Experiential Perceptions of Relactation: A Phenomenological Study

Amy Lommen, MS1, Blakely Brown, PhD1, and Dusten Hollist, PhD2

Abstract

Background: Relactation is the process of re-establishing a breast milk supply that has diminished or ceased.

Objective: This study aimed to explore the lived experiences of women living in Montana who chose to attempt relactation.

Methods: A phenomenological approach was used to understand the lived experiences of 10 women in Montana who attempted relactation. In-depth interviews were conducted, and a 21-item categorical and open-ended demographic and experiential questionnaire was completed.

Results: An overarching theme that could have affected the initial breastfeeding experience, and furthered the need for relactation, was having a difficult baby. Examples of being difficult included colic, latching issues, or a lack of bonding felt by the participant.

Conclusion: When asked about the experience of relactation, participants reflected on the emotional aspects of the process rather than the physical process. The most common feelings expressed were rejection, anger, stress, and failure. Future studies could examine what factors are present with women who continue nursing versus factors that are absent in women who discontinue nursing difficult babies, which could help prevent the need for relactation.

Keywords
breastfeeding, breast milk, colic, phenomenology, relactation

Well Established

Relactation is a process for re-establishing a breast milk supply when it has decreased or diminished. Reasons for relactation include, but are not limited to, untimely weaning, separation of mother and infant, inability to tolerate artificial infant milks, or natural disasters.

Newly Expressed

Main themes include participants’ perceptions of the experience and possible factors affecting the breastfeeding/relactation outcome. Every participant expressed a sense of failure and unrealistic breastfeeding expectations. An emotional depiction of the experience is described from the findings.

Background

Human breast milk is uniquely suited to the human infant’s nutritional needs. Breast milk is a live substance with immunological and anti-inflammatory properties that protect against a host of illnesses and diseases for both mothers and children.1 Research shows that mothers without reliable perceived support, access to breastfeeding support groups, lactation specialists, or support from family may lack the confidence to breastfeed or may discontinue breastfeeding before the recommended amount of time.2

Relactation is the process of re-establishing a breast milk supply that has diminished or ceased. Reasons that women relactate include untimely weaning, separation of mother and infant due to premature birth or illnesses, infant being unable to tolerate artificial infant milks, or natural disasters like earthquakes and hurricanes.3,4 A mother needs access to knowledgeable health care professionals who can assist her with the process of relactation. She also needs to have support from family, friends, and providers who can encourage and empower her to successfully relactate.

Methods

Study Design

This qualitative research study focused on describing and interpreting the lived experiences of women who attempted

1Department of Health and Human Performance, University of Montana, Missoula, MT, USA
2Department of Sociology, University of Montana, Missoula, MT, USA

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Corresponding Author:
Amy Lommen, MS, University of Montana, McGill Hall 101—HHP, 32 Campus Drive, Missoula, MT 59812-4536, USA.
Email: amy.lommen@umontana.edu
relactation using a phenomenological approach, which makes no assumptions about the outcome nor guides the participant to talk about any specific aspects of their experience. To ensure this unadulterated approach, interviews were completely unstructured. Participants were encouraged to describe the experience in their own words and to talk about the issues that were important to them. This is the basis of a true phenomenological approach. The University of Montana Institutional Review Board approved this study.

Participants

Eligible participants in the study included any Montana resident who had given birth in the state within the past 5 years and had attempted relactation for their child. Members of the Montana breastfeeding community (eg, lactation specialists; Special Supplemental Nutrition Program for Women, Infants, and Children employees; City Health Department employees; and La Leche League leaders) helped recruit participants to the study using convenience and snowball sampling techniques. Twelve participants were initially recruited for the study. After careful review of the interview notes and transcripts, it was unclear if 2 of the participants had actually attempted relactation. Therefore, the final number of participants included in the analysis was 10 women.

Data Analysis

Interviews were audiotaped and transcribed by the researcher and assistant. Interviews ranged from 30 minutes to 2 hours in length. Eight interviews were conducted in person, in a place of the participant’s choice, which was usually in the home. Two were completed via telephone. A qualitative interpretative phenomenological analysis (IPA) was used to analyze the data.5 The essence of IPA lies in its analytical focus, which directs attention toward the participants’ attempts to make sense of their experience. Interpretative phenomenological analysis is an iterative and inductive method that draws upon different processes such as line-by-line analysis of experiential claims, concerns, and understandings; identification of emergent patterns; coded data; participants’ psychological knowledge about what it might mean to have these experiences; and the development of a structure or frame that illustrates the relationships between themes.5,6 The IPA steps for analysis include reading and re-reading interview transcripts, initial noting, developing emergent themes through coding the data, searching for connections across emergent themes, and looking for patterns across different cases. The researcher and assistant separately coded each interview transcript for common themes, concepts, and experiences. The coded transcripts were then compared for accuracy and triangulated by an outside reader to confirm that the coding schemes reflected the lived experience of each participant.

Results

Main and Subsequent Themes

Analysis of the interview transcripts identified emergent themes, related subthemes, and elements pertaining to the experience of relactation. Saturation of interviews was reached around 6 participants when common themes emerged based on the experience of nursing a difficult baby, which were primarily feelings about breastfeeding and relactation, and preconceived ideas about breastfeeding. Participants seemed to express feelings with the same descriptive words and nonverbal communication, even though they all reported different experiences. The overarching theme of the study was having a difficult baby and how that affected the initial breastfeeding relationship, possibly leading to the need for relactation. Two main categories were teased out of the main theme of having a baby who was difficult to nurse, which were the perception of the relactation experience and possible factors affecting breastfeeding outcomes. The most commonly expressed feelings about breastfeeding and relactation occurred within the theme, perception of relactation experience. Participants expressed more negative than positive feelings about breastfeeding, which is not surprising, as all participants experienced some level of difficulty with breastfeeding. Common feelings expressed were failure, pressure, stress, rejection, abhorrence, and anger.

Feelings

All participants expressed a sense of failure in 1 way or another, whether it was feeling like a failure for quitting breastfeeding, losing their milk, or feeling like their own bodies had failed them. Participants reflected on the social pressures to succeed at breastfeeding, as well as the different stresses experienced through breastfeeding and relactation. Some participants expressed that they felt rejected by their babies, whereas more than half of the participants felt a strained or absent bond with their child. The use of formula equated to the feelings of failure for most participants. Although some participants were thankful for formula, they felt unfairly judged for using it and weak for needing it.

Reflection of Process

When asked to describe their attempt at relactation, some participants felt thankful for going through the process of relactation but thought it was a stressful and socially isolating experience.

When the participants recounted their reasons for attempting relactation, nutrition was described as 1 reason, whereas others reported longing for a closer bond with their infant or missing the closeness that breastfeeding provided for them. Some participants reported being instinctually driven to provide breast milk after they stopped breastfeeding their child. Other reasons to continue breastfeeding/initiate relactation...
included persistence and the need to try everything before giving up on breastfeeding completely. Convenience of breastfeeding was also mentioned when compared to their experience of formula feeding and cost. Following are examples of the most prominently expressed feelings of the experience of relactation for the participants:

All my life, especially while being pregnant, I was under the impression through friends, family, and even media that breastfeeding is one of the most natural things in the world. And I suppose it is, but not for everyone. That being said, when it’s your turn to provide milk for your child and your body doesn’t perform the way you think it should, it makes you feel like less of a woman, an unfit mother, and a complete failure. At least, that’s how I felt for a long time.

I felt like I was failing her at being her mother.

It just tore me up because I felt like everyone was judging me; how can this person not do something so simple that I can do and enjoy? How can this person fail at it—it’s a physician’s wife.

We were living in crisis management for a really long time. I think it became clear to us that there was something wrong with breastfeeding, but we hadn’t gotten to the post partum stage, yet.

We live in a community that has a strong breastfeeding culture, and so when I was having problems, I felt a lot of shame, I felt a lot of loneliness, I felt a lot of disappointment, and I also felt angry with people for saying it’s easy.

It was a defining part of my life. And that I still have some regret about decisions we made and the way things played out, but once I decided what I needed to set out and try and accomplish, once I decided to go back, in accomplishing that, I made peace with it in the way I would not have if I had not tried relactating.

I still feel like I didn’t try hard enough, you know? That’s a regret more than anything—that I could’ve tried longer. It was more like I gave up because [starting to cry] it was so hard for me, and part of it was a lack of bond, you know—that I regret not trying to have a better bond because I feel like it’s a big part of bonding with your child.

I felt like my decision to relactate was me taking charge of the situation. It was a symbolic thing, a defining part of my life. It helped me make peace with what had happened.

**Unrealistic Expectations**

The second category, possible reasons for the need for relactation, highlights issues experienced by the participants and their children that might have led to the initial loss of the breastfeeding experience. All participants expressed feeling surprised by how difficult it was to initiate or sustain breastfeeding. Many participants felt like breastfeeding would be easy because it is a natural process. Others had breastfed before but were surprised at how different the breastfeeding experience was between children. None of the women were prepared for breastfeeding difficulty, and it is likely that their unrealistic expectations of breastfeeding contributed to their need to eventually relactate. Below are quotes reflective of breastfeeding expectations that likely affected breastfeeding outcomes:

I didn’t do much research on breastfeeding before I had him because I just thought it was gonna be . . . you know, easy. So many women have done it before, and it was natural.

I had heard all these horror stories about women not being able to breastfeed or the child not latching or those sorts of things. It was really important to me; I didn’t see that coming. It was really important to me to take a delivery to breastfeed. I wanted to do everything a “woman’s body is supposed to do.” . . .

There were issues that I didn’t expect to have. I think that’s what threw me.

**Initial Causes of Breastfeeding Difficulty**

Table 1 depicts 3 reasons cited for initial breastfeeding difficulties. They are categorized as “latching difficulties” caused by a tight frenulum or tongue-tie, “colic” or excessive and/or abnormal crying, and “lack of nursing bond,” in which the mother did not feel close to her baby. It is important to point out that 6 of the 10 participants experienced 2 of these factors and 2 participants experienced all 3. This depicts how compounded issues can quickly lead to termination of the breastfeeding relationship.

<table>
<thead>
<tr>
<th>Factors Affecting Breastfeeding Outcome</th>
<th>No. of Participants Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latching difficulties</td>
<td>7</td>
</tr>
<tr>
<td>Colic—excessive or abnormal crying</td>
<td>5</td>
</tr>
<tr>
<td>Lack of nursing bond</td>
<td>4</td>
</tr>
<tr>
<td>Experienced 2 factors</td>
<td>6</td>
</tr>
<tr>
<td>Experienced 3 factors</td>
<td>2</td>
</tr>
</tbody>
</table>

**Discussion**

This study is the first of its kind to use a phenomenological approach to understand the emotional aspects of relactation. It gives a voice to women who have suffered from breastfeeding difficulties or discontinued breastfeeding only to regret their decision. It highlights a certain maternal confidence gained from the process and adds to the literature an experiential element of relactation not previously found.

**Framing the Experience**

Although other studies have explored barriers to breastfeeding and reasons for relactation, the study used a...
phenomenological approach to examine the perceptions of the experience of relactation, given through the voice of the participants. The use of supplemental nursing system devices, pumps, and fatigue were vaguely mentioned but not central to the experience. Of the participants who mentioned the physical protocol for relactation, it was reflected on as somewhat of a joke, as if they had embodied a crazy person during that period. The participants made an effort to make sense of their experience and, in turn, discussed that having a difficult baby was the determining factor in their failed first attempt at breastfeeding and the initiator of the need for relactation. In concert with the Howard and colleagues study, this study found that women with colicky babies might not have an enjoyable breastfeeding experience. The strong intention to breastfeed and ability to access support are what helped the women in this study persevere through the difficult times and pursue relactation.

By learning from those who have relactated, researchers and health practitioners can better understand factors related to untimely weaning among difficult nursing relationships to devise and use interventions that could help avoid the need for relactation. Breastfeeding success and duration depend on a variety of factors such as age, education, socioeconomic status, race, methods of delivery, infant health problems, maternal work, support, and maternal confidence. Understanding which combination of these has the most influence on breastfeeding success and duration might help prevent breastfeeding issues for some families in the future.

**Success Indicators**

All participants in the current study identified as being Caucasian. All had attended some college or obtained college degrees, were in committed relationships with supportive partners, and made average incomes, and the majority had access to lactation professionals. Most of the participants expressed having good perceived support for lactation services and family support throughout the process of relactation (Table 2). However, these women had complications with breastfeeding despite these strong indications of success.

**Unrealistic Expectations**

Two participants successfully breastfed their previous child(ren) for over a year. For the women who had previously breastfed, their first babies were described as “easy,” and breastfeeding was described as an “enjoyable, bonding, and rewarding experience.” The women who were first- and second-time mothers believed that breastfeeding would be a joyful experience. Either through personal experience, friends, family, breastfeeding educators, or media, breastfeeding was presented as fun and rewarding. These findings are similar to a 2009 study by Avery et al, in which participants who switched to formula said that they stopped breastfeeding when they found that it was not as “easy” and “natural” as they thought it would be. Half of the women in our study reported having colicky babies, most reported having latching difficulties, and a few had self-described rowdy nurses, who were said to be fidgeting and moving constantly while nursing. Some participants mentioned that they heard stories about babies who had trouble latching and they were prepared for trouble but had no idea what it would be like to breastfeed a baby with colic or food allergies.

**Conflicting Ideologies**

All participants had breastfeeding experiences that were less desirable than they had imagined. The second-time mothers internalized these experiences more than the first-time mothers, feeling that they had done something wrong with their second child because it wasn’t the enjoyable, rewarding experience that they had with their first child. Many of the women asked questions like, “Why don’t I like this, what’s wrong with me, when will I enjoy it, and when will this be fun?” Some women harbored deep regret and remorse for not having the assumed “happy feelings” associated with breastfeeding. A few women expressed anger that they weren’t accurately told what breastfeeding would be like, and I felt like she was lied to so that she would breastfeed. The participants who were upset said that they would have still chosen to breastfeed but would have been better prepared for the obstacles they faced had they been better prepared for potential issues.

**Definitions of Success**

As depicted in Table 2, 8 participants felt successful in their relactation attempt, whereas 2 were not able to reach their goals. Because relactation was attempted for differing reasons, success is also constructed differently for each participant.

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous breastfeeding experience</td>
<td>Breastfed child &gt; 1 year</td>
<td>2</td>
</tr>
<tr>
<td>Perceived support for lactation assistance</td>
<td>Good support</td>
<td>8</td>
</tr>
<tr>
<td>Perceived support from family for attempting relactation and perceived outcome</td>
<td>Good support and felt successful</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Good support but felt unsuccessful</td>
<td>2</td>
</tr>
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Table 2. Breastfeeding Experiences (N = 10).
Some did not gain the full supply they were hoping for but forged a bond that was previously absent with their child through the process of relactation, thus making the effort successful in their eyes. Others felt successful in being able to replace a few bottles of formula with nursing instead. Four of the 10 women were able to gain a full supply. Not a single participant regretted the attempt—even the ones who felt unsuccessful. They felt stronger for trying and vindicated in their so-called defeat. These women experienced out-of-the-ordinary breastfeeding experiences or had a more difficult time than what is to be expected for the average breastfeeding relationship.

**Colic as a Predictor for Difficulty and Early Termination**

Colic was reported in half the participants’ recounts. The women who reported having colicky babies felt more isolated in their experience than those without colicky babies. These participants reported receiving less than helpful advice from pediatricians and primary health care professionals in regards to dealing with colic. The mothers of colicky babies were left to their own devices when seeking answers for why they had babies who were “uncomfortable” and often inconsolable. These findings are similar to a study conducted by Landgren and Hallstrom in 2011 that found that parents of colicky babies suffered along with their babies, felt powerless and overwhelmed by strong feelings, and neglected their other needs. Some participants in the current study chose to introduce formula to find out if it was, in fact, their milk that was the cause of colic, without realizing the negative consequences it could have on their breast milk supply. In those instances, the babies had dairy allergies and formula was of no help. Those participants then experienced diminished milk supplies and had to relactate to breastfeed again. These findings are similar to the Auerbach and Avery study, which found that 1 of the causes for untimely weaning and the need for relactation stemmed from the infant’s intolerance to cow’s milk.

**Society’s Double Standards**

Two themes were intertwined within all of the interviews—the feeling of failure and false expectations about breastfeeding. Women in this study felt immense social pressure to “mother” correctly according to society’s standards. Feelings of failure were incurred as a result of not being able to effortlessly breastfeed. It is unfortunate that our society sends mixed messages. Women are told that they should breastfeed because it is best for mother and baby, but then a supportive environment is not provided. A study by Boyer indicated that the decision by women to breastfeed is impeded by society’s negative perception of public breastfeeding. Studies by Spurles and Babineau and Acker depict how public breastfeeding is viewed negatively, and breastfeeding in general is supported only conditionally or behind closed doors. Hence, some women are still asked to cover up their nursing babies because of indecency, despite having the legal right to breastfeed wherever they please. As much as we would like to think that women are publicly supported in their decision to breastfeed, studies show that they consistently are not. There seems to be a fissure between good intentions and outcomes for breastfeeding. Supporting this idea is a grounded theory study conducted by Hauck and Irurita in which the authors concluded, “The provision of this subjective information on breastfeeding and mothering could assist women to develop realistic expectations and reduce the possibility of perceiving their experience as a failure due to unrealistic expectations.” Participants in the Hauck and Irurita study approached breastfeeding with specific expectations and goals, not unlike the participants in the current study, that were based on several factors including the mother’s beliefs and knowledge regarding expert sources (media, health care providers, printed materials), past breastfeeding experiences, and significant others’ experiences with breastfeeding. Sharing the realities of these experiences provides women with an understanding of the realistic variations within breastfeeding and weaning experiences.

**Limitations**

A limitation of this study includes a small sample size (N = 10). Although recruiting efforts reached lactation professionals statewide, respondents came from southwestern Montana. This study was purely qualitative and meant to reflect the phenomenological experience of relactation for the participants. It is not meant to be generalizable, but recognizable by women who have attempted relactation as similarly descriptive.

**Conclusion**

Participants in this study all had 1 thing in common—they described their babies as difficult—difficult with latching, difficult with nursing because of excessive crying, or difficult to care for because the maternal-child bond was absent. A study by Cernadas et al was 1 of the first to address the importance of a good maternal-child bond for breastfeeding duration. They found that better attachment between the mother and child significantly decreased the likelihood that a mother would stop exclusively breastfeeding within the first 6 months of the baby’s life. Women who had fussy babies in the Cernadas et al study showed fewer signs of bonding than those with babies who cried less and were more consolable. All participants were surprised at how difficult breastfeeding was, and rightly so; they all had non-typical breastfeeding experiences. Women need to share their experiences instead of being ashamed of them, and they might realize that many others have bumps in the road to breastfeeding.
The general public needs to be educated on the significant, positive contribution that breastfeeding can have on our families, our health, our environment, and our general well-being. They also need to be educated on how to be supportive of mothers who choose to breastfeed, without making mothers who choose to formula feed, or weren’t able to breastfeed, feel ostracized. Positive feelings of breastfeeding by other women and society and the perceived ability to breastfeed will allow women to follow through with their intentions to breastfeed.21

To truly support breastfeeding mothers, a greater understanding from the perspective of women living the experience can offer insight to those people attempting to offer effective support.21 Future studies will need to examine the experience of breastfeeding a difficult baby and what factors are present with women who continue nursing difficult babies versus those who discontinue nursing difficult babies.

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