



Navigating motherhood and maternal transitional infant feeding: Learnings for health professionals

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ABSTRACT

Given the lifelong associations between infant diet and weight, understanding maternal transitional infant feeding decisions can assist efforts to establish healthy eating habits early in life. Feeding experiences were explored using semi-structured interviews with 15 first-time mothers who were selected based on their concerns about their infants' weight in an infant feeding survey. Thematic synthesis of the interview transcripts identified three main themes: (1) Expectations of a "responsible mother", (2) Trusting oneself and trust in others, and (3) From stress to successful feeding. Dominant social ideals of motherhood and infant behaviour influenced feeding practices, some of which are associated with obesity. Judgments of mothers' infant feeding practices and infant size alongside feeding and weight gain 'checklists' undermines maternal transitional feeding knowledge. Family-centred, non-judgmental guidance from peers, family members and health professionals would better support mothers to navigate the day-to-day reality of feeding and caring for an infant throughout the first year of life that is based on achievable personal goals rather than societal ideals.

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1. Introduction

The first 1000 days of life have been identified as a window in which to establish the foundations of lifelong health, with eating habits and weight status established by 2 years of age shown to track into later life (Craigie, Lake, Kelly, Adamson, & Mathers, 2011; Nicklaus, 2013; Singh, Mulder, Twisk, van Mechelen, & Chinapaw, 2008). The pivotal role of nutrition and the prevention of obesity in this period (World Health Organization, 2016) has fuelled early childhood obesity prevention efforts to modify behavioural risk factors (Hesketh & Campbell, 2010).

Mothers are recognised as the primary carers of young children and have crucial roles in the provision of food and feeding decisions (Maher, Fraser, & Lindsay, 2010). They are inherently targeted for parenting education and support. However, there is a disparity and under usage of services, infant feeding practices inconsistent to guidelines (e.g. early solids) (Australian Institute of Health and Welfare, 2011) and marginal outcomes from early childhood obesity prevention interventions (Hesketh & Campbell, 2010). This raises the question as to whether services are

satisfying the needs of new mothers and if health professionals understand the dynamics that govern their maternal infant feeding decisions.

Mothers' perception of early parenting success is grounded on how they meet infants' needs, and is commonly measured by others (Harrison, Brodribb, & Hepworth, 2017). Consequently, feeding is often influenced by the belief that food can modify child temperament, behaviour (e.g. fussiness) and weight (Baughcum, Burklow, Deeks, Powers, & Whitaker, 1998; Bergmeier, Skouteris, Horwood, Hooley, & Richardson, 2014; Stifter, Anzman-Frasca, Birch, & Voegtline, 2011). Unfortunately the use of food for non-nutritive purposes can undermine child self-regulation of intake and contribute to obesity (Clark, Goyder, Bissell, Blank, & Peters, 2007; Savage, Fisher, & Birch, 2007; Stang & Loth, 2011; Ventura & Birch, 2008). Maternal parenting self-efficacy has been identified as an important modifiable factor to reduce the use of these controlling feeding practices (Stifter et al., 2011) and improve the dietary intake in young children (Campbell, Hesketh, Silverii, & Abbott, 2010; Koh et al., 2014).

The transition to motherhood triggers a range of emotions, many internalised by mothers based on external ideals and stereotypes (Duarte et al., 2012; Henderson, Harmon, & Newman, 2016). Beginning early with the decision of whether to have

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children, decisions are influenced by social constructs of motherhood and lived experiences of being mothered or mothering, questioning the ownership of these choices (Shaw, 2011). This is further exemplified in the early postnatal period where the medicalisation of feeding has seen breastfeeding morally attached with the construct of “good mothering” and evident in mothers’ rationale about their milk feeding decisions (Marshall, Godfrey, & Renfrew, 2007; Murphy, 2000).

Insights into maternal transitional infant feeding decisions suggest that the sociocultural contextual measures of “good mothering” have a more profound effect on feeding than nutrition, obesity and long term health (Harrison et al., 2017). A better understanding of maternal interpretation of feeding and parenting success is thus warranted so as to avoid incompatible expectations between mothers and health professionals, where one is immersed in the discourse of mothering whilst the other is focused on the pursuit of infant feeding and developmental goals (Hauck & Irurita, 2003), thus improving the support for mothers to establish healthy infant feeding approaches throughout the first year of life. To this end, the intention of this research was to qualitatively explore mothers’ experiences when transitioning from milk feeding to family foods, to identify key factors influencing infant feeding decisions.

2. Methods

2.1. Study design and sample

A mixed method research design was used to enhance the understanding of transitional feeding determinants. Initially an Australian state-wide infant feeding survey was conducted to determine infant intake, maternal feeding knowledge and practices, child weight concerns and factors influencing feeding practices. Mothers of infants aged between 5 and 13 months were recruited through early childhood community services (e.g. playgroups, supported young mothers groups, parenting forums), with responses completed online or paper-based. Mother who had completed the survey ($n = 263$) opted in to participate in follow-up interviews ($n = 129$).

Based on the inaccuracy of maternal infant weight perceptions and the strong association between maternal infant weight concerns, feeding practices and infant dietary intake in the survey results, mothers were purposely selected based on concern for their child becoming: (1) overweight or underweight; (2) overweight; (3) underweight; or (4) neither overweight nor underweight (i.e. no concern). The child weight concern question was sourced from the Child Feeding Questionnaire (Birch et al., 2001) and did not define weight status categories. A sample size of 20 was based on 5 mothers per group.

The interviews were conducted with a confirming and disconfirming purposive sample (Palinkas et al., 2015) of first time mothers. Only first time mothers were selected for this phase as it was agreed that parenting experience provided a different picture to factors influencing feeding decisions (Bornstein, Cote, Haynes, Hahn, & Park, 2010). Where possible younger mothers with less formal education were selected as the survey results identified these mothers as more likely to use feeding practices inconsistent with infant feeding recommendations.

Eligible participants were contacted by telephone by the lead researcher to confirm involvement in the interview and to determine a mutually convenient place and time for the discussion. Based on the selection criteria, mothers were randomly contacted until each of the four samples was filled. Only one mother refused to participate due to conflicting family/study commitments. All participants were provided with a participant information sheet and completed a consent form in compliance with the ethical approval. The University of Queensland granted ethics clearance for this study (number 2013001520).

2.2. Data collection

The venues for the interviews were largely based on the participants’ preferences in order to reduce the burden on them and to facilitate environments in which they felt most comfortable to share information (e.g. home, workplace, café). However, due to the limited funds of the lead researcher to travel outside the main city of Brisbane, two interviews were held by telephone.

Interviews were conducted using a semi-structured interview guide (Table 1) based on open-ended questions to explore mothers’ concerns about child weight and the rationale for infant feeding decisions. This approach permitted the researcher to validate the infant feeding survey responses while giving participants the opportunity to provide the context behind the decisions made. To facilitate the conversations, the researcher disclosed her personal role as a mother but not her professional nutrition qualifications in case this influenced their responses.

All the interviews were audio-recorded by the lead researcher and transcribed verbatim.

2.3. Analysis

The overarching approach to the analysis and interpretation of qualitative data was based on post-positivist methodology whereby, as argued by Grant and Giddings (Grant & Giddings, 2002) “... social reality is relatively stable and based on pre-existing patterns or order” (p.14). Because the lead researcher (MH) was also a health professional (dietitian) she addressed the potential bias in her analysis and interpretation of the data in two ways. First,

Table 1
Semi-structured interview schedule.

Questions
1. Tell me about your experience in feeding your baby, from milk feeding to family foods?
2. What influenced your feeding choices?
3. What did you use to measure how the feeding was going?
4. How did you tell when your child was ready to start solids?
5. How could you tell when your child was hungry?
6. How could you tell when your child has had enough to eat?
7. Can you describe your concerns about your child becoming underweight/overweight?
8. What were the rewards of feeding your child?
9. What were the challenges of feeding your child?
10. Where did you get information about how to feed your child?
11. What would you change about how you fed your child?
12. What advice would you give a new mum about feeding their baby?

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