Becoming a Mother and Learning to Breastfeed: An Emergent Autoethnography

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ABSTRACT

A woman's journey into motherhood and first encounters with breastfeeding are profound learning experiences. During the perinatal period of my first pregnancy, I kept a journal documenting my thoughts and feelings. What emerged from my journals is an autoethnography, revealing my new understandings of myself as a woman within a culture of mothers and a deeper understanding of myself as a learner. Anecdotal stories shared with me by other women became the impetus for my reflection during my journey into motherhood. Although learning to breastfeed for the first time, I became aware of the significance of lived experience on my learning. As I interweave my personal and scholarly voices, I present to you my journals layered with my research.

The Journal of Perinatal Education, 25(1), 56–68, <http://dx.doi.org/10.1891/1058-1243.25.1.56>

Keywords: autoethnography, narrative, pregnancy, breastfeeding, cesarean

A short time ago, I began the most profound journey of my life; I became a mother. Beginning with my first pregnancy, to the birth of my first son, and now following the birth of my second son, in 3 years, I have undergone a life-altering change. As a 30-year-old first-time mother, my journey has been pivotal. I have learned more about myself as a woman and as a learner through this experience than through any other experience in my life.

No book or class could prepare me for the physical and emotional changes I would undergo on my journey. The stories told to me by other women and my lived experiences were essential components of my journey into motherhood.

METHODOLOGY

This article is an autoethnography sharing my journey into motherhood. An autoethnography is an emergent qualitative personal narrative where a researcher's personal and scholarly voices become one. In an autoethnography, the researcher uses personal narratives and revealing texts to extend understanding of a societal phenomenon (Wall, 2006). In an emerging qualitative study, and in autoethnography,

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the process is dynamic because the purpose of the study is to understand and explore a cultural phenomenon, not to develop a consensus of opinion for the participants studied (Creswell, 2008). The defining feature of autoethnography is the authors' voices within the study; their roles include researcher, observer, and participant. In an autoethnography, the boundaries that traditionally separate the research from the researcher and the personal from the academic are blurred (Kidd & Finlayson, 2009).

Autoethnography is a hybrid in character because it blends an individual's personal story with his or her scholarly story. The research can be both evocative and analytical, and it is both descriptive and theoretical (Burnier, 2006). Analytic autoethnography, as defined by Anderson (2006), refers to work in which the researcher is a full member of the research, visible as such member in published texts and committed to a research agenda focused on improving understandings of a social phenomenon. The purpose of analytic research is not just to provide an insiders' perspective or evoke an emotional response but also to gain insight into a broader set of social phenomena. Evocative autoethnography, according to Ellis and Bochner (2006), is a journey, as opposed to a destination, where the author can "dwell in the flux of lived experience" (p. 431). It can show struggle, passion, and embodied life in sense-making situations allowing the reader to care, feel, and to empathize. "Instead of being obsessively focused on questions of how we know . . . autoethnography centres on how we should live" (Ellis & Bochner, 2006, p. 439). As Ellis and Bochner point out, "Its goal is one of transforming action through evocation. Autoethnography wants the reader to care, to feel, to empathize and to do something, to act. It needs the researcher to be vulnerable and intimate" (Kidd & Finlayson, 2009, p. 982). A balance of both evocative and analytical autoethnography allows for balance between the personal story and scholarly intentions of the researcher.

My intention is that my story will offer another perspective on the realities of motherhood for contrast and comparison and add to the already existing body of research. As Weaver and Ussher (1997) note, "There is a growing body of research in psychology and related disciplines concerned with the realities of mother's lives" (p. 51); however, "When normal motherhood itself was researched, the approach was traditionally within a realist epistemo-

logical framework, using quantitative methods" (p. 51). My personal circumstances would be classified as normal motherhood because I am not an exceptionally young or old mother, am not considered a racial minority, and am in good health. I am a White, 30-year-old, middle-class Canadian woman. Nonetheless, I do feel the stories of mothers experiencing ordinary circumstances should be heard as well as those of mothers with exceptional circumstances. This is a study not only for me but also for a broader culture of mothers who have stories to be connected with.

If my story was told by someone else, by another researcher as a case, interview, or report, it would not have the same ability to reach across to the reader on a personal level to allow for connection. As Weaver and Ussher (1997) explain,

It is possible that different positions, or even different themes might have been apparent if the interviewer or researcher had been another mother, a pregnant woman, or male. A different interviewer would have resulted in the constructions of different sets of meaning throughout the interview, whilst another researcher may have made a different interpretation of the text. (p. 66)

What is being presented to you is my story, written by me and interpreted by me, without external influence. This story about me and written by me has a possibility of becoming egocentric. This self-centered approach is one of the limits of autoethnography because there is no external voice within the study to provide an alternative perspective. Some researchers accuse autoethnographers of being self-indulgent (Papen, 2008). However, as Papen (2008) notes, "Conventional social science struggles, for example, to capture and to communicate the emotional experience of everyday life in all its facets. Conventional 'realist' writing often provides lifeless accounts failing to engage readers" (p. 396). A woman's journey into motherhood is a very personal and emotional story; my story being told through someone else's voice would not have the same ability to capture the experiences and resonate with the reader.

Although it appears that this article is solely about me, I, as a woman and mother, am part of a larger social cultural body. As Papen (2008) describes, "As individuals, we are always a part of a larger social

cultural body. Therefore, even ‘pure’ autobiography is never just about the self (Sparkes, 2002). And it is herein that lies the method’s potential to connect with others” (p. 398). By doing this work, my intention was to learn about myself and the culture of women I am connected with. As Anderson (2006) notes in an autoethnography, “The resulting analysis recursively draws upon our personal experiences and perceptions to inform our broader social understandings and upon our broader social understandings to enrich our self understandings” (p. 390). It is the social experiences I encountered with other women and the stories they told that shaped my journey, prompted reflection, and led to a deeper understanding of myself. When I decided to undertake an autoethnography, I kept my journey emergent and let my writing and experiences guide me. I journaled during the perinatal period of my first pregnancy, 5 months before I gave birth, and 1 month following the birth of my son. Personal documents, including journal and diary entries, are powerful ways for life stories to be documented. In a journal entry, there is a blending of the detailed description of the experiences with the authors’ stories to be documented. In Clandinin and Connelly (2000), the purpose of the telling and interpreting is to enable the reader to experience the narrative as if he or she lived it with the insight of the interpretation. As Ricci (2007) points out, “Writing, ruminating, and interpreting our experiences is a legitimate, valuable, and necessary activity” (p. 5). In autoethnography, it is essential the interpretation be not only reflective but also reflexive. As Atkinson (2006) notes reflection implies self-awareness, but the full meaning of reflexivity in autoethnography refers to the fact that the researcher is thoroughly implicated in the phenomena that he or she documents. When I returned to my journals and reflected on my story, it became apparent it was during my lived experiences where my learning took place. The anecdotal stories told to me by other women prompted self-reflection and enriched my learning experience. However, it

was not until I experienced the birth of my son and breastfeeding first hand that I truly understood what it was to be a mother.

MY JOURNEY

Throughout this article, I intend to revisit my first pregnancy and my journals from the perinatal period. After reading and rereading my journals several times, four different phases emerged: acquiring information, questioning, lived experience, and fruition. During the acquiring information phase, I was beginning to collect information from various sources; as I moved into the questioning phase, I began to reflect on what the information collected meant to me. Lived experience is the actual labor, delivery, and beginning stages of breastfeeding that were the crux of my journey to into motherhood. Finally, fruition is settling into motherhood as I am pregnant with my second child. As I revisit my first pregnancy, I reflect on my life as a mother and pregnant woman now, consider research from other writers and theorists, and gain a deeper understanding of myself as I become a mother and as a learner. My story will be presented chronologically to maintain the emergent style of my journey and demonstrate my growth as a mother and learner.

20 Weeks—Acquiring Information Through Shared Stories

I hope to breastfeed, but I am afraid I will not be able to given the discussions I have had with other women.

One friend dried up after 3 weeks and had to switch to bottle, she felt like a failure.

Another friend did not produce enough milk to nourish her son so she had to use a syringe while breastfeeding, the nurses made her feel like an idiot.

Another friend, with no kids, thinks all of the issues with immunity and food allergies are because people are not breastfeeding.

Another friend did not give her child a bottle until it was 6 months old and then it would not take it.

Another has been breastfeeding her daughter for a year—feels tied down and wants to stop but is afraid to let down her daughter.

So many stories and experiences from so many people, I want to breastfeed and I feel pressure to, but I am afraid it won’t work. (Personal Journal, 20 weeks, August 2009)

As I revisit my first pregnancy, I reflect on my life as a mother and pregnant woman now, consider research from other writers and theorists, and gain a deeper understanding of myself as I become a mother and as a learner.

“Failure,” “idiot,” “pressure,” “afraid”: My first journal entry was filled with so much emotion and fear. I was filled with so much self-doubt about what kind of mother I would be and if I would be able to nourish my child. Stories from other women prior to giving birth were all I used as a frame of reference for my experience. In my life, I had never experienced anything that would help me prepare for my journey into motherhood. As I look back, I am surprised at the impact that other women’s stories were having on me. As a woman pregnant with my first child, women constantly felt the need to share a piece of their journey with me. I hated hearing their stories at the time, perhaps because of the emotional response they triggered. I compared my thought at the time to Ketler (2000) citing a participant Elena’s experience throughout her pregnancy: “No, I didn’t listen to the advice of others. . . . Everyone becomes an ‘expert’ . . . everyone has advice to give you, and if I let them, they managed to influence even me” (p. 150). At the time of writing this journal, I do not think I was ready to reflect on what the stories meant to me; I was simply hearing their experiences as they told them. Throughout my first pregnancy, I felt that my experiences were occurring in a vacuum and exclusive to me. During this time, I was still in the early stages of my learning process. I was hearing the stories, and beginning to reflect on my fears, but I had not yet reached the point of understanding what it meant to me. It would be a few weeks until I was able to question where I stood and begin to gain insight into what my feelings meant.

Although, at the time, it was frustrating hearing the stories from other women, it was a necessary part of my journey and many other women’s journeys. In the 1997 study by Weaver and Ussher, narratives shaped the participants’ journeys:

All of the women tried to imagine what motherhood was going to be like before they had their first child. These imaginings were sometimes based on information from friends or their own mother, or sometimes their experiences with other people’s children. (p. 57)

As with Papen (2008), I knew very little about pregnancy, childbirth, and motherhood, and I felt the need for information and to see if what I was experiencing was normal and shared by others. I used the stories from other women in the same way the

participants in the Ketler (2000) study did: “The experiential knowledge of other women served as a familiar yardstick against which to measure their own feelings and daily experiences” (p. 151).

My husband and I were debating whether or not to take labor classes . . . the doc said we need to be informed—doesn’t matter how. . . . Everyone’s experiences are different—so how am I to prepare? I can read books and look on-line—but I guess it comes back to living is experience—but—with this situation I feel I would like to know my pain options and positions, etc. before I get there as I suspect the entire experience to be overwhelming as is.

I think I will take a class—no harm in checking it out if we can fit it in the schedule. (Personal Journal, 20 weeks, August 2009)

My husband and I did end up enrolling in a labor and delivery class offered by the hospital. However, it was not offered until I was 37 weeks pregnant. During the acquiring information phase of my journey, I wanted to collect as much information as possible and I was disappointed I was not able to attend a class then. Instead, I consulted other resources including the following: *The Mother of All Pregnancy Books: An All-Canadian Guide to Conception, Birth and Everything in Between* by Ann Douglas (2000), the *Pregnancy and Birth Journal* handed out by North York General Hospital (2006), and the website <http://www.babycenter.ca/>. Other than those listed, I did not consult any other print resources. Even though, at the time, I did not enjoy listening to other women’s stories, I relied on them for information. I was surprised when I went back and reread my journals that I hardly cited the print resources within my journals, all of my thoughts went back to the shared stories from other women. Print resources added such little value to my experience. Papen (2008) also refers to her disinterest in the use of online networking: “I would not expect that my great desire to inform myself is necessarily shared by other pregnant women. It is possible that I differ from many other expectant mothers, in particular younger ones, in my relatively limited use of online networking facilities” (p. 399).

I, too, desired information; however, stories from other women seemed to fill that need. I did not have any interest in networking online with other women. It was dialogues that I was seeking.

21 Weeks—Questioning Motherhood

At 21 weeks, I began questioning my future abilities as a mother. As my pregnancy progressed, I wondered if my indifferent attitude toward babies would interfere with my abilities as a mother:

A friend says people told her when she was pregnant that the baby would think/feel it was not wanted because she did not like being pregnant. Neither do I—am I a bad mother even before baby is born? (Personal Journal, 22 weeks, September 2009)

I question if I am going to be a bad mother. I had always felt I was a confident person who could take on what life handed me, but pregnancy made me waver. I was so afraid that I would be a bad mother. As Weaver and Ussher (1997) note, “It has been suggested that the most overwhelming aspect of motherhood is the change that it brings to a women’s life, and particularly to the women’s perception of herself” (p. 52). I somehow had this perception that there was a chance that I could be a bad mother. However, throughout my journals, I do not define what makes a mother good or bad.

At 28 weeks, I was still questioning and concerned with myself. My thoughts thus far had all been about my abilities as a mother, abilities to breastfeed and my comfort. My thoughts had not yet turned to the child growing inside of me.

I still feel selfish—as if my body has been taken over—I want it back.

I still cannot believe how big and uncomfortable I am—I have put on 30 lbs. All belly. I am having trouble sleeping as I have to get up to go to the wash-room and my hips ache.

I keep on thinking about how great it will be to deliver the baby and have my body back to myself, but then I realize that I won’t if I breastfeed. (Personal Journal, 28 weeks, October 2009)

I am getting advice from everyone whether I want it or not. As well, people cannot believe I do not like being pregnant. I cannot imagine anyone enjoying this. They say I will miss it after, but I don’t believe it. (Personal Journal, 33 weeks, November 2009)

35 Weeks—Reflections on Breastfeeding

Breastfeeding seems like the best natural option. Why else do we have breasts? I want to be able to

provide for my baby in the most natural way, but what if I can’t? I hear stories all the time from friends how they never got milk, dried up, etc. If that happens will I be relieved I have my body back or upset that I cannot provide?

As I was discussing things with my husband he said, “Don’t be disappointed if you can’t breastfeed, some women can’t.”

I said I would be.

He said it just means he can take over sooner with a bottle. Good point—very comforting that he is so supportive.

But I know I would be disappointed. (Personal Journal, 35 weeks, November 2009)

Again, I question my feelings. I would have been devastated if I could not breastfeed.

Taking into account the stories I had heard from other women and their difficulties with breastfeeding, I think I needed to prepare myself for a potentially disappointing outcome. I was looking for reasons to be okay with *not* breastfeeding, including having my body back and having extra help from my husband. Even though I knew I would be disappointed, I had to prepare myself for alternative situations to feel secure.

The stories from other women were preparing me for my own learning situation. How would I handle myself if what happened to them happened to me? Their narratives led to self-reflection and were a part of my learning journey. As I reflect on my journey now, I realize as a learner, I benefit from dialogue with others to generate prediction and self-reflection for my own comfort. I sometimes found the stories of others overwhelming, or I found myself questioning their decisions. Instead of engaging in dialogue with them, I would take their stories and reflect on them personally and on my own time.

I grumbled about the constant sharing from other women. Everyone seemed to feel the need to tell me their experiences with pregnancy, childbirth, and breastfeeding. There were times when I was pregnant that I had questions and wanted women to share with me, but there were times when I was in a space of personal reflection. The challenge was that women always felt the need to share their story, regardless of if I wanted to hear them at that time. However, it was these stories that began to shape my own story by prompting the prediction and self-reflection.

37 Weeks—Labor and Delivery Class

On December 2009 at 37 weeks, we attended a labor and delivery class offered by the hospital; however, I did not journal about it. I find it strange that I did not feel the need to write anything about the labor and delivery class. From memory, I can tell you we sat in a circle while an instructor spoke to us about the discomforts of pregnancy (which we all knew) and our options to make ourselves more comfortable during labor and delivery. Some of the comfort measures were natural including massage, ice, and the bath as well as the medical interventions including gas and epidural. After her lecture, we had a tour of the labor and delivery facilities. Following the tour, the class was to view a video of a woman giving birth. It was at that point that my husband and I made up an excuse of a prior engagement, thanked the instructor, and left the course early. Neither of us wanted to watch the video.

The tour was beneficial because I was able to visualize where everything would be taking place, but other than that, I did not feel I gained anything from the course. The comfort options she discussed were outlined in the *Pregnancy and Birth Journal* (North York General Hospital, 2006) handed out to me by my obstetrician and I was already aware of the discomforts of pregnancy because I was living them. We did not have much opportunity to dialogue with the other couples in the class during the time I was present; it was an instructor-led course.

Most of the journals that I wrote revolved around the stories I heard from other women and the impact they had on me. It appears that the course did not have much of an impact on me because it did not include stories from other women; therefore, I did not feel compelled to journal about my thoughts. In the study completed by Ketler (2000), two different childbirth education courses were studied to see the impact they had on their participants. The purpose of Ketler's work was to "explore how childbirth education courses can serve as forums within which women develop multifaceted friendships through which they share their experiences and subsequently revalue both their own and each others' experiential knowledge" (p. 139). Ketler's research was conducted during two childbirth education classes where she observed each course and conducted follow-up interviews with participants and instructors. One of the courses was taught by medical professionals in an instructor-led style, the other by midwives in a more open forum. The women who participated in

the course instructed by medical professionals had similar experiences to my own. They discounted the stories they heard from other women when they heard them; however, upon reflection, it was the stories that had the most impact on them. As Ketler notes,

Most women underplayed the importance of the experiential knowledge that they received from other women outside the childbirth education course. Interestingly, however, the same women frequently stated that, to their surprise, sharing feelings and experiences with other course participants eclipsed the transmission of biomedical knowledge as the most important element of the childbirth education course. (p. 141)

During the course I was enrolled in, we did not have an opportunity to converse with other participants, so I did not have the chance to hear the feelings and experiences of other women. I feel that the circumstances of my course contributed to the feelings I was already having, namely that my experiences were in a personal vacuum, the ideology of exclusive motherhood. Because the course instructor did not provide opportunity for shared experiences, during the time I was present in the course, it appeared to me that the shared experiences were not of value. As Ketler (2000) notes,

Following the biomedical dismissal of experiential knowledge, women themselves often discount it as irrelevant or even harmful. Medicalized maternity devalues knowing through one's own experiences and obscures the possibility of learning through the experiences of others, thereby contributing to what I have terms an ideology of exclusive motherhood. (p. 143)

In Ketler's (2000) study, the course conducted by the two midwives had a different focus. The discussions focused on the following: breastfeeding, postpartum psychological problems, infant care, and changes to what the women are experiencing as their pregnancies progress. In addition, the course instructor tells them what she "felt, feared and thought throughout the birth process" (Ketler, 2000, p. 146). The course had a different approach than the medicalized course in the study and the course I was enrolled in, as it valued the shared experiences of other women. As I reflect on myself as a learner,

I see now how the course conducted by the midwives would have been beneficial to me.

38 Weeks—Pressures of Pregnancy

I had an unexpected trip to the hospital last week due to high blood pressure. I went in for a regular appointment, but she noticed my blood pressure was high and I had been feeling off for a few days. They were afraid I would have to be induced. It was so unexpected.

I feel like I was pushing myself too much.

I have no frame of reference for this experience.

The only thing I have is the experiences and stories of other women and I cannot help but compare myself to them. So many people say they worked up until the day the baby was due or the day they gave birth and even though I did not feel up to it, I felt I had to.

I felt I was wimping out of I did not push myself further as so many other women did. My body would not let me and thankfully my doctor recognized that.

I am not a competitive person and I do not compare for those reasons. But I have no other frame of reference for this experience. I feel I have to trust my own judgments and instincts as everyone is different and so many things may or may not happen throughout this process—the advice from others is very tiresome. (Personal Journal, 38 weeks, December 2009)

It is at this point in my pregnancy that I really acknowledged the impact that other women's stories were having on me. I truly did not have any other frame of reference to work with to base my decisions on. Never in my life had I experienced anything that compared to the demands of pregnancy on my body. I did not want to continue, or feel up to continuing, to work at that point but whenever I expressed my feelings to other women, they shared their stories of how they worked right up to the end. I felt that I had to push on even though I did not feel up to it.

The advice from others was very tiresome and had a strong effect on me. But I did not yet have the confidence to follow through with my own instincts despite what others were saying. As well, I did not yet have the foresight to see the positive effect the stories were having on my experience either. It was only upon reflection that I see the advice from others did

have benefit; however, I let it have an influence on my personal decisions. Because I did not have any other frame of reference to work with and my confidence was wavering, I used stories of others to inform my decisions. The reflection that the stories prompted was beneficial, but I began to blindly follow the advice of others instead of trusting my instincts. I feel that with more confidence, I would have been able to navigate the elements of reflection and instinct while hearing the stories from other women. I know that the women sharing their stories had only the best intentions; however, I wonder how they felt during their pregnancies when other women shared with them? Were they bombarded with advice and stories from other women as well? Did it have an impact on their personal decisions? Or was it my lack of confidence and experience that shaped my experience? Bresler (2006) cites Bateson noting the impact others' stories can have, "Bateson remarks that women today read and write biographies to gain perspective on their own lives. Each reading provokes a dialogue of comparison and recognition, a process of memory, and articulation that makes one's own experience available as a lens of empathy" (Bateson, 1990) (p. 28). Given the impact that the stories had on my experience, I am empathetic to women in their first pregnancy and I approach my sharing with caution. I offer my story with support, as opposed to sharing as if it were a survival story.

Birth—Lived Experience

On January 2, 2009, my water broke at 5:30 p.m. The following are some thoughts I jotted down during labor:

12:05 am January 3rd, 2009—I have been walking around the hospital for hours hoping labor would start, it has not so they have hooked me up to the drug Pitocin to induce labor—supposed to induce labor—more contractions but not too bad yet.

I am VERY nervous. So far the pain has been OK—am I lucky or I am just too early to really get into this?

I hear stories of it not being too bad for some—am I lucky enough for that to happen to me?

I hear being induced makes it worse—am I out of luck at this point?

I always thought I would get an epidural—then I changed my mind—now what? I think the induction makes it inevitable—again I am nervous.

Such an unknown for me—no frame of reference to compare it to. The ‘maybe/maybe not’s’ of the readings do not comfort me. The stories either scare me more or make me hope for such wonderful things.

The stories from others do not match up with my own right now—pieces of some and pieces of others—but then how can I compare—I do not feel I can compare.

Lots of movement from baby—it is healthy—but will I ever sleep again? will I ever wear a bikini? have ankles? bladder control?

So much is changing in a matter of hours—I am scared, nervous, so unknown. (Personal Journal, 40 weeks, January 2009)

During my labor, I am still questioning and focusing on myself as opposed to the baby about to be born. I remember the feeling of being so afraid and nervous. I was nervous about the birth and how my life was going to change as a mother. I am glad I had the other women’s stories to reflect on; however, during my labor, I did not feel comforted by them. None of the stories I had heard were comparing to what I was going through. Should I have collected more stories to draw on? I am reminded of the ideology of exclusive motherhood. Throughout my first pregnancy, I felt that my experiences were occurring in a vacuum and exclusive to me. In Ketler’s (2000) study, she defines the ideology of exclusive motherhood as a mother finding her relationship with “her infant as completely unique and different from anyone or anything else . . . it denies the validity of knowledge gained through other experiences, whether these are one’s own prior infant care experiences or other women’s prior maternity experiences” (p. 143). As well, the physical changes of pregnancy cannot be understood by those that have not gone through it.

My son was born on January 3, 2009, at 3:01 p.m. The following are some reflections on the second half of my labor:

Horrendous contractions—shaking, nearly vomiting—nothing I have ever experienced—no positions were helping.

Finally 2:00 am—the incredible epidural! What a wonderful thing . . . I cannot believe the pain relief.

7:00 am—I was 10 cm dilated—joy—this was going to be great! I would wait until the baby was lower and start pushing.

But he would not lower on his own. They thought if I started pushing he would—but no luck. 11:30 am–2:30 pm I pushed like a mad woman every 1–2 minutes. It was nasty but the doc was impressed with my efforts which made me proud. The doctors said I had to make a decision for my baby’s safety—but I wanted to push more—too exhausted!—It was forceps or c-section. Doc said we needed to go c-section and 3:01 he was born. (Personal Journal, January 5, 2009)

To continue from where the last entry left off . . . the c section. I have never had issues with having a c section, I just did not want to go through labor first.

I just wanted a healthy baby and to be done pushing. It was not painful, just gross.

I would have shivers and convulsions and then I was nauseous. They yanked me around I could feel my body jerking and hear hoses sucking. They pressed really hard on the top of my uterus to get him out. Again no pain, but it was a bizarre sensation. When he came out and they said it was a boy I was so happy I waited for that surprise. I needed it to look forward to. I heard him cry and they made sure he was ok where I could look and see him.

Since I was not able to, my husband did skin to skin with him immediately. They took my baby and husband to the recovery room and finished up with me. I had no concept of time, I just laid there while they worked on me wondering how he was, what they were doing, somewhat delirious . . . it took them about an hour to finish up with me.

I began to shake uncontrollably. I wanted to hold him so badly when I got to the recovery room, but I could not move my body from the chest down and I was shaking so much I did not trust myself. I just looked at him and tried to calm down. When I was ready I fed him right away. Being so close to him and feeding him stopped my shaking almost immediately. It is incredible how natural it was, despite the unnatural circumstances of the delivery. He latched immediately and it was an amazing bonding experience. (Personal Journal, January 7, 2009)

As I reflect on my birthing experience, I realize how unpredictable the entire situation was for me. I did do some reading and hear about other women’s birthing experiences, but I did not have a clear birth plan or expected outcome in mind. I did not intend to have a cesarean birth, and I know there are

many risks involved for mother and baby; however, I am okay with how my son was born. I have heard of some women being disappointed that they could not give birth naturally, but I have never felt this way.

Given the way the birth of my son went, I am having a planned cesarean for my second child and I am happy with my choice. I know what to expect and what recovery will be like, and I will be going into surgery rested as opposed to exhausted from labor. My experience reminds me of Daniela's from the Ketler (2000) study:

Because my labor was induced, I had to lie down and I couldn't do the exercises we learned in the course. In the delivery room, the course isn't at all useful. You're in such a unique situation; you don't remember the positions and the pushing you learned at the course. I was agitated and scared, and I didn't remember anything. I just did what the doctor and midwife who assisted me suggested. You just follow their advice. At the moment of birth, you don't have your wits about you to think about what they told you during the course. (p. 147)

There were times during my labor when I thought about what I had read and what other women had told me, but during the active moments, I simply followed what the medical team suggested because I did not have any personal prior experiences to guide me and the stories from the reading and other women did not apply. I found both childbirth and parenthood a complete shock to the system both physically and emotionally.

Early Breastfeeding—In Hospital

The following are some reflections on my initial experiences nursing while in the hospital:

He was satisfied for the first day or so, but he was not peeing enough so they were concerned he was dehydrated. They showed me how to use a little hose with formula along my nipple to help supplement a bit. They said it would not interfere with the breastfeeding so I was ok with it. One nurse said that some mothers were not for supplementing, but if he needs it I will do it.

Is it bad that I put such blind faith in the nurses that help me?

The advice from the nurses was fairly consistent. But, I found it so hard to be trapped in bed. When

he cried if no one was there I had to buzz the nurse to hand him to me so I could feed him. Some nurses would stay and help me position him so it would not hurt my incision and they would make sure the latch was ok, others would just pass him to me and leave and let me sort it out. (Personal Journal, January 7, 2009)

While in the hospital, the nurses were the only support I had for breastfeeding. Many women shared the details of their birthing experience with me and some of the general challenges they had with nursing, but I did not have any concrete examples of how to nurse or specific challenges I may encounter. In the reading I completed while pregnant, they tell you how to latch your baby and about each of the positions you can hold your baby in to nurse. There are even sketches in some books of a baby latching onto a breast. However, none of these readings prepared me for actually nursing. The positions needed to be felt physically to understand them. You need to have your baby in your arms to understand lining up a proper latch. While in the hospital, I was satisfied with the support I was receiving from the nurses as I worked to establish breastfeeding. But as time went on and I left the hospital, I realized I needed much more support.

Early Breastfeeding—At Home

The following are some reflections on my time breastfeeding at home without the support of the nurses in the hospital:

I only wanted to supplement until my milk came in. But, it was not coming. I began to stress, what if I don't get any? What if feeding is this hard, with the hose etc, all the time? Will I be able to keep it up? I had a hard time getting comfortable during feedings because of my incision and he kept falling asleep and it was taking forever. I was exhausted, totally burnt out and not sure if I was going to be providing enough for my baby.

Two nurses have called . . . one nurse is coming by this week and the other nurse suggested we go to the walk in breast clinic at a local hospital right away to make sure he was getting enough. We packed up and went.

On the way there, I kept on thinking I should give up. Go to the bottle. Then my husband and I could take turns feeding and sleeping. We would

know how much he was getting. I was trying to convince myself that the little amount of colostrum he had would have been enough. I was wondering if I was physically meant to have children . . . I was so uncomfortable during the pregnancy (not that other women aren't though) . . . he would not come out as my pelvis was too small and I had to have a c section, now I have to supplement my milk. I did not feel like a proud childbearing woman. I felt like someone who was forcing something unnatural.

When we got to the clinic, they were wonderful and my milk had started to come in!!! I was waiting for the hot engorged breasts to happen, but they didn't really. The nurse said they were a bit, but it was not what I expected. So many friends kept saying, wait until your milk comes in . . . you can feel it rush in and it gets so hard. Not me, was I just lucky? The nurse said it was just starting to and we should still supplement a bit but continue to feed to encourage the milk supply. She said all women get milk, my latch was ok and he was ok. . . . I was overjoyed. I felt reenergized, like I could do this! (Personal Journal, January 7, 2009)

Throughout my journey as I was learning to breastfeed, I experienced emotional highs and lows. When I was struggling to establish breastfeeding, struggling with my latch and milk coming in, I felt discouraged and felt like giving up. Once again, I was comparing my personal experiences to the stories I was told from other women. Other women shared stories of how they were not able to breastfeed and gave up. I was so afraid I would not be able to nurse when I was pregnant, but when I was faced with challenges, I considered giving up. I once again doubted myself and my abilities as a mother able to provide for her child. Without the support I received from my husband and the reassurance from the nurses, I think I would have given up.

I am thankful that I persevered despite the challenges I was facing because nursing my son has been one of the most rewarding experiences of my life. The brief session I had at the breastfeeding clinic moved me from feeling stressed, exhausted, unsure, and unnatural to *overjoyed* and *reenergized*. I feel that the reassurance I received when I was struggling provided me with the confidence I needed to continue with nursing.

BREASTFEEDING ESTABLISHED

The day my milk fully came in we had a nurse had come in and check us out. She checked me over, and the baby and she was also a lactation consultant. She showed me how to position him properly and explained the mechanics of breastfeeding and him swallowing. I was so overjoyed with the difference I started to cry . . . tears of happiness of course.

What she showed me made so much sense and made the process so much easier! His ear, shoulder and hips all have to be in line. The other nurses I saw had never discussed the alignment and swallowing before. It is so logical; I would have been doing it from the start if I had known. Now the feeding is going wonderfully. He and I have a comfortable set-up.

He is learning how to latch wonderfully and taking breaks when needed. He is swallowing so much better and seems so comfortable now. Probably, he senses I have relaxed as well. At the start when I would feed him, my shoulders would be all tense and I would be holding him so awkwardly. Now we are both so comfortable and it finally feels natural. I have very little engorgement now as I think my milk supply has adjusted to his needs.

I look back at the last week and the number of nurses I have discussed breastfeeding with and I laugh at myself. I took everything every nurse said and tried it without question. I put complete faith in their experience and went with it. I think it is because I have no other experience like this to compare it to so I figure they are the specialists. Even though I had seen the pictures on how to latch properly, I needed the nurses to help me as a drawing is so abstract. I think they all had the best intentions at heart, but they were a little inconsistent in what they were saying. Not as much about the latching, but about the positioning, etc. The nurse who came to my home referred me to a website that had little video clips of breast feeding scenarios. This was fantastic. They were about a minute or two long and were real women. They showed me how to do compressions before he fed so he could latch better . . . very helpful! They showed the difference between active sucking and nibbling. All of the videos were great . . . again better than reading the same text over again and looking at the same drawing of the baby latching to the nipple.

I am feeling so proud that I can feed and nourish him on my own and that it is finally working. I had always thought that I would only feed until 3 months or so or until he had teeth. Now I think I will go much longer if I can.

I feel like a woman providing for her child. (Personal Journal, January 12, 2009)

Lately, the breastfeeding has been going wonderfully. My nipples are completely healed. The excruciating pain of latching is now long gone and the little guy hops right on to eat naturally. It took a couple of weeks for us both to get comfortable, but it is so natural now. I am able to feed him easily in different positions, including laying down which makes it easy when I need a rest.

Throughout the pregnancy and birth, motherhood was not feeling very natural to me. I did not feel as if I was meant to have children—physically. But, now that the breastfeeding is established, it is completely different. I feel like a mother who can provide for her child. (Personal Journal, February 1, 2009)

My Journey Into Motherhood for the Second Time—Fruition

Although pregnant with my second child, I was able to reflect on my journey through the lens of an experienced mother. I had prior lived experiences to draw on to support my reflections and allow me to have a pregnancy with much less fear. Below are some collected reflections from my pregnancy with my second child:

During my second pregnancy, I am filled with much more confidence and I enjoy hearing and sharing the stories of motherhood. I feel I am much wiser now and I know I can handle the journey into motherhood again . . .

As a mother and pregnant woman, I still cannot define what makes a good or a bad mother. Nevertheless, I now feel as though I am a good mother. I have a happy, healthy child and I feel good about the choices I am making as a parent. I feel confident again . . .

During my current pregnancy, I do not feel any different about the discomforts of pregnancy. My thoughts are still revolving around my discomfort and how much I dislike being pregnant. I did not miss being pregnant when my first son was born, and I do not expect I will miss it when this baby is born. My husband and I do not intend to have

any more children after this; I am questioning now if I will miss being pregnant in the future. This is the end of my time as a pregnant woman. In 5 or 10 years will I long for this feeling again even with all of its discomforts? Should I be savoring the moment as opposed to wishing it away? My feelings from my previous pregnancy are merging with my current pregnancy. However, I now see the end of my time as a pregnant woman drawing near and I am wondering if I should look forward to the end of this chapter in my life or savor the moment as I know it will not come again? (Personal Reflections, Spring, 2010)

I am reminded of Richardson (2006) describing narrative inquiry where we “wander in amongst the words as we wend our way backwards and forwards through our storied experiences; thus enabling us to come to an understanding of what it is we know and how we know it” (p. 61). In my reflections, I am moving forward on this journey into motherhood for a second time; however, I am still wandering backwards revisiting my doubts and questioning myself as I did with my first pregnancy.

The success I experienced with breastfeeding and the pride I feel in being a mother allowed me to feel much more confident with my second pregnancy. I do not have the self-doubt about myself as a mother and my abilities physically as I did with my first child. I not only learned how to breastfeed and mother my child, I have learned about myself as a learner.

I question my feelings . . . I would have been devastated if I could not breastfeed and I feel the same with this baby as well. However, considering the success I had with my last child I do not feel the doubt I did with my first . . .

Now that I have been through a pregnancy, I feel much more confident with this one and I am listening to my body. I find the physical demands of pregnancy very taxing and I take more time to rest with my current pregnancy.

As I prepare to have another child, I am comforted by the fact that I have a planned caesarean as I know what to expect, even though physically the recovery will be challenging. I am also comforted with the success I had breastfeeding my son as I hope that I will once again be successful with this child. Initially I had some challenges with nursing, but with support I was able to find my way . . .

As I am about to give birth for a second time and begin nursing another child, I am going over the initial stages of nursing with my son in preparation for what is to come. I do not expect nursing my second child to be an identical experience to nursing my first. However, I now have prior experience to draw on and learn from. I now understand the consequences not of latching correctly and I feel I am more prepared to breastfeed given the knowledge I now have. (Personal Reflections, Summer, 2010)

CONCLUSION

As I reflect on my journey into motherhood and breastfeeding, I see the components that made up my learning experience. The shared experiences from other women prompted my initial reflection and questioning. My personal lived experiences allowed me to discover my position on motherhood and breastfeeding emotionally, and learn the physical consequences of my actions. In addition, I needed support and reassurance as my confidence wavered throughout the learning process to give me the hope I needed to continue on my journey. Without the opportunity to reflect on my journals and my experiences, I do not think I would have the self-awareness that I now have. I would have still learned how to breastfeed and mother my child. However, I do not think I would have the understanding of the effect the other women's narratives had on me and the impact the reassurances I was given had on my confidence.

My journey into motherhood for the first time was the most challenging learning experience of my adult life. It has shown me to trust my instincts and given me confidence that I will be able to overcome future challenges I may face. I will accept hearing shared experience from others with a more reflective mindset as I now know I can use them as a tool to help me understand myself. Furthermore, the impact of personal lived experience on my learning was paramount. No story shared or read could have provided me with the wisdom I gained through living the experience myself.

During my first pregnancy, I could not escape other women telling me about their pregnancies and birth stories. At the time I felt my experiences were exclusive to my pregnancy, however, as I continued through my pregnancy, gave birth to my son, and reflected on my journey, I realized the impact their stories had on me. I feel as if motherhood is a club that you do not really understand until you

are a member. I am now a part of the club, part of a broader group of women. I see my position in a culture of women; I am a mother and I have my own story. My hope is that my personal narrative will be useful in the lives of other women to inspire them to be reflective in the choices they are making on their own journeys into motherhood.

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