

Breastfeeding Experience of Mothers with Multiple Babies: A Phenomenological Study

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ABSTRACT

Objective: To determine the needs and underline the experiences of mothers by focusing on the experiences of mothers with multiple babies during their breastfeeding period.

Methods: This is a phenomenological, qualitative study. A total of 13 mothers with three – to 13-month-old babies were interviewed in-depth and individually. The data were collected by a single observer with a personal information form containing individual characteristics of the participants and an interview form with semi-structured, open-ended questions.

Results: The three main themes formed based on the interviews with mothers were the meaning of being a mother with multiple babies and breastfeeding them, challenging life experiences during breastfeeding, and the factors that affect motivation. The majority of the mothers expressed feelings including concern, fear, guilt, and frustration. All mothers stated that, after delivery, they needed a knowledgeable and dependable helper preferably not from the family and that they experienced conflicts in their relationships.

Conclusion: It is important to maintain social, emotional, and physical support for mothers with multiple babies. Similarly, avoiding judgmental, questioning, and accusing expressions is essential to circumvent conflicts in relationships. It is recommended for mothers' concerns to be addressed according to the source of the concern and for breastfeeding education content to be prepared accordingly. Each mother should be evaluated individually, and care plans and consultations should be prepared accordingly.

Keywords: Multiple Babies; Twins; Breastfeeding; Challenging Life Experiences

1. INTRODUCTION

Breastfeeding is the most cost-effective, health-promoting, and disease-preventing diet for the mother and the baby. The breastfeeding rates in multiple infants are not on a desirable level. The breastfeeding rates in multiple pregnancies were reported to be between 24% and 79% in different cultures and at a different time (e.g., at 2 months and at discharge) intervals (1-4). However, the rates of exclusive breastfeeding were reported as 3.3% in the 5th month and 4.1% in the 6th month (4,5).

Associated with the increased use of reproductive techniques, the incidence of multiple births in developed countries has risen since the 1970s. In the United States, rates increased from 19.3 to 30.7 per 1000 live births between 1980 and 1999, while in England and Wales the rate was increased from 10 per 1000 in 1980, to 16 per 1000 in 2011 (4). Since multiple babies are usually born preterm and with low birth weight, it is more important to be fed with breast milk (2).

The use of breast milk is associated with a decreased incidence of complications however, many babies from multiple births cannot obtain the amount of milk they need due to the inexperience of mothers in breastfeeding, inadequate knowledge, and the belief that mothers have insufficient breast milk for two babies. The mothers of twins have sufficient potential to breastfeed their babies, but they need support from their families and health professionals (5).

It was reported in the literature that some twins' mothers considered breastfeeding as a time-saving, more practical feeding method, while others found breastfeeding troublesome, stressful, and time-consuming (2,6).

Generally, in all mothers, anxiety regarding the insufficiency of the maternal milk, early and unexpected birth, breast and nipple problems, the requirement of returning to work, mother's reluctance to breastfeed, and misconceptions about breastfeeding are among the factors that affect the

late start of breastfeeding and the low rates (2,7-10). A successful breastfeeding process helps both the mother's self-confidence and her embracement of the role of motherhood. Breastfeeding training provided by midwives and nurses, support and motivation are important factors in initiating and maintaining breastfeeding.

The low rate of breastfeeding in mothers of twin infants and the limited number of studies conducted with mothers of twin infants; suggests that more studies are needed on how to support mothers. The aim of this study was to determine the needs and difficulties of mothers with multiple babies based on their breastfeeding experiences. Furthermore, there are limited numbers of studies in the literature that reflect the emotions of mothers with multiple offspring. Therefore, it is anticipated that this study will contribute to the literature.

2. METHODS

2.1. Design and phenomenology

The research was planned according to the qualitative research paradigm based on the 32 item checklist (COREQ), which is a guideline for qualitative studies (11). The research was conducted with the qualitative data analysis method and the interpretive phenomenology approach (IPA). Phenomenology, as explained by Husserl, is a research design developed by Heidegger, Sartre, and Merleau Ponty (12-14). Phenomenology describes the common meaning of a few people's experiences related to a phenomenon or concept (12-14). In this study, the concepts of "mother with multiple babies" and "breastfeeding experience" were considered as the phenomena.

Phenomenology is based on philosophy without preconceptions. Interpreter and experiential are applied in two ways. Interpretive phenomenology emphasizes that researchers are mediators between two meanings (12-14). The aim of this study is to explain the relationship between "mothers with multiple babies" and "breastfeeding experience".

2.2. Participants and setting

The study was planned in Istanbul/Turkey. The data were collected between 04.12.2017 and 29-01.2018. The sample of the study was composed of mothers determined by the chain referral sampling method as a purposive sampling technique. Mothers with multiple babies were reached via social media (twin mothers club and happy mothers of twins, triplets, quadruplets club – Facebook social media platform), and those who agreed to participate in the study were included. The inclusion criteria: Mothers who had twin babies, whose babies are at the age of 3-24 months and whose babies did not need more than 1 week of hospitalization in postpartum Neonatal Intensive Care.

Using the theoretical sampling method, when the concepts and expressions that could be the answer to the research question started to repeat (when the saturation point was achieved), the data collection phase was terminated. A total of 15 in-depth interviews were conducted with the mothers that agreed to participate in the study. Two mothers whose babies were 17 and 23 months old were excluded from the sample so that the age range of the mothers was not too high. Themes and sub-themes were created in line with the statements of 13 mothers (baby age:3-13 months).

2.3. Data collection

Since the participants had at least 2 babies, the mothers decided the place and time of the interview. Mothers were asked to determine an environment and time (home, living room, café, etc.) where they could express themselves comfortably, and the interviews were planned accordingly.

Semi-structured interview questions were prepared by the researchers. In the interview questions; attention was paid to the principles of being easy to understand, not being multidimensional, not misleading, and not directing. Also, in terms of the understandability of the questions, the opinions of experts were received. Semi-structured questions were asked to the mothers one by one by the researcher and supported with explanatory questions when necessary. The questions administered to the participants were as follows:

- a) What are your experiences during breastfeeding?
- b) How did the social support in the breastfeeding period affect you?
- c) What are the factors that affect your motivation for breastfeeding?

The data were collected by means of individual forms including a "personal information questionnaire" and the "interview form" consisting of semi-structured, open-ended questions.

The personal information form included questions on the mothers' age, education, type of delivery, working status, number of parities, and breastfeeding time (Table1).

A voice recorder was used to record the statements. The researcher also recorded and observed the reactions and facial expressions of the mother. A single researcher (first author) conducted and recorded the interviews (mean 25-60 min). At the end of the interviews, about 50 pages of written documents were obtained. Before starting the interview, written and verbal consent was obtained from each participant.

Table 1. Characteristics of the sample

Participant Code	Age of Mother	Education	Working	Parity	Age of Baby (month)	Breastfeeding Time
M1	27	University degree	Not working	1	4	Breastfed first 2 months
M2	27	University degree	Not working	1	13	Breastfeeding continues with complementary feeding
M3	33	Primary school	Not working	1	3	Breastfeeding continues with the formula.
M4	34	University degree	Not working	2	11	Breastfeeding was performed for 9 months.
M5	32	High school	Not working	2	13	Breastfeeding continues with complementary feeding
M6	33	University degree	Not working	2	7	Breastfeeding continues with the formula.
M7	34	University degree	Not working	2	13	Breastfeeding continues with complementary feeding.
M8	32	High school	Not working	1	4	Breastfeeding continues with the formula.
M9	34	University degree	Not working	3	6	Breastfeeding continues with the formula.
M10	31	Primary school	Not working	1	3	Breastfeeding continues with the formula.
M11	28	University degree	Not working	1	12	Breastfeeding was 6 months
M12	29	Masters degree	Not working	1	6	Breastfeeding continues with the formula.
M13	30	University degree	Working	1	6	Breastfeeding continues with the formula.

2.4. Role and preparation of the researcher in qualitative research

The interviewer was a member of the research team, and this researcher who conducted the interviews received “qualitative research methods” training and certification before starting the research. There was no connection with the participants before the study. Moreover, the sound recordings were transcribed into the word format by a third person independent of the research process (in addition to the two researchers). In this context, there was no risk of bias in the interviews.

2.5. Data Analysis

In the analysis of the data, inductive qualitative content analysis was used to create themes and categories within the scope of the research (12). All recorded interviews were converted to a text file using the Microsoft Word program. The transcribed interviews were read three times by the researcher, advisor, and an independent psychiatry nurse (S.K.). During the readings, the researcher, advisor, and nurse independently denoted the important and remarkable statements. Then, a common code list that constituted a coherent totality was formed from these expressions. The themes of the study were formed by combining the codes that were common between the researchers.

In general, three methods have been proposed to confirm the validity and reliability of the results in qualitative research. These were stated as credibility, participant confirmation, and expert examination. The expert examination method was used in the study. Experts who have a general knowledge of the topic of research and who specialize in qualitative

research methods were asked to assess various dimensions of the present research.

2.6. Ethics

Approval was obtained from the Ethics Committee of Marmara University Health Sciences Institute (06.11.2017-199). Written consent was obtained by signing of a Voluntary Approval Form by the mothers who agreed to participate in the study. Participants were informed about the purpose of the study, research procedures, expected benefits, their right to withdraw from the study at any time, and safeguards to protect confidentiality. Before starting the interview, written and verbal consent was obtained from each participant.

3. RESULTS

The mean age of the mothers who participated in the study was 31.7 ± 2.6 , and 69.2% of them possessed an undergraduate degree. The mean age of the newborns was 6.0 ± 4.2 months. 53% of mothers stated that they breastfeed their babies within the first 24 hours after delivery and provided the first skin contact.

The three main themes formed based on the interviews with the mothers were (a) the meaning of being a mother of multiple babies and breastfeeding them, (b) challenging life experiences during breastfeeding, and (c) the factors that affect motivation. Sub-themes were determined under the three main themes (Table 2). Some of the verbal statements of the mothers are provided as examples.

Table 2. Themes and sub-themes identified in interviews

Theme and sub-themes
1. The Meaning of Being a Mother of Multiple Babies and Breastfeeding Them
1.1. Positive meaning
Attachment/Bonding Spending Quality Time Miracle Being Privileged
1.2. Negative meaning
Restrictive Responsibility /obligation
2. Challenging Life Experiences During the Breastfeeding
2.1. Physical Difficulties
Fatigue/sleeplessness Pain Breast/Nipple Problems
2.2. Emotional Difficulties
Anxiety/fear Guilt Depressive emotions Disappointment/anger Trying to be strong
2.3. Relational Difficulties
The need for help Relational Conflicts
3. The Factors Affecting the Breastfeeding Motivation
3.1. Positive motivation
Social Support Awareness Physiological Changes Perseverance
3.2. Negative motivation
Social Orientation Preconception Presence of Health Problems

3.1. Meaning of Being a Mother with Multiple Babies and Breastfeeding Them

3.1.1. Positive meaning

Attachment/bonding: The vast majority of mothers expressed that breastfeeding provided a connection between them and their babies and that they felt more like mothers.

"... I think breastfeeding provides such a bond. Breastfeeding reinforces bonding..." (M2). *"... Raising a child, breastfeeding him/her, talking to him/her, bonding with him... in short, you better feel that you are a mother, a woman ..."* (M10).

Spending quality time: The mothers who expressed that they could not devote enough attention to babies due to house chores said the following regarding the breastfeeding process:

"... Since I am a mother of multiple babies, I constantly get behind in household chores. I can rest only when I am breastfeeding the babies. Then, I spend a very high-quality time with my babies..." (M5)

Miracle: The breastfeeding period was described as sacred or a miracle despite all difficulties (three mothers). *"... I believe that breastfeeding is a sacred thing. It is something really miraculous. As soon as the baby is born, s/he is looking for it, s/he finds it and sucks it..."* (M2)

Privileged: The mothers who believed that they were privileged because it is not a common situation to have twins and breastfeed them expressed the following statements: *"...I think being a mother of twins is really a great privilege. It is also very difficult! This means we are very strong... what a blessing!"* (M1)

3.1.2. Negative meaning

Restrictive: Although the majority of the mothers had positive expressions about breastfeeding, 8 mothers stated that this process was restrictive and limiting. *"...Breastfeeding is very restrictive for me. The problem with the entire pregnancy was breastfeeding for me. ...because I always have to be at home, I could never leave the babies. I feel like I am locked up in a cage..."* (M9)

"...I was going out and sometimes and I had to breastfeed. I was trying to look for an appropriate place every time I was breastfeeding. Because of this burden, I didn't want to go out at all. So, I had a lot of trouble..." (M4)

Responsibility/obligation: Two mothers said breastfeeding was a nuisance, and breastfeeding was a religious responsibility. *"...It's my duty, I think... My duty to my children... So, the responsibility is a sacred debt. Maybe, even a worship. I will pay my debt for two years..."* (M7)

3.2. Challenging Life Experiences During Breastfeeding

This main theme was examined under three sub-themes as physical difficulties, emotional difficulties, and relational difficulties.

3.2.1. Physical difficulties

Fatigue/sleeplessness: All of the mothers expressed that they were very tired during this period. Even though they had social support, they stated that giving care to two babies and showing interest was frustrating. *"...once I was so tired that I tried to rest for a minute while heating the formula at 5:30 am. I lied down for a second. ...but at 7:30, my father woke me up. We were in smoke. If we'd been a little late, maybe we'd be burned. So, there is a desperate need for rest..."* (M13)

"... If I had a chance to get a good sleep and should there be others taking care of the babies, there would have been more milk. It would have been better for me. I could keep breastfeeding..." (M1)

Pain: The expressions of the mothers who indicated that pain affected their breastfeeding decision were as follows: *"...They brought the babies to me to breastfeed initially, but*

I refused due to the severe pain. I said, not right now, I'm in a very difficult situation..." (M8)

Breast – nipple problems: A mother indicating that a crack at the nipples had a negative effect on breastfeeding; *"... My nipple was wounded..., I was crying from the pain while breastfeeding... at that time I repeatedly said 'I'm not breastfeeding' ..." (M13)*

3.2.2. Emotional difficulties

Anxiety/fear: Concerns about lack of breast milk, sense of inadequacy for babies and other family members, reduced breastfeeding, unfairness, sense of inability to provide proper care, and presence of judgments from the surroundings were expressed. *"... The notion that I couldn't handle both of them... I could have, but there is a psychological state urging otherwise..." (M2)*

"...I was very worried that they would be weaned, my milk would be insufficient or something. ...and thus, sometimes I could not breastfeed due to these concerns..." (M6)

"...I was scared, I was afraid that something would happen, I was not sleeping at all... I was scared that something would happen, I would hurt them or something. That's why I was breastfeeding them one by one..." (M3)

Guilt: The mothers stated that they felt guilty about what they thought was incomplete or neglected while dealing with multiple babies.

"... I breastfeed one, another one cry, I breastfeed... I blame myself...I can't sufficiency, ... something very different. I can't take both of them in my arms at the same time, I can't look at them, I can't baby care (M8)

Depressive emotions: Some mothers stated that their postpartum psychology was impaired, and their breastfeeding process was adversely affected. *"...There was a lot going on, and I was very upset during my postpartum period. I was crying a lot, crying for no reason..." (M4)*

Disappointment/anger: In the study, some mothers stated that the role of motherhood was more difficult than they expected, so they were disappointed, and fatigue sometimes caused anger. *"...initially I planned to spend time with my baby, I want to talk with my baby a lot. ...but it's a little difficult with the twin babies. I couldn't even change the diapers enthusiastically. You know, it becomes a duty after a while..." and "...because I was running out of patience, sometimes I would raise my voice even for tiny problems..." (M8)*

Trying to be strong: Some of the mothers stated that they had to be strong despite all difficulties. *"...After the cases where I broke in tears, I got up immediately and told myself that I have to be strong, I have to do it, I have to accomplish it. In the end, they're my children..." (M5)*

3.2.3. Relational difficulties

Need for help: All mothers stated that they needed at least one helper during breastfeeding. The majority of the mothers stated that they wanted this support to be able to spend more time with their babies. *"...If I slept well, which means if there were other people who take care of babies other than me. (laughing). Maybe, I would have had more breast milk. Then, I could have breastfed the babies..." (M1)*

"...I think it is a requisite to have a helper with multiple babies. To help cleaning, laundry, cooking... I always think I should have all time devoted to the babies..." (M6)

Relational conflicts: Some mothers stated that they had conflicts with their families, some indicated incompatibility with their new motherhood role, and others with other mothers in the society. Many mothers stated that they had conflicts, especially with their own parents(grandmother), and stated that they did not want to get help from them. Therefore, they stated that they preferred help coming from a person other than a family member.

"... It would be better if the helper were closer to my mind set. I got angry because my mother-in-law was very involved... I asked her to stay out of it. ...because I want to make my own decisions..." (M3). "...helper person should not be a family member this period. I would prefer a nurse's support in that process ..." (M10). "... Mother, father, sister.. I don't want anybody... I want someone conscious, let me explain the process to him..." (M4).

3.3. The Factors Effecting Breastfeeding Motivation

3.3.1. Positive factors

Presence of social support: Most mothers stated that having social support increased their motivation for breastfeeding. *"...My husband was very helpful. He was motivating me. He provided opportunities for me to rest. These were effecting me very positively..." (M1)*

Awareness: The mothers stated that knowing the benefits of breastfeeding motivated them more. *"...I knew that the babies should take breast milk, and this is a miraculous fluid. The first milk is like the first vaccine. I read all of these..." (M2)*

"...They always say the first six months of breastfeeding is crucial for the health of the child. 'I must breastfeed in the first six months, I must breastfeed.' this resonates in the head of the human being." (M6)

Physiological changes: A number of mothers stated that they were able to witness the growth of their babies and that these physiological changes motivated them. *"...Babies... Only that. You see that they are growing. I've been looking back and can see how far we have come. For example, their babbling started, and that is motivating me now." (M1)*

"...Losing weight... I was constantly drinking water when I was breastfeeding. ...and I was losing a lot of weight." (M9)

Perseverance: Some mothers stated that some negative experiences increased their perseverance for breastfeeding, and this positively affected their breastfeeding experience. *"...I have always had a lot of ambition because of the common expression such as "breast milk will not be enough", "Oh those kids" that I have heard since I am a mother of twin babies. I said, 'I'm going to be sufficient. ...seems it is possible. People can break taboos. There is that power inside of us. I usually say that Allah, who gave these twin children, will also adjust the breast milk accordingly..."* (M5)

3.3.2. Negative factors

Social orientations: Some mothers stated that they used a formula to feed their babies under the guidance of health workers, and others pointed to closer friends. They also remarked that the comments and interventions from these sources negatively affected their motivation for breastfeeding. *"...The nurses in the intensive care stated that they don't know the amount of breast milk the babies receive, so, they urged me to give the babies 30 cc of the formula anyway. They also speculated that the babies will never be replete. They've got these into my head. ...but if they had not done that or if they had said 'feed them with the breastmilk as much as you can, do not feed them with the formula', I would have tried hard. I guess milk cessation would not happen..."* (M1)

"...The doctor urged me to feed the formula after two hours saying that the babies were hungry, and I did. I did whatever the doctors instructed me..." (M3)

"...I was thinking that I will only breastfeed my children. I didn't want to feed them with the formula. ...but then, of course, my mother came, "you're constantly breastfeeding, and that means they are not satisfied" she said. Since then, I have started to supplement with the formula..." (M6)

Preconception: A few mothers thought that their own milk was not enough for twin babies, and therefore, the formula should be supplemented. *"...breastfeeding a single baby is not the same as breastfeeding twins. ...because there is not enough time for the breast to refill the milk. An hour has to pass every time..."* (M11)

Presence of health problems: Some of the mothers stated that their psychology was affected due to their health problems. *"...When I was having very sad times, my milk was running out. My family had some health problems. My spouse also had health problems..."* (M7)

4. DISCUSSION

In this study, when the results on the meaning of being a mother of multiple babies and breastfeeding them were examined, a number of positive expressions such as bonding, spending quality time, miracle, and being privileged were deduced. Breastfeeding is very common in Turkish culture, and approximately 96% of babies are breastfed for some time (15). Culture is a factor affecting breastfeeding. In Turkish

culture, breastfeeding is considered an act that glorifies motherhood (16). Similar to the study, the increasing effect of breastfeeding on the bonding between the mother and the baby was widely reported (17-19).

Two of the mothers stated that the best time spent with the babies was the duration of breastfeeding. Caring for twins is very tiring and time-consuming (e.g. diapering or baby bath requires effort). Breastfeeding is a more passive action, so, mothers can feel rested and relaxed while breastfeeding. Breastfeeding also provides physical (touch) and visual (eye-to-eye) contact. Oxytocin release increases with touch, temperature, smell, and positive emotional stimuli, and oxytocin is considered a factor of stress reduction (20, 21). Due to the increased oxytocin release during breastfeeding, feelings of relaxation and rest may develop in mothers. Positive emotional state perceptions (spending quality time, miracle, attachment, etc.) during breastfeeding may be explained in this context. Furthermore, experiencing all emotions in twin babies at the same time twice may explain feeling privileged.

The negative perceptions about the meaning of breastfeeding in the study were expressed as restriction and responsibility/obligation. Similarly, in Çınar's study (2), it was stated that breastfeeding is difficult, stressful, problematic, and time-consuming for twins' mothers. Being a mother and breastfeeding is a condition that may greatly affect everyday life. In addition to physiological and emotional changes, the social life and relationships of the family are also altered. In addition to differentiation in daily routines before babies, challenges caused by twin babies may affect mothers' perceptions of breastfeeding.

Fatigue, sleeplessness, pain, and breast and nipple problems were expressed as the physical difficulties in the study. Problems encountered in breastfeeding in similar studies were reported as pain, fatigue, nipple problems, insufficient milk amount, and difficulties in holding the breast. These problems may be experienced in twin babies more than singleton babies (2,8,19,22).

Emotional difficulties were expressed in the study as anxiety/fear, guilt, trying to be strong, depressed feelings, and frustration/anger. It was stated in a study examining the exclusive breastfeeding process that half of the mothers initially aimed to breastfeed, but only a few were able to achieve this goal. The expressions of guilt and shame were observed among the mothers who failed to reach their breastfeeding goals (23). In this study, it was observed that the mothers of multiple babies also felt guilty and were worried about being unfair.

In a different study, women experiencing problems in breastfeeding were reported as being blamed and criticized in their social circles or by healthcare personnel. In this context, it was emphasized that mothers' sense of failure may cause insufficiency and social isolation (7). In this study, we observed that the mothers who experienced similar situations wanted to isolate themselves from society.

It was reported in the study by Fathi et al. (24) that self-care, social life, and social activities were adversely affected in mothers with postpartum depression risk. In this study, we observed that the depressed mothers experienced more difficulties in their relationships and exhibited aggressive attitudes. Watkins et al. (25) suggested that depressive symptoms were more likely to occur in the second postpartum month among mothers who had a negative breastfeeding experience. Therefore, women with difficulty in breastfeeding should be followed for depressive symptoms.

In this study, the mothers with relational problems stated that these problems were caused by judgmental and advisory attitudes. Verbal communication models involving accusatory, judgmental, and advisory styles are factors that negatively affect communication (26). In this respect, using positive verbal communication methods may be more effective in motivating mothers during breastfeeding.

The participants of the study emphasized the importance of social support, adequate resting, and stress mitigation in increasing the motivation for breastfeeding in twins' mothers. Providing family support and breastfeeding counseling in twin babies were reported to increase breastfeeding success by 74% (27). It is known that the rate and duration of breastfeeding of multiple infants are lower than singletons and below the desired level. Additionally, stress and emotional surge from being a new mother may prevent the effective continuation of breastfeeding. Therefore, maternal motivation is an effective factor in breastfeeding success. Factors that negatively affect breastfeeding may be different in each mother. Individual identification of mothers' problems, taking precautions, and providing breastfeeding counseling have been reported as factors that may increase breastfeeding rates and durations (22,28,29).

In the study, the majority of the mothers expressed that they did not want to receive support, especially from grandmothers (theme – relational difficulties). They reported that they prefer people they trust and can communicate well with. Similar to the results of the study; advisory behaviors of people such as grandmothers and other mothers regarding breastfeeding were explained as a negative motivation factor. It was emphasized that mothers needed positive motivation sources during this period (5,8,16).

Cisko (29) reported that breastfeeding counseling affected breastfeeding decisions, and social support affected the duration of breastfeeding. In this context, husbands and grandmothers were described as the most prominent social support providers (29). In a systematic review, Negin et al. (30) emphasized that grandmothers are an important factor that can affect exclusive breastfeeding. However, they emphasized that there is no evidence-based conclusion regarding the most effective way, the most appropriate time or the most effective person for breastfeeding education and support for the mother in twins, and thus, there is a need for more comprehensive studies on the topic (4,31). It is important that Turkish mothers do not prefer grandmothers

by reason of relational conflicts. A family-centered care/philosophy may be used to prevent these conflicts.

In the study, especially the negative orientation of healthcare professionals about breastfeeding affected the motivation of the mothers. All studies reported that proper breastfeeding counseling and encouraging mothers have affected breastfeeding success and duration (32-34). In this context, it is important for healthcare professionals to be careful in their recommendations regarding breastfeeding and formula use even in social conversations.

Limitations

Since the number of twin mothers in the society is low, it took more time to reach the sample and interview them compared to singleton babies' mothers.

5. CONCLUSION

Twins' mothers are a risky group in terms of physical, emotional, and social/relational problems that may occur during breastfeeding. It is important to maintain and increase physical and social support for these mothers. In order to avoid relational conflicts, it is advisable to avoid judgmentally, accusing, or interrogative communication statements. Planning breastfeeding education in a way to address the concerns of the mothers with twin babies is crucial. Additionally, each mother should be evaluated individually to provide the most appropriate care plan and consultancy.

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