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Pomen partnerskega odnosa ob vzpostavljanju in ohranjanju dojenja

The significance of the partner's role in the initiation and maintenance of breastfeeding

Povzetek

Proces vzpostavljanja in vzdrževanja dojenja je zahteven in pogosto poln stiske. Nanj vpliva veliko dejavnikov, med njimi tudi odnosi s pomembnimi drugimi, ki imajo bodisi pozitiven bodisi negativen učinek. V sledeči raziskavi nas je zanimalo, kako na vzpostavitev in vzdrževanje dojenja ter čustveno umirjenost matere ob dojenju vpliva odnos s partnerjem oz. očetom otroka znotraj čustev in prepričanj glede dojenja.

V kvalitativno raziskavo je bilo vključenih 24 mater, s katerimi smo opravili pol-strukturirani individualni intervju. V raziskavi smo preverjali, kako različni načini partnerjevega vključevanja podpirajo materino vzpostavljanje in vzdrževanje dojenja. Matere smo vprašali o njihovih partnerjevih: 1) informacijah o pomembnosti dojenja, 2) tehnični pomoči materam, 3) podpori in opogumljanju matere in 4) partnerjevi odzivnosti na mater. Naš vzorec je ugotovil pozitiven vpliv na raziskovane vidike na matere v procesu vzpostavljanja in ohranjanja dojenja. Poleg tega pa se je pokazala pomembnost čustvenega stika med partnerjema. Očetje imajo v tem procesu pomembno vlogo; njihova prisotnost, čustvena povezanost in aktivnostjo, predstavljajo varnost in podporo, ki matere pomirja.

Psihološka in vedenjska partnerska podpora materam ter čustveni stik med partnerjema v materini stiski ob dojenju,sta pomembna dejavnika uspešnega vzpostavljanja in vzdrževanja dojenja.

Ključne besede: stiska ob dojenju, vzpostavljanje in ohranjanje dojenja, partnerjeva pomoč, čustveni stik z doječo materjo, rahločutnost

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Abstract

The process of initiating and maintaining breastfeeding is challenging and may be filled with distress. It is influenced by many factors, including relationships with significant others, which can have either a positive or a negative effect. This study examines how breastfeeding initiation and maintenance, and the emotional ease of the mother during nursing are affected by the relationship with her partner or baby's father in the context of emotions and beliefs relating to breast feeding.

This qualitative study included 24 mothers, who participated in semi-structured individual interviews. The study looked at how the various types of partner involvement supported the mother's initiation and maintenance of breastfeeding. The mothers were asked questions : 1) about their partner's knowledge on the significance of breastfeeding, 2) about their partner's instrumental assistance for the mother, and 3) their support and encouragement of the mother, and 4) their partner's responsiveness to the mother. Our sample manifested positive impacts of the studied aspects on the mothers in the processes of breastfeeding initiation and maintenance. Additionally, further evidence was found for the significance of emotional attunement between the partners. Fathers play an important role in this process; their presence, emotional connection and active involvement provide the security and support that put the mother at ease.

When the mother is distressed about breastfeeding, her partner's psychological and behavioural support, and the emotional attunement between the partners are vital factors in the successful initiation and maintenance of breastfeeding.

Keywords: breastfeeding distress, initiation and maintenance of breastfeeding, partner's help, emotional attunement with the breastfeeding mother, sensitivity

1. Introduction

The World Health Organization and the American Academy of Paediatrics (Eidelman, 2012) recommend exclusive breastfeeding in the first six months of the baby's life and breastfeeding up to two years of age, or as long as mother and child feel they should do it. Breastfeeding is recommended primarily for its health benefits for both the child and the mother (ibid.), and it is also associated with positive social-emotional outcomes for both of them (Jonas et al., 2016). Davidson et al. (2019) find that breastfeeding benefits not only the child and the mother but society as a whole. Therefore, there is no doubt about

the importance of promoting breastfeeding initiation and maintenance within the nursing couple and family.

The duration of breastfeeding is related to psychological, socioeconomic and health factors (Thulier, 2009). Breastfeeding is emotionally, socially and physically demanding – it requires commitment, energy, time, getting up at night etc., which is why support in the sense of providing emotional, informational and/or instrumental assistance is essential and has a positive effect on initiating and maintaining breastfeeding. The World Health Organization and UNICEF likewise recognise social support as a key strategy for increased breastfeeding (Meedya et al. 2010). Mothers often seek social support through friends, family and social media (Hoddinott et al., 2012), but in many cultures, it is the partner who plays an important role in the initiation, exclusivity and duration of breastfeeding (Davidson et al., 2019).

When consulting young families, professionals often observe considerable distress in initiating and maintaining breastfeeding, and a lack of relaxation and joy in the act itself. The insecurity, anxiety and overexertion of mothers and their partners are reflected in diminished initiation and maintenance of breastfeeding.

The grandmothers' support to the new parents in initiating and maintaining breastfeeding should be a natural and welcome thing. However, today's mothers often cannot rely on grandmothers for support because they had babies in the age when mothers were quick to resort to formula milk and childcare leave was short. Their generation lacks the experience of understanding the benefits and point of investing efforts into breastfeeding (Folden Palmer, 2007). Their emotional memories of breastfeeding may be unresolved. For this reason, they can be insufficiently sensitive or empathetic in their responses to their daughters or daughters-in-law. Research that seeks to understand the emotional burden of the previous generation and the associated significance of partner support has been scarce.

Considering the above and the development of social roles within the family relationship network in the past decades, the authors of this study were particularly interested in the partner's role in breastfeeding. The main objective of the study was to examine how new mothers experience the role of their partners and the baby's fathers in the successful initiation and maintenance of breast feeding in the context of familial relationships, and in the context of emotions and beliefs related to breastfeeding. The study explores how male partners understand and support nursing mothers in this process.

The term 'partner' used in this article describes both men who are married and men who are living in cohabitation with a woman.

1.1. The significance of emotional attunement for the breastfeeding

Siegel (2007, 2017) defines attunement as focus on one's inner world or the other's inner world – in the latter case the persons remain differentiated yet connected in the moment with a sense of "feeling felt", which makes them feel energised, alive, understood and at ease. It is a state of being focused on another person or the established congruence, which may take place at the emotional, cognitive and physical level (Stepišnik Perdih, 2020).

After childbirth, the relationship between the partners is put to the test; they will either begin to resolve it or it will spiral and break up (Kompan Erzar and Poljanec, 2009). In these complex feelings, there is potential for developing the partner relationship. The baby's helplessness also makes the parents feel helpless and powerless. For adults, recognising and sincerely expressing these feelings can be a challenging test which also offers an opportunity to get in tune with each other, bringing calmness. This is the basis of mutuality, which is wonderfully captured in the words of Daniel Stern (1998), which describe interpersonality as awareness that "I know that you know that I know!" Their distress about the baby is a chance for the parents to attune and connect with each other at a deeper level and feel increasingly relaxed and safe. You can only open to your partner when trusting him to understand and support you. In such relationships, emotional issues related to breastfeeding can be shared topics, which disburdens the mother. On the other hand, when a relationship is no longer a source of security, everyone feels more insecure and alone (Rožič, 2018).

1.2. The significance of the partner in the initiation and maintenance of breastfeeding

In the meta-analysis conducted by Davidson et al. (2019), 4 main categories of supportive partner behaviour were identified, as follows:

- Knowledge: gathering information, learning and utilising knowledge about breastfeeding, including the ability to troubleshoot breastfeeding issues.
- Help: tangible, practical help with household chores, care for the baby and care for the mother, help between feedings.
- Encouragement: showing a supportive attitude to the mother and breastfeeding, showing he would like her to continue breastfeeding.
- Responsiveness: sensitivity to the mother's needs, respect for her decisions, progress towards autonomy, effectiveness, co-parenting and development of knowledge/help/encouragement in ways acceptable to the woman.

Individual behaviour categories had different effects on the initiation and duration of breastfeeding.

The partner's support plays an important role in the initiation of breastfeeding (Davidson et al., 2019; Mwamba Muswamba 2019). The partner's presence and involvement (help) (Meedya, 2015) in the early postnatal period and the partner's preference for breastfeeding (encouragement) (Sherriff, 2009) were both associated with improved breastfeeding initiation.

Most studies in the meta-analysis by Davidson et al. (2019) found that the partner's behaviour such as knowledge, and the partner's help or encouragement have a positive effect on breastfeeding duration in the case of appropriate emotional responsiveness in the partner (Poljanec, 2016; Sherriff 2009; Folden-Palmer, 2007), or in cases when these forms of behaviour were offered in a way which was sensitive to the mother's needs (Poljanec, 2016; Sherriff 2009; Folden-Palmer, 2007). If these forms of behaviour were present without appropriate emotional responsiveness, the duration of breastfeeding duration was shorter (Tronick, 2007; Meedya 2015; Poljanec, 2016).

Giugliani et al. (1994) found that the father's opinion about breastfeeding is the most important factor associated with breastfeeding, regardless of the mother's age, formal education, ethnicity and marital status.

The studies established that negative effects diminished only in the case of support that maintained autonomy and self-efficacy, and encouraged inclusion of the individual and positive behaviour in an indirect way. Therefore, what is crucial is mutual decision-making and show of support for the wishes, needs and desires of the nursing mother (Stern, 1998, 2004), who must feel that her feelings are understood and valued (Yan, 2017). At such times, oxytocin is released, a hormone which triggers feelings of joy, togetherness and happiness in the body (Hurleman et al., 2010; Poljanec, 2019), and this supports breastfeeding.

Abbass-Dick et al. (2019) arrived at similar conclusions, which are that co-parenting support, involved parenthood, division of labour, effective communication and solving problems and conflicts are all important for the quality of breastfeeding. In cases when help was only practical or instrumental, some women even experienced it negatively, as a message that they cannot handle everything by themselves. Only help offered with sensitivity has a reassuring effect. Emmot et al. (2015) also argue that practical assistance without emotional support can have the reverse effect. Partners and relatives may offer practical help in terms of assuming care for the baby – soothing, cuddling, babysitting or feeding. The latter involves a change from breastfeeding to bottle-feeding. Help offered to the mother without consideration of the mother's emotional distress or other experiences in the breastfeeding process can quickly become an intervention into breastfeeding with substitute methods of feeding. This means that the partner should offer support which is responsive and attuned to the

woman's needs. When a woman and her partner can work as a breastfeeding team, it is more likely that supportive behaviour will emerge and be reflected in the improved self-efficacy of the mother and her partner (Poljanec 2016; Mercer, 2001; Shapiro, 2002) and in improved breastfeeding outcomes (Shapiro, 2002; Zaki et al., 2002).

Similarly, mothers in an Australian qualitative study (Morse et al., 1992) reported being put at ease by the partner's recognition of their needs and by the fact that they actively responded to them, did the housework, reassured them about breastfeeding and believed in them and their ability to perform. Crucially, the partners themselves wanted to be involved, which lowers the mother's emotional stress and affords them a sense of relaxation, safety and faith in the partner. Scott et al. (1997) examined how breastfeeding is influenced by the partner's/father's supportive attitude to breastfeeding, and they calculated that mothers whose partners favoured breastfeeding rather than formula milk, had 10 times better chances of initiating breastfeeding than mothers whose partners favoured formula milk or were neutral on the subject. Especially in situations when the mother is distressed about breastfeeding, partners who are unsupportive of breastfeeding or neutral about it cannot encourage the mother to persist in breastfeeding and pursue her basic motherly urge. The study of Poljanec et al. (2016) found that the father of the children is one of the key figures for the mother who acts as the key supporter in breastfeeding, or, conversely, as the main discourager (Poljanec et al., 2008).

2. Methodology

2.1. Participants

The aim of this study was to examine mothers' experiences of their partners' support while initiating and maintaining breastfeeding. The study included 24 nursing mothers between 20 and 42 years of age. Conditions for participation included the child's age (from four months to three years) and the absence of specific medical diagnoses or conditions in the child that would require an adjusted diet. 14 of the mothers had given birth for the first time, 6 for the second time, 2 for the third time, 1 for the fourth time and 1 for the seventh time. Mothers with several children had separate interviews about breastfeeding for each child. Regarding the type of partner relationship, two mothers lived with their partners in cohabitation, 21 were married and one mother was divorced at the time of the interview but had been married while breastfeeding. All the mothers participated voluntarily, and their anonymity was ensured.

2.2. Sampling

Invitations to participate in the study were received by mothers attending a professional guidance group for mothers in the postnatal period, called the Group for Young Mothers (Kompan Erzar et al., 2008), and by mothers undergoing a regular paediatric examination with their baby. The sample was not random.

2.3. Research question

The main goal of the study was to analyse how the partner´s role impacts on the mother's initiation and maintenance of breastfeeding in the context of emotions, partnership emotional connection and breastfeeding-related beliefs. Our key interest was to analyse the categories of supportive partner behaviour that were identified in the meta-analysis conducted by Davidson et al. (2019) on a sample of Slovenian mothers; namely, do mothers experience their partner's knowledge about breastfeeding, help, support, encouragement and responsiveness as helpful in the process of initiation and maintenance of breastfeeding.

2.4. Method and tools

The research consisted of two parts. The first part was a brief survey, which was carried out to collect basic demographic data about the interviewees. The second part was a semi-structured individual interview, which assessed the process of breastfeeding and the concurrent impact of the partner's role or partner relationship in the primary family unit.

The collected data was processed using the thematic analysis method (Braun et al., 2006). Two therapists and two psychotherapy students reviewed the material independently of each other, evaluated the content of the answers, then coded them and classified them accordingly. The categories were defined with reference to the findings of Davidson et al. (2019).

3. Results

The analysis of data collected from in-depth interviews confirmed that the sample of Slovenian mothers also showed that the mothers experienced the categories studied as significant support in breastfeeding initiation and maintenance, and another category was evidenced in the course of the study: emotional attunement in the partner relationship. The results for each category are presented below.

3.1. Partner's knowledge about the significance of breastfeeding.

The category 'knowledge about the significance of breastfeeding' was defined as the person's knowledge of the basic facts of breastfeeding (breastfeeding is

the best nourishment for babies, the frequency and length of feeds, where to get help with breastfeeding etc.) and more complex knowledge about breastfeeding (effective approaches to problems, knowing and understanding factors that affect breastfeeding).

Here is an example of basic understanding of breastfeeding, or as one mother called it, "to get breastfeeding".

"Although he didn't have any deep knowledge about breastfeeding, he could 'get it' and supported it. That was really great because there was no question about whether I should breastfeed or not /.../."

What follows is an example of a mother who found her partner's complex knowledge about the benefits of breastfeeding very helpful.

"My husband is an advocate of breastfeeding, so we were determined throughout that I will breastfeed and that it was the only option. My husband works in medicine, so he knows how important it is. I always felt his approval and encouragement, but most importantly – no pressure (as to when, is it enough, how...)"

Here is an example of a father having no such knowledge.

A (interviewer): Who did you perhaps wish to rely on, but couldn't?

B (mother): Perhaps I wanted my husband to be more specific in telling me what I should do, which obviously he couldn't... Should I even bother with breastfeeding? Should I add formula or not? Then he would say whatever I said.

A: Yes.

B: Perhaps that, but it would be unrealistic to expect...

A: Right, but if you're completely honest, would it help you?

B: Yes. If he said, look, it's okay as it is, and if he had a clearer opinion about breastfeeding...

3.2. Partner's instrumental assistance to the mother

This consists of helping the mother with technical tasks that facilitate the work process for the mother – providing her with food and drink when nursing, care for any siblings, help with night feeds such as bringing the baby to bed, helping burp the baby, help with the housework etc.

Examples of mothers' answers when the fathers provided such assistance:

"In our family it was very obvious; when I came home from hospital, the husband took over the cooking and other important things (e.g. the paperwork to apply for child benefits, parental allowance etc.), which I absolutely couldn't deal with at the time. That way I could focus all my energy and attention on the baby and breastfeeding."

"I remember very well how I was breastfeeding when I suddenly felt pangs of hunger and my husband brought me grilled sandwiches while I was still nursing. He was often on stand-by, especially in the early weeks, when I was trying to find the best breastfeeding position. Night-time breastfeeding was feeding time for me, too... my husband kept up a supply of milk from a farm, because I craved dairy meals. He often teased me that an elf must have visited us at night again and eaten all the puddings."

"My husband made breastfeeding easier for me by taking care of our other kids in the meantime, bringing me some water or a cushion to prop me up."

"When I had my first baby, I hadn't graduated yet /.../. My husband would come to class with me and the baby, because he was on paternal leave and minded the baby, and I could feed the baby when he was hungry."

"His responsiveness to me after birth and the first months was different for each baby, with the first one it was perhaps the most intensive, focused on my well-being, and with every next baby (we have four), my husband's help was mostly logistical, making sure everything was running smoothly, driving the kids to activities, doing the shopping etc. This meant a lot to me, and it definitely had a positive effect on breastfeeding."

3.3. Partner's support and encouragement

This category includes partner's behaviour such as showing a supportive attitude to breastfeeding, showing appreciation for the mother's breastfeeding efforts, showing support for its continuation and a willingness to back her up, advocating breastfeeding and encouraging the mother to nurse outside the home.

Examples of answers:

"He just felt it was normal for me to breastfeed and he often told me he was happy, proud, satisfied... this meant a lot to me."

"It meant an awful lot to me that he also advocated breastfeeding outwardly. If others said anything against it, my husband just hushed them and said that babies should be breastfed for two years anyhow. For example, at my husband's brother's house, my husband supported me to breastfeed in company, but my sister-in-law nursed in private. For us it was normal and logical to nurse as much as you want and whenever you want. This gave me so much strength to relax when breastfeeding and deal with the tough times."

"It meant a lot to me that we could think together about what kind of help to get, who to ask and what we can do, what would I need..."

"When my mother-in-law told me to give the baby the bottle, he told her our decision was different. I felt protected."

3.4. Partner's responsiveness to the mother

This category includes sensitivity to the mother's needs, respect for her decisions, progress towards autonomy, effectiveness, co-parenting and development of knowledge/help/encouragement in ways acceptable to the woman.

"Yes, he always told me to do what I felt was right, to ignore others, and this reassured me."

"By being so adaptable and accepting my wishes he had a very soothing effect on me and my well-being."

"My first daughter nursed for a very long time, and a feed could last as long as an hour, with naps in between. While I was glued to the sofa, my husband brought me all sorts of things – from water, food to cushions, anything I needed. Eventually, a glass of water or some fruit just appeared at my side without me saying anything."

3.5. Partner's emotional attunement

As the data was analysed, another category became manifest: emotional attunement. Being emotionally attuned with the wife/partner means being able to recognise the mother's mood, well-being and her needs, to show acceptance of these and a sensitive response to them. It also includes acceptance of and respect for the mother's decisions.

"It meant a lot that he sensed when I was distressed or if people close to me gave me a hard time about breastfeeding. He stood up for me and I didn't have to always battle and defend myself."

"He trusted my instincts. That's why I could be perfectly relaxed, and breastfeeding came very easily."

"My daughter was breastfeeding less at about 4 or 5 months old when she had stomach trouble, so one day I had less milk and she cried a lot during the feed. I was afraid I couldn't give her enough. My husband reassured me that everything was going to be fine, that there'd always been enough milk, but I remember I couldn't let go and I insisted we should have some formula in stock, just in case. My husband went out to get the formula right away. My baby rejected that, too. Then my husband said something like "I had a feeling she wouldn't want the formula, but having it made you calm." Pretty soon, my baby had a good feed and fell asleep. I think my husband felt that I needed more than just encouragement at the time, I needed plan B to calm myself, but he also didn't lose faith that I could give the baby what she needed."

4. Interpretation

To sum up the results, the mothers found it helpful if their partners had some knowledge about breastfeeding. Just a basic awareness that breastfeeding was the best nourishment for the baby was enough. Mothers whose partners did not know this found it harder to reflect on their thoughts and experiences with them. Where the fathers did not show an awareness of the importance of breastfeeding, the mothers were more agitated and missed a supportive partner attitude to breastfeeding, which is also consistent with other theoretical premises. How informed the partner is affects the mother's sense of ease and value; by his interest and involvement in the process whereby the mother can naturally and spontaneously ensure her baby's survival, the partner validates this subject. The mother can experience great anxiety particularly in cases when breastfeeding is a challenge, because her capacity to nurture the baby is threatened. Since this is an intrinsic physiological urge, it is so much more important that the mother has her partner's agreement and validation on this subject. A parent can suffer extreme distress if not supported or even has strong differences with the other parent about the subject they perceive as fundamental in baby care (Poljanec et al., 2016).

The significance of instrumental assistance to the mother was likewise confirmed. The mothers most often received practical help from the fathers, who would take over certain tasks: care for the mother's meals during feeds, care for the siblings etc. The mothers reported this made breastfeeding significantly easier as it helped them dismiss other tasks from their mind and focus on breastfeeding. It is a key element of the partner relationship at this stage, because it carries the message of affection for the mother. For mothers, such partner activity is of profound significance, because it gives the mother the space and time to breastfeed. It gives the mother a sense of security, that the partner will take care of certain things and she can rely on him (Kompan-Erzar et al., 2009; Folden-Palmer, 2007), which physically and emotionally relaxes the mother and deepens trust, so that she can emotionally and physically focus on the most vulnerable interaction (Kompan-Erzar et al., 2009).

The father's attitude and activity through support and encouragement for the mother can positively impact breastfeeding. The mothers reported that breastfeeding was made easier by their partner's support in protecting the mother and breastfeeding in interactions with other people who expressed different or even opposite views on breastfeeding, and by the partner openly expressing pride and praise for the mother. Hansen et al. (2018) state that partner support and encouragement significantly contribute to the intention, duration and exclusivity of breastfeeding.

Regarding the categories proposed by Davidson et al. in their meta-analysis (2019), we considered the potential differences between support and encouragement. These are similar processes, but encouragement in itself does not necessarily include any explicitly expressed support to or opinion of breastfeeding, but it may be related to the ability to emotionally attune with the nursing mother and, based on this, to respond to her in an encouraging way.

The statements of some of the interviewees indicated that it is not the knowledge or type of information that is crucial, but the way in which it is conveyed. Many authors agree on this point and argue that the essence of a relationship is the capacity for emotional attunement and empathy rather than knowledge and communication techniques: Abbas Dick et al. (2019) emphasise that information must be conveyed in tune with the addressee – the mother. Stern (1998) had established a few decades earlier that the key aspect of a relationship and interaction is the capacity to feel each other in a given moment (in this case the partner's capacity to tune into the mother's inner world and attune his message to her), which is experienced by the other (in our case the mother) as being recognised – this reassures her. One of the interviewees in our study reported, for example, that she could relax as a nursing mother when her partner sensed her instincts and was able to show this to her, which, in her words, is how she knew he knew about her instinct. This deepened their connection and reinforced her attitude to breastfeeding. In such relationships, emotional issues related to breastfeeding are shared, which disburdens, encourages, and empowers the mother and lowers her stress. In such an environment, the mother can initiate breastfeeding and maintain it even when she faces a crossroads, where one option is to give it up.

Similarly, Yan's study (2017) finds that the recipient must feel that her feelings are understood and valued. What matters to a mother in a partner or wider community, is an attitude of emotional recognition, consideration and attuned responses to her. In the case of mere agreement with views or even emotionally inappropriate communication of information or responses the mother can feel ignored in her inner world and therefore uneasy. For the breastfeeding process, such relational anxieties are an inhibiting factor, because, as argued by Kompan Erzar et al. (2009), the baby's needs (also for food which is a priority in the first period of the child's life) can only be fully met by a calm mother.

The father's attitude and breastfeeding process are strongly correlated. These findings prompt us not to overlook the father's role in the breastfeeding process in terms of his attitude to breastfeeding. In this sense, it is critical to strengthen various programmes that increase paternal awareness of the significance of breastfeeding, their support and their role in making the mother feel safe.

5. Conclusion

This study broaches an important topic in Slovenia. Certain aspects of fatherhood development are well covered in Slovenia with mechanisms that promote the father's role (optional presence at delivery, mandatory parenting class before birth, paternal leave etc.). However, in terms of promoting paternal support in breastfeeding, both physical and emotional, there is a need to increase awareness of the father's role, in particular with regard to emotional attunement.

This study contributes interesting findings that could be useful in developing programmes of support for parenthood and breastfeeding. However, it should be noted that the study only included 24 mothers, which is why its results cannot be generalised to the broader population. In this respect, more extensive research is needed, and longitudinal studies would be of interest. Furthermore, this study mostly included mothers who were highly motivated to breastfeed, which colours the results to a certain extent. It would therefore be reasonable for further studies to include a greater number of mothers who have doubts about breastfeeding or perhaps reject it.

Nevertheless, this study makes a valuable contribution towards understanding how reassuring it is for the mother's well-being and breastfeeding process to have a partner who is able to operate in distinctly paternal ways within the discussed categories – to have information and a positive attitude to breastfeeding, be prepared to offer instrumental assistance, trust the mother, encourage her, strive for emotional attunement with her, feel and understand her and protect her from the pressure of beliefs and emotional insensitivity within family relationships. This is the spirit that drives the continuous development of programmes which increase the awareness of mothers and their partners about the significance of breastfeeding, programmes which reinforce partner relationships in the perinatal period, understand generational transfer of emotions and learn the skills needed for emotional attunement.

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