

**Factors that Affect an Adolescent Mother's Decision to  
Breastfeed: A Systematic Review of the Literature**

**Honors Thesis**

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**Abstract**

Adolescent mothers do not breastfeed for the recommended duration of six months in comparison to the general population of those who are actively breastfeeding. Two systematic reviews of the literature were conducted to identify the factors that lead to breastfeeding cessation and the types of social support that healthcare providers implement when caring for adolescent mothers. Adolescent mothers' decision to stop breastfeeding is due to intrinsic and extrinsic reasons. Support from health care providers is essential in resolving any factors that lead to breastfeeding cessation. Health care providers should consider informational, instrumental, emotional, appraisal/esteem, and network support, when responding to the needs of adolescent mothers. The results of this systematic review provides healthcare professionals with evidence to support adolescent mothers with strategies to breastfeed for the recommended duration of six months.

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## Introduction

Adolescent mothers' initiation and duration rates of exclusive breastfeeding are lower compared with the average adult breastfeeding mother at six months (Nuampa et al, 2018). Ceasing breastfeeding before the recommended duration of six months causes adolescent mothers and their infants to miss out on the long-term protective effects of breastfeeding. Infants receive multiple benefits when breastfeeding including reduced risk of type 2 diabetes, a decreased likelihood of childhood and adulthood obesity, and a higher performance on intelligence tests (Binns et al, 2016). Breastfeeding for the recommended duration of time provides antibodies to the infant that helps bolster their immune system. Breastfeeding does not only benefit the infant, it also has beneficial effects for the mother. Some long-term effects of breastfeeding for mothers include reduced rates of type 2 diabetes, ovarian cancer, heart disease and obesity (Binns et al, 2016). Despite the benefits of breastfeeding, an increasing number of women are struggling to breastfeed for the recommended duration of six months. Specifically, adolescent mothers have a more rapid rate of discontinuing breastfeeding (Hall et al, 2012).

Healthcare providers play a crucial role in supporting and educating adolescent mothers on the benefits of breastfeeding for at least six months. Most of the education on breastfeeding is provided after the birth of the infant. Teaching and learning may be difficult during this time because the mother is still recovering from the pain and fatigue associated with childbirth. In addition, healthcare providers have to implement this education all within the average hospital stay of 2-3 days. Adolescent mothers need support throughout this time, not only from family, but healthcare providers as well.

This systematic review of the literature focused on two aspects of adolescent mothers breastfeeding; reasons why adolescent mothers cease breastfeeding before the recommended duration of six months and to identify what is known about social support interventions being used to promote breastfeeding in adolescent mothers. In order to improve breastfeeding rates among adolescent mothers, the causes of their cessation in breastfeeding must first be evaluated. The findings of this review of the literature will inform healthcare providers on the reasons why adolescent mothers cease breastfeeding and they need for supportive measures to reduce barriers to breastfeeding for the first six months of an infant's life. Healthcare providers will be able to use this information to understand the reasons why mothers stop and provide supportive measures to improve the breastfeeding rate among this population.

### **Background**

Adolescent mothers have unique challenges as they adapt to their new role of becoming mothers, while also going through the developmental stages of adolescence. There are many changes that are occurring within the adolescent as they try to achieve independence: a search for self-identity and the development of self-image (Nuampa et al, 2018). Adolescent mothers may feel as if they have two competing roles: parent with new responsibilities versus adolescent and the need to experience the developmental milestones of peer acceptance and increased independence from their parents (Nesbitt et al, 2012). These changes, as well as having the new responsibility of being a new mother may contribute to the discontinuation rate of breastfeeding in this population.

When caring for an adolescent mother in the postpartum period, healthcare providers can influence their decision to breastfeed by providing social support.

Healthcare providers, however, cannot depend on their knowledge of caring for adult women because adolescents have a unique set of needs. Adolescent mothers are going through a transitional phase, as they take on new responsibilities while also trying to find their own identity. The breastfeeding support adolescent mothers receive from healthcare providers should focus on the individualized concerns that adolescent mothers express. These could potentially lead to problems associated with breastfeeding. The aim of this study is to review the evidence of what is known about why adolescent mothers cease breastfeeding before the recommended six months duration and to identify the means of support that is needed to continue breastfeeding.

### **Methodology**

Systematic reviews of the literature were conducted to determine why adolescent mothers do not breastfeed for at least the first six months and to examine supportive interventions on how healthcare providers can better promote adolescent mother breastfeeding. The database, CINAHL Plus, was used to conduct this systematic review. The studies included in this systematic review consisted of qualitative, quantitative, a retrospective chart review and preliminary studies. This systematic review included studies from 2010 to 2019 because of limited results done in a 5-year search from 2014 to 2019. A Boolean search was used with the keywords adolescent, breastfeeding, interventions, experiences, barriers, behaviors, challenges, support, education, initiating, knowledge, self-efficacy and early weaning of breastfeeding. The target population of this systematic review included adolescent mothers, infants, and healthcare providers.

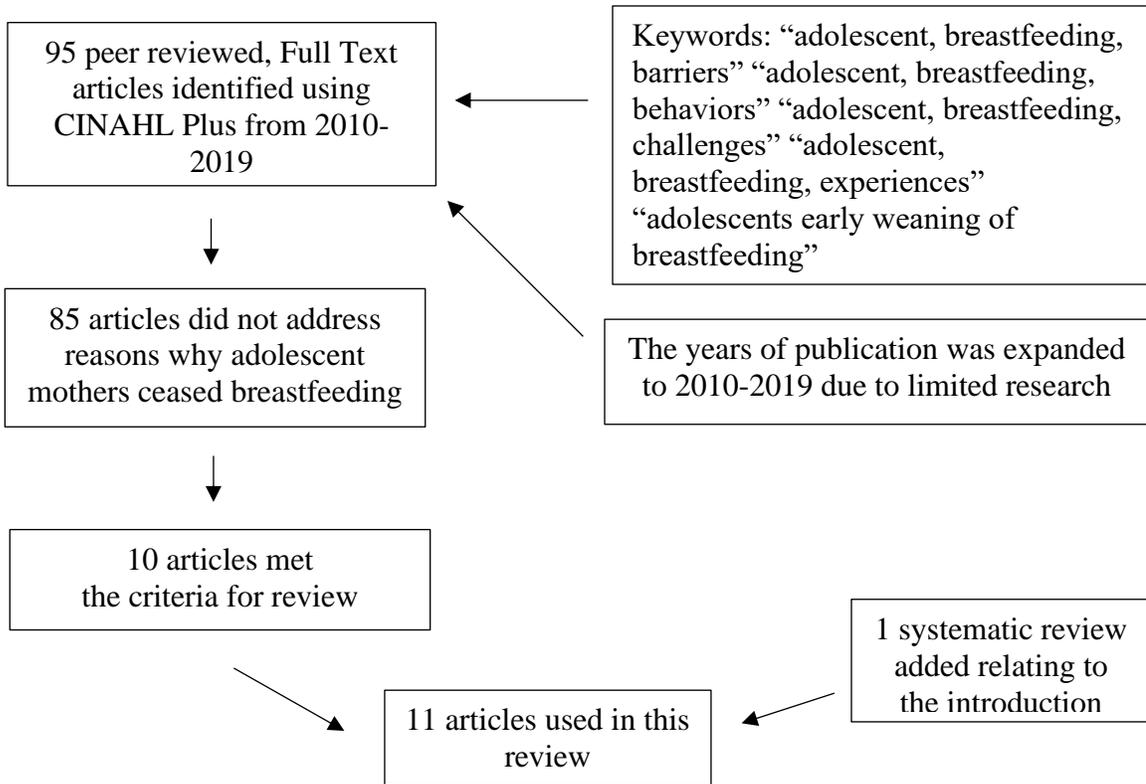
**Figure 1 Journal Article Identification: Why Adolescent Mothers Cease****Breastfeeding**

Figure 1 shows how the articles included in this systematic review were identified. Boolean methodology was applied when the keywords were entered as search terms in CINAHL Plus. The criteria for the articles yielded included peer-reviewed, full text articles. Collectively, the keywords that were used in the Boolean search yielded 95 peer reviewed, full text articles in total. There were 85 articles from the Boolean search that did not address why adolescent mothers ceased breastfeeding. There were 10 articles from the Boolean search that addressed why adolescent mothers ceased breastfeeding, which were then used in this systematic review. An additional article, which consisted of a systematic review of the benefits of breastfeeding was included to be used in the

introduction of this systematic review. In total, there were 11 articles that were used to address the overall reason why adolescent mothers cease breastfeeding before six months.

**Figure 2 Journal Article Identification: Social Support Interventions**

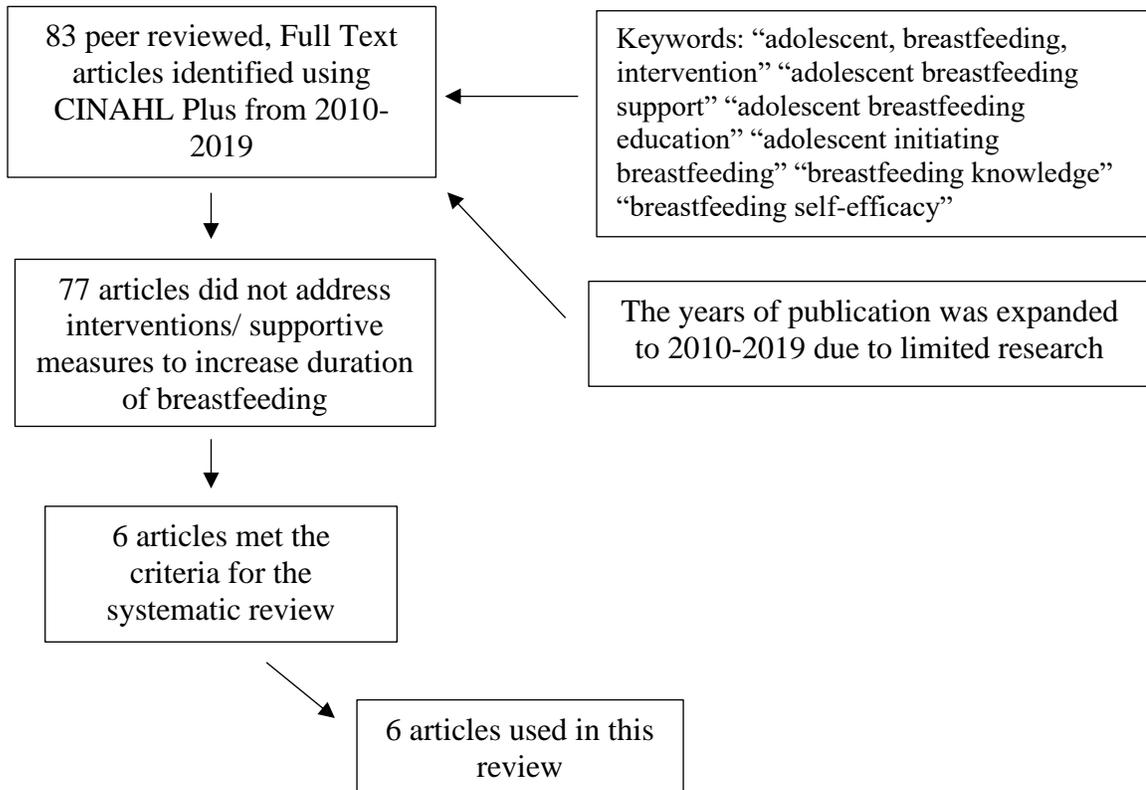


Figure 2 shows how the articles pertaining to the social support interventions in breastfeeding adolescent mothers were identified. A Boolean search, including the keywords listed above, was conducted using the database CINAHL Plus. The criteria for the articles to be included in this study were peer-reviewed, full text articles. In total, the Boolean search yielded 83 peer reviewed, full text articles. There were 77 articles that did not address intervention/supportive measures to increase the duration of breastfeeding. There were 6 articles from the Boolean search that addressed interventions/supportive measures to increase the duration of breastfeeding, which were then used in this

systematic review. Overall, there were a total of 17 articles used within this systematic review.

## **Results**

### **Reasons why Adolescent Mothers Cease Breastfeeding**

Two major themes were identified within the articles that were studied regarding why adolescent mothers cease breastfeeding before the recommended duration. The findings of each article were examined individually and then compared with one another. Similar findings were grouped together, which then led to the discovery of the two major themes within this review. The themes are intrinsic and extrinsic reasons why adolescent mothers cease breastfeeding. Intrinsic reasons for ceasing breastfeeding are those that are personal and unique to the adolescent. Outside influences, also known as extrinsic reasons, contribute to the cessation of breastfeeding among this population of mothers, as well.

#### **Intrinsic Reasons**

Adolescent mothers stop breastfeeding due to a variety of intrinsic reasons. These intrinsic reasons resonate from within the adolescent mother. These reasons include having complications related to breastfeeding, reduced milk production, viewing breastfeeding as an inconvenience, supplementation of other foods, and poor breastfeeding skills. This systematic review shows that the most common finding for ceasing breastfeeding among this population of mothers is due to having a painful experience. Similarly, many mothers in this population also discontinue breastfeeding due to having complications, difficulties with latching, sucking, nipple leakage, breast engorgement and other breast problems. Many mothers had an unpleasant experience

with breastfeeding as problems such as pain and leaking, created many challenges for these mothers as they were unable to manage these issues (Hall et al, 2012).

Some mothers felt as if their breast milk alone was not enough to satisfy their baby, while others felt as if they were not producing enough milk to feed their infant (Tucker et al, 2011). These beliefs and feelings were causes of breastfeeding cessation in these adolescent mothers. One of the most common reasons for ceasing breastfeeding among adolescent mothers in this study was due to the lack of milk production (Clark and Price, 2018). This was also a similar finding of Cota-Robles et al (2017), as one of the top three reasons why adolescent mothers stopped breastfeeding within each time frame in this study. Some adolescent mothers also had a delayed milk supply which was a barrier to breastfeeding (Woods et al, 2013).

Another barrier to breastfeeding among adolescent mothers was the view that breastfeeding was an inconvenience. The time commitment of breastfeeding was seen as a common issue for adolescent mothers, which is why many ceased breastfeeding due to this reason. Many of the adolescent mothers felt like breastfeeding limited their ability to do things that they wanted to do. Adolescent mothers felt as if breastfeeding caused them to have a lack of freedom. One participant stated that she was not able to go anywhere, since breastfeeding required her to only stay home. She also mentioned that she would rather go out than to have to be worried about when her baby is hungry (Nuampa et al, 2018). Other mothers wanted the freedom of being able to leave their baby for a couple hours at a time, which is why they decided to stop breastfeeding (Cota-Robles et al, 2017). Several adolescent mothers described feeling like they were “trapped” or “stuck” because their ability to do things that they were able to do prior to being pregnant was

limited, while others felt like they were not able to do the things that they had to do (Nesbitt et al, 2012). Many adolescent mothers found that breastfeeding was an inconvenience as it takes too long to fit into one's busy schedule (Woods et al, 2013). The time commitment accompanied with breastfeeding and the feeling of being trapped were determining factors for some adolescent mothers to stop breastfeeding.

The physical challenges of breastfeeding create motivation for adolescent mother to use supplements resulting in the cessation of breastfeeding. Some mothers began to experiment with formula supplementation due to their exhaustion from breastfeeding (Nesbitt et al, 2012). After the introduction of the bottle, some adolescent mothers combined breastfeeding and formula feeding, while for other mothers it led to the complete cessation of breastfeeding (Nesbitt et al, 2012). Another factor that influenced early weaning among this population was that adolescent mothers decided to supplement breast milk with the introduction of other foods. One mother justified this decision by stating that she gave her 3-month-old infant mashed food because the infant cried a lot (Andrade et al, 2016).

Some adolescent mothers had poor breastfeeding skills which also lead to the cessation of breastfeeding. Many have reported problems with technique or latching on as a barrier to breastfeeding (Woods et al, 2013). During follow up, one teen stated that she wished she knew more about the hardships of breastfeeding and more information on how to continue breastfeeding without stopping out of aggravation (Hall et al, 2012). Many adolescent mothers specified that they did not have the proper knowledge or skills to resolve the complications associated with breastfeeding (Hall et al, 2012). This lack of knowledge/skills hindered their continuation of breastfeeding.

### **Extrinsic Reasons**

To continue breastfeeding adolescent mothers must overcome outside influences, known as extrinsic reasons. These reasons include the adolescent returning to work/school, lack of detail and support from health care providers, recommendations from family to cease breastfeeding, and fear of being scrutinized. One of the contributing factors of early weaning among this population is if the adolescent is still a student, since it causes them to spend a lot of time away from their homes and limits their ability to breastfeed (Andrade et al, 2016). Balancing school and breastfeeding while also being a new mother is a difficult task for this population. One participant stated that she quit breastfeeding when she went back to school, as it would have been really hard for her to continue breastfeeding (Tucker et al, 2011). The adolescent being employed also led to early cessation of breastfeeding. Lack of workplace support for breastfeeding made it difficult for adolescents to pump while at work, which caused these mothers to experience early weaning, a reduction in their milk supply and pain due to breast engorgement (Nuampa el at, 2018).

Lack of detail and support from primary care providers was identified as another barrier to breastfeeding among these participants (Woods et al, 2013). This population may highly rely on others for help and information on caring for an infant. Healthcare providers play a big role in ensuring that adolescent mothers have the necessary skills and knowledge to care for their infants, as well as providing education regarding breastfeeding to these new mothers. Unfortunately, this is not always the case, as some adolescent mothers lacked support from healthcare providers, which eventually led them to stop breastfeeding. Healthcare providers were not as helpful as they made statements

that caused two teens to believe that formula was better than breastmilk for their babies (Hall et al, 2012). These recommendations by healthcare providers to introduce formula led to the cessation of breastfeeding in these adolescents. Similarly, adolescents who had a short duration of breastfeeding and breastfeeding problems had also expressed that they had a lack of support from nurses to breastfeed (Nuampa et al, 2018). It is evident that healthcare providers play a role in the continuation of breastfeeding among this population.

Healthcare providers were not the only people who influenced the adolescent's decision to implement other foods. Several adolescents were also influenced by people in their personal lives to stop breastfeeding. Parents of the adolescent mother might assume that they will take the role of being the primary caretaker for the infant, which means that they may support formula feeding in order to allow their daughter to not have any breastfeeding responsibilities while she continues her education (Godbout et al, 2016). A participant stated that her mother told her that it was time for her to stop breastfeeding as she had already breastfed for four months (Andrade et al, 2016). Some adolescents also received suggestions from their family members to add water, formula milk and supplementary foods (Nuampa et al, 2018). These recommendations limited these adolescents' infants from receiving the full benefits of breastfeeding for at least six months.

One of the reasons why some adolescent mothers stopped breastfeeding was because they did not want to breastfeed in public (Cota- Robles et al, 2017). Similarly, adolescent mothers felt that breastfeeding in public would create another possibility of being scrutinized, as they already felt judged by others in society (Nesbitt et al, 2012).

Those adolescent mothers who viewed breastfeeding as embarrassing and not a social norm had an estimated breastfeeding duration of about one month (Nuampa et al, 2018). Many participants reported that an environmental barrier of breastfeeding was the idea of breastfeeding in public (Woods et al, 2013). The infants of these adolescent mothers missed out on the beneficial factors of breastfeeding because their mothers were not comfortable with the idea of breastfeeding in public.

### **Social Support Interventions to Increase Duration of Adolescent Breastfeeding**

The support needs of adolescent mothers when initiating breastfeeding was explored using House's theory of social support. This theory includes four dimensions: informational, instrumental, emotional, and appraisal support (Pentecost et al, 2014). The work of Sarafino added an additional dimension of social support, known as network support (Grassley, 2010).

Five major themes were identified in the articles that were examined concerning the interventions/supportive measures healthcare providers use to increase the duration of adolescent breastfeeding. Authors spoke of the dimension of social support theory from which the major themes of this review were constructed. The themes are informational, instrumental, emotional, appraisal, and network support.

#### **Informational Support**

Informational support is the first dimension of the social support theory (Pentecost et al, 2014). When assisting adolescent mothers with breastfeeding, researchers have identified informational support as an important aspect (Grassley, 2010). This is due to the fact that adolescents tend to have limited knowledge of breastfeeding, because they are introduced to it at such a young age. According to Grassley (2010),

informational support includes providing information, suggestions, directives, or advice about breastfeeding. Providing information to adolescent mothers is imperative so that they can obtain the greatest benefits from breastfeeding. Adolescent mothers expressed that they wanted nurses to offer “current, correct, and consistent information about breastfeeding” (Grassley, 2010). Adolescent mothers specifically wanted clear information solely on the benefits of breastfeeding. For example, breastfeeding is known to increase maternal-infant bonding, as well as decrease the risk of postpartum depression. In turn, this creates a safer and more loving family which is important for the adolescent population, who compared with older mothers, have shown higher rates of postpartum depression (Sipsma et al, 2015). In addition, it was also found that the majority of the adolescent mothers valued nurses who “first asked me what I knew about breastfeeding when talking to me about it” (Pentecost et al, 2014).

Research has also been conducted on the difficulties adolescent mothers have in accessing informational support (Grassley, 2010). It was indicated that they had difficulty getting information from the nurses, stating that “information was given only upon request or was difficult to access, even when they requested it” (Grassley, 2010). Furthermore, some of the adolescent mothers found inconsistent information to be frustrating, especially when patients have different nurses and advice is inconsistent. To support the adolescent mothers’ informational needs, health care professionals should take time in explaining breastfeeding, answering any of the patient’s questions, and providing consistent information throughout the postpartum period.

The mother’s informational knowledge and attitude regarding breastfeeding plays a crucial role in successful breastfeeding of the newborn baby (Devi, 2016). Adolescents,

however, have common misinterpretations about breastfeeding, which is due to limited knowledge and reduced exposure. Devi (2016), conducted a study to assess the knowledge towards breastfeeding among adolescent girls. It identified knowledge gaps from the pretest to posttest following the administration of the teaching program. The test questions centered on breastfeeding and feeding practices, colostrum, advantages of breastfeeding, breastfeeding and weaning, breastfeeding and dietary practices, and breastfeeding diseases. Once the adolescents finished the pretest, a day teaching program was carried out through a lecture cum discussion method with the use of an LCD slide show. The comparison between the pre and post test showed that mean knowledge increased from 19.47 at pretest to 30.59 at posttest with an increase of 11.12 or 57.11% (Devi, 2016). These results indicate that the teaching program had a positive impact by increasing the knowledge of adolescent girls regarding breastfeeding.

### **Instrumental Support**

Instrumental support is the second dimension of the social support theory. This dimension of support consists of providing assistance, including offering time and helping with physical tasks (Pentecost et al, 2014). Adolescent mothers learn to breastfeed in the early postpartum, making instrumental support an essential component for new breastfeeding mothers. “Let me do it” encompasses the essence of instrumental support (Pentecost et al, 2014). Healthcare providers provide support by instructing the mother and giving them confidence to do things themselves. For example, a major barrier to breastfeeding is that adolescent mothers believe that it can be painful. Healthcare providers can alleviate their fear that breastfeeding is painful by assisting them with correctly positioning and latching their newborns (Grassley, 2010). The participants in

the study, conducted by Pentecost et al (2014), verbalized that the nurse showed them ways to keep the baby awake and calm, different ways to position the baby to comfortably breastfeed, and how to hold, latch, and position the baby correctly. Being able to work under the nurse's guidance was what the participants valued when initiating breastfeeding.

Healthcare providers can also provide instrumental support over the phone. Although this method is not hands on, it still provides assistance for a mother's concern. An example is seen when a nurse answers a 24-hour Child Health Line. The nurse instilled the characteristics of teamwork when discussing how to manage an infant's feeding and sleeping routine with a mother. The nurse asked, "if she wakes up in a few hours' time, have you got some strategies that you could use rather than going straight to the feeding?" (Gallegos et al 2018). The mother responded to the nurse saying that her baby likes laying on her belly. As a result, the nurse encouraged the mother to contribute to find a solution that addresses her concern.

### **Emotional Support**

The third dimension in the social support theory is emotional support. Behaviors that encompass this dimension and should be conveyed to the adolescent mother include empathy, trust, and concern. According to Grassley (2010), "Researchers reported that most adolescents experienced some problems initiating breastfeeding and benefited from having someone take the time to listen to their concerns." The key elements of emotional support include providing privacy, remaining patience and calm, and showing respect when providing care and teaching to adolescent mothers (Pentecost et al, 2014).

As healthcare providers are preparing to teach about breastfeeding, they should be aware of the developmental and social differences between adolescent mothers and adult mothers that require emotional support. Younger mothers have to balance the struggles associated with being an adolescent, such as self-esteem and self-image issues, as well as becoming a new mother. In the case of an adolescent's self-image issues, healthcare providers can explain to adolescent mothers that a benefit of increased breastfeeding is that it makes it easier to return to pre-pregnancy weight (Sipsma et al, 2015).

Adolescents, also, may feel embarrassed about breastfeeding in front of others.

Healthcare providers can address these concerns by guarding the mothers privacy when breastfeeding and asking the mothers' permission before touching them to assist with breastfeeding (Pentecost et al, 2014).

Emotional support is not addressed when healthcare providers lack empathy and are more judgmental toward adolescent mothers. This type of non-therapeutic experience can leave mothers feeling as if they are not fulfilling their duties as a good mother, which in turn, leads them to consider ceasing breastfeeding. Gallegos et al (2018) identified two characteristics of support that fails to support breastfeeding self-efficacy, including Laissez-Faire Affirmation and Formulaic Support. Laissez-Faire Affirmation is classified as providing "superficial, glib, or vague affirmation, and doing little to encourage mothers, despite the mother probing for elaboration" (Gallegos et al, 2018). An example can be seen when a nurse responds to a mother who was having difficulty breastfeeding by saying, "you just keep doing whatever they told you to do when you left the hospital, and everything will be fine" (Gallegos et al, 2018). This response fails to address the primary concern, which is the mother's emotions toward having difficulty breastfeeding.

The Formulaic Support, also known as pragmatic problem solving, is another characteristic that fails to build self-efficacy (Gallegos et al, 2018). This approach is formulaic in content and mainly infant-centered; it disregards the mother's emotional concerns in favor of medical-oriented issues. This characteristic is demonstrated when the nurse first answers a Child Health Line and states, "Hi how are you? Well you are miserable obviously" (Gallegos et al, 2018). This response does not support or aid in the mother's emotional concerns.

### **Appraisal Support**

Appraisal support, also known as esteem support, is the fourth dimension in the social support theory. It consists of providing the adolescent mother with encouragement and praising their efforts to breastfeed, which in turn, will help them build their confidence to successfully breastfeed. Healthcare providers can implement appraisal support into their daily routine by having interactions that are mother-centered and acknowledging the concerns expressed from the mother, which was found to advance self-efficacy (Gallegos et al, 2018). For example, one of the mothers was concerned about the number of wet nappies the infant had had, to assure that the mother had sufficient milk supply. The nurse responded with credible affirmation when she said, "Ok, then that's fine!... Those [wet and soiled nappies] are all good indications that he's getting, sort of enough milk from you, ok?" (Gallegos et al, 2018). The nurse addressed the concern, provided affirmation and gave feedback to the mother. Overall, esteem support was identified to be most helpful and hearing verbal praise from others is crucial to adolescent mothers' decision to continue breastfeeding (Grassley, 2010).

### **Network Support**

Network support is defined as helping to activate and maintain relationships with peers and significant others who can support breastfeeding (Grassley, 2010). The relationships can be from informal (partners, family, and friends) or formal (healthcare providers) networks. Parents of adolescent mothers play a crucial role in the continuance of breastfeeding. Research has shown that participants who breastfeed longer than three months described that the encouragement they received from their parents contributed to them continuing breastfeeding. (Grassley, 2010).

On the contrary, network support has its challenges. There are factors associated with the early abandonment of exclusive breastfeeding. One of these factors is having a negative familial influence (Dias et al 2014). Research has shown that the maternal grandmother actively participates in the decisions related to feeding the infant. The maternal grandmother will often relate back to her experience and display her personal opinions about breastfeeding, which may aid or hamper the process. Dias et al (2014) conducted a study to evaluate the efficacy of breastfeeding counseling sessions with adolescent mothers and their mothers in hopes of preventing the early abandonment of exclusive breastfeeding. Before the study, the median duration of exclusive breastfeeding in Brazil was 54 days. The intervention increased the duration of exclusive breastfeeding by 67 days in the group of adolescent mothers not living with their mothers with intervention versus 36 days without intervention (Dias et al 2014). Furthermore, the group of adolescent mothers living with their mothers increased the duration of exclusive breastfeeding by 46 days with intervention versus 43 days without intervention (Dias et al 2014). These results show that counseling sessions with adolescent mothers during the

first 4 months can increase the duration of exclusive breastfeeding by more than 2 months. This information is significant because with the increase in duration of exclusive breastfeeding, children are more protected against diseases and death, which is prevalent in this age group.

Adolescent mothers also need access to formal healthcare networks. Healthcare professionals can provide support by examining the adolescent mother's perceptions of the support she expects to receive from her social network. Grassley (2010) assessed a study that reviewed the effect of a "breastfeeding guardian." A "breastfeeding guardian" is a midwife assigned to individual adolescent mothers to have as an aid for breastfeeding support. It gives the adolescent mother someone they could turn to when they needed support. Another study, conducted by Gallegos et al (2018), aimed to identify if a telephone helpline was effective in providing support to breastfeeding mothers. Data was collected by means of telephone conversations between nurses and callers accessing the Child Health Line, which is a 24-hour telephone support resource that provides parenting advice and information. This shows that formal network support can be provided in person and over the phone, which makes more options for support available to the adolescent mother.

### **Discussion**

Adolescent mothers go through a lot of different changes, such as dealing with the physical changes that occur during and after pregnancy which may affect the adolescent's self-esteem. Aside from just the physical changes that they go through, adolescent mothers also have to meet the needs of their newborn while taking on adult responsibilities as an adolescent. This new chapter in their lives may be extremely overwhelming due to the changes that occur in the adolescent's life during this time. Social support plays a vital role in the adolescent mothers' decisions to continue breastfeeding. For adolescent mothers to continue breastfeeding, they need continued support after being discharged from the hospital.

The five types of support in the social support theory can be used to help adolescent mothers deal with the intrinsic and extrinsic factors that lead to breastfeeding cessation. Healthcare providers need to be aware of the intrinsic and extrinsic factors that lead to breastfeeding cessation, in order to utilize the appropriate type of support that will aid in resolving any problems expressed by the adolescent mother. Using the five types of social support leads to a longer duration of breastfeeding, as well as provides the adolescent mother and infant with the benefits that accompany exclusive breastfeeding. Table 1 provides an overview of the type of support that should be utilized when resolving the intrinsic and extrinsic reasons that lead to breastfeeding cessation.

**Figure 3: Matching Intrinsic and Extrinsic Reasons to Supportive Measures**

Social Support					
	Informational	Instrumental	Emotional	Appraisal	Network
<b>Intrinsic Reasons</b>					
1. Complications	X			X	
2. Reduced Milk Production	X			X	
3. Inconvenience			X	X	
4. Supplementation	X			X	
5. Poor breastfeeding Skills		X		X	
<b>Extrinsic Reasons</b>					
1. Returning to school/work				X	X
2. Lack of detail/support from HCP				X	X
3. Recommendation from family				X	X
4. Did not want to breastfeed in public			X	X	

Adolescent mothers face a variety of difficulties within themselves, also known as intrinsic factors, which may not always be seen by others. For this reason, it is especially important that adolescents receive continued support for breastfeeding during and after discharge from the hospital, to aid in the continuation of breastfeeding. Intrinsic challenges that led adolescent mothers to discontinue breastfeeding included having a

painful breastfeeding experience, as these mothers struggled with sucking, latching, breast engorgement, nipple leakage and were unable to manage these breastfeeding complications. In addition, having a delayed milk supply, lack of milk production, and belief that breast milk alone was not enough to satisfy their infant's needs, also contributed to the cessation of breastfeeding. Early weaning of breastfeeding was also due to the introduction of supplementing milk and other foods into their infant's feeding, due to breastfeeding exhaustion and excessive infant crying. These specific breastfeeding challenges can be addressed with continued breastfeeding among adolescent mothers, utilizing the type of social support known as informational support. Fulfillment of informational support is done by healthcare providers and includes offering suggestions, directives, advice or information. This type of support is essential so that the mother and infant obtain the greatest benefits from breastfeeding.

Lack of breastfeeding skills led to the cessation of breastfeeding among adolescent mothers. Many adolescent mothers had problems with breastfeeding techniques and getting the infant to latch onto the breast. This type of intrinsic breastfeeding challenge can be addressed using instrumental support by healthcare providers. Instrumental support implies hands on assistance from healthcare providers. In the early postpartum period, adolescent mothers are learning how to breastfeed, making instrumental support an essential component in caring for this population. Viewing breastfeeding as an inconvenience was a great challenge that caused many adolescent mothers to cease breastfeeding. Adolescent mothers described feeling that breastfeeding led them to have a lack of freedom or made them feel as if they were "trapped," because they could not leave their infants to do things that they wanted to. Healthcare providers

may address this challenge by implementing emotional support while providing care to adolescent mothers. Application of emotional support in patient care, involves conveying behaviors including empathy, trust, and concern. A lack of emotional support from healthcare providers can have adolescent mothers feel as if their feelings do not matter, which can lead to breastfeeding cessation.

Aside from encountering intrinsic challenges with breastfeeding, adolescent mothers also face outside influences, known as extrinsic factors, that contribute to their cessation of breastfeeding. Healthcare providers and important figures in the adolescent's personal life are the people in which adolescent mothers look to for guidance and support. Despite the need for continued support, adolescent mothers are being neglected of influential support from the people around them. These people, unfortunately, do not always provide the adolescent with the support and guidance that they need, or are seeking out to continue breastfeeding. In turn, undesired support leads to the discontinuation of breastfeeding among adolescent mothers. The reality of the adolescent returning to school and work also leads to the discontinuation of breastfeeding, as the responsibilities of these roles may not allow the adolescent to breastfeed or pump on demand. To address challenges associated with outside influences, healthcare providers should include network support into their daily care of adolescent mothers. Network support involves receiving support from informal (partners, family, and friends) and formal (healthcare providers) networks. To build network support, healthcare providers can assist adolescent mothers in developing relationships with peers or significant others who can support breastfeeding (Grassley, 2010). Adolescent mothers may have conflicts with their significant other or family members, making it difficult to have people to

support her while she is breastfeeding. Peers may offer ineffective support if they have limited knowledge and exposure to breastfeeding.

Adolescent mothers also have to deal with societal views while adjusting to their new responsibilities as a mother. The societal norm is breastfeeding, yet for this population it is not an easy task. The stigma of breastfeeding in public, plus the stigma of being an adolescent mother creates challenges as the adolescent feels as if they are being scrutinized. Adolescent mothers also need a lot of support to help them gain confidence and motivation to continue breastfeeding. To support adolescent mothers in dealing with societal views on adolescent public breastfeeding, healthcare providers should combine both emotional and appraisal support when providing care. The combination of these two types of support will convey empathy to the adolescent mothers' concerns, as well as provide confidence to breastfeed in public.

These intrinsic and extrinsic breastfeeding challenges are a lot for an adolescent to go through considering their stage of growth and development. These personal challenges affect the adolescent mothers' decision to continue breastfeeding because they may believe that ceasing breastfeeding is the only option to resolve these issues. Healthcare providers play a crucial role in implementing the proper support adolescent mothers need to continue breastfeeding. Esteem/appraisal support is one of the most vital forms of support, as it was said that hearing verbal praise was crucial to adolescent mother's decision to continue breastfeeding (Grassley, 2010). Esteem support is an important intervention that should be included when addressing all intrinsic and extrinsic challenges that are associated with the cessation of breastfeeding in adolescent mothers. Adolescent mothers are dealing with the developmental changes that occur at this age, as well as the

challenges of being a new mother. Hearing verbal support from healthcare providers can boost their confidence, which can lead to a longer duration of breastfeeding.

### **Application of Evidence to Enhance Nursing Practice**

Given that adolescent mothers cease breastfeeding before the recommended duration of time, infants are at a higher risk of not receiving the optimal nutrition that improves health outcomes. Due to the growing number of adolescent mothers, infants have a greater possibility of not acquiring the advantages seen only with exclusive breastfeeding. By healthcare providers aligning the intrinsic and extrinsic factors with the proper type of support can provide more consistent interactions when new mothers have to work with multiple healthcare providers during the postpartum period when so much information is provided. By promoting exclusive breastfeeding education and support to this population, both mother and infant will profit from the long-term benefits that accompany breastfeeding.

### **Limitations**

An overall limitation of this systematic review is that there was limited current research on this topic. Due to this reason, the years of publication of the articles had to be expanded. In addition, due to the limited research this systematic review looks at factors of breastfeeding cessation of adolescents around the world rather than a specific region. Lastly, the articles included in this systematic review also included their individual limitations within their study.

### **Conclusion**

The findings of this systematic review have shown that the factors that contribute to the cessation of breastfeeding in adolescent mothers, can be viewed as either intrinsic or extrinsic factors. The distinction of these factors provides health care workers the opportunity to develop interventions to meet two different aspects of an adolescent's life as a new mother. A focus on only the intrinsic factors may not provide the support that is needed by this patient population. In order to increase breastfeeding rates among this population, both aspects of these factors must be focused on as they both influence the adolescent's decision to cease breastfeeding. In addition, the findings of this systematic review also demonstrated the effectiveness of the social support theory when used for caring for adolescent mothers who are breastfeeding. The social support theory can be used as a guide for healthcare providers to address both intrinsic and extrinsic factors that lead to the cessation of breastfeeding, in hopes to increase the breastfeeding duration in this population.

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