I'm not real sure if she did it in front of friends, I mean, it pays to be discreet about it anyway and Julie's discreet, so (2B#1par227-231).

Public at-breast feeding was considered a social practice that some mothers were prepared to perform, but for all fathers, public breast expression fell outside of the boundaries of acceptable social behaviour.

The fathers became very aware of the differences between expressing and breast feeding—not just at a physical level, but also at an emotional level for their partners and for themselves. The reality of expressing as a form of breast feeding varied markedly from what they expected breast feeding to be. As John says, expressing is just not the same as breast feeding—it is 'not normal':

... having a machine is nowhere near the same as having a baby, that's for sure, and doing it by hand, I don't know whether it's better or worse than the machine, but it's not normal, that's for sure. And I, it looks like it hurts to me, I don't know, it just, it doesn't look comfortable at all (5B#1par200).

The period of long-term expression was discussed as being a frustrating but positive time and as something which just had to be done. Most fathers did not see the long-term expressing as an arduous task. As Brian explains:

I guess you could describe it perhaps as a pleasant chore. ... I wouldn't say it's as depressing as washing dishes or anything like that, I mean, you know, that the end result from it is good, but it's something that has to be [done] regularly, so I guess that's a chore (3B#1par160).

At first Dennis did not find the anticipation of expressing to be a 'big deal'; however, as time went by, he could see the effects the responsibility had on his partner and he began to form a different view of preterm breast feeding and its demands:

... it didn't seem to me to be any big deal and I made that clear too, you know. And Alison was a new mother, was stoked, you know she could have sat there expressing 24 hours a day, you know, give her the chance, you know, I used to have to drag her out the room after 18 hours sometimes. Umm, whereas time went on and when I've seen her upset or crying over it, then I realised, I thought, you know, well it is a big ask for weeks and weeks and weeks, you know (7B#1par28).

Dennis was able to see the difficulties emotionally and physically that his partner experienced in only the first two weeks after birth. He soon realised the emotional and practical intensity involved in the task of breast expression for an indefinite period of time. Later in the first interview, he summed up his experience of preterm breast feeding to date:

Oh very hard, very, very hard. Umm, again it's not something I ... I'd hate to be in the situation, hypothetically ... Oh, look, it would be so easy not to do it, wouldn't it? (7B#1par124).

For Dennis, the easy option would be to opt out and cease breast expression. John too found expressing a difficult task for his wife to achieve:

Expressing's a pretty daunting thing. It's when you don't know about it and you're ignorant to

how it works, yeah, it's a bit of an eye-opener and really I'd, I don't like the idea of it going on forever. It just, it seems really hard on the mother and I, yeah, it's, I think you've got to be pretty dedicated to do it, to continue it (5B#1par228).

Most men felt that their partners put a lot of pressure on themselves to 'perform' breast feeding and felt that fathers think practically while mothers had to decide between the practical and the emotional aspects of the expressing and breast-feeding experience.

Throughout the preterm breast-feeding experience, parents focused on the objective output of volume of milk produced, which was measurable and comparable (Sweet, 2006). The breast milk, as the object of their breast-expressing efforts, became highly valued and treated as if it were liquid gold. The variations in expressed milk volume were the cause of much concern for these families. John took on the role of taking the milk to the fridge to protect his wife from comparing her supply to that of other mothers and causing her added stress. He said:

I mean, some women you see, and you look in the fridge there and they've got jugs of milk running everywhere. . . . But when they've got, you know, a 250 ml jug full and you've got half inch in the bottom, that's a little bit disappointing then. You know, you think, you sort of start to lose a bit of faith in it then. So that's probably why I tend to put the jugs in the fridge so that if she, Chris doesn't see it she doesn't feel so bad then. But, you know, out of sight out of mind and just, yep that's a good amount, you know (5B#1par232).

The volumes of milk produced became paramount to the experience of all of the participant parents, as their expressing purpose was to produce sufficient milk for their baby's needs.

Baby feeding

The parents understood 'normal' baby feeding as involving either breast or bottle; it is the baby swaddled in someone's arms, suckling on a nipple to receive milk, rather than having it dripped into their stomach via a tube. Some participant fathers expressed openly their desire to participate in the baby feeding and their keenness to bottle feed their baby. In his first interview, Paul said 'I want to have her in my

arms with a bottle' (4B#1par268). Again Paul explains:

(sigh) . . . I can't hold the baby while she's breast feeding in a sense, so the only way I can hold the baby and feed it is with a bottle (4B#1par276).

Bottle feeding offered these fathers the possibility of physical closeness with their baby.

The commencement of at-breast feeds was both a motivating and a satisfying aspect of the breast-feeding experience for mothers and fathers:

... so, things might improve because Julie feels better within herself when she's got the babies there [at the breast] rather than sitting at home with a machine and trying to get the milk out. Yeah (2B#2par12).

... you know, the breast feeding was probably one of the more special occasions, again as opposed to holding him or watching him sleep or whatever. I think it was something different, obviously, you know, the contact with the mother and Alison just got great enjoyment from it and I did watching too, so, yeah, yeah (7B#2par44).

Fathers found pleasure in seeing their baby feeding from the breast or from a bottle as it demonstrated their advancing maturity and progress towards 'normal babyhood'. Paul remembers his satisfaction when his baby started to bottle feed:

But when she started with, like, the bottle it's, like, you know, hey this is getting a lot, you know, this is more realistic now, in a sense. Do you know what I mean? Because at the first it seems just so unreal, everything's just so out of whack. Do you know what I mean? (4B#3par128).

Seeing their babies thrive and advance to what they considered as more normal feeding gave these parents much satisfaction. Bottle feeding was an established practice in the hospital nursery. Many fathers in the study enjoyed bottle feeding their baby during the baby's hospitalization, and expressed a desire to continue this practice once baby was home. The fathers did not consider the potential effect of these bottle feeds on the breast-feeding outcome and only became aware that it was an integral part of their baby's feeding during hospitalisation.

Parents were accustomed to knowing their baby's intake per feed in the nursery when fed via bottle or gavage, but found the unknown quantities of at-breast feeding very difficult to accept post-discharge. Dennis spoke in depth about the inability to measure milk intake with at-breast feeding, and

the determination parents of premature babies have to ensure that everything is in the baby's best interests:

... [with bottle-feeding] you've got the measurement and that was the integral part, again whatever you put in that bottle, whatever he drunk, it's got markings for every, you know, down to every millilitre so you know what he's having. So again with Alison on the breast you can't, well you can only guess what he's drunk (7B#3par75).

Dennis spoke candidly about his increased satisfaction with bottle feeding compared with breast feeding:

I get more satisfaction out of bottle feeding as you can imagine, because my input is 100% because I'm involved. Breast feeding I'm not (7B#3par131).

Bottle feeding was not Alison's and Dennis's intention but once recommended by their doctor, it was quickly and enthusiastically adopted:

[bottle feeding] Well that's just got to be done so we'll do that. And with that, within a couple of days, the excitement came for me because you know I could have my turn at doing it too (7B#3par179).

Bottle feeding was articulated as a welcome opportunity for Dennis to experience a sense of more involved fatherhood. Bottle feeding was not seen by these fathers as a hindrance to breast feeding, but rather as an adjunct to it. Peter said:

... but, no, I didn't feel it was, yeah, detrimental one way or the other whether I was actually feeding them or not, as in bottle feeding or not (1B#3par48).

Fathers in this study spoke positively of the attributes that bottle feeding offered them.

During the final interviews, it became evident that only one family achieved the breast feeding they had expected to achieve. Fathers understandably did not have the same embodied, emotional connection to breast feeding that the mothers had. They did, however, express feelings of sorrow for their partners. As Dennis explained:

I felt no pain whatsoever about him having to go from breast feeding to bottle other than for my partner. But I felt her pain and that, but as for the baby, well as a male my only interest was to get him as, what was medically best for him and fortunately Alison was of the same opinion (7B#3par139).

Discussion

The participant fathers were all supportive of the intent to breast feed at the time of the preterm birth. None of the participant families changed their decision from breast feeding to artificial milk or vice versa due to the preterm birth. The fathers all described the positive benefits of breast feeding for their baby and over time focused on the added benefits that breast feeding offered because of the special vulnerability of their preterm baby. The participant fathers demonstrated the positive influence they had on their partner's decision and intention to breast feed. The experience of these families is consistent with the research literature that has found that women decide before pregnancy or during the first trimester the method of feeding they intend to use for their unborn baby, and that fathers are a significant influence in the decision to breast feed (Kaufman and Hall, 1989; Littman et al., 1994; Lawson and Tulloch, 1995; Losch et al., 1995; Jaeger et al., 1997; Earle, 2000). For all participants, there was a sense of taken-for-grantedness about their intention to breast feed, which supports the findings from other Australian studies such as Brown et al. (1994) and Schmied (1998).

At the commencement of the present study, fathers were keen and enthusiastic that their partner breast feed their baby, espousing the health benefits for the baby as their major influence. Fathers mentioned the accrual of some emotional benefit to their partner from breast feeding, but there was no mention of emotional benefits for fathers arising from breast feeding. Throughout the entire study, most of the references to breast feeding by men were related to the nutritional benefits of breast milk for the baby. No differentiation was made between the physical act of breast feeding and the provision of breast milk by bottle.

Participant fathers supported breast feeding while their baby was in hospital by providing emotional support, encouragement and tangible help for their partner's breast expressing. Most fathers expressed their keenness and willingness to assist their partners in whatever way they could. The one father reluctant to partake in breast feeding still supported his wife's expressing through undertaking childcare of their older child. Kaufman and Hall (1989) found partner support to be the most prevalent source of support for their group of mothers of preterm babies. The types of support partners offered the women in their study included general encouragement and undertaking various household tasks so that the mother could focus

more fully on the expression of their milk (Kaufman and Hall, 1989).

Fathers became involved in baby feeding during their baby's hospitalisation, through handling the expressed breast milk and expression equipment, transporting milk and bottle feeding. Fathers in this study spoke of the closeness and pleasure they felt by having an active role in baby care—including feeding—while in hospital. All fathers bottle fed their babies in hospital and stated a desire to continue to bottle feed their babies following discharge. There is an obvious incongruence between the desire to bottle feed and the intention that their babies breast feed. Although some reference was made to the joy of watching their baby breast feed for the first time, it remained evident that these fathers wanted a 'more active' role in feeding their babies. Indeed, while espousing the benefits of exclusive breast feeding upon discharge, they were simultaneously excited at the opportunities for physical closeness that bottle feeding offered them. Fathers whose babies were being supplemented with additional artificial milk at home had this opportunity, while others had to wait until breast feeding had ceased. Earle (2000) has shown that one of the most significant influences on a woman's decision to artificially feed is the desire for paternal involvement. It is unclear from Earle's work whether the paternal involvement is the woman's desire or the father's own wish. Gamble and Morse (1993) studied fathers of breast-fed term babies and showed that they were keen to establish a bond with their baby but were forced to—and willing to—postpone this while the baby was breast fed. The fathers in their study put the needs and benefits of breast feeding above their own desire for a greater father–baby relationship (Gamble and Morse, 1993). A different view is presented by Jordan (1986) and Jordan and Wall (1990, 1993) whose work has posed breast feeding as an impediment and even a 'risk factor' to fatherhood that leaves fathers wanting an active role in baby feeding and thus inadvertently promotes bottle feeding. Furthermore, Barclay and Lupton (1999) have shown that fathers felt excluded within a mother–baby breast-feeding relationship and that bottle feeding was a vehicle for communication and engagement between father and the baby. In contrast to this previous body of work, it is evident from the present study that as the fathers had established communication and engagement with their preterm baby, they were reluctant to relinquish this for exclusive breast feeding.

All families found it extremely stressful not knowing how much milk their baby was consuming

from the breast, and therefore commenced supplements 'just in case' their baby did not take enough. This behaviour stems from the fixation on quantity that becomes entrenched during the baby's nursery stay (Sweet, 2006). Such a practice also favours bottle feeding where there are known volumes and the ability to measure. Furthermore, the perceived need for supplementation became added justification for a paternal role in bottle feeding. The use of bottle supplementation has long been known to have a negative influence on breast feeding (Brodribb, 2005; Riordan, 2005), and recent research has confirmed this within the preterm population (Collins et al., 2004). Fathers in the current study seemed wholly unaware of any negative impact that their bottle feeding may have on their baby's breast-feeding outcomes. Rather, they extolled the positive attributes of bottle feeding, especially in relation to relieving the burden of their partners who had expressed for so long in order to eventually achieve breast feeding. Kavanaugh et al. (1995, p. 30) indeed argue that the use of bottles in the post-discharge period may be a strategy that 'makes sense' to mothers to know if babies are 'getting enough'. Bottle supplementation was a significant factor in the cessation of breast feeding (Sweet, 2006), and once breast feeding was ceased (for all but one father), bottle feeding continued to be a welcome and enjoyable part of their fatherhood for the participant men.

Conclusion

This study highlights the role and influence that fathers of preterm babies have on breast feeding, and explores the tensions and paradoxes inherent in promoting the ideology of breast feeding while valuing the practice of bottle-feeding. While fathers portray a pro-breast feeding stance based on their understandings of what is nutritionally 'best for baby', they are also keen to participate in more tangible, active ways in baby feeding. Breast expression affords them such an active role in preterm breast feeding, but once at-breast feeds commenced, these fathers became limited in their ability to participate and seemed reluctant to abdicate their role in offering supplementary bottle feeds to their babies. Fathers did not demonstrate any knowledge or awareness of the potential negative impact this bottle feeding may have on breast feeding, as this was promoted and practiced in the hospital environment and was therefore considered a suitable feeding method.

This study highlights the need to encourage and involve fathers in breast-feeding education.

The active and positive contribution that fathers make towards preterm breast feeding should be acknowledged and encouraged. Earle (2000) suggests that men need to know the benefits of breast feeding. This study suggests that knowledge of the benefits of breast feeding is not 'the problem'. Men have shown that they are well aware of these benefits. What is of greater concern is the poor awareness that men seem to have about the connection between breast feeding and bottle feeding, and the negative impact that bottle feeding has on breast feeding. Furthermore, it questions the use of bottle feeding for hospitalised preterm babies whose parents intend to breast feed, when more suitable alternatives that do not have the same detrimental effect on breast-feeding success, such as gavage and cup feeding, are available.

The findings of this study have presented preterm breast feeding in a way not before elicited in the professional literature. Leonard (1994, p. 60) suggests, 'the ultimate criterion for evaluating the adequacy of an interpretive account is the degree to which it resolves the breakdown and opens up new possibilities for engaging the problem'. Furthermore, with interpretive phenomenological studies, a major component of 'goodness' is the ability to remain congruent at all times with the underlying philosophy, the phenomenological view of the person. There needs to be a strong perspective of what it is to be a human being constituted by taken-for-granted background meanings, concerns, practices, habits, relationships and understandings of self and other (Benner, 1994). It has been an aim of this paper to demonstrate the ways in which the study has been performed in an ethical, rigorous and trustworthy manner with relevant, coherent and comprehensible outcomes. This has been demonstrated through the presentation of a coherent, well-interpreted account, systematically worked out from the data of the participants' experiences.

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