

Breastfeeding Initiation Among Teenage Mothers

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Abstract

Breastfeeding rates among teenage mothers in the United States is very low even though the United States continues to have the highest rate of teenage pregnancy among industrialized nations. Teen mothers represent a specific cultural group among new mothers because of their cognitive and psychological immaturity compared with adult mothers. They also tend to possess different anxieties and concerns regarding breastfeeding than adult mothers. As a specific cultural group, teenage mothers require more concerted prenatal anticipatory guidance, better-focused lactation education efforts, and more face-to-face postpartum support to ensure that the breastfeeding rate among adolescents rises. While there is adequate literature regarding teenagers and breastfeeding, there is little research to indicate how nurses can work to improve effective and sustained breastfeeding among teens.

Breastfeeding has been well established as a natural way for mothers to provide the best possible nutrition for their child. Nursing literature has extensively documented the many benefits for both mother and child that are associated with breastfeeding. Breastfeeding has demonstrated immunological, nutritional, psychosocial, and economic benefits over bottle-feeding. The American Academy of Pediatrics (AAP) specifically endorses breastfeeding with the recommendation that mothers breastfeed their infants exclusively for at least the first 6 months of life without additional food or water supplements. A mother's decision to breastfeed, however, may not solely be influenced by its inherent benefits, but by other factors including personal beliefs, employment, level of education, and support from others. Teenage mothers are a cultural group whose infant feeding decisions are influenced by their age, maturity level, previous exposure or lack thereof to breastfeeding, level of social support, and level of self-esteem.

Teenage Mothers as a Distinct Population of New Mothers Group

Teenagers 13 to 19, are a unique cultural group among new mothers both because of their young age and because they represent a population that is least likely to breastfeed their infants. The breastfeeding initiation rate among teenagers in 2005 was 50% versus 78% for mothers over 30 (Feldman-

Winter and Shaikh, 2007). According to Feldman-Winter and Shaikh (2007), teens are less likely than older mothers to continue breastfeeding after the initial postpartum period. Teen mothers are more likely to experience distress during their breastfeeding experiences, requiring more support initiating and sustaining breastfeeding (Feldman-Winter and Shaikh, 2007). Berenson, DuBois, and Wiemann (1998) explain that teen mothers' cognitive and psychosocial immaturity may also play a role in their decisions regarding infant feeding method and that teenage mothers' infant feeding choices are more influenced by social factors such as their support networks.

Teenage Mothers and Nursing Care

If the teenage mother breastfeeding rate is to rise, nursing care will have to tailor itself to the unique needs of this population. Teen mothers require more care and encouragement with regard to infant feeding decisions than older, more mature mothers. Dennis, Heaman, Morris, and Mossman (2008) point out that maternal self-confidence with breastfeeding is one factor that influences breastfeeding outcomes, especially among adolescent mothers. Teenage mothers are often insecure about their parenting capabilities, but achieving success with breastfeeding may empower young mothers in their parenting decisions.

Maternal self-confidence is a modifiable factor that nurses can work with patients to improve from their

prenatal care through their postpartum care. Many teen mothers make their infant feeding decisions based upon social attitudes towards breastfeeding and feedback from peer and family groups, so it is important to reinforce the benefits of breastfeeding with "sincere, consistent, and honest support" from those involved in their care (Bear and Volpe, 2000). Bear and Volpe (2000) suggest that supportive, prenatal education programs are most effective for teaching adolescent mothers about breastfeeding.

Literature Review

A 2007 study by Charles, DiCenso, and Peterson outlines "Adolescents' Perceptions of Inpatient Postpartum Nursing Care." The authors identify nursing care behaviors that teenage mothers found to be either positive or negative in regard to their inpatient postpartum experiences. Nursing care behaviors that specifically targeted teen mothers' individual needs were perceived to improve the overall postpartum experience, especially with respect to breastfeeding initiation and mother-infant bonding. Teen mothers were identified as a population of new mothers who tend to have high levels of postpartal anxiety. The young mothers felt better cared for and more motivated to initiate and sustain breastfeeding when nurses were friendly, patient, respectful, and understanding of their individual needs as new mothers. The mothers also expressed feeling heightened insecurity and shame. They were less likely to be compliant with specific health behaviors when their nurses failed to recognize specific patient needs, appeared rushed, or were judgmental.

Authors Dennis, Heaman, Morris, and Mossman (2008) explore how a young mother's self-confidence in and attitude towards breastfeeding can influence initiation and duration of breastfeeding. Teenage mothers who held positive views of breastfeeding were more likely to choose it as their preferred method of infant feeding. Teenage mothers who were themselves breastfed as infants were not only more aware of the unique benefits of breast milk, but also had more self-confidence in their abilities to breastfeed their own child, were more inclined to initiate breastfeeding, and more likely to continue to breastfeed after the postpartum period.

The authors also noted that teenage mothers who possessed a healthy, positive body image and felt less embarrassed by the idea of breastfeeding were more likely to do so. The study suggests that nurses need to determine the attitudes of the teen mother regarding breastfeeding in order to provide thorough education and support about this feeding method. The authors also suggest that targeting teens with breastfeeding education through school health programs before pregnancies are initiated may empower more adolescent mothers to choose to breastfeed.

In her research article, Hila J. Spear (2006) discusses the importance of breastfeeding education for teenage mothers. She acknowledges that there is a lack of studies that have examined teen mothers' breastfeeding experiences. She believes that healthcare providers need to engage young mothers regarding their experiences to determine how to effectively promote breastfeeding among them. Many young mothers in this study confided that they felt very uninformed about the health and nutritional benefits of breastfeeding versus bottle-feeding. Other mothers wished they had been better informed about breastfeeding complications such as sore nipples, engorgement, and how to manage breastfeeding with their return to school or work. The mothers in the Spear study suggested that there might be fewer hindrances to breastfeeding in their population if healthcare providers had provided more explicit information about breastfeeding during the prenatal period. They also expressed the need for more postpartum support in continuing breastfeeding, especially once leaving the hospital. Spear suggests that breastfeeding rates among teens could be improved by better prenatal education, more one-to-one breastfeeding consultations during the hospital stay, and face-to-face postpartum follow-up once the mother and baby are discharged.

Barriers and Recommendations

The greatest barrier to improving the breastfeeding rate among teenage mothers may be that healthcare professionals often assume that these mothers are too immature to breastfeed successfully. Therefore, these mothers may receive even less education and support than adult mothers,

even though they likely need it more. Teen mothers' anxiety about infant feeding decisions and their new roles as parents may also hinder the rise of breastfeeding rates among this population. Teenage mothers may be less cognitively and psychologically mature, but with education and support tailored specifically to their age group, they can learn to breastfeed their infants effectively.

I recommend that nurses provide honest and thorough lactation education at both the prenatal and postpartum levels. Nurses also need to provide consistent and sincere support when assisting teenage mothers with breastfeeding. The teen mother needs to be reassured the breastfeeding is a natural way to provide optimum nutrition for her newborn. Nurses need to provide a safe space for the teenage mother and demonstrate they are open, nonjudgmental, and eager to assist with the new mother in learning to breastfeed. I believe that teen mothers are just as capable of initiating and sustaining effective breastfeeding as adult mothers.

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The Ethics of Gestational Surrogacy and the Need for Legal Reform

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Abstract

The ethical and legal dilemmas surrounding gestational surrogacy are complex and abounding. A gestational surrogate is paid to be implanted with a fertilized ovum genetically unrelated to her and carry a pregnancy for a commissioning couple. The legal determination of maternal rights and the enforceability of surrogacy contracts are among many ethical dilemmas. Nurses must effectively communicate with gestational surrogacy parties and understand that ethical dilemmas may arise. This brief report summarizes the perspectives that pregnancy may be unethical due to alienation and dehumanization, that anti-surrogacy arguments are flawed, and that it is difficult to deem surrogacy as immoral, and finally discusses four paradigms for determining legal maternity. In conclusion, federal legislation to standardize surrogacy laws is recommended and elaborated upon.

Reproductive technologies such as artificial insemination and paid surrogacy are utilized widely, with about 1000 surrogate births annually in the United States in the beginning of the twenty-first century. Surrogacy has enabled the creation of many happy families; however, it has also introduced a host of ethical dilemmas. An ethical dilemma is defined as a "situation in which no solution seems completely satisfactory" (Murray & McKinney, 2006).

A paid surrogate is compensated for carrying a pregnancy for a contracting couple. In traditional surrogacy, the surrogate's ovum is artificially inseminated by the sperm of a donor, or male commissioning partner. In gestational surrogacy, which is much more ubiquitous, the surrogate is implanted with the fertilized ovum of the commissioning mother or egg donor. The sperm is obtained from a partner or a sperm donor (Larkey, 2003). The focus of this paper will be gestational surrogacy.

Gestational surrogacy is laden with a myriad of ethical questions: Are the maternal rights vested in the surrogate or in the contracting mother? Can the surrogate back out and decide to keep the child? Whose names will be written on the child's birth certificate? What if the commissioning partners separate and no longer desire the child? What if the baby is born with a congenital anomaly and the commissioning couple rejects the child? (Larkey,

2003). What is the surrogate's role after birth, if any? (Murray & McKinney, 2006). Questions like these showcase the ethical complexity of surrogacy.

As nurses, it is important to be prepared to communicate effectively and therapeutically with surrogate mothers and commissioning couples. Nurses must be sensitive to the ethical, psychosocial, emotional, and legal complexities of surrogacy. A nurse may encounter ethical quandaries throughout the pregnancy and birth. For instance, it may be unclear who has the authority to make medical and nursing decisions: surrogate and or contracting partners (Larkey, 2003). A surrogate may want to abort the pregnancy, but the commissioning couple may not. It also may be ambiguous with whom the nurse should facilitate newborn bonding: surrogate or commissioning mother.

In their classic article, Van Niekerk and Van Zyl (1995) grapple with the question of whether surrogacy is inherently unethical. They discuss the notion of surrogacy being an alienated and dehumanizing form of labor. "Alienated" is defined as the product of labor being separated by the producer via surrender. A surrogate mother is denied legitimacy of her perspective on the pregnancy, since the product of labor has been promised to another. Thus, it is dehumanizing for pregnancy to become an act of alienated labor, since it degrades the pregnancy