



# Maternal perception of paternal breastfeeding support: A secondary qualitative analysis

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## ABSTRACT

**Objective:** To describe how women perceive paternal support of breastfeeding and identify actions women value during the early breastfeeding postpartum.

**Design:** A qualitative secondary analysis of semi-structured interviews using thematic analysis collected after birth and via telephone at 1, 2, 3, and 4 weeks after discharge.

**Setting:** A regional medical center in the southeast region of the United States.

**Participants:** Sixty-two women yielded 130 transcripts with 32 transcripts conducted after birth, and 19, 16, 27, and 36 transcripts conducted after discharge via telephone at weeks 1, 2, 3, and 4, respectively.

**Finding:** Women reported three themes of paternal support of breastfeeding (1) participating in the breastfeeding decision, (2) being a partner of breastfeeding, and (3) caring for breastfeeding mothers.

**Conclusion and implication for practice:** Paternal support of breastfeeding is a learning process that requires teamwork for women and their partners to master breastfeeding. Women and their partners as co-parents solve breastfeeding problems and achieve their breastfeeding goals, which promotes maternal well-being and bonding with their infants. Future interventions will guide partners to support breastfeeding and women's postpartum physical and psychological needs.

## Introduction

Breastfeeding is universally acknowledged as an essential food source and recommended for infants until 6 months of age. According to the United States (U.S.) in 2017 breastfeeding report card, 84.1% of infants initiate breastfeeding, 46.9% of infants exclusively breastfeed through 3 months which decreases to 25.6% of infant who exclusively breastfeed through 6 months (Centers for Disease Control and Prevention, 2020). The reasons for breastfeeding cessation are caused by biopsychosocial factors such as lack of proper breastfeeding technique, pain, lack of adequately skilled breastfeeding support, maternal depression, preference of mixed feeding, and aggressive promotion of infant formula (Lucas and McGrath, 2016; Mangrio et al., 2018; Puapornpong et al., 2017; World Health Organization, 2014). Paternal support has been highlighted as crucial to support breastfeeding resulting in longer exclusive breastfeeding duration. However, in the U.S., only 45.9% of women during their hospital stay after birth receive breastfeeding support from their partners (Hunter and Cattelona, 2014). Involvement of fathers or partners (partners) is conceptualized as both direct and indirect. Direct involvement includes paternal attitude to-

wards breastfeeding and behaviors related to breastfeeding activity, and indirect as maternal perception of paternal involvement and its effects on breastfeeding outcomes and maternal well-being (Abbass-Dick and Dennis, 2017; deMontigny et al., 2018; Mannion et al., 2013). Thus, women's description of paternal breastfeeding support will serve to a greater understanding of how women perceive paternal support and to identify what types of support women need from their partners during the early postpartum period.

A growing body of research reports the effects of paternal support on breastfeeding success. Hunter and Cattelona (2014) found that women who received paternal support during breastfeeding initiation reported a higher rate of breastfeeding until 6 months than women without paternal support. A meta-analysis of intervention studies targeting fathers for promoting breastfeeding (Mahesh et al., 2018) found women whose partners received the intervention showed a significantly higher rate of exclusive breastfeeding at 4 and 6 months and a significantly lower rate in lactation-related problems. Even simple interventions, such as partners providing verbal encouragement to new mothers, are associated with increased breastfeeding duration and exclusivity (Ogbo et al., 2020). Women report that an important first step in their breastfeed-

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**Table 1**  
Semi-structured interview.

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At birth (labor and delivery unit)

- 1) What factors influenced your feeding decision?
  - How long did you spend considering that decision?
  - What did you do to prepare for feeding your baby?
  - Are most people who are important to you supportive of your feeding plan
- 2) How comfortable are you with the idea of breastfeeding/formular of breastfeeding your baby?
  - How is the feeding going now?
  - How do you know when the baby is hungry/full?
- 3) What (human milk, formular, combination of both) do you plan to feed at home?
- 4) Where do you plan for the baby to sleep at home?
- 5) Is there anything else that would be helpful for me to know about your experience?

At 1, 2,3, and 4 weeks after discharge

- 1) Tell me about what has been going about your life, your infant, and infant feeding since I last spoke with you.
- 2) What is it like to take care of your baby?
- 3) How did you feel about caring for your baby when you first came home?
- 4) Do you have any concerns about your health or your baby?
- 5) How has been feeding since I spoke with you last?
  - (if applicable) is it you who primary feeds him/her?
  - (if applicable) Are you currently breastfeeding?
  - (if applicable), when did you change the way you feed him/her?
  - What factors influenced this decision?
  - Has anything, or anyone, influenced the way you feed your baby?
- 6) Is there anything else that would be helpful for me to know about your experience?

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ing success is their partner's support of their breastfeeding decision, their encouragement to breastfeed and sharing the new role of parenting (Nickerson et al., 2012; Tohotoa et al., 2009). However, not all paternal activities are beneficial to exclusive breastfeeding and duration. Ito et al. (2013) found there was no clear association between the amount of housework done by partners and the frequency of formula feeding or breastfeeding. In addition, a negative outcome for breastfeeding was when partners provided more care for their infant, mothers breastfed less. Similarly, Rempel et al. (2017) explored how paternal emotional support affected breastfeeding outcomes, women whose partners provided more appreciation and direct involvement in breastfeeding activities resulted in shorter breastfeeding duration. In contrast, women whose partners provided sensitive and responsive emotional support to their needs, reported longer breastfeeding duration (Rempel et al., 2017).

Paternal support is essential for women to initiate and continue breastfeeding. However, not all paternal support activities are valued or beneficial. An exploration of women's perception of valued paternal actions to support breastfeeding would benefit women's and infants' well-being. The purpose of this study is to reveal women's perception of the activities of paternal support for breastfeeding. The outcome of the study will be to better understand activities of paternal support that promote breastfeeding and develop breastfeeding interventions in the future.

## Methods

This study is a secondary qualitative analysis of a longitudinal observational study conducted in 2012-2013 at a regional medical center in the southeast region of the U.S. (Lucas et al., 2015). The second author of this analysis was the investigator for the primary study. Institutional review board (IRB) approval was obtained for the primary study and the secondary analysis. The primary study examined women's report of their infants' breastfeeding behaviors over the first four weeks after discharge home. A convenient sample of 115 women were interviewed using a semi-structured interview guide.

### Setting and participants

Data used for this qualitative descriptive secondary analysis were obtained from the primary study. In the original research, the inclusion criteria included women who intended to breastfeed for 1 month,

had a single birth and able to read and speak English. Exclusion criteria included mothers with flat nipples due to this posing a challenge to success in breastfeeding initiation, the inability to read and speak English, and whose infants experienced respiratory complications, congenital anomalies, or ankyloglossia. Women were interviewed at the hospital within 48 hours after birth and followed by interviews at 1, 2, 3, and 4 weeks after discharge in women's home or by phone. The semi-structured interviews focused on the experience of infant care, decision to breastfeed, breastfeeding support, and current breastfeeding status as shown in Table 1. A total of 462 interviews were audio-recorded with notes written after the interview. The interviews ranged from 5 minutes to 74 minutes in length with an average length of  $17.21 \pm 11.49$  minutes. After the first interview, the response rates of the participants were 79.1%, 74.7%, 71.3%, and 83.47% at 1, 2, 3, and 4 weeks after discharge, respectively. All interviews were transcribed verbatim and identifiers from the transcripts were removed.

### Data analysis

The important aspect of qualitative secondary analysis data is the breadth and richness of primary data that must be adequate to address new research questions. For this study, all transcriptions were included for this study. Due to the large body of textual data, a qualitative text-based analysis program was used to view, store, code, and organize the interview data (ATLAS.Ti. Scientific Software Development GmbH, 2015). To extract paternal breastfeeding support data from the participants' transcription, the keywords used for the primary search were father, partner, and husband. This process yielded 162 transcriptions: 34 transcripts from the interview after birth, and 31, 29, 28, and 40 transcripts from the interviews at weeks 1, 2, 3, and 4, respectively. After reviewing, 130 transcripts of 62 women were included for data analysis: 32 transcripts were drawn from the first interview, 19, 16, 27, and 36 transcripts were drawn from interviews at weeks 1, 2, 3, and 4, respectively.

A thematic analysis (Braun and Clarke, 2006) was used to generate codes and formulate themes of paternal support (types and actions) from women's perspective. Each interview was read independently several times by the two authors to become familiar with the data. Initial coding was generated across the entire dataset, compared between the authors, collated into potential themes and then integrated into the coding framework. A thematic map was created to show the relationship between codes, themes, and subthemes. The authors discussed the themes

**Table 2**  
Paternal actions of breastfeeding support.

Activities	Types of paternal breastfeeding support	Definitions
(1) Valuing the health benefits of breastfeeding	Participating in the breastfeeding decision	The perception of women to which their partners influence and/or share their breastfeeding decision including the partner's attitude towards breastfeeding, breastfeeding goals, and empowerment of women to breastfeed.
(2) Setting congruent breastfeeding goals		
(3) Receiving encouragement from their partner		
(4) Learning and exploring breastfeeding behaviors	Being a partner of breastfeeding	The learning process to establish breastfeeding and achieve their breastfeeding goals by sharing and reflecting on their teamwork and their breastfeeding experience.
(5) Coordinating infant feeding		
(6) Reflecting about their breastfeeding experience	Caring for breastfeeding mothers	The perception of women to which their partner was responsive to their physical and psychological needs to increase physical and psychological comfort.
(7) Supporting physical health		
(8) Supporting psychological health		
(9) Providing financial support		

and subthemes until consensus was achieved that the themes represent the essence of the women's perceptions. The themes were defined to accurately reflect the meaning and connections between themes within the dataset.

## Results

The characteristics of women were 18 to 43 years of age ( $M = 31.23 \pm 4.93$ ), multiparous (67.7%), married (90.3%), Caucasian (72.6%), not Hispanic (85.5%), postgraduate (45.2%) and family income < \$76,000 (50.0%). Results from the thematic analysis of the interviews yielded three paternal actions that influenced women's breastfeeding outcomes: (1) Participating in the breastfeeding decision, (2) Being a partner of breastfeeding, and (3) Caring for breastfeeding mothers. The emerged themes and definitions were summarized in Table 2. The details of each theme and subtheme were described below.

### *Theme 1: participating in the breastfeeding decision*

Women reported that their partners influenced their decision to stop or sustain breastfeeding. A key element for breastfeeding initiation was if women perceived that their partners were positive toward breastfeeding in general and of them initiating breastfeeding. Some women created a breastfeeding plan with their partners during their pregnancy. Moreover, some women reported that to have the same breastfeeding goal and to receive ongoing encouragement to breastfeeding from their partners, motivated them to continue to breastfeed.

#### *Valuing the health benefits of breastfeeding*

Partners also had a crucial role in women's breastfeeding plans. Partners who understood that for their infant, breastfeeding is the optimal source of nutrition, beneficial to growth and development, influential in mother-infant bonding, and a key health behavior that reduces women's risk of breast cancer, were more likely to support women to initiate and sustain breastfeeding. One woman described,

I believe in it [breastfeeding] enough and my husband believes in it enough to sort of giving it all we know, every chance we can for it to be successful....knowing...all the benefits and the long-term benefits that go into breastfeeding. It just seemed like a natural choice to try as hard as we could to make work. So, that is what we're doing (p287).

#### *Setting congruent breastfeeding goals*

Women who shared the same breastfeeding goal with their partners were positively influenced to persist even when breastfeeding was

challenging. Together, women and their partners set their goals and prepared for breastfeeding by attending breastfeeding classes, reading breastfeeding books, and visualizing breastfeeding through videos and pictures. One woman described that her breastfeeding plan was influenced by her partner and her family. She spent little time choosing to breastfeed, "it's better for the baby mainly and it's free. Our whole family has breastfed. The bottle didn't come to mind. It's normal for us" (p340). Women and their partners set short- and long-term breastfeeding goals which together they assessed and then adjusted their plans. As one woman said, "we would like to [breastfeed] at least to a year and then just reassess at that point where we are....It seems like hopefully; we'll be able to just make this our routine" (p271).

#### *Receiving encouragement from their partner*

Women perceived their partners' encouragement to breastfeed as a powerful form of support. Their partner's encouragement helped women to get through breastfeeding challenges. One woman, who had a very large infant said, "it's just very difficult to do 100% breastfeeding. But we understand that with patience and time that it [breastfeeding] can be successful. So, we continue trying and working with this one as well" (p317). Another woman credited her husband's patience and support when she was struggling with breastfeeding her first infant that she chose to breastfeed her second infant.

#### *Theme 2: being a partner of breastfeeding*

Women and their partner viewed breastfeeding as a learning process. Women perceived that their partner was helpful as together they coordinated their infants' feeding schedule and shared feelings, observations and information related to feeding their infants.

#### *Learning and exploring breastfeeding behaviors*

Breastfeeding was viewed as a learning process. Women explained that together, they and their partner, learned over time their infants' cues, favorite positions to breastfeed or be held, and breastfeeding behaviors, such as sucking patterns or ability to latch. Together they adapted their care to their infants' needs. Some women reported that their partners searched for and analyzed the meaning of their infants' behaviors and then figured out how to respond to the infants' behavior. One woman described the learning process to manage her infant's fussiness,

Once we start seeing that [fussiness], we knew... we learned after three hours of fussiness that he just wanted to eat, yeah. We have been trying to distinguish between types of crying and I mean certainly last night it was all the eating rhythmic crying (p271).

Moreover, some women found their partners' observations to be valuable as they accurately identified their infants' behaviors for hungry, gas, sleepiness, and types of crying. One woman said, "Well my husband was holding him, and my husband was actually like 'oh he looks hungry why don't you try'. So, it was actually my husband" (p288).

#### *Coordinating infant feeding*

An important strategy to meet their congruent breastfeeding goals was for women and their partners to work together. Women reported that working together created a bond between them and their infant. Indeed, working together with their partners to feed their infant alleviated their feeling of being alone. Moreover, women often created opportunities for their partner and infants to feed and interact and thus build their own bond. Pumping and storing breastmilk was a practical way for almost all women to support their partners to feed their infants. "I pump about a quarter of the time...just because my husband likes feeding him. We are trying to determine how much milk I was producing. It's about an ounce he's feeding" (p81). Women and their partners often arranged a feeding schedule. Women usually breastfed and pumped during the daytime, while their partners assisted them during early nighttime and on the weekend. As one woman described, "the only one besides me is my husband. He always does [feeding] at nighttime. He'll feed her what I've pumped right before we've gone to bed. So, he'll always do that night one" (p335). For one mother, the husband was "the clock" (p 75) for her to breastfeed their infant.

#### *Reflecting about their breastfeeding experience*

In order for women and their partners to meet their breastfeeding strategies, plans, and goals, proactive and empathic communication was needed. For instance, together they would share their feelings of worry their infants' issues with sucking, latches, and choking to form a plan. One woman was concerned about their infant wheezing after feeding, she consulted her partner first and then a lactation consultant, "Sometimes after she's fed really heavily and I put her in the crib, she sounds like she's wheezing. My [partner] and I were worried that maybe she had baby sleep apnea" (p330).

Another breastfeeding activity that women and their partners shared was discussing the progression of breastfeeding. As one woman described, "I and my husband feel as though we have turned a corner. Our baby is latching very easily, sucking vigorously, and then she falls asleep. We're continuing that pattern" (p330). In addition, reflecting on and sharing feelings about their breastfeeding challenges and joys created a valuable shared experience.

My husband and I were talking about its last night...I think we have come to the idea that it is both, like the best of times and the worst of times. It is such a wonderful experience we both love and adore her, and we're having so much fun getting to know her. It's nothing more than we, I mean it's not that we're regretting anything it's just a matter that it's hard work, but it's also such wonderful work" (p302).

#### *Theme 3: caring for breastfeeding mothers*

Women accepted that their partners cared for them by different physical and emotional actions. Their partners cared for them directly, by their own actions and indirectly, by providing other resources such as hiring a babysitter or a nanny.

#### *Supporting physical health*

After giving birth, women experienced physical discomfort, such as pain, changes in their sleep cycle, and fatigue. One woman explained how her partner supported her managing pain after birth, "I have been

in a lot of pain but I'm glad that my husband's here and doing his best to make sure that I'm comfortable. If he were not here helping me, I don't even know how I would be doing" (p77). In addition, most women valued their partners providing a break from infant care. "I look forward to when my husband comes home. I love taking care of him, but I also love taking a break" (p339). Women reported that their partners' involvement in infant care provided them an opportunity to sleep longer, perform daily activities, and to sustain social activities. As one woman described,

My husband will be watching him and say okay you get to go to bed, and my husband would not wake me up, and the baby would never fuss he will fall asleep on daddy because he's like a little heater (p78).

When families had many children, partners managed the older children and decreased women's feeling of being overwhelmed. One woman with four children, described how she and her partner figured out how to care for their family the first week home,

It was tough with all four kids. I was overwhelmed. Thank goodness, my husband was home, he was off work. So, he handled the older three. Even they still want to see mom and want to come in and touch the baby. It was just figuring out how to balance her care alongside the care of three other children (p69).

#### *Supporting psychological health*

Another challenge after birth for women was adapting to their new role. Many women feel overwhelmed and frustrated. Women perceived that a key action was for their partners to be present during this period of transition. An important emotional support by partners was for women to share both unpleasant and pleasant feelings. When women perceived their partners listened and was receptive to their feelings, they reported feeling happy, more confident, and more relaxed. One woman said,

I was glad my husband was here. It was really overwhelming when trying to, recover myself and then have someone depend on you, entirely. It was really overwhelming. I was glad my husband was here because I, the first week of recovery was kind of rough. Umm it got a lot better after (p285).

A few women, continued to feel sad and miserable and reported that they had difficulty sleeping. Their partners supported their emotional health, by being with her, listening, and figuring out the problem. As one woman who had some flashbacks from post-traumatic childbirth said,

I concentrate on the negative stuff. After talking to him, he put me at ease, telling me that everything went right that I should not think about "what if" because everything is fine now. Talking to him helped me, but I still have flashbacks (P340).

#### *Providing financial support*

Some women valued their partners providing financial support. For example, hiring a babysitter to facilitate their maternal role. One woman said, "thankfully my husband...was really supportive and ... we've had some paid help: we have a lady coming over to our house, um, four times a week for three to play with my, almost two-year-old" (p 335).

## **Discussion**

Our results report on women's value of their partners' breastfeeding support during the early postpartum period. Our findings confirm that partners' support is pivotal for women to meet their breastfeeding goals. Partners' support is influential in women's ability to deal with postpartum physical and psychological discomforts and achieve their

breastfeeding goals. Women affirm that their partners' value of breastfeeding had a significant role in their decision to breastfeed and in setting their breastfeeding goals. When women and their partners have congruent breastfeeding goals, partners are more likely to provide both direct and indirect physical and psychological support, which includes coordinating their infants' feeding. The importance of this partnership is seen from the dialogue, women used the term "we" rather than "I" or "he" when discussing breastfeeding. Moreover, women highlighted that partners' support was not only to share in the responsibility to care and feed their infants but also to discuss, reflect, and respond to women's needs. Women reported that their partners' support affected them beyond just breastfeeding, such as fostering their emotional well-being, creating a joint appreciation, and an emphatic understanding of their parenting experience.

Consistent with previous research (Leng et al., 2019; Mannion et al., 2013; Nickerson et al., 2012; Sherriff et al., 2014), women perceive that partners have a crucial role in making in their breastfeeding decision. Partners' attitude, knowledge, and perception related to breastfeeding influences maternal confidence to initiate breastfeeding (Leng et al., 2019; Mannion et al., 2013; Rempel and Rempel, 2004; Sherriff et al., 2014). Congruence between women and their partners' attitude towards breastfeeding increases women's intention to breastfeed and partners' encouragement influences women to continue breastfeeding (Davidson and Ollerton, 2020; Mitchell-Box et al., 2013). Therefore similar to Cisco (2017), women's breastfeeding decision is a consensus between women and their partners rather than women's own decision. In addition, our study found that when women have congruent breastfeeding goals with their partners, women feel empowered to persevere through breastfeeding challenges. Our findings emphasize that women value their partners' thoughts, feelings, and perceptions, about how to address their ongoing breastfeeding goals and plans.

Our findings also highlight that breastfeeding is a learning process that women and their partners need to master together as a team. In particular, during the first weeks after delivery, most women in our study encounter breastfeeding challenges, such as how to position their infants to breastfeed, to latch and suck, and to manage breast and nipple discomfort. These weeks are a critical time for women and their partners to establish breastfeeding and yet also is a time when women are most at risk to discontinue breastfeeding (Wagner et al., 2013). Similar to other studies (Nickerson et al., 2012; Schmied et al., 2011; Tohotoa et al., 2009), women who receive adequate and appropriate paternal support may overcome these challenges and continue to breastfeed. Women in our study reflect that their partners' support was key for them to gain breastfeeding skills, to support them to establish their breast milk supply, to store breast milk in anticipation of their return to work, and to feed their infants breast milk.

Women also value their partners' physical and psychological support. Similar to previous studies (Cisco, 2017; deMontigny et al., 2018; Nickerson et al., 2012; Schmied et al., 2011), partners who provide physical and emotional support, influence women to achieve their joint breastfeeding goals and promote maternal well-being. In the postpartum period, women need support to transition to their new role to care for their infants, to recover from giving birth, and to address breastfeeding challenges. These many transitions create a wide range of emotions from deep frustration to pride which is tempered by biopsychosocial factors such as pain from birth, ongoing breast and nipple discomfort during breastfeeding, and challenges of infant care (Feenstra et al., 2018; Henshaw et al., 2015; Jackson et al., 2019). Negron et al. (2013) suggest that partners' support fulfills women's basic needs and increases their capacity to deal with the physical, emotional, and social stressors after birth. Consistent with our study, women perceive that support by their partners helped them and consequently, they were able to master breastfeeding, maintain their routine activities, reduce their emotional distress, and transition into their maternal role. As Leahy-Warren et al. (2018) suggests, each woman has their own unique needs and expectations, and their support should be individualized by the right

time and the right person. Thus, our results suggest that partners need to provide support congruent with women's needs rather than a scripted support. Partners' support is most effective when women perceive the support occurring from a natural responsiveness rather than from them asking for help.

The co-parenting model applied to breastfeeding (Abbass-Dick and Dennis, 2017) is exemplified by partners who work together to achieve their joint breastfeeding goals, to share their parenting responsibility, to proactively communicate, and to support one another as they build their joint and individual relationships with their infants. Our findings support the co-parenting model through the three partners' actions of support for breastfeeding. Women identified the actions of partners' support to include being present while women breastfeed, setting a schedule for bottle feeding, monitoring and responding to their infants' behaviors related to breastfeeding, listening to women's concerns, and sharing and discussing their feelings, concerns, and practical issues related to breastfeeding. These activities build breastfeeding teamwork, an appreciation for each partner, create a family bond, and a feeling of pride.

### Limitation

A limitation of this study is that women addressed paternal support in conjunction with the larger study's focus on their description of their infants' breastfeeding behaviors, without a specific open-ended question related to paternal support. Most women who described their experience of paternal support reported positive descriptions and received active support for a wide range of breastfeeding challenges. Without a direct question, other women who participated in the study may have reported a different experience of paternal support related to breastfeeding. A limitation is the primary data were collected in 2012/2013 and the passage of time may affect the phenomena of interest. However, our findings augment women's voices regarding the roles of their partner in coordinating breastfeeding. Our findings also spotlight the shift in the breastfeeding paradigm over the last 10 years from focusing on mother as a primary person to co-parents teamwork for breastfeeding.

### Clinical implications and conclusions

Our qualitative secondary analysis reveals women's perceptions of naturally paternal breastfeeding support. Paternal support is pivotal positive influence on breastfeeding outcomes and women's health in the early postpartum period. Our findings highlight that partners participate in women's decision to breastfeed, are an integral partner of breastfeeding and care for the physical and psychosocial needs of women. Women emphasized that breastfeeding is a learned behavior that needs practice and problem solving and to achieve their breastfeeding goals is best accomplished as co-parents. The outcome of this co-parenting model combined with partners' physical and psychosocial support benefits general maternal well-being and bonding with their infants. A particular challenge in clinical practice will be to guide partners to be responsive to the real-time needs for each woman. The key to this tailored paternal support is an acceptance that breastfeeding and partnering together is a learned process that requires women to be clear about what they need and how their partners may support them. Future research needs to explore paternal breastfeeding support through both women and their partners' perspectives to enhance understanding of paternal breastfeeding support as a whole experience. The clinical outcomes of this research will be to develop paternal interventions specific to breastfeeding support and women's postpartum physical and psychosocial needs.

### Ethical approval

This study has been approved by UConn IRB with the protocol H13-213, H13-220, and H13-221

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## Declaration of Competing Interest

The authors have no conflict of interest to disclose.

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