Journal of Population Therapeutics & Clinical Pharmacology

RESEARCH ARTICLE
DOI: 10.53555/mhsc2m36

LACTATION DIFFICULTIES IN FIRST-TIME MOTHERS: A STUDY ON MENTAL HEALTH, CULTURAL INFLUENCES, AND COPING MECHANISMS

Dr. Ariba Jalbani[1*], Dr. Ayesha Tahir[2], Dr. Sajjad Kazi[3], Dr. Azra Ahmed[4], Dr. Khalil Ur Rahman Kazi[5], Dr. Chander Rekha Kumari[6]

[1*]Assistant Professor, Bhitai Dental & Medical College, Mirpurkhas
[2]Assistant Professor, Rai Foundation Medical College, Sargodha.
[3]Associate Professor, ISRA University, Hyderabad.
[4]Associate Professor, Suleman Roshan Medical College, Tando Adam.
[5]Associate Professor, Indus Medical College, Tando Muhammad Khan.
[6]Lecturer, Indus Medical College, Tando Muhammad Khan.
email: science.author1@gmail.com

ABSTRACT

Background: Lactation difficulties are a common challenge for first-time mothers, influencing breastfeeding success, maternal mental health, and infant nutrition. Beyond physiological causes such as poor latch, low milk supply, and nipple pain, sociocultural expectations and psychological factors also shape breastfeeding experiences. Understanding the interrelationship between lactation challenges, mental health outcomes, cultural influences, and coping mechanisms is crucial to improving maternal and child health.

Objective: This study examines the prevalence and impact of lactation difficulties among first-time mothers, emphasizing their mental health implications, cultural perceptions, and coping strategies. It also evaluates the effectiveness of various support interventions in alleviating breastfeeding challenges and enhancing maternal well-being.

Methodology: A cross-sectional mixed-method study was conducted at a tertiary care hospital in Pakistan involving 250 first-time mothers within six weeks postpartum. Data were collected using a structured questionnaire assessing lactation difficulties and cultural beliefs, the Edinburgh Postnatal Depression Scale (EPDS), and the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF). In-depth interviews with 30 participants further explored emotional experiences and coping mechanisms. Quantitative data were analyzed using SPSS v25 with Chi-square tests and logistic regression ($p < 0.05$), while qualitative data were thematically analyzed using NVivo.

Results: Lactation difficulties were prevalent, with low milk supply (36.4%), delayed milk production (34.0%), poor latch (28.8%), and nipple pain (27.2%) being most common. These issues were significantly associated with postpartum depression (38.0%), anxiety (43.2%), and low breastfeeding confidence (52.8%) ($p < 0.05$). Cultural norms strongly influenced feeding practices. Emotional support from partners (48.0%) and professional lactation counseling (44.0%) were linked to lower psychological distress.

Conclusion: Lactation difficulties among first-time mothers are strongly associated with postpartum mental health challenges. Culturally sensitive lactation counseling, partner involvement, and early mental health screening are vital for improving breastfeeding outcomes and maternal well-being.

INTRODUCTION

Breastfeeding is widely recognized for its numerous benefits, including optimal infant nutrition, enhanced immunity, and fostering mother-infant bonding **[1]**. The World Health Organization (WHO) and the American Academy of Pediatrics (AAP) recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside complementary foods for at least one year **[2]**. Despite these well-documented advantages, many first-time mothers experience significant lactation difficulties, which can result in early cessation of breastfeeding and subsequent physical and psychological challenges **[3]**.

Lactation difficulties encompass a broad spectrum of issues, including low milk supply, latch difficulties, nipple pain, mastitis, and infant feeding aversion. These challenges can be exacerbated by maternal stress, lack of social support, and conflicting cultural or familial beliefs regarding breastfeeding **[4]**. Additionally, mental health concerns, particularly postpartum depression (PPD) and anxiety, have been found to correlate with breastfeeding difficulties, creating a cyclical burden that impacts both maternal and infant well-being **[5]**.

Cultural factors play a crucial role in shaping maternal attitudes towards breastfeeding. In many societies, traditional beliefs and familial expectations can either support or hinder breastfeeding practices. In some cultures, early supplementation with formula or herbal concoctions is encouraged, while in others, extended breastfeeding is a norm **[6]**. The pressure to conform to societal norms and expectations may contribute to maternal distress and self-doubt, influencing lactation outcomes.

Coping mechanisms vary widely among first-time mothers experiencing lactation difficulties. Some women seek professional assistance through lactation consultants, peer support groups, and healthcare providers, while others rely on personal resilience, family advice, and alternative feeding strategies to navigate breastfeeding challenges **[7]**. Understanding these coping strategies is essential in designing targeted interventions to support new mothers in their breastfeeding journey.

This study aims to investigate lactation difficulties in first-time mothers, focusing on their mental health implications, cultural influences, and coping mechanisms. By examining these factors within the context of a tertiary care hospital setting, this research will contribute to a deeper understanding of the barriers and facilitators to successful breastfeeding. Furthermore, this study will provide evidence-based recommendations for healthcare professionals, policymakers, and support groups to better assist first-time mothers in overcoming lactation challenges and improving breastfeeding success rates.

Objective

The primary objective of this study is to examine the prevalence, causes, and impacts of lactation difficulties among first-time mothers, with a specific focus on mental health implications, cultural influences, and coping mechanisms.

METHODS

Study Design and Setting

This cross-sectional mixed-method study was conducted at a tertiary care hospital in Pakistan, where first-time mothers were recruited from postnatal wards, lactation counseling clinics, and maternal health outpatient departments.

Sample Selection and Size

A total of 250 first-time mothers who had given birth within the last six weeks were recruited using a non-probability consecutive sampling technique. Sample size was calculated using Raosoft software, ensuring a 95% confidence interval and 5% margin of error.

Inclusion Criteria

- First-time mothers aged 18-40 years
- Delivered a healthy, full-term baby (37–42 weeks of gestation)
- Expressed difficulty in initiating or maintaining breastfeeding
- Provided written informed consent

Exclusion Criteria
- Mothers with known medical conditions affecting lactation (e.g., PCOS, thyroid disorders)
- Babies diagnosed with congenital anomalies affecting feeding
- Mothers with severe psychiatric disorders requiring hospitalization

Data Collection Tools and Procedure
- **Structured Questionnaire:** Collected demographic data, lactation difficulties, feeding choices, and cultural perceptions.
- **Edinburgh Postnatal Depression Scale (EPDS):** Used to screen for postpartum depression among participants.
- **Breastfeeding Self-Efficacy Scale (BSES-SF):** Assessed confidence and coping strategies in breastfeeding.
- **In-Depth Interviews (n=30):** Conducted with mothers experiencing severe lactation difficulties to explore emotional challenges, cultural factors, and support systems.

All mothers were provided a brief lactation counseling session, and their perceived effectiveness of the support was recorded.

Statistical Analysis
Quantitative Data: Analyzed using SPSS version 25. Descriptive statistics were used for prevalence, while Chi-square tests and logistic regression determined associations between lactation difficulties, mental health, and cultural influences. P-values <0.05 were considered statistically significant.
Qualitative Data: Thematic analysis was performed using NVivo software to identify recurring themes related to cultural beliefs, coping mechanisms, and emotional responses.

RESULTS
Among the 250 first-time mothers, 91 (36.4%) reported low milk supply, making it the most common issue. Delayed milk production (34.0%) and poor latch (28.8%) were also significant concerns. Engorgement (23.2%), nipple pain/injury (27.2%), and infant refusal (16.0%) were less frequent but still impactful.
A significant proportion of mothers with lactation issues experienced mental health challenges. The most common was low breastfeeding confidence (52.8%), followed by anxiety (43.2%), postpartum depression (38.0%), and emotional distress (34.8%). All associations were statistically significant ($p < 0.05$).
Cultural beliefs and family expectations played a major role in influencing breastfeeding practices. 56.0% of mothers reported experiencing family pressure to exclusively breastfeed, while 46.0% stated that religious beliefs influenced breastfeeding duration. Use of herbal remedies (35.2%) and a preference for formula feeding (24.8%) were also common.

Mothers employed a variety of coping strategies to manage lactation difficulties. The most effective was emotional support from a partner (48.0%), followed by lactation consultation (44.0%), peer support (36.0%), and dietary changes (34.0%).

Tables 1-4. Key Findings

Table 1. Prevalence of Lactation Difficulties (n=250)

LACTATION DIFFICULTY TYPE	FREQUENCY	PERCENTAGE (%)	P-VALUE
Low Milk Supply	91	36.4	**0.001**
Delayed Milk Production	85	34.0	**0.002**
Poor Latch	72	28.8	**0.035**
Nipple Pain/Injury	68	27.2	**0.045**

LACTATION DIFFICULTY TYPE	FREQUENCY	PERCENTAGE (%)	P-VALUE
Engorgement	58	23.2	0.078
Infant Refusal	40	16.0	0.092

Table 2. Mental Health Impact of Lactation Difficulties (n=250)

MENTAL HEALTH ISSUE	FREQUENCY	PERCENTAGE (%)	P-VALUE
Low Breastfeeding Confidence	132	52.8	**0.0005**
Anxiety	108	43.2	**0.003**
Postpartum Depression	95	38.0	**0.001**
Emotional Distress	87	34.8	**0.004**

Table 3. Cultural Influences on Breastfeeding Practices (n=250)

CULTURAL INFLUENCE	FREQUENCY	PERCENTAGE (%)	P-VALUE
Family Pressure to Exclusively Breastfeed	140	56.0	**0.002**
Religious Beliefs on Breastfeeding Duration	115	46.0	**0.008**
Use of Herbal Remedies	88	35.2	**0.012**
Preference for Formula Feeding	62	24.8	**0.045**

Table 4. Coping Mechanisms for Lactation Difficulties (n=250)

COPING STRATEGY	FREQUENCY	PERCENTAGE (%)	P-VALUE
Emotional Support from Partner	120	48.0	**0.001**
Lactation Consultation	110	44.0	**0.005**
Peer Support	90	36.0	**0.010**
Dietary Changes	85	34.0	**0.022**
Use of Breast Pumps	75	30.0	**0.038**

DISCUSSION

This study highlights the prevalence of lactation difficulties among first-time mothers, along with their mental health implications, cultural influences, and coping strategies. The findings emphasize the significant burden that breastfeeding challenges impose on maternal psychological well-being and the sociocultural environment in which breastfeeding occurs.

Low milk supply (36.4%) and delayed milk production (34.0%) were the most frequently reported issues, consistent with prior studies suggesting that hormonal changes, stress, and infant feeding techniques play a role in breastfeeding success. Additionally, poor latch (28.8%) and nipple pain/injury (27.2%) were common challenges, aligning with evidence that ineffective latch mechanisms can lead to maternal discomfort and early cessation of breastfeeding **[3]**.

The findings indicate a strong association between lactation difficulties and postpartum mental health issues. Mothers experiencing breastfeeding problems had higher rates of postpartum depression (38.0%) and anxiety (43.2%), supporting research that associates breastfeeding struggles with maternal stress, self-doubt, and increased risk of postpartum depression **[6]**. In particular, low breastfeeding confidence (52.8%) was a major issue, reinforcing the concept that self-efficacy plays a critical role in breastfeeding success **[4, 5]**.

These mental health implications are concerning because mothers who experience distress related to breastfeeding challenges are more likely to discontinue exclusive breastfeeding earlier than recommended by the World Health Organization (WHO) **[7]**. Given the significant association between lactation difficulties and psychological distress ($p < 0.05$), early screening and support interventions should be implemented in maternal healthcare settings.

Cultural expectations significantly shaped breastfeeding behaviors and maternal stress. A majority of mothers (56.0%) reported family pressure to exclusively breastfeed, a finding consistent with studies

in South Asian and Middle Eastern cultures, where breastfeeding is strongly emphasized as a maternal duty. Religious beliefs (46.0%) also played a role in determining the perceived duration of breastfeeding, which aligns with Islamic teachings that recommend breastfeeding for up to two years **[9]**.

However, 35.2% of mothers reported using herbal remedies to enhance lactation, and 24.8% preferred formula feeding due to concerns about insufficient milk production. These trends reflect conflicting cultural narratives: while exclusive breastfeeding is encouraged, the availability of formula milk and cultural reliance on alternative remedies introduce mixed feeding practices that can contribute to early weaning **[10,11]**.

The study found that emotional support from partners (48.0%) and lactation consultations (44.0%) were the most effective coping strategies, reinforcing prior research that partner involvement and professional guidance improve breastfeeding outcomes **[12,13]**. In contrast, dietary changes (34.0%) and the use of breast pumps (30.0%) were moderately effective but did not replace personalized support from healthcare providers.

This supports recommendations for expanding lactation counseling services in hospitals, integrating partner education, and normalizing peer support groups for first-time mothers. Notably, mothers who accessed professional lactation support had significantly lower levels of anxiety and postpartum depression ($p < 0.05$), highlighting the therapeutic impact of skilled breastfeeding assistance **[14]**.

Globally, lactation difficulties remain a major challenge for new mothers, yet cultural differences influence their experiences. In high-income countries, studies indicate that breastfeeding cessation is often linked to workplace barriers and lack of maternity leave policies, whereas in South Asia, cultural pressure to exclusively breastfeed despite medical challenges creates additional maternal stress **[15,16].**

Additionally, Western studies show higher reliance on formula feeding as a solution, whereas in Pakistan and similar cultural contexts, family and religious pressures drive mothers to persist with breastfeeding despite challenges [17]. These findings suggest that breastfeeding interventions must be culturally tailored—while lactation counseling and mental health support are universally beneficial, they must be contextualized to address region-specific barriers to successful breastfeeding [18].

CONCLUSION

This study highlights the complex interplay between lactation difficulties, maternal mental health, cultural expectations, and coping mechanisms. The findings emphasize the need for early lactation support, psychological screening, and culturally sensitive interventions to improve breastfeeding experiences and maternal well-being. By integrating lactation counseling into postpartum care, involving partners in breastfeeding education, and normalizing mental health support, maternal health services can better equip first-time mothers to navigate breastfeeding challenges. Future research should focus on scalable interventions to bridge the gap between breastfeeding promotion and mental health care, particularly in low-resource settings.

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