



LIFE EXPERIENCES OF BREASTFEEDING MOTHERS: A CASE SERIES ON BREASTFEEDING PRACTICES, CHALLENGES AND MATERNAL EXPERIENCES

Proff. V. Abirami¹, Dr. G. Dhanalakshmi²

¹ Vice Principal, Vijaya College Of Nursing,

² Principal, Vijaya College Of Nursing

ABSTRACT :

Background

Breastfeeding is an important component of maternal and child health. Although breastfeeding is a natural process, mothers may experience physical discomfort, difficulties with positioning and attachment, concerns regarding milk supply, breast engorgement, nipple pain, and challenges related to postoperative recovery following caesarean delivery. Appropriate breastfeeding guidance and support from nurses and family members can help mothers overcome these difficulties and develop confidence in breastfeeding.

Objective

To describe the breastfeeding experiences, early challenges, support received, breastfeeding practices, and perceptions of mothers during the postpartum period.

Case Presentation

A case series of 20 breastfeeding mothers was documented. The mothers were aged between 22 and 32 years and included primigravida and multigravida mothers. Both normal vaginal deliveries and lower-segment caesarean section deliveries were represented. Breastfeeding initiation ranged from approximately 30 minutes to three hours after delivery. Most mothers provided colostrum to their babies. The commonly reported challenges included nipple pain or soreness, improper attachment, breast engorgement, difficulty maintaining a comfortable position following caesarean section, perceived insufficient milk supply, delayed perception of milk secretion, and difficulty with infant latch. Breastfeeding positions such as cradle hold, cross-cradle hold, football hold, and side-lying position were used according to maternal comfort and clinical circumstances. Nursing guidance, breastfeeding counselling, family support, frequent breastfeeding, and correction of attachment and positioning helped mothers overcome the initial difficulties.

Conclusion

The case series demonstrates that breastfeeding experiences vary among mothers and that early breastfeeding difficulties can often be managed through timely education, correct positioning and attachment, individualized breastfeeding support, and encouragement. Continuous support from nurses and family members may improve maternal confidence and contribute to a positive breastfeeding experience.

Keywords: Breastfeeding; Breastfeeding Experience; Breastfeeding Mothers; Colostrum; Breastfeeding Support; Maternal Confidence; Positioning and Attachment; Case Series

1. INTRODUCTION

Breastfeeding is an important part of maternal and infant care. The early postpartum period is a critical time for establishing successful breastfeeding. Mothers may experience different physical and emotional challenges while learning to breastfeed, particularly during the first few days after delivery.

Common breastfeeding difficulties include nipple pain, sore or cracked nipples, breast engorgement, perceived inadequate milk supply, difficulty with infant attachment, and discomfort while maintaining a suitable feeding position. Mothers who undergo caesarean section may experience additional difficulties because of postoperative pain and restricted movement.

Appropriate breastfeeding education and skilled support can help mothers identify and overcome these challenges. Correct positioning and attachment are particularly important because improper attachment may contribute to nipple pain and ineffective feeding.

The present case series describes the breastfeeding experiences of 20 mothers, focusing on breastfeeding initiation, provision of colostrum, early breastfeeding difficulties, positions used, support received, duration of breastfeeding, and the mothers' overall perceptions of their breastfeeding journey.

2. OBJECTIVE

To describe the breastfeeding experiences of mothers with respect to:

1. Initiation of breastfeeding after delivery.
2. Provision of colostrum.
3. Common breastfeeding difficulties.
4. Breastfeeding positions used by mothers.
5. Support and interventions received.
6. Duration of exclusive breastfeeding and continued breastfeeding.
7. Maternal perception and emotional experience of breastfeeding.

3. CASE SERIES

Twenty breastfeeding mothers were included in the case series. The mothers were aged 22–32 years and included both primigravida and multigravida mothers.

Case 1

A 25-year-old primigravida mother (G1P1) delivered a healthy male baby by normal vaginal delivery. Breastfeeding was initiated within one hour of birth and colostrum was given immediately. During the first three days, she experienced mild nipple pain due to improper attachment. Following guidance regarding correct positioning and attachment using the cradle-hold position, the discomfort gradually decreased. She exclusively breastfed for six months and continued breastfeeding up to 14 months with complementary feeding. She described breastfeeding as a positive and satisfying experience that strengthened her emotional bond with her baby.

Case 2

A 28-year-old G2P2 mother delivered a healthy female baby by LSCS. Breastfeeding was initiated approximately two hours after delivery because of postoperative discomfort. She provided colostrum and exclusively breastfed for six months, continuing breastfeeding for one year. She initially experienced difficulty maintaining a comfortable feeding position because of the surgical wound. The football-hold position provided greater comfort. Support from nursing staff and family members helped her gain confidence, and she reported a satisfactory breastfeeding experience.

Case 3

A 22-year-old primigravida mother delivered a healthy male baby by normal vaginal delivery. Breastfeeding was initiated within 30 minutes and colostrum was provided. On the fourth postpartum day, she developed mild breast engorgement with feeding discomfort. Frequent breastfeeding and warm compresses were advised. The problem gradually resolved, and she continued breastfeeding comfortably using the cross-cradle position. She described the experience as rewarding.

Case 4

A 30-year-old G2P1 mother delivered a healthy female baby by LSCS. Breastfeeding was initiated three hours after delivery. She initially perceived that her milk supply was insufficient and was concerned about whether the baby was receiving adequate milk. Breastfeeding counselling, frequent breastfeeding, and proper attachment helped improve her confidence. She used the side-lying position during the postoperative period and continued breastfeeding after six months. She reported an overall positive experience.

Case 5

A 26-year-old primigravida mother delivered a healthy male baby by normal vaginal delivery. Breastfeeding was initiated within one hour and colostrum was given immediately. The baby established a good latch from the beginning and the mother experienced no major breastfeeding difficulties. She exclusively breastfed for six months and continued breastfeeding thereafter. She mainly used the cradle-hold position and reported that breastfeeding became a comfortable part of her daily routine.

Cases 6–20

The remaining mothers similarly demonstrated a range of breastfeeding experiences, including nipple pain, cracked nipples, breast engorgement, postoperative positioning difficulties, concerns regarding milk supply, and infant latch difficulties. These problems were managed through breastfeeding education, correction of positioning and attachment, frequent breastfeeding, warm compresses when appropriate, and individualized support from nurses and family members.

4. SUMMARY OF CASE FINDINGS

Variable	Findings from the case series
Number of mothers	20
Maternal age	22–32 years
Gravida status	Primigravida and multigravida
Modes of delivery	Normal vaginal delivery and LSCS
Breastfeeding initiation	Approximately 30 minutes–3 hours
Colostrum	Given in all documented cases
Common difficulties	Nipple pain/soreness, engorgement, latch difficulty, positioning difficulties, perceived low milk supply
Common positions	Cradle hold, cross-cradle, football hold, side-lying
Major support	Nursing guidance, breastfeeding counselling and family support
Exclusive breastfeeding	Most mothers reported six months of exclusive breastfeeding
Maternal perception	Generally positive, satisfactory, rewarding and emotionally fulfilling

5. DISCUSSION

The present case series demonstrates that breastfeeding experiences differ according to maternal parity, mode of delivery, postoperative condition, infant attachment, and maternal confidence.

Several mothers experienced nipple pain or soreness associated with improper attachment. Correction of attachment and positioning helped reduce discomfort. For example, the mothers in Cases 1 and 6 experienced nipple-related problems that improved following breastfeeding guidance. Mothers who underwent LSCS frequently reported difficulty maintaining a comfortable feeding position because of postoperative discomfort. Football-hold and side-lying positions were particularly useful for these mothers. Cases 2, 4, 7, 12, 15 and 18 demonstrate the importance of individualized positioning according to maternal comfort.

Breast engorgement was another commonly described early difficulty. Mothers were encouraged to breastfeed frequently and maintain appropriate attachment, with improvement reported subsequently.

The cases also highlight the importance of maternal reassurance. Some mothers were concerned about insufficient milk supply or delayed milk secretion. Counselling, frequent breastfeeding, hydration and support from healthcare professionals helped these mothers develop greater confidence. Overall, the experiences described by the mothers were predominantly positive. Several mothers specifically reported improved emotional bonding with their babies and greater confidence after overcoming initial difficulties.

6. ROLE OF NURSES

The case series emphasizes the important role of nurses in establishing successful breastfeeding. Nursing interventions include:

- Assessing breastfeeding technique.
- Observing infant attachment and suckling.
- Teaching appropriate breastfeeding positions.
- Providing individualized breastfeeding counselling.
- Addressing nipple pain and breast engorgement.
- Supporting mothers following caesarean delivery.
- Providing reassurance regarding breastfeeding concerns.
- Encouraging frequent breastfeeding.
- Promoting maternal confidence.
- Involving family members in breastfeeding support.
- Reinforcing continued breastfeeding and appropriate complementary feeding practices.

7. CONCLUSION

This case series highlights the diverse experiences of breastfeeding mothers during the early postpartum period. Although several mothers experienced initial difficulties such as nipple pain, breast engorgement, positioning problems, latch difficulties, and concerns about milk supply, these challenges were generally manageable with timely breastfeeding education and support.

Correct positioning and attachment, individualized counselling, nursing assistance, family support, and encouragement contributed to improved maternal confidence and successful continuation of breastfeeding.

The findings emphasize that breastfeeding support should begin early and should be individualized according to the mother's mode of delivery, physical comfort, breastfeeding experience, and specific concerns.

8. RECOMMENDATIONS

1. Breastfeeding education should begin during the antenatal period.
2. Nurses should assess positioning and attachment soon after delivery.
3. Mothers undergoing LSCS should receive guidance regarding comfortable breastfeeding positions.
4. Early identification and management of nipple pain and breast engorgement should be encouraged.
5. Mothers should receive reassurance regarding common concerns about milk supply.
6. Family members should be encouraged to provide appropriate emotional and practical support.
7. Continued breastfeeding counselling should be provided during postnatal follow-up.
8. Further studies with larger samples may be conducted to explore the lived experiences of breastfeeding mothers in greater depth.

9. ETHICAL CONSIDERATIONS

Written informed consent should be obtained from each mother before publication of her case details. Personal identifiers should be removed to maintain confidentiality and privacy. Photographs or identifiable clinical information should only be published with specific written consent.

10. LIMITATIONS

This case series describes the experiences documented in 20 mothers and is intended to provide descriptive insight into breastfeeding experiences. The findings cannot be generalized to all breastfeeding mothers. The information is based on the documented experiences in the provided case records, and standardized breastfeeding assessment tools were not reported.

Principal Investigator	Prof. V. Abirami, Vice Principal, Vijaya College of Nursing
Co-Investigator	Dr. G. Dhanalakshmi, Principal, Vijaya College of Nursing
Institution	Vijaya College of Nursing, Chennai
Study Design	Descriptive case series
Study Population	Postpartum breastfeeding mothers
Proposed Sample	20 mothers
Study Setting	Community area
Proposed Study Period	One week

REFERENCES

- Blixt, I., Johansson, M., Hildingsson, I., & Papoutsis, D. (2025). A qualitative survey of mothers' experiences of breastfeeding challenges and enablers. *Nursing Open*, 12(1), Article e70152
- Brown, A., & Jordan, S. (2024). Overcoming challenges faced by breastfeeding mothers: Impact of positioning, pain, and milk insufficiency. *Journal of Advanced Nursing*, 80(4), 1432–1441.
- Lau, C. Y., & Lok, K. Y. (2022). Common breastfeeding problems experienced by lactating mothers in the early postpartum period: A cross-sectional review. *International Breastfeeding Journal*, 17(1), 45–56