

**Title:** Important times for breastfeeding support: a qualitative study of mothers' experiences.

**Authors' details** **BLINDED**

## **Abstract**

**Background:** Breastfeeding rates in the UK remain persistently low, with a rapid fall off during the first 6-8 weeks. The work of healthcare and public health practitioners impacts on mothers' experiences of infant feeding. Support, promotion and protection of breastfeeding is a national priority.

**Methods:** Semi-structured qualitative interviews were undertaken with mothers who had experience of breastfeeding. Participants were engaged with a local Children's Centre (indicating engagement with public health provision) and their babies were up to six months old (to increase recall of early experiences). 24 participants were recruited and interviews thematically analysed.

**Findings:** Mothers identified matters significant in relation to public health provision for breastfeeding, including three stages of time of significance for breastfeeding impact. These interlinked critical stages impact on a mother's experiences. Joined up public health practice providing breastfeeding support and information before birth, around the time of the birth, and once home is significant in mother's accounts.

**Conclusions:** Breastfeeding support, in both healthcare and public health contexts, needs to be highly attuned to different stages in the experiences of mothers. Breastfeeding continuation is influenced by support experienced antenatally, perinatally, and in early weeks. To enhance initiation and retention of breastfeeding, public health practice must pay attention to these stages. Breastfeeding support needs to begin prior to birth and be given throughout the postnatal period and beyond.

**Keywords:** Breastfeeding, antenatal, postnatal, maternity, support

## **Introduction**

Although exclusive breastfeeding in the first six months of life is recommended for all babies (WHO 2003), UK breastfeeding rates remain persistently low (McAndrew et al. 2010). Because of the implications for both short-term and life-long health in respect of both mothers and infants, breastfeeding is a health promotion priority for UK public health nurses (Department of Health 2009), and an early years high impact area (Public Health England 2016a). Despite this, the 'Call to Action on Infant Feeding in the UK' (Unicef, 2016) observes that conversations about breastfeeding are fraught and highlights a number of reasons why UK women do not breastfeed, including a lack of postnatal care and trained support, pointing to the importance of education regarding breastfeeding. The 'Call to Action' also recognises the importance of moving away from a focus on individuals, to emphasise the role of culture and society in infant feeding. The Unicef Baby Friendly Initiative programme works at a number of levels to address these issues, with accreditation for hospital settings (including neonatal units), community services and universities (Entwistle and Dykes, 2018). The Healthy Child Programme (HCP) is an early intervention and prevention public health programme for all children aged 0–5 and effective implementation should lead to increased rates of initiation and continuation of breastfeeding (Department of Health 2009). Health visiting teams lead and deliver the HCP and can make a significant contribution to breastfeeding through providing continuity of care, as described in the early years high impact area documents on breastfeeding. Qualitative research has highlighted that UK women report receiving unrealistic expectations of breastfeeding from health visitors, and that they are unprepared when they encounter difficulties, especially in the immediate postnatal period (Trickey and Newburn 2014; Fox, McMullen, and Newburn 2015). Conflicting advice, information gaps and pressure to breastfeed have also been shown as having a counter-productive emotional cost (Lagan, Symon and Dalzell 2014).

Breastfeeding can be a site of intense embodied and emotional experience and impact on both the mothers' self-perception and how they relate to their children (Watkinson, Murray, and Simpson 2016). Interacting factors in the socio-cultural environment have also been highlighted regarding infant feeding decision-making (Roll and Chester 2016). Qualitative studies undertaken in the UK have also noted the impact of relationships with healthcare professionals and societal expectations (Spence, Greatex-white, and Fraser 2015; Leeming, Williamson and Johnson 2015).

The importance of temporal issues has been highlighted by the concept of "Teachable Moments" (Cohen et al 2011) although there has been a critique of the lack of empirical research evidence in support of the effectiveness of the concept (King, 2018). In relation to perinatal care, the concept has been developed to identify a series of opportune intervention moments (Olander et al 2016) in which changes in capacity, opportunity, and motivation provide women with personally meaningful episodes which provide opportunities for midwives to capitalise on these changes and promote healthy behaviour.

This study aims to add to existing knowledge by examining contemporary UK mother's experiences of breastfeeding support through a thematic analysis of interview data. We concentrate on the early postnatal weeks (during which breastfeeding is established) as there is known drop-off in breastfeeding continuation during this time frame (Public Health England 2016a; McAndrew et al 2012).

## **Materials and Methods**

This qualitative research study was conducted by a team, composed of members of South Gloucestershire Council's public health department and researchers from UWE, Bristol. We wanted to find out about the experiences of mothers (with a focus on support) in relation to infant feeding in the first 6-8 weeks.

The setting for the study was South Gloucestershire in the UK. Local data showed that both breastfeeding initiation and continuation rates reflect national trends, with a sharp drop in the first weeks of life. In 2014/2015, 77.1% mothers in South Gloucestershire initiated breastfeeding, with only 47.8% continuing any breastfeeding at 6-8 weeks, slightly higher than the England averages of 74.3% and 43.8%. The South Gloucestershire Joint Strategic Needs Assessment (JSNA) (South Gloucestershire Council 2016) highlighted the need to obtain the views of mothers in relation to current breastfeeding support services, to inform service planning.

We sought a purposive sample of mothers of babies under 6 months (to maximise recall), who had initiated breastfeeding and who were engaged with a Children's Centre run by the Local Authority<sup>i</sup> were invited to participate and the first 24 who were available were interviewed. Demographic data concerning the socio-economic profile of participants were collected during each interview and we draw on this information in the Results section, below.

Ethical approval was granted by South Gloucestershire Council and the relevant Research Ethics Committee at UWE, Bristol in May 2016. Informed consent was provided by mothers after they had the opportunity to read an information sheet provided in advance by the researchers, and to ask questions. Semi-structured, audio-recorded interviews were selected as the most appropriate vehicle for focusing discussions and ensuring accuracy of data collection. Interviews were conducted by [initials removed for review] within the Children's Centres at pre-arranged times. The interviews were fully transcribed and analysed using NVivo 11 (QSR International, 2016). Pseudonyms were allocated to all participants; when using participant quotes we have also identified the mode of feeding at the time of the interview (fully breastfeeding, no longer breastfeeding,, mixed feeding).

Thematic analysis (Braun and Clarke 2006) was undertaken, in order to remain close to the mothers' meanings and interpretations of experiences. Transcripts were randomly allocated within the research team, with all engaging in analysis and verification. The team met jointly on multiple occasions to develop findings and the final report, ensuring that the combination of academic and public health practitioner expertise was embedded throughout the research process. The concept of three critical stages was jointly created by all authors during the process of discussing the data.

## **Results**

Two thirds of our participant group were fully or partially breastfeeding, with baby ages ranging between 10 weeks and 7.5 months and so the sample is not typical of breastfeeding continuation compared with local and national data (Public Health England 2016; McAndrew et al 2012). Participants were therefore mothers who had some commitment to breastfeeding and insight into the support provision they encountered and this commitment may be reflected in participants' willingness to engage with the interview research. Although not a representative sample of breastfeeding (or other) mothers, the women who responded to our invitation to participate were those who had something to say about breastfeeding in South Gloucestershire at that time and, as such, we feel their views are valuable. At the time of the interviews (n=24), 11 women were fully breastfeeding, 5 partially breastfeeding, and 8 no longer breastfeeding. All the participants in this study were white although in South Gloucestershire 5% of the population identify as from Black and Minority Ethnic groups. None of our participants reported twin or multiple births. All mothers had initiated breastfeeding and engaged with support agencies, but they also all reported struggles with breastfeeding.

Our findings indicate that there are three interlinked critical stages for breastfeeding support. These critical stages are: before birth, around the time of the birth, and after the birth. Prior to the birth, intention and preparation for breastfeeding are significant. Around the time of the birth, the birth experience is influential for the subsequent feeding experience, and health professionals can also have an impact on breastfeeding experiences. After the birth, once mother and baby are at home, there are opportunities for support for breastfeeding from health professionals, breastfeeding support groups, family, friends, and other networks, as well as helplines, charities, websites, and social media. Figure 1 provides a diagrammatic summary of the critical stages and sub-themes presented in the findings section. These three critical time periods were important in participants accounts of their breastfeeding journey.

### ***Before birth***

Prior to birth, many participants had engaged with breastfeeding preparation. These contacts during pregnancy included both formal educational opportunities for health promotion, such as discussions with midwives, National Health Service (NHS) antenatal classes and classes offered by other organisations such as NCT (a large charity for parents in the UK), and also discussions with family and friends. However, despite this, at the time of the interview, many participants were critical about how they felt their antenatal experiences had prepared them up for breastfeeding success. Some wished they had accessed more education, while others commented on “*information overload*” (Freya, no longer breastfeeding). However, reflecting about what might be helpful for new mums, she went on to say “*there needs to be more bite sized information in the lead up to when you give birth.... It is important that it [breastfeeding] is promoted, absolutely and I am all for that. But I do think they need to be a bit more realistic*”.

Planning to breastfeed was a strong theme in participants' antenatal experiences, and how much they felt they needed to know was influenced by their intentions around breastfeeding. Many participants were adamant they would breastfeed, referencing their family history or values.

*"I thought I would breastfeed, I thought it would be easy. I almost didn't listen so much in the breastfeeding class. She didn't make out how hard it would be."* (Betty, partially breastfeeding)

Reflecting on their experiences of learning to breastfeed, many participants expressed a desire for antenatal discussions of the difficulties and for real-life stories from other mothers. Attending breastfeeding support groups during pregnancy was a suggestion made by Alice (fully breastfeeding) who commented *"if I'd come to the group, for example, before she was born, it would have been nice to have realised that everyone finds it a little bit difficult."*

Antenatal breastfeeding classes evoked a variety of responses. The discussions in classes centred on breastfeeding, with some mothers commenting that they would have liked more information about formula feeding. Participants reported feeling that, prior to birth, breastfeeding was sometimes presented to them in ways that they later felt were unrealistic. There were mixed views about the usefulness of classes preparing pregnant women for the embodied experience of breastfeeding. Kristina (fully breastfeeding) had a positive experience of her antenatal class's breastfeeding session *"It was basic information, exactly what you need for the first few days."*

### ***Around the time of the birth***

The birth experience was an important part of mother's accounts of their feeding experience. This was something that we were not intending to concentrate upon, as our focus was the

support for breastfeeding in the community, but our participants frequently foregrounded the birth experience as influential in later feeding interactions.

*“Because I had a C-section, I was only able to give a very tiny amount of colostrum. So, we ended up formula feeding a little earlier than planned. It took so long for my milk to come in, and I never produced as much as he needed.”* (Carol, mixed feeding).

Some participants were surprised by the difficulties they experienced in breastfeeding, including the pain that they experienced. Health professional support was seen as very important, especially in aligning expectations with reality, allaying anxiety, and helping the mothers learn new skills. However, hospital staff were often described as “*very busy*” (Alice, fully breastfeeding) which limited their ability to help. Alice went on to say “*it didn’t really help me to learn how to do it really.. the middle of the nights were the difficult bits. We were all tired, I was in pain and she just wouldn’t stop crying.... that’s when nobody is around.*”

Some participants were critical of the birth experiences that they had, and in relation to breastfeeding, this was especially associated with what were perceived as mixed messages from different members of staff. When the education and support received was confusing or not forthcoming, women had an unmet expectation of breastfeeding help. Some mothers were left on their own more than they had anticipated, and others were confused by the advice given.

*“The hospital staff should be singing from the same hymn sheet. I felt like one person was saying something, and then someone else would come along and contradict it. They needed to be more joined up with the messages they were giving.”* (Amy, no longer breastfeeding).

The birth experience and health of the baby meant that participants described a focus on non-breastfeeding issues during the initial neo-natal period. This often was associated with the



introduction of formula milk. Short term goals were often the immediate focus and the implications for establishing a breastmilk supply were not always discussed.

### ***After the birth***

Once mothers had returned home with their new baby, they described a very challenging period of exhaustion and stress.

*“I wasn’t sleeping, he was screaming and crying, I was arguing with my partner because I was tired.”* (Denise, fully breastfeeding).

*“When you have had a baby you are so overwhelmed that the information you get given in so overwhelming... I never read one bit of it because you haven’t got time. You haven’t got time to read all the paperwork they give you.”* (Frances, no longer breastfeeding)

A variety of healthcare professionals are engaged in helping establish breastfeeding when mothers have returned home after the birth.. However, many participants were confused as to which profession their helper represented, for example whether they were midwives or health visitors. Some mothers found it hard to ask for help and would have liked more support. Others felt that the support received was highly valuable.

In addition to healthcare professionals conducting home or clinic visits, mothers also accessed Children’s Centres and breastfeeding support groups. Some reported that this was helpful in establishing breastfeeding, but there were issues in relation to access.

*“They said “There’s a breastfeeding support group on Thursday, why don’t you go?” and I was like “OK”. The problem is, that was almost a week away. And so I waited for that, and kind of struggled on in the meantime”.* (Freya, no longer breastfeeding).

Breastfeeding support groups provide a social space to discuss breastfeeding experiences, but not all mothers found peers at the group. The presence of older babies and more experienced

breastfeeding mothers meant that some participants were worried that they would not feel comfortable, especially when they were uncertain as to their breastfeeding status or experiencing difficulties in establishing breastfeeding. Others wished that they had gone to the groups earlier than they did and welcomed the solidarity the group provided.

Family and other social networks were another significant source of support for participants. Friends provided information and advice, including suggestions that are inconsistent with health recommendations. Close relationships that were formed during the maternity period sometimes felt pressuring when mothers tried to debrief difficult experiences of breastfeeding.

Social media, especially Facebook, was helpful for many participants. Being able to hear other mother's experiences was valuable in helping participants make sense of their own situations. This normalising and validating experience helped with providing solidarity.

*"I go to the (online) group. There's about 5,000 members on it; it's always active. So there is always someone that's had something similar happen. It's probably going to put you out of a job! The counsellors and that. But then, there are people who don't want to go on Facebook. That don't want to post or put pictures on there. I wouldn't. I think I would seek help privately, and then maybe later say, "I had that too". If I had a big problem like that I wouldn't go to Facebook". (Denise, fully breastfeeding)*

Mothers also appreciated reputable webpages and apps, but wanted sources that would be helpful for their situation. They especially valued real stories from other mothers. In contrast with social media, helplines were not used by our participants. When things were going wrong, participants stressed the importance of face to face help in private.

[Figure 1 near here]

Support prior to birth, around the time of birth, and after the birth was important for mothers in establishing breastfeeding. All three together were described by participants as influential in their breastfeeding journey. However, each experience within a stage did not necessarily impact sequentially/directly on the other stages, rather experiences in all three were interlinked and impacted on their breastfeeding journey.

## **Discussion**

Breastfeeding continuation is influenced by support experienced antenatally, perinatally, and in the early weeks. Mothers accounts foreground critical stages during early experiences of breastfeeding support, which is in line with breastfeeding manuals and current practice guidelines, but to date, there is little research literature about the importance of temporal issues for breastfeeding support (Mohrbacher et al 2010, Public Health England 2016b, Hall et al 2014) . To increase initiation and continuation of breastfeeding, public health practitioners must pay attention to these critical points of time.

Criticisms of the infrastructure surrounding breastfeeding support in the UK has been a theme of feminist advocacy regarding public health for many years (Spiro 2017; Hunter, Magill-Cuerden and McCourt 2015; Crabb et al 2013). Recent systematic reviews have highlighted the importance of breastfeeding support for improving duration and exclusivity of breastfeeding (McFadden et al 2017; Hannula, Kaunone and Tarkka 2008). Women's unmet need for breastfeeding support in postnatal wards has long been criticised (Dykes, 2005), and this research reinforces these temporal issues as significant in participant's feeding journeys. The dilemmas associated with infant feeding and the need for investment in the early weeks and adjustment period highlighted have also received attention elsewhere (eg, Trickey and Newburn, 2014). Our work suggests that a shift of focus is needed, in order to further increase support during the ante- and immediate post-natal period, due to the importance of

temporal considerations around health promotion and education. Although the linked stages this paper identifies are temporal, this research emphasises how what has happened prior to birth and during the birth impacts infant feeding after the birth. this work highlights how there are “pivotal points” during which behaviour can change.

Both antenatal and postnatal support, with ongoing scheduled and proactive visits by trained personnel are important in influencing breastfeeding rates and hence population health.

Avoiding unrealistic expectations and ensuring good quality education around breastfeeding may be linked to breastfeeding experience, but quantitative evidence regarding positive impact of formal antenatal breastfeeding education on breastfeeding initiation, exclusivity and duration is lacking (Lumbiganon, 2016). Here, we demonstrate the meaning which is ascribed to experiences before the birth, around the time of the birth, and in the early postnatal period by a group of contemporary mothers. This links public health discussions with the voices of services users, demonstrating that rhetorical arguments impact mothers who have recent experience of the services.

The critical importance of time in providing support around birth and breastfeeding has been recognised previously by Dykes (2005; 2009) and McCourt (2009). We build on this, suggesting that public health provision can be positively influenced by interventions during the antenatal period but also the time period surrounding birth, and the postnatal period, with continuity of care crucial throughout, similar to the concepts of ‘Teachable Moment’ and ‘Opportune Intervention Moments’. Evidence-based, consistent, personalised and timely care is highly regarded by mothers as influential on their breastfeeding journey. The importance of maternity care and breastfeeding support groups have been identified in other recent UK studies (Grant et al 2017; Scott, Pritchard and Szatkowski 2017; Rayfield, Oakley and

Quigley 2015). Our findings reinforce this and reinforce the importance of timely help to assist mothers during critical periods which can be intense periods of crisis around infant feeding. Family and peer networks also have a central influence in shaping outlooks regarding infant feeding, which highlights the importance of wider cultural norms and social practices (Brown 2017) and the community aspect of public health work.

This sample of relatively heterogeneous women from a small geographical locality provides depth of understanding of the experiences of contemporary mothers. The recruitment strategy ensured that the mothers were those in contact with health professionals who supported mothers and babies. We would have liked to have sampled more widely in order to increase the transferability of our findings. The process of conducting the interviews highlighted issues which we would have liked to investigate further, especially around perceptions of the roles of different healthcare professionals. The contemporary nature of the information is rooted in the lived experience of participants.

We argue that mothers find their experiences of infant feeding are affected by three interlinked critical stages, similar to the concept of ‘Teachable Moment’ and ‘Opportune Intervention Moments’, during which there is potential for public health professionals to have a positive impact upon practice. The journey to becoming a mother requires personalised and timely support from appropriately trained healthcare staff, and this is especially true for breastfeeding, as delay can have implications meaning that a critical juncture may be missed.

## **Conclusions**

Mothers reflecting on their experiences of establishing breastfeeding highlight the importance of support. This is especially acute in relation to three interlinked critical stages which are

time periods when there is the potential for breastfeeding journeys to be positively influenced by healthcare and public health practitioners.

Antenatally, realistic information is significant in helping establish intention to breastfeed, as well as providing preparation for breastfeeding. Experiences relating to the birth can have a significant influence on mothers' accounts of their early feeding experience. Around the time of the birth, health professionals can provide support but when mothers experience mixed messages this can have a negative impact for mothers who describe confusion and consequent difficulty in learning how to breastfeed. Once mothers are home after the birth there are many sources of potential breastfeeding support including community support structures, but mothers continue to value face-to-face support from health professionals. This intense period can be challenging, but for many of the mothers whom we interviewed, it was also a period where public health professionals can have an impact in improving health outcomes for mothers and babies.

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**Declaration of interest statement (none to declare)**

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<sup>i</sup> Children's Centres: Originally established as Sure Start in the late 1990s in England, the mission was to provide help to young children from disadvantaged backgrounds before they started school. Sure Start Centres evolved into Children's Centres whereby the underlying rationale is to support all children and families living in particular disadvantaged areas by providing a wide range of services tailored to local conditions and needs. Their aim is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness. Children's Centres are managed by or on behalf of the local authority with a view to securing early childhood services being made available in an integrated way. There is no standard delivery model for Children's Centres across England, however they help deliver early intervention through integrated health provision and getting children school-ready.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/273768/childrens\\_centre\\_stat\\_guidance\\_april\\_2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273768/childrens_centre_stat_guidance_april_2013.pdf)

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## Figure 1

Three interlinking critical stages in supporting a mother to breastfeed and in her experience of breastfeeding

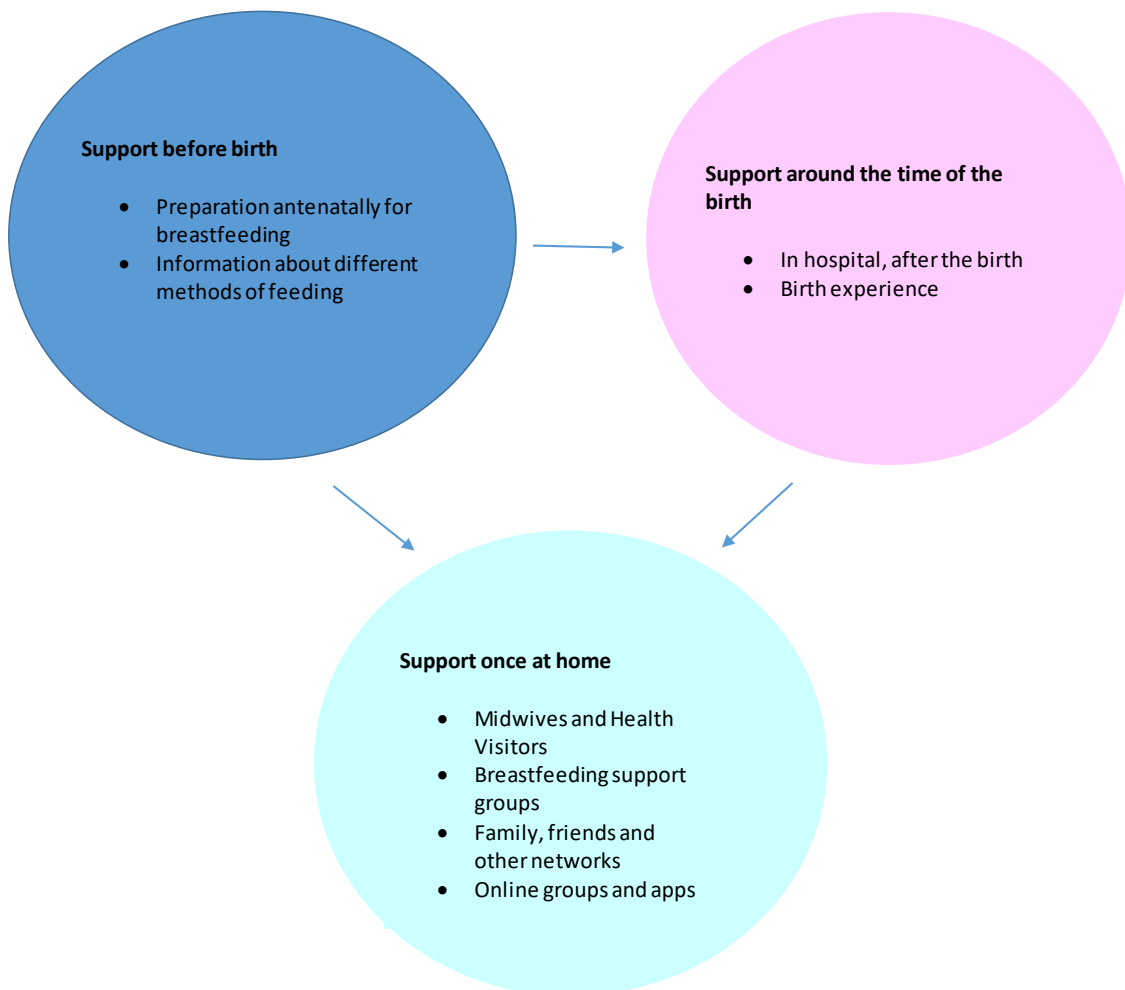


Figure Caption: Figure 1: Interlinking critical stages regarding breastfeeding  
NB. Figure to be saved separately from the text.