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Exploring Nurse Responses to Spontaneous Breastfeeding Episodes During Routine Infant Health Checks in Finland: A Multimodal Conversation Analytic Approach

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ABSTRACT

Support for mothers' uptake and longevity in breastfeeding is a global health priority. The benefits of breastfeeding are well documented, ranging from immediate health benefits for the infant that include provision of the best nutrition, to longer-term impacts such as reducing the risk of future digestive complications and obesity in adulthood. We analyze how impromptu breastfeeding might be supported by health-care nurses in Finnish maternity and child health clinics during routine infant health checks. The video data analyzed explore naturally occurring breastfeeding during these clinic encounters, using the analysis of ethnomethodology and conversation analysis (EMCA) approach to explore breastfeeding interactions between mothers, infants, and nurses. Findings demonstrate that, in extract 1 the nurse makes herself freely available, offering verbal and physical support when needed, and in extract 2 the mother manages a close intimate interaction feeding her baby whilst also engaging in knowledge exchange regarding important information with the nurse. We discuss how spontaneous breastfeeding interactions during routine clinic visits provide opportunities for nurses to support breastfeeding, where they are acknowledged as rather complex activities requiring focus. Considerations for professional practice are made by exploring how these early perinatal visits provide opportunities for nurses to observe and converse with mothers about how they are managing breastfeeding. A further conclusion suggests that an EMCA methodological exploration of breastfeeding interactions can inform future nurse practice in Finland and other countries.

Why research breastfeeding?

Research has provided much evidence for the unequivocal benefits of breastfeeding for infants and mothers, prompting government initiatives and advice that supports and encourages breastfeeding uptake and longevity. Examples of physiological health benefits for the infant include reduced risk of asthma, obesity, type 1 diabetes, severe lower respiratory disease, acute otitis media (ear infections), sudden infant death syndrome (SIDS), and gastrointestinal infections (National Health Service [NHS], 2023). Physiological benefits for the mother include lowering the risk of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer (Ibid, 2023). Psychological benefits for mothers have also been found, where breastfeeding can protect against postnatal depression (Brown et al., 2016).

As well as these health benefits, breastfeeding affords an intimate tactile connection between the mother and child. The positive consequences and health benefits of interpersonal touch are well established (e.g., Field, 2014) as well as its importance for communicating affect in close relationships such as caregiver-child (Bowlby, 1969; M. H. Goodwin & Cekaite, 2018; Hertenstein, 2002; Montagu, 1971). During breastfeeding, caregiver and infant have an ongoing tactile-corporeal connection that enables an ongoing affective communication between the participants and maintenance of the intimate relationship.

Despite this compelling evidence, countries with the highest income are the least likely to continue breastfeeding after 6 months (Victora et al., 2016). Some physiological issues that reportedly impact the uptake and longevity of breastfeeding can include pain, discomfort, and difficulties with “latching” the infant to mother's breast, mastitis, and thrush in infant mouth and mother's nipple (Tait, 2000). Maternal worries about insufficient milk production and infant intake (Piccolo et al., 2022), life choice decisions (e.g., mother returning to work) and restrictive environments that prompt mothers to worry about feeding in public also present barriers to continued breastfeeding (UNICEF, 2023). Each of these issues holds potential for mothers to prematurely stop breastfeeding, putting them at risk of postnatal depression if they feel forced to stop before they want to (Brown et al., 2016).

With all these factors in mind, further research into support for breastfeeding in the context in which the activity occurs is important to mitigate such possible barriers.

Why research breastfeeding in Finland?

Finland holds one of the highest breastfeeding initiation rates of high-income countries, with 99% of mothers starting breastfeeding on the birth of their infant (Laanterä et al., 2010). Once breastfeeding is established, the World Health Organisation

(WHO) recommend that infants should continue to be breastfed *after* 6 months and ideally until they are 2 years, with the inclusion of other foods (World Health Organization [WHO], 2023). Although statistics in Finland report just 1% of exclusive breastfeeding at 6 months, the rates of mixed breastfeeding with the inclusion of other foods at 6 months are 60% (Laanterä et al., 2010).

Given the high breastfeeding rates in Finland and the promotion of breastfeeding by various health authorities, there is much to explore regarding the support in place that could potentially inform other countries. Of particular interest is the relatively underexplored issue of how mother and infant are supported when breastfeeding in the actual setting of the activity. Although vast amounts of research inform the holistic benefits of breastfeeding and perceptions of breastfeeding, much less is known about the interactive mechanics of the activity of breastfeeding itself, and how such complex breastfeeding activity is supported in its various contexts. Health-care settings in Finland provide rich potential for such exploration.

Identifying intercorporeal formations of breastfeeding as complex

Although breastfeeding is considered an innate ability where women are born with the “natural skill” to produce and dispense milk to their infants, this perspective undervalues the complexities surrounding breastfeeding and the need for mothers to receive essential guidance and support (Locke, 2012). Viewing breastfeeding as an innate activity across race and class does not take into account cultural variations in breastfeeding practices. For example, ethnographic research exploring how breastfeeding involves the intertwining of language, touch, and emotion in Mayan mother-infant breastfeeding interactions reveals a *soothing nursing niche* “as the locus of the infant’s emerging sociality and inter-subjectivity by providing a communicative habitat” in which cultural norms are learnt (de León, 2021, p. 158). Breastfeeding interactions, then, can offer opportunities for transmitting complex cultural practices and close emotional bonding. Mothers who experience problems with breastfeeding due to various complex medical and social issues, such as having an ill child in hospital (Hookway et al., 2021) or having an infant removed by social services (Critchley et al., 2022), can experience depression.

Importantly, breastfeeding in the everyday lives of families includes various types of social contexts and interactions that also involve other people besides the mother-child dyad, often co-producing multiactivity as “a social, verbal and embodied phenomenon, manifest in people’s participation and conduct in interaction” (Haddington et al., 2014, p. 3). Such multiparty activity is of current importance to explore, due to the recent suggestion that such everyday conversations have a primarily dyadic preference where “consistent inclusion of multiple individuals is difficult to achieve” (Stivers, 2021, p. 16). In addition, Stivers (2021) calls for further research to test out this possibility in different contexts that might include children, institutional

interactions, and “other cultures” – all of which are addressed in this current article.

Bringing two or more participants together in an interactional space can be referred to as a “*participation framework*” (Goffman, 1981) where forms of verbal and non-verbal involvement are collaboratively attended to by speakers and hearers in co-occurring action (C. Goodwin & Goodwin, 2008). In face-to-face interactions, participants’ gaze is perceived as a crucial means to address other co-participants (Lerner, 2003), show listening (Ruusuvuori, 2001), as well as manage participation (M. H. Goodwin, 1980). Other resources used by members in their co-production of interaction involves “professional vision” which can be explained as

the ways in which relevant communities organize the production and understanding of such representations through the deployment of situated practices articulated within ongoing processes of human interaction. (C. Goodwin, 1994, p. 628)

For example, health-care professionals who are involved in infant health checks, as in this article, orient specifically to health issues relevant to mother-infant dyads in ways that co-produce a participation framework centered around health. We argue that exploring breastfeeding interactions in detail, as they occur in the presence of a health professional, helps better understand how the activity might be supported in situ. Giving focus to the interactional intricacies involved in the intercorporeal connections of infant and mother when breastfeeding offers a rich understanding that breastfeeding is often not without its challenges.

Participation frameworks can intersect with *corporeal arrangements* (de León, 2012; Ochs et al., 2005, p. 555) that refer to bodily configurations and positioning in space. These bodily arrangements, also known as haptic formations (Cekaite & Kvist Holm, 2017) or tactile arrangements (Katila, 2018a), often involve a corporeal “being-with” through touch (M. H. Goodwin, 2017; M. H. Goodwin & Cekaite, 2018). For example, when participating in multiparty interaction, the caregiver and infant are often positioned in space together as a relationship “unit,” connected through touch (de León, 2021; Katila, 2018a, 2018b). Such tactile arrangements enable the existence of various types of multiparty participation frameworks with other participants, while the tactile “being with” provides a medium for constant touch-mediated communication.

The interaction analysis of such bodily arrangements in intimate intertwining (M. H. Goodwin, 2017; M. H. Goodwin & Cekaite, 2018) can provide much-needed exploration into multiparty breastfeeding interactions involving other people besides the mother and infant dyad, affording demonstrations of the complexity of the activity as it unfolds. This is particularly a useful insight for first-time mothers with newborn infants where, up to now, embarking on a breastfeeding journey has been approached as intuitive and quite functional. In this article, we focus on the intertwining of two mother-infant (tactile) breastfeeding arrangements where verbal and gaze-mediated participation frameworks are co-produced with the health-care worker during routine infant health checks, recorded from Finnish maternity and child health clinics (see Homanen, 2013; Tiitinen,

2015). The aim is to explore the details of the unfolding interactions and how they are attended to in situ.

Materials and methods

The video data analyzed in this article are from a larger project titled *Touch and Affect in Health Care*. All data associated with the project are owned by the Tampere University.

The naturalistic recordings were taken from static video cameras that recorded 143 entire visits of mother and infants to four Finnish maternity and child health clinics during 2006–2008 (see more Homanen, 2013; Tiitinen, 2015). The videos involve family members (usually mothers) bringing their infants to the health-care clinic for a routine health checkup. The nationwide Finnish system of maternity and child health care offers these free-of-charge checkups to all babies and their families. The encounters that are led by the professionals include monitoring the baby's development, growth, and well-being, and offering health-care consultations and services for the families. During these visits, 14 cases of naturally occurring feeding occurred (6 bottle feeding, 8 breastfeeding). The mothers were not asked to demonstrate how they feed their babies; the feeding was initiated spontaneously in the encounters. In the Finnish context, most mothers are given assistance and guidance on breastfeeding in the hospital at the time of birth. In the current study, we focused on cases of breastfeeding ($N=8$), at the ages of 2 weeks ($N=3$), 2 months ($N=1$), 1 month ($N=1$), and 5 months ($N=3$).

The data collection followed the Finnish National Board of Integrity's ethical guidelines for collecting and handling data. Permission to collect the data was given by the participating maternity and child health services' ethical board (SOTE:3827/403/2006) (see Homanen, 2013, p. 99; Tiitinen, 2015, p. 55). The data include information gathered from infants accompanied by their parents, and written informed consent was obtained from the parents for the data to be used in future scientific studies (see Homanen, 2013, pp. 405–406 for the original research information sheets and their English translations).

Benefits of an EMCA approach to studying medical interactions

Ethnomethodology (EM) (Garfinkel, 1967) and conversation analysis (CA) (Sacks et al., 1974) help to uncover the interactional details of people's everyday naturally occurring lives. Illustrating the careful interplay of multimodal and multisensorial resources to produce moment-by-moment action, EMCA provides information on how participants of interaction co-operate in making sense of their social worlds (C. Goodwin, 2018). Whereas ethnomethodology is interested in the everyday organization of people's lives more generally, conversation analysis aims to extend this by exploring the sequential turn taking in talk and gesture that reveal the mechanics of such everyday organizational practices (Mayor & Bietti, 2017). Of particular interest here is that EMCA has been successfully used to explore the ways in which professionals go about their daily activities to co-produce professional practice. Research in this field reveals the ways in which

“professional vision” is demonstrated (C. Goodwin, 1994) through verbal and gestural actions. It is argued that, by examining in detail the actions of professionals,

Analysis of the methods used by members of a community to build and contest the events that structure their lifeworld contributes to the development of a practice-based theory of knowledge and action. (C. Goodwin, 1994, p. 606)

Importantly, especially in professions requiring hands-on body work (Twigg et al., 2011), professional vision includes professional touch – or ways of touching that support the relevant health-care tasks in accordance with their professional vision (Katila & Philipsen, 2022), including, for instance, forms of palpating, investigating, and supporting (Kuroshima, 2020; Merlino, 2020; Nishizaka, 2007) the patient's body in ways that highlight (C. Goodwin, 1994, 2018) areas relevant to health-care tasks, such as diagnosing illness (Bateman, 2016).

Reviews of the use of EMCA in medical research have demonstrated the benefits of understanding in more detail the interactions between nurses, patients, and relatives (Jones, 2003; Mayor & Bietti, 2017), including revealing asymmetries among the participants and offering impactful advice for medical professionals (Antaki, 2011). Not only does EMCA provide detailed transcription (please see Appendix for transcription conventions used in this article) and analysis of medical interactions that support a high level of researcher objectivity, it also reveals how the participants use the care environment during routine medical procedures (e.g., Heath et al., 2018), enabling insight into efficiency and materiality. Such an approach can directly inform both professional practice and effective environments in medical settings internationally. It is the EMCA approach for analyzing breastfeeding interactions that makes this study unique and of pivotal importance to directly inform everyday practice.

Here, we are particularly interested in using an EMCA approach for the analysis of spontaneous breastfeeding interactions during routine infant health-care visits. In this article, we analyze the triadic interactions of mother, infant, and one health-care nurse (who is the nurse for both families seen below). Other interactions in the dataset are multiparty, with twins, and/or fathers present.

Research questions

- (1) How are spontaneous breastfeeding interactions treated by nurses during routine infant health-care visits?
- (2) What interactional resources do nurses use during these interactions, and to what end?

Results: how breastfeeding interactions are co-produced in clinical encounters

In the following analysis, we will provide a detailed exploration of two cases of spontaneous breastfeeding interactions in the Finnish child health-care clinics. The same nurse is present in both encounters. In Extract 1, we witness an emerging triadic participation framework that involves not only the mother and her 2-week-old infant

but also the nurse actively supporting the breastfeeding activity. We claim that during such moments, breastfeeding is treated as a main involvement (Goffman, 1963; see also Haddington et al., 2014), where this shared focus allows for a close “hands-on” support of breastfeeding. In Extract 2, we illustrate a case where the breastfeeding interaction is treated by the same nurse as a side-involvement (Goffman, 1963). We argue that an implicit “disalignment” unfolds regarding what activity is momentarily treated as the “main involvement,” given that the mother demonstrates balancing between two overlapping participation frameworks: one with her 5-month-old baby, and the other with the nurse.

Extract 1: breastfeeding interaction as a triadic multisensorial participation framework

In Extract 1, the nurse and mother have been talking about breastfeeding, when the baby, only 2-weeks-old, requests to

be fed by starting to cry. The mother, after unsuccessfully trying to calm the baby down by offering them a pacifier (not shown in the transcript), starts to position herself in a breastfeeding formation with the baby. The nurse then rolls her chair to be within close proximity of the mother-infant dyad, closely monitors, and offers feedback about the breastfeeding activity. Evolving into one multisensorial participation framework for a moment, full attention engaging all participants is given to the act of breastfeeding. The nurse uses her professional vision and touch to support the breastfeeding activity.

Although the nurse and mother have been talking about breastfeeding, the mother has not explicitly indicated experiencing any difficulty. While the mother starts opening her shirt to feed the crying baby (Figure 1.1, line 01), the nurse explains that the very beginning of each breastfeeding activity can be described as a “dialogue” (line 02). After a couple of tries to initiate feeding (lines 04–08), wherein the shirt keeps getting in the way (see, e.g., lines

```
01 NU: sehän on tämän ikäisenä vielä vähän=
      it is at this age still a little bit
      nu >>*looks at mom-->
      mo >>+opening shirt-->
      mo >>†gz@nur-----†gz@bab>>
02 NU: =semmosta (.) #[vuoropuhelua]=
      like a dialogue
      img #fig1.1
03 MO: [( )]
```



Figure 1.1

```
04 NU: =vä+hän että et että se täytyy välillä=
      little so one needs to just watch and
      mo -->+bringing baby's head to breast-->
05 NU: =vähän +katella+ ja ( ) ja välillä
      see a bit and ( ) and at times
      mo -->+.....+readjusting shirt-->
06 NU: vähän vielä .hhh ^ ( ) sit mua(?)
      a little bit still ( ) and then I(?)
      ba ^head falls back-->
07 NU: rupee nukuttaa ^ja
      am getting sleepy and
      ba -->^roots to breast-->
08 MO: He[:i] ((to baby))
      hey
09 NU: [ja] mennään sieltä mutta *( ^+ )°
      and we move from there but ( )
      nu *rolls chair to mom-->
      ba -->^head falls back-->
      mo -->+...-->
10 MO: +#Niin on*
      yes it is
      mo -->+opens another button-->
      nu -->*
      img #fig1.2
```



Figure 1.2

05, 10), the mother's attention remains fixed on the baby and does not orient to the nurse. At this point, the nurse approaches them (line 09).

While the mother adjusts her shirt, the nurse continues to speak about breastfeeding (lines 04–06). Although the mother positions the baby to feed, the shirt gets in the way again (line 04–05), and the baby does not keep their head up (line 06). The nurse observes this by voicing the baby's tiredness as though speaking for them (lines 06–07), providing a possible explanation for the trouble in starting to feed. The baby angles its head toward the breast, but falls again (lines 07–09), and at this point, the nurse rolls their chair toward the pair, observing at a closer distance (Figure 1.2). By establishing this new triadic corporeal formation, the nurse is momentarily abandoning her previous orientation to talk-mediated activity and showing primary attention to the baby and breastfeeding.

As the mother continues to adjust her shirt and retries helping the baby's head to the breast (lines 10–14), the nurse is addressing the baby directly, requesting them to take hold of the mother's breast in a baby-targeted "motherese" (lines 11, 13), "linguistically simplified and characterized by high pitch and exaggerated intonation" (Fernald, 1985, p. 181; see also Broesch, 2021). By speaking for (lines 06–07) and to the baby (lines 11–13) the nurse can coach the mother indirectly, and avoids critiquing the mother while still validating and explaining the attempts to initiate the feed. The baby continues crying (line 12) and, even though their mouth is touching the breast, does not start feeding right away. The nurse, perhaps judging by the delay in initiating the feeding that some support is needed, reaches her hand toward the baby but then halts the movement (line 14, Figure 1.3) and instead verbally guides the

baby ("there," "to the mouth," lines 15, 19), and thus, indirectly, guides the mother too. At the same time, the mother gives an account of the baby's behavior ("a little tired," line 11) and, addressing the baby, asks if she is getting all nervous now (line 21). Through these actions, the baby is treated as an active participant in the triadic participation framework.

The baby then grasps the mother's nipple and starts feeding. The nurse puts her hand on the baby's head (line 22, Figure 1.4) and moves closer to the baby to observe the movement of the baby's mouth and cheeks (line 22, Figure 1.5).

By co-participating in the *corporeal* participation framework, the nurse's touch supports the breastfeeding as well as evaluates its progress. The close body position accompanied with touch allows the nurse to see and give positive feedback about the successful sucking movements of the baby (lines 22–24). As the nurse has concluded about the successful feeding, she retreats from the close formation (line 26, Figure 1.6) and makes an official announcement that "you do have a proper suction" (line 26). The nurse's utterance here makes reference to the successful latching on that has been co-produced by the mother's positioning of her breast and the baby's oral connection to it – both essential for the breastfeeding activity and noteworthy by the nurse.

In Extract 1, we find that the participants coordinate their bodies and attention into one triadic breastfeeding participation framework. The nurse's involvement supports, monitors, and evaluates the activity closely through her professional vision (C. Goodwin, 1994) and touch (e.g., Katila & Philipsen, 2022). The breastfeeding activity unfolds into being the "main involvement" (Goffman, 1963; Licoppe & Tuncer, 2014) for all participants and is

```

11 NU:  [äitistä+si [( ) +joo ni[in ota ]=
        your mom          yeah take there
12 BA:  [((wails)) [((wails)) [((wails))]
        mo          -->+adjusts shirt+holds out breast-->
13 NU:  sieltä +kuule+ ^.tk
        listen to me
        mo          -->+removes hand+
        ba          -->^head lifts to breast-->
14 BA:  *nn! ^+nn!^+*#
        *raising hand*hold-->
        ba          -->^head falls sideways^
        mo          +....+adjusts breast-->
        img         #fig1.3
15 NU:  *( ) sin[ne]+*
        there
16 MO:  [vä]+hän väsy[tää ]
        a little tired
17 BA:  [((wail))]
        nu -->*lets hand fall *
        mo          -->+adjusts shirt-->
18 BA:  ((longer wai[ls]) )
19 NU:  [suuhun]+
        to the mouth
        mo          -->+cradles baby-->
20 BA:  ((more [wails]))
21 MO:  [no ] nyt+*kö +hermo^stut^
        Well are you now getting all nervous
        mo          -->+....+holds out breast-->
        nu          *raising hand-->
        ba          ^latch^

```



Figure 1.3

22 NU: #+siel*tä IHAN+ hyvin •joo kyllä siel #alko sit=
 there very good yes it indeed started then
 mo >>†gz@bab>>
 mo -->+adjusts shirt+holds baby>>
 nu -->*holding back of baby's head-->
 nu •leans in, gz@bab-->
 img #fig1.4 #fig1.5



Figure 1.4



Figure 1.5

23 NU: =tulla .hhh otat sinne korva•an* asti=
 to come take there all the way to the ear
 nu -->•leans back, gz@mo>>
 nu -->*
 24 NU: =*tota liikettä [että]*
 that head movement
 25 MO: [Mm::]
 nu *pulls back chair a bit*
 26 NU: kyllä sulla ihan #imu on
 you do have a proper suction
 img #fig1.6



Figure 1.6

being given their full attention. Securing time in the clinic encounter for this triadic framework enables the mother and nurse to address any issues or challenges in the breastfeeding from early on, given that the baby is only 2 weeks old. It also allows for intimate hands-on guidance and help from the nurse, as the professional's full corporeal attention is being momentarily given to the activity. By being physically available and offering verbal and physical support, the nurse scaffolds the mother-infant dyad in managing the latching, as independently as they feel comfortable.

In our collection, the times when the nurses corporeally attend and support the breastfeeding activity are those with babies who come to their first clinic encounters at 2 weeks

old. When older babies come to the clinic, we find that breastfeeding can often be treated as a “side activity,” as is observed in our next example. In extract 2, we see how the participation frameworks get more complex, as there are two (or more) overlapping activities occurring in synchronicity.

Extract 2: breastfeeding interaction as a side-involvement: overlapping participation frameworks

In Extract 2, we will demonstrate the complexity of breastfeeding interactions, where the baby initiates an affective engagement with the mother during breastfeeding; meanwhile, the breastfeeding is not attended to by the nurse.

01 NU: #tarjoo kaikille +.hh+ [yli puoli]=
 is offering to all over-six-month-
 02 BA: [((babbling))]
 mo >>+gz@nur-->
 mo +nod+
 img #fig2.1

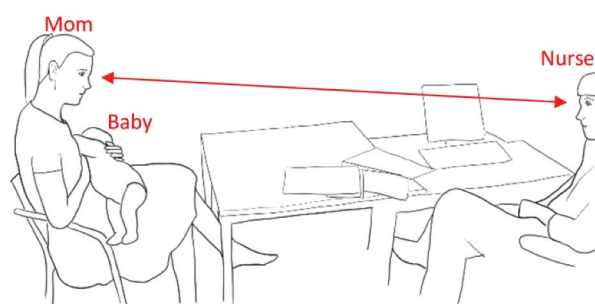


Figure 2.1

03 NU: =vuotiaill+le +et+täh- .hh nuokin pääsee +siihen
 -olds so that- those can get there too
 mo +nod---+ +nods-->
 04 MO: #oke+ti+
 Okay
 mo -->+gz@bab-->
 mo -->+
 img #fig2.2

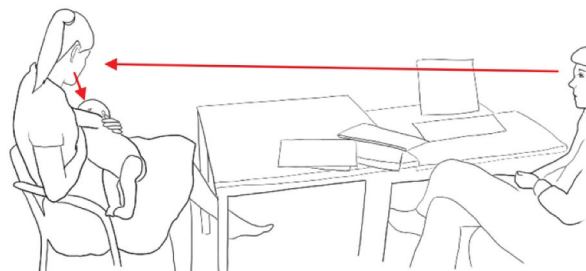


Figure 2.2.

Instead, the nurse continues to instruct the mother about a medical topic relevant for the infant's health, treating the breastfeeding activity as side involvement (Goffman, 1963). As a result, there are two overlapping participation frameworks, and the mother is managing them both: the multi-sensorial breastfeeding interaction with the baby, and the vocal/visual framework with the nurse concerning medical issues related to the infant, as a demonstrable multiactivity (see also Nishizaka, 2014). The infant in Extract 2 is 5 months old, and the mother reports breastfeeding has so far occurred successfully. As the Extract begins, the nurse is explaining different vaccinations to the mother, and the mother directs her gaze at the nurse (lines 02–03, Figure 2.1), while the baby is also interacting with the mother (line 02).

While verbally responding to the nurse (line 04), the mother turns her gaze to the baby (Figure 2.2) to address the baby's vocalization. She starts talking to the baby (line 06), overlapping with the nurse's continued turn (line 05). Perhaps attending to mother's overlapping talk, the nurse – who is gazing at the mother (Figure 2.2) cuts off her talk (line 05) but otherwise does not orient observably to the baby or breastfeeding. Afforded this brief gap in

interaction, the mother gently speaks to the baby using a motherese tone “what?” (line 07) (Broesch, 2021). The nurse continues her talk about the vaccinations (line 08) without waiting for the mother's gaze to return to her and give her the “go ahead” to continue (Schegloff, 2007). Previous interaction studies from various settings have indicated that gaze is one of the most primary means of “showing listening” (Ruusuvuori, 2001), and when it is lacking, the one producing the talk often waits for the recipient's gaze before continuing (M. H. Goodwin, 1980), but not in this scenario. When the mother does return her gaze to the nurse (line 08, Figure 2.3) she nods to show active listenership (line 09) to the nurse's continued talk (lines 09–10, 13). However, the baby keeps on seeking the mother's attention (line 11), and the mother again turns her gaze to the baby and gently pressing the baby against her breast (line 13, Figure 2.4). The nurse carries on her sentence looking at the mother, not the baby (lines 14–15).

Attending to the nurses' verbal action, the mother directs her gaze toward the nurse (line 14, Figure 2.5) and participates in her talk verbally and by nodding (line 16). Balancing between these two overlapping participation

```

05  NU:  siihen tota et [halutessaan niin-
        there erm so [if they want so-
06  MO:                                     ((to the baby))
07  MO:  ↑mitäh?
        what((babytalk))
08  NU:  saa ilmaseks (.) #influenssatrokotteen
        get for free      influenza vaccine
        mo                                     -->↑gz@nur
        img                                     #fig2.3

```

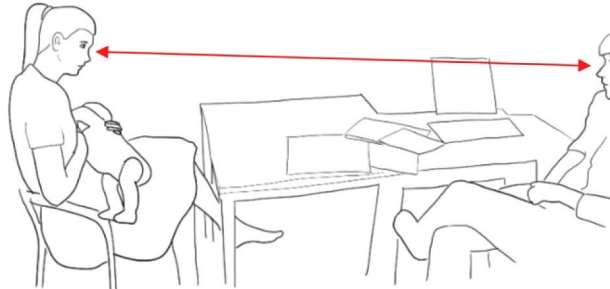


Figure 2.3

```

09  NU:  ja °sitten *ne-°
        and then they
        nu                                     *nods-->
10  NU:  +sit ne miettii+ *just [tätä et +mitä*+]
        then they think just this that what
11  BA:                                     [((babbling)) ]=
        mo +small nods-----+ +tiny nod+
        nu -->*smaller nods-----*
12  BA:  =↑((babbl[ing)) ]
13  NU:  [#°( )°] (.) painetta
        mo -->↑gz@bab>>
        img                                     #fig2.4

```

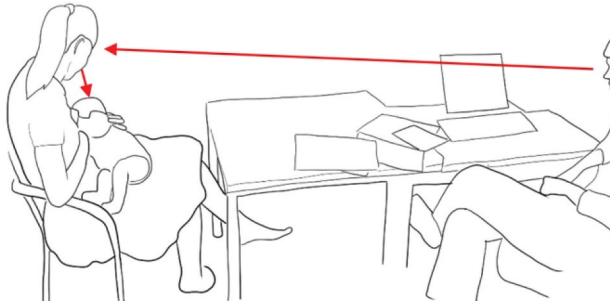


Figure 2.4

frameworks, the mother soon turns her gaze back to feeding her baby again (line 17, Figure 2.6), while the nurse continues her utterance (line 17). The nurse then makes a reference to something the mother was previously “asking” (line 18), which regains the mother’s visual attention (line 18, Figure 2.7). The nurse produces her talk as laughable, using a smiling or laughing tone of voice (line 19), and the mother reciprocates with this verbally and by smiling and nodding (line 20), demonstrating alignment (Stivers, 2008), and attention. Again, the mother returns her gaze toward her baby (line 21, Figure 2.8), while the nurse continues her sentence in a laughing tone (line 21). Still keeping her gaze direction at the baby, the mother responds to the nurse with a quiet “yeah” (line 22). Here, the mother is momentarily dividing her body between participation frameworks; while her body and gaze are directed at the baby, her talk is still addressed as a response to the nurse.

As the mother continues her face-to-face engagement with the baby, the nurse then takes a paper in her hand (Figure 2.9) and refers to it verbally (“here,” line 23). Given that “here” requires an “environmentally coupled” (C. Goodwin, 2007) referent, this presentation of a tangible object could be treated as inviting the gaze of the recipient, both verbally and with gesture, as it is brought into the line of vision of the mother, mobilized for “joint attention” (Kidwell & Zimmerman, 2007). The mother, however, continues looking at her baby and the nurse keeps on gazing at and talking about the paper she referred to without turning to the mother to monitor her gaze. In a close face-to-face formation with the mother, the baby produces some babbling sounds (line 24) and an embodied move by grasping the mother’s shirt (Figure 2.10). At the same time, the nurse, now gazing at the paper at a close distance (Figures 2.10), makes a further reference to content within the paper, pursuing her talk about the vaccinations (line

14 NU: et voitais lisättä #jotain
so that we could add something
mo >>+gz@bab-----+gz@nur-->
img #fig2.5

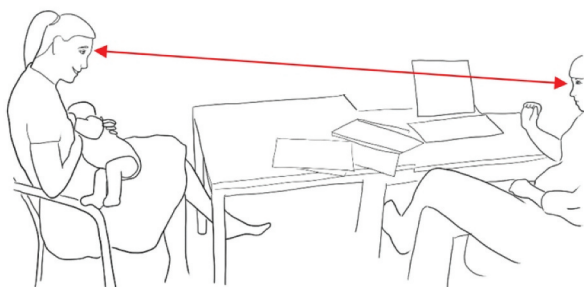


Figure 2.5

15 NU: [ko tuberku]lo*osia=
because tuberculosis
16 MO: [+°niin° +]
yes
mo +nod-----+
nu *circle gesture-->
17 NU: =olevaa riskiä ja#näin niin*
has some risks and like that so
mo -->+gz@bab-->
nu -->+*
img #fig2.6

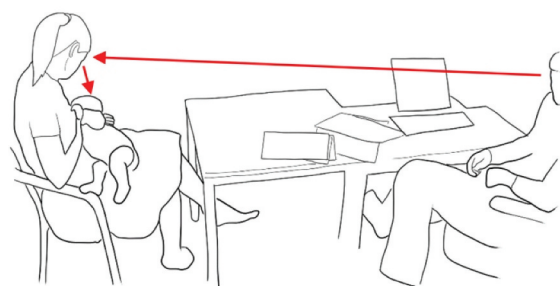


Figure 2.6

25). Here, we find a moment of separate visual participation frameworks – breastfeeding engagement between the baby and mother, and the nurse's engagement with the paper she is holding.

Perhaps enabled by the interactional space implicitly offered by the nurse, who is attending to the paper, the mother and baby share a moment of affective engagement through face-to-face formation (Figure 2.11) and the mother's baby talk addressed at the baby (line 26). The nurse then continues her sentence (line 28) overlapping with the baby's babbling response to the mother (line 27). Still co-occurring with the nurse's talk, the mother targets another affectionate vocalization at the baby (line 29) before lifting her gaze to the nurse (line 29). Even if the mother now attends to the nurse via her gaze, she maintains her affective framework with the baby by smiling and talking to the baby in a baby talk voice (lines 29 and 31, Figure 2.12). The mother then divides her participation in the opposite way to before (lines 21–22) – now visually attending to the nurse while vocally participating with the infant. The emotion emerging in the participation framework between the mother and the baby therefore leaks into the participation framework between the nurse and mother (see

Katila et al., 2023), as the mother's verbal response to the nurse's talk is said in an affect addressed to the baby. Here, the nurse does not explicitly attend to the baby and mother's affective breastfeeding interaction. Instead, the nurse accepts the breastfeeding framework co-occurring with her talking to the mother, given that she is not holding the mother accountable for her full attention. The mother demonstrates interactional effort to manage these multiple concurrent participation frameworks and activities in her multimodal actions.

Discussion: what is happening for interlocutors in these triadic encounters?

In Extract 1, we analyzed an emerging triadic breastfeeding participation framework where the nurse actively took part in the breastfeeding interaction with a mother and her 2-week-old baby by monitoring, supporting, and evaluating the breastfeeding activity guided by her professional vision. The breastfeeding interaction was treated as a main involvement (Goffman, 1963), and this intimate triadic corporeal formation enabled a space and time for in situ, hands-on breastfeeding support. In Extract 2, the breastfeeding interaction between the mother and her 5-month-old infant was not participated in by the nurse, who instead treated the activity as a side involvement (Goffman, 1963), prompting the mother to simultaneously attend two participation frameworks: listening to the nurse's information while also engaging with the infant.

So why might the same nurse attend to the breastfeeding interaction in Extract 1 but not in Extract 2? One explanation is that, in Extract 2, the baby is 5-months-old, much older than the 2-week baby in Extract 1, so breastfeeding routine between the mother and the child in Extract 2 is observably already well established. This highlights further that, rather than breastfeeding as being a natural and easy, innate practice, there is skill required, with practice beginning from birth. From a medical perspective, there seemed to be no need for intervention in Extract 1, as the infant was observably receiving enough nutrition. It is also possible that the nurse's priority in each of these separate encounters was different – for a 2-week-old baby, it would be a priority to ensure feeds are going well in the early days, whereas with the 5-month-old baby the priority of addressing immunizations would be paramount. As such, the nurse's professional vision in action is observable here, where she orients to these specific priorities in situ.

The nurse's professional vision is the primary lens through which breastfeeding in these clinical encounters is attended, that is, through the lens of professional vision prioritizing health that securing the nutrition of the baby is paramount in newborn babies (Extract 1). However, the nurse also prioritizes the mother's opportunity to learn and demonstrate their competence (which also provides further opportunities for the nurse to observe and evaluate the breastfeeding interaction); in Extract 1, the nurse withholds from making a physical intervention whilst the mother and infant work through their coordination and establish a latch themselves. The nurse's physical manipulation of the infant's head occurs after the latch, providing a subtle aid to positioning. When this

18 NU: .hhh *nää kaks mittä sä #kysyit on=
 these two that you were asking about are
 nu *back&forth gesture towards mother-->
 mo -->†gz@nur-->
 img #fig2.7

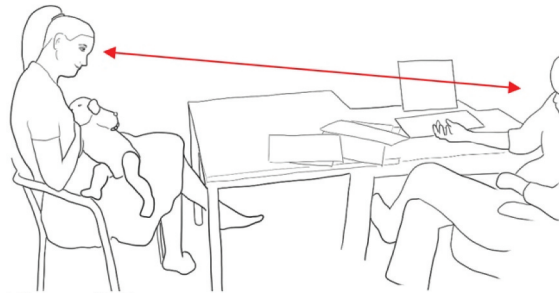


Figure 2.7

19 NU: =še(h)e(h)eh +hyvin [vah(h)*vasti+\$
 very strongly
 20 MO: [°nih°
 yeah
 mo +nods-----+
 nu -->*
 21 NU: #štä(h)ssä tniin(h)kuh ettäh\$
 here like so that
 mo -->†gz@bab>>
 img #fig2.8
 22 MO: °joooh°
 yeah



Figure 2.8

corporeal participation occurs in a triadic participation framework, it enables an intensive support for the mother that might be extremely valuable in promoting continuation of their breastfeeding journey. When the breastfeeding is happening successfully with the older infant, we find that the nurse mostly treated the breastfeeding interaction as a side-engagement to be performed “as a natural (practiced) skill” rather than a complex activity that needs to be attended to. In both cases, the nurse treats the mother as competent, balancing offering support where necessary, which may scaffold the mother’s confidence and avoid too much professional critique.

For the baby, breastfeeding is always the main involvement in the moment-by-moment interaction. It is a salient demonstration of uptake that the baby’s non-lexical vocalizations and gestures are responded to, as she is touching and being touched (Merleau-Ponty & Smith, 1962) in a way that not only stimulates milk production but also maintains and reinforces haptic sociality “accomplishment through the intertwining of interacting bodies” (M. H. Goodwin, 2017, p. 73). As such, these breastfeeding interactions demonstrate further that multiactivity is essentially embodied conduct in thoroughly social, interactional, and temporal ways (Haddington et al., 2014). The

intertwining of these interactional exchanges demonstrates how multiactivity is managed in a multi-party interaction, for example, the nurse speaking to the mother through the infant (Extract 1), in contrast to the suggestion of a “structurally rooted bias for dyadic focal participation” (Stivers, 2021, p. 16). Breastfeeding interactions are moments of very early learning for infants: learning that they are autonomous in their actions and stimulate a response in others and that they are part of a haptic social world.

Limitations

Although the sample size is small (eight mother-infant dyads), the advantage of the EMCA approach is that it reveals significant detail even from small samples by demonstrating exactly how medical interactions are co-produced moment by moment (see Kendrick & Hoey, 2018).

Conclusions

This paper shows that early perinatal visits provide opportunities for nurses to observe and converse with mothers about

23 NU: *mitkä on ehdolla mutta *#tässä,
 that are available but here
 mo >>+gz@bab-->
 nu *.....*picks up paper-->
 img #fig2.9

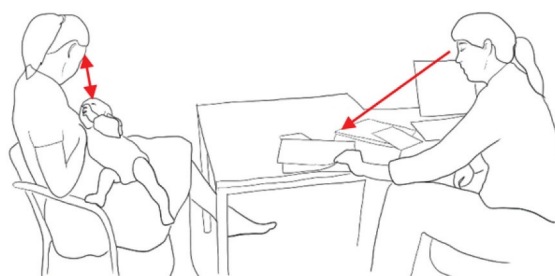


Figure 2.9

24 BA: ((babb[ling]))
 25 NU: [#*kato täs]sä on niinkun
 see there is like
 nu -->*holding & gz@paper>>
 img #fig2.10



Figure 2.10

how they are managing breastfeeding. We found that nurses can support breastfeeding in situ by physically positioning themselves close to the mother-infant dyad as they engage in the activity and by being aware of their priorities in deciding when it is appropriate to verbally support the breastfeeding activity, and when physical support is needed. An example of the nurses' sensitive treatment of the context is observable in Extract 1 where, rather than speaking directly to the mother about her interpretation of the baby's needs and feelings (e.g., line 07 "I am getting sleepy"), the nurse speaks "through" the baby, as though the baby is informing the mother. Such a move avoids direct professional interpretation of the mother's attempt to breastfeed when the baby is tired, which might be received as critique by the mother, and also avoids the nurse positioning herself as the more knowledgeable other in relation to the baby's feelings. As the mother brings the baby to her breast, the nurse again demonstrates her sensitive approach to supporting the breastfeeding interaction as she moves to provide physical touch but withdraws her hand so that the mother-baby dyad have the opportunity to co-produce the moment independent of her professional intervention.

Breastfeeding interactions are complex and may be challenging for mothers, especially in medical encounters such as the one presented here. Spontaneous breastfeeding

activities in the presence of nurses can offer rich opportunities for nurses to observe closely how the mother-infant are managing and alert to possible health problems early on. We find that the nurse, endowed with institutional power, plays a crucial role in how the breastfeeding participation framework between the mother and baby is supported. Acting in accordance with their professional vision, it is essential that nurses are aware of the priorities they are attending to during these health-care encounters with mothers and their new babies. Our real-life examples here demonstrate how the same nurse applies her professional vision to each individual mother-dyad context, offering sensitive support that is context specific in each instance, within the time constraints of allocated clinic hours. Devoting time to support independent breastfeeding encourages empowerment and autonomy; with the two-week-old infant, this time is provided via prioritizing supporting the latching process, while with the five-month-old infant, the time is not prioritized, though the breastfeeding is treated as sustainable with information giving and not as interrupting other activities. Due to time-restrictions on clinic hours, we can see how mentioning additional immunization information, while the mother is breastfeeding can alert the mom to this resource without requiring her

26 MO: #↑ahaah ((to baby))
 oh
 img #fig2.11



Figure 2.11

27 BA: ((ba[bbling]))
 28 NU: [tää on] [just ku] ttää on näin=
 this is just because this is
 29 MO: [ahaa::] ((to baby))
 oh
 mo -->†gz@nur>>
 30 NU: =näille #[pienille,
 for these little ones
 31 MO: [naurattaako,
 does it make you laugh ((babytalk))
 img #fig2.12

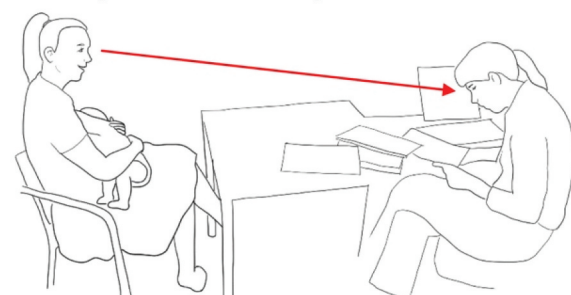


Figure 2.12

attention to the content immediately. As such, the nurse's professional vision is sensitive to the immediate and future needs of her interlocutors.

Finally, this paper demonstrates that an ethnomethodological conversation analytical (EMCA) methodological approach to the exploration of breastfeeding interactions can reveal complexities and intricacies in situ that might impact breastfeeding continuation. As such, we call for more EMCA analytical explorations of breastfeeding in order to better understand these issues, further supporting Jones (2003) and Mayor and Bietti (2017)'s call for more EMCA informed studies in future medical research.

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Appendix – Transcription conventions

Jefferson conventions:

t[alk	Square brackets indicate start and end of overlapping speech.
[Yeah,	
course.=	'Equals' signs mark the immediate 'latching' of successive talk,
=We had	with no interval.
Emphasis	Emphasis indicated with underlines.
VOLUME	Much louder speech capitalized.
°I know°	Indicates quieter speech.
bu- u-	Cut-off of the preceding sound.
(0.4)	Numbers in round brackets measure pauses in seconds.
((stoccato))	Additional comments from the transcriber

Mondada conventions:

* * Descriptions of embodied movements are delimited between
 + + two identical symbols (one symbol per participant's line of
 action, can also include & ^ @)
 and are synchronized with corresponding stretches of
 talk/lapses of time.

*---> The action described continues across subsequent lines
 --->* until the same symbol is reached.

>> The action described begins before the extract's beginning.
 -->> The action described continues after the extract's end.

. . . . Preparation.
 ----- Full extension of the movement is reached and maintained.
 , , , , Retraction.

ava Participant doing the embodied action is identified when (s)he
 is not the speaker.

fig The exact moment at which a screen shot has been taken is
 indicated

with a symbol showing its temporal position within turn at
 talk/segments of time.