

CASE REPORT

Breastfeeding Story of a Mother: Case Report

Kadriye Demir 

Division of Child Health and Diseases, Department of Nursing, Lokman Hekim University Faculty of Health Sciences, Ankara, Turkey

Abstract

This case report was written to determine the breastfeeding process in the first baby of a 26-year-old lawyer mother, the traditional methods she used for breast care and her feelings and thoughts. The data in this case were collected using the Postpartum Period Data Collection Form. Expressions describing the mother's feelings and thoughts were included in the case report as they were. The mother who was followed up with three benign masses and many cysts in her breast did not receive prenatal breast feeding training. After birth, the newborn was taken to intensive care cause of asphyxia. For this reason, mother-baby togetherness and breastfeeding could not be achieved for eight days. Breast/nipple problems of the mother started with lactation. The mother and her traditional caregiver sought medical support for breast/nipple problems and resorted to traditional methods. It was determined that the mother experienced negative emotions such as sadness, restlessness, nervousness, tension, fear and psychosomatic symptoms such as insomnia and loss of appetite during the birth and breastfeeding process. It is the right of every woman to receive breastfeeding education and counseling during the perinatal period.

Keywords: Breastfeeding, Care, Counseling

Introduction

Unicef and the World Health Organization recommend that breastfeeding should be started immediately after birth, exclusive breastfeeding for the first 6 months after birth, and continued breastfeeding until the age of 2 years (UNICEF, 2021).

In this case report are included the problems experienced by a mother while feeding her baby with breast milk, the methods applied to solve these problems, and her feelings and thoughts in the process. An exemplary nursing diagnosis (Table 1) for the care that should be given to the mother regarding breastfeeding has been added to the case report (Kapucu et al., 2018). This case report is tragic because a conscious and willing mother about breastfeeding did not receive adequate education, care and counseling within the health system. It has been written especially in terms of being a case that emphasizes the importance of breastfeeding counseling. Verbal and written consent were obtained for this case report.

Case Presentation

Descriptive Data

This case is 27 years old, a university graduate, a lawyer, and has been married for 2 year. The family lives in the Southeastern Anatolia Region of Turkey and the income of the family is more than the expenditure. There is no consanguinity between the parents. One month before the marriage, the mother used natural contraceptive pills. She stated that she stopped taking the pill after the marriage because the people around her said, "Maybe you can't have a child, what's the point of using it". The mother learned that she was pregnant in the second month of her marriage. The mother and father have been smoking for 7 years and do not use alcohol. The mother stated that she quit smoking when she learned that she was pregnant.

Medical, Obstetric and Gynecological History

In the familial characteristics of the mother, aunt has a history of breast CA surgery and chemotherapy. The case reported the age of menarche as 11-12. The mother, who had

Corresponding Author

Kadriye Demir, E-mail: kadriyebartik@gmail.com

Received: 22.09.2021

Accepted: 17.10.2021

Cite this article as: Demir K. (2021). Breastfeeding Story of a Mother: Case Report. *Mediterranean Nursing and Midwifery*, 1(2), 85-90.



Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

regular menstruation before pregnancy, had bleeding for 50 days after pregnancy, and then she did not menstruate for 8 months. It has been reported that regular sexual intercourse (2-3 per week) was experienced during pregnancy and regular sexual intercourse (2-3 per week) continued after the end of postpartum hemorrhage. The male condom is used correctly as a contraceptive method.

While the case was attending university, 3 digits of benign mass and many cysts were detected in the breast. Since then, the mother stated that she had regular check-ups. She stated that she felt pressured by her mother to marry, to have a baby and to breastfeed, regarding these cysts and masses in the breast.

History of Pregnancy

The mother stated that she was healthy and comfortable throughout her pregnancy and worked until the 37th week of gestation. The mother, who had a BMI (body mass index) within normal prenatal limits, reported that she gained 12-14 kg during pregnancy and returned to her normal weight rapidly after delivery. During the pregnancy controls, the measurement results for the growth of the fetus were 1 week later. The mother took folic acid, calcium and iron supplements during pregnancy. The baby has a birth weight of 3.830 g and a height of 50 cm.

History of Mother and Newborn for Birth

It is the mother's first pregnancy and her first live birth was on 30 July 2015. The mother, who had a normal delivery in a private hospital, reported that she had a difficult and traumatic birth. Episiotomy was performed during delivery. The newborn who was stuck in the birth canal was born with low APGAR due to asphyxia and was intubated in the intensive care unit with emergency intervention. The mother was able to hold her baby in her arms for the first time on the 6th day in the intensive care unit. On the 8th day of birth, the newborn was discharged home.

After the birth, the mother experienced emotional and psychological problems. These were intense sadness, fatigue, restlessness, irritability, crying easily, tension for no reason, fear, insomnia due to the suspicion-fear of losing the baby and episiotomy pain. The mother's statement regarding this period is as follows.

"...I was psychologically worn out because I couldn't bring my baby home for the first 8 days. Socially, I received psychological support from my partner/husband, sisters and mother..."

Main Points

- Mothers experience some breast tissue and nipple problems while breastfeeding.
- Mothers apply medical and traditional care practices to the problems they experience with breastfeeding.
- It is important that breastfeeding counseling is in the form of practical training in the prenatal period and technical and psychological support with close follow-up in the postnatal period.

Postnatal Lactation and Breastfeeding History

In the postpartum period, the case was given a milking machine by the service nurse and was shown how to use it. The mother, who did not receive breastfeeding training and counseling in the postpartum period, used the machine with the help of her mother. But she did not continue the procedure because there was no milk coming in and there was pain in the nipple.

The breast of the mother is full, tight and hard in the first 2 days after birth. The mother used a nursing bra to support her breasts postpartum. The patient, who used a milking machine at home after discharge, reported that milk flow did not occur and small bullae formed on the nipples. In this process, the mother did not apply to any health center and requested information and help from her close relatives. On the 3rd postpartum day, a warm application and massage was applied to the breast with the help of a health worker relative. With these applications, milk flow is provided.

After lactation, the case experienced problems such as engorgement, redness, warmth and tenderness in the breast, burning pain and tingling in the mammary gland, and prominent mammary veins. The mother's nipple was frequently stimulated by the breast pump, and cracks formed on the nipple with impaired skin turgor. The mother, who reported that she experienced an extreme state of nervousness and helplessness when her pain was unbearable, applied to the emergency room on the 5th day after giving birth. According to the mother's statement, the emergency doctor reported that there was no action to be taken. The mother contacted her peers who gave birth and breastfed and asked for their suggestions and drank fennel tea for milk release. Fennel tea not only increased the secretion of milk but also caused the complaints to be exacerbated. The bullae on the mother's nipples began to burst and crust over. The mother reported that massage for breast care, application of hot towels, taking a hot shower and the support of a relative of the health worker during the initiation of lactation were positively effective.

Breastfeeding started after the newborn baby was discharged. With breastfeeding, the nipple is wet and the crusted areas are peeled off. In the following days, the mother, who smelled blood while breastfeeding at night, noticed that a small tissue had ruptured on the nipple. The mother, who stated that she was constantly crying because the cracks and clefts in the breast caused pain while breastfeeding, explained the breastfeeding process as follows.

'The biggest problem I had while raising my child was breastfeeding. At the beginning of breastfeeding, I thought that I was not understood, especially by the people around me. When I told about my troubles, I was dismissed as "Nothing will happen, it will pass as you breastfeed'. But my troubles continued to increase, I constantly encountered a new problem. During the breastfeeding process, I felt inadequate because I could not breastfeed the child properly. I felt sorry for the child, but I also blamed it. I used to think that other mothers took their

Table 1 An Exemplary Nursing Diagnosis for Breastfeeding Care
Nursing Diagnoses:*
Ineffective Breastfeeding due to maternal pain and ambivalent feelings
Descriptive Objective Characteristics:
Maternal non-healing nipple wound
Mother's crying during breastfeeding
Related Factors:
After birth, the newborn is separated from the mother for 8 days
The presence of a cyst and a benign mass in the breast of the mother
Mother has frequent mastitis
Maternal fatigue
The mother's thought of weaning the baby
Mother yelling at baby while breastfeeding and blaming baby for pain
NOC Outputs:
Initiation of Breastfeeding (Newborn/Mother): Breastfeeding should be initiated within the first 3 weeks after birth (discharge of the newborn – postnatal 8th day)
Continuation of Breastfeeding: Breastfeeding was continued until the child was 22 months old, although the mother attempted to wean from breastfeeding. For the first 6 months, only breast milk was given. Effective breastfeeding has been achieved, especially since the 7th month
Weaning: Breast milk was gradually weaned when the baby was 22 months old
Information: The mother has a positive understanding of the importance of breastfeeding the newborn. There has been a need for education and counseling, especially regarding breast care, starting from the prenatal period
Objectives/Evaluation Criteria:
The mother breastfeeds the baby in the correct position
The baby has signs of satiety (post-breastfeeding relief, swallowing sounds, age-appropriate weight gain, etc.)
The mother's breastfeeding her baby whenever she/he wants (<i>The mother stated that she was not satisfied with the breastfeeding process and was afraid of having a second child because of her breast injuries./The mother had problems with breast engorgement, breast cracks, sores in the breast, fullness and tenderness, and mastitis.</i>)
NIC Initiatives:
Lactation Assistance/Lactation Counseling: In the postpartum clinic, the mother should have been supported by the nurse in expressing her milk. Education and counseling should be given to the mother who applied to health institutions about breastfeeding after discharge. The mother should be provided with breastfeeding counseling and psychological support for ineffective breastfeeding. Motivation should be increased by giving positive feedback for the determination, sacrifice and success of the mother in breastfeeding
Mother/Family Education Topics: The mother should have been educated about breast aspiration tools and techniques and should be assisted in practice. The mother had to be taught relaxation techniques (deep breathing, listening to music, etc.). Psychological and physiological benefits of breastfeeding should have been explained when the mother was considering stopping breastfeeding. The mother had to be directed to get a nipple shield. Breast care should be explained to the mother starting from the prenatal period. The mother should have been referred to a lactation consultant. Kangaroo care should be provided to support the mother-infant relationship and to allow the mother to balance her emotions
*: This nursing diagnosis has been determined in accordance with the 2015-2017 NANDA (North American Nursing Diagnosis Association) international list of nursing diagnoses and "Nursing Outcomes Classification (NOC)"/"Nursing Interventions Classification (NIC)".

babies in their arms and breastfed them with love, but I was not able to do this. These feelings and thoughts hurt me a lot. While caring for the baby, I had behaviors such as caressing, eye contact, talking, loving and addressing by name. Just because of my chest pain from time to time, how can I tell ... There was loud talking and shouting to the baby. Sometimes I blame the baby for my breast problems. The fact that I was not understood and ignored by the people around me stressed me even more. I was constantly thinking about weaning my baby. But I also knew how important breast milk was to him. I wish I had the opportunity to prepare for this process before birth. If someone could let me know that there might be some issues and how to deal with it □. I was deciding to wean every day. But, at the end of the day, I was breastfeeding the child every time."

It was determined that the mother, who stated that she had mastitis 12 times in the first 10 months while breastfeeding, did not receive training-counseling and psychological support in family medicine and hospital visits related to breast care. It was determined that the mother used antibiotics when she first had mastitis and then did not use medication because frequent antibiotic use would harm the baby. The case reported the following practices in breast care.

Haflama/İntimidation: This traditional practice is defined by the mother's expression as follows.

"The breast tissue is washed with a bowl of water by a woman whose hand is believed to be auspicious, and it is combed downwards with a comb, and the breast tissue is shaken 3 times, and it is said, "came a wolf,, came a wolf, came a wolf". It is believed that with this application, the bad energy in the breast is removed."

Dry Onion: It is the application of the white milk that comes out by dividing the onion into two on the breast tissue and nipple. The mother reported that she applied this procedure to increase the durability of the breast skin. She stated that she did not benefit from this application and she applied it once.

Olive Oil and Sesame Oil: It is the application of olive oil or the oil accumulated on tahini to the breast tissue and nipple. The mother reported that she applied this procedure to increase the durability of the breast skin and to maintain the moisture balance. She stated that she did not benefit from this application and she applied it several times.

Quince Seed Gel: It is the application of 5-6 quince seeds soaked in a quarter tea glass of water and reached a gel consistency on the breast tissue and nipple. The mother reported that she applied this procedure to increase the durability of the breast skin and to refresh the breast skin. She stated that she did not benefit from this application and she applied it several times.

Walnut Shell: It is the process of closing the nipple with the dome-shaped shell of half of a walnut. The mother stated that she did this application in order to accelerate the

closure of the cracks and wound on the nipple and to support the nipple against friction. She reported that she benefited from this application and applied it for a few months. The mother made a research on the internet about breast shields and stated that she did not take it because of the comments that it causes milk accumulation and obstruction in the breast.

Beeswax: It is the application of beeswax to the breast tissue and nipple by melting and warming. The mother reported that she applied this procedure to soften the breast skin, increase its durability and maintain the moisture balance. She stated that she did this application in the postpartum 4-5 months and she saw benefits.

The mother also used the pharmacological agents recommended by the doctor for the care of the breast tissue. These are the application of skin rejuvenating ointment and moisturizing cream by mixing and using the vitamin e capsule. It has been determined that the ointment and cream mixture is beneficial when applied together with the walnut shell. The mother's statements regarding this process are as follows.

"We used traditional medicine practices because the medicines given by normal doctors did not help much. Quince seed, beeswax, walnut shell etc. Eventually, my body got used to it and my breastfeeding process eased a bit. But this process took me 6-7 months. It took so long to make me feel helpless."

Story of Cessation from Breastfeeding

The mother weaned her baby at 22nd months. She did not experience any difficulties while weaning. She reported that she did not experience problems such as milk accumulation in the breast, as she gradually reduced breastfeeding. "The easiest was weaning," she expressed. The method applied by the mother during weaning is as follows, in her own words.

"We glued a piece of my mother's hair to my nipple by sticking it on a piece of gum. My son did not accept the breast after this application. A few days this event repeated. Especially on the 3rd day, we experienced problems such as unreasonable crying and restlessness in my son. But then he forgot. I made this application and most of the applications in baby care with the suggestions of my own mother."

The mother who emphasizing the importance of the support of a relative of a healthcare worker and her own mother stated that she was afraid of having a baby again due to the difficulty of the breastfeeding process.

Discussion

The importance of prenatal education is increasing day by day. With prenatal education, the knowledge of the expectant mother about the birth and postpartum period increases and it becomes easier to cope with her new situation (Graseck & Leitner, 2021; Mete, 2015; Rosen et al.,

2008). In this case report, it was found that the mother's lack of prenatal education was associated with having difficulties in the birth and breastfeeding process and feeling inadequate to cope with these difficulties. The mother's statements that she wanted to be informed before birth also increase the importance of this training and counseling process.

Breastfeeding takes time and energy, and many mothers feel that they have gone through this process alone (Sayres & Visentin, 2018). Postpartum fatigue is a complex condition in which discomfort (related to psychological, physiological and situational factors), inadequacy and negative emotions are experienced (Karaçam, 2015). In terms of fatigue, the mother's being primiparous, having a difficult and long delivery and believing that she could not manage the delivery well are the risk factors. In this case, the baby's admission to the intensive care unit created anxiety in the mother and prevented her from resting after birth. In this process, it is thought that the mother should be trained on how to manage her fatigue and stress before being discharged from the hospital.

In addition to the help from the family, the presence of different peer support groups such as 'breastfeeding support coach' is supportive for mothers. The positive effects of educating women with breastfeeding experiences and providing peer support are emphasized (Graseck & Leitner, 2021; Sayres & Visentin, 2018). In this case, it is seen that the mother communicated with her peers. However, this peer group, who is not educated about breastfeeding, could not respond effectively to the physiological and psychological needs of the mother. In this sense, it can be suggested that appropriate individuals be trained as voluntary peer coaches by non-governmental organizations or women's associations, and they support in the form of home visits and telephone conversations to new mothers.

Nurses/midwives should initiate breastfeeding in the early postpartum period and fulfill their responsibility to ensure that mothers continue breastfeeding by providing a positive breastfeeding experience (Gözükara, 2014; Seibenhener & Minchew, 2016). The fact that mothers experience breast tissue and nipple problems in the postpartum period poses a risk in terms of giving only breast milk for the first 6 months and continuing breastfeeding (Eryılmaz, 2015). In this case, breast tissue and nipple problems caused the mother to consider weaning the baby. In particular, knowing the benefits of breastfeeding for the child enabled the mother to be determined to continue breastfeeding. It is thought that explaining the benefits of breast milk for the child and the mother to the pregnant women will positively affect the success of breastfeeding.

Women's attitudes towards breastfeeding are formed by whether the woman wants to breastfeed based on her inner desire. Women who want to continue breastfeeding are willing to seek help from others (Gözükara, 2014). In this case, it is seen that the mother wanted to breastfeed and sought help from her environment and health professionals for the problems she experienced.

When healthy term babies are placed with the mother by early skin-to-skin contact method immediately after birth, they show some natural, genre-specific behaviors. In the first few hours after birth, newborns have an increased sensitivity to olfactory cues and locate the nipple by smell. This "sensitive period" is very important for the mother and baby to develop a mutual interaction pattern (Özkara et al., 2016). In this case, it was thought that the mother was separated from her newborn baby for eight days in the postnatal period was related to the mother's expression of feeling inadequate about breastfeeding. Breastfeeding counseling, technical assistance in expressing milk, and psychological support to increase breastfeeding self-efficacy for mothers whose babies are taken to intensive care can be recommended in order to improve mother-infant interaction after discharge.

Traditionally, breastfeeding has been considered solely as the mother's job, as it is the natural source of breast milk. This puts a burden on the mother. One reason mothers feel lonely about breastfeeding is because family members often do not know how to get involved. It is stated that mothers who receive family support provide better performance in breastfeeding with only breast milk for the first 6 months. Men (fathers) can support breastfeeding by helping with housework, spending time with the baby, changing diapers, and making sure the mother is comfortable while feeding. It has been shown that a family-centered approach that focuses on breastfeeding education especially for the spouse increases breastfeeding rates (Sayres & Visentin, 2018). In this case, we see that the father gave psychological support to the mother during the postpartum period. In addition, it is believed that supporting the mother in breastfeeding and taking certain responsibilities (burping after breastfeeding, accompanying the mother in breast care, etc.) can strengthen the mother's coping with breastfeeding problems.

Women who cannot receive professional healthcare in postpartum neonatal care are generally accompanied by a traditional birth attendant (mostly their own mother) (Bee et al., 2018). In a study conducted in India, recurrent counseling focusing on postpartum breastfeeding, support of the elderly in breastfeeding and sharing previous positive experiences were stated as socio-environmental factors that facilitate postpartum breastfeeding (Debnath et al., 2021). In this case, the mother is accompanied by her own mother and she supports the mother in breastfeeding. However, traditional methods have been used for breast care. While providing breastfeeding counseling, it is necessary to evaluate the mother with her companion and to consider the family's past knowledge and experience in breastfeeding.

It is very important to monitor the mother regularly in the postpartum period, to check whether the trainings on breastfeeding are implemented or not, and to answer the mother's questions (Gözükara, 2014). In this case, it is seen that the mother did not receive effective breastfeeding counseling before and after birth. In both the family doctor visit and the hospital visit, the mother did not go beyond

whether she gave breast milk to her baby. With the growth and development evaluation of the baby, it was questioned whether the mother's milk was sufficient or not, but no data was collected on the breast problems of the mother, no care was given and no follow-up was made. In family medicine, it is necessary to conduct research to determine the traditional methods applied by mothers in breast care and to determine evidence-based practices in breast care. In particular, it is thought that care guidelines should be created on how to follow up breastfeeding counseling in family medicine.

Breast milk is produced specifically for the baby as the miracle food. Breastfeeding has advantages for maternal and infant health. Protecting and improving maternal and infant health is essential for the formation of healthy societies. It is recommended to provide breastfeeding counseling starting from the pregnancy period, to support the mother in a biopsychosocial sense in the postnatal period, to include the mother's companion and spouse in breastfeeding counseling, to conduct descriptive and experimental research on breastfeeding counseling in primary and secondary healthcare institutions, and to develop evidence-based practices and guidelines. In our country, it is necessary to increase prenatal education and counseling classes and to provide qualified personnel to work in the field. Participation of fathers in pregnancy school or breastfeeding classes should also be encouraged. Monitoring and professional support should be provided in the birth and postpartum period.

Table 1 contains an example care plan regarding breastfeeding for this case.

Informed Consent: Verbal and written consent were obtained from the patient who participated in this study.

Peer-review: Externally peer-reviewed.

Acknowledgements The author would like to thank her case who voluntarily accepted to be the subject of the case report and sincerely contributed to science.

Conflict of Interest: The author has no conflicts of interest to declare.

Financial Disclosure: The author declared that this study has received no financial support.

References

- Bee M., Shiroor A., Hill Z. (2018). Neonatal care practices in sub-Saharan Africa: A systematic review of quantitative and qualitative data. *J Health Popul Nutr*, 37(1), 9. [Crossref]
- Debnath F., Mondal N., Deb A. K., Chakraborty D., Chakraborty S., Dutta S. (2021). Determinants of optimum exclusive breastfeeding duration in rural India: A mixed method approach using cohort and content analysis design. *International Breastfeeding Journal*, 16(1), 1-7. [Crossref]
- Eryılmaz G. (2015). *Laktasyon Ve Emzirme, Kadın Sağlığı [Lactation and Breastfeeding, Women's Health]*. Editors. Şirin A., Kavlak O (Nobel Tıp Kitapevleri). (pp. 488-504).
- Gözükara F. (2014). Emzirmenin başarılmasında anahtar faktör: Baba desteğinin sağlanması ve hemşirenin rolleri [Key factor in successful breastfeeding: Providing father support and the roles of the nurse]. *Harran Üniversitesi Tıp Fakültesi Dergisi*, 11 (3), 289-296.
- Graseck A., Leitner K. (2021). Prenatal education in the digital age. *Clinical Obstetrics and Gynecology*, 64(2), 345-351. [Crossref]
- Kapucu S., Akyar İ., Korkmaz F. (2018). *Pearson Hemşirelik Tanıları El Kitabı*. Pelikan Yayınevi. 102-107. 11. Basım.
- Karaçam Z. (2015). *Normal Postpartum Dönemin Fizyolojisi Ve Bakımı, Kadın Sağlığı [Physiology and Maintenance of the Normal Postpartum Period, Women's Health]*. Eds. Şirin A., Kavlak O (Nobel Tıp Kitapevleri). (pp. 460-480).
- Mete S (2015). *Doğum Öncesi Eğitim, Kadın Sağlığı [Prenatal Education, Women's Health]*. Editors. Şirin A., Kavlak O (Nobel Tıp Kitapevleri). (pp. 312-314).
- Özkar H., Fidancı B. E., Yıldız D., Kaymakamgil Ç. (2016). Emzirme danışmanlığı [Breastfeeding counseling]. *TAF Preventive Medicine Bulletin*, 15(6), 551-555. [Crossref]
- Rosen I. M., Krueger M. V., Carney L. M., Graham J. A. (2008). Prenatal breastfeeding education and breastfeeding outcomes. *The American Journal of Maternal/Child Nursing*, 33(5), 315-319. [Crossref]
- Sayres S., Visentin L. (2018). Breastfeeding: Uncovering barriers and offering solutions. *Current Opinion in Pediatrics*, 30(4), 591-596. [Crossref]
- Seibenhener S. L., Minchew L. (2016). Standardizing prenatal breastfeeding education in the clinic setting. *Clinical Lactation*, 7(3), 112-119. [Crossref]
- Unicef, *Parenting, Feeding Your Baby: 6-12 months*, <https://www.unicef.org/parenting/food-nutrition/feeding-your-baby-6-12-months>, accessed date: 1 Haziran 2021.