



Breastfeeding in South Gloucestershire: Mothers' Early Experiences of Infant Feeding

January 2017

Acknowledgements

We would like to thank all the mothers who participated in this research. We very much value their contribution and insight into their breastfeeding experiences. Without this, the research would not have been possible. We would also like to express our gratitude to managers and staff in South Gloucestershire Council's Children's Centres for supporting this research and enabling us to meet the mothers.

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Executive Summary

Introduction

- This research about mothers' early experiences of infant feeding was developed following discussions about South Gloucestershire's public health priorities for breastfeeding; current services supporting breastfeeding; and relatively low breastfeeding continuation rates.

Background and context

- Breastfeeding is recognised as the optimal way to feed infants from birth and exclusive breastfeeding is recommended until about six months of age, with the introduction of complementary feeding when babies are developmentally ready, usually around six months.
- The support, promotion and protection of breastfeeding is a national and local priority. In 2014/15, initiation of breastfeeding in South Gloucestershire, was 77.1% while continuation was 47.8%. The Joint Strategic Needs Assessment in 2016, highlighted the need to obtain the views of mothers on their experience of support for breastfeeding.

Research question

- The research question was: *What are the experiences of mothers (with a focus on support) in South Gloucestershire in relation to infant feeding in the first 6-8 weeks?*

Methods

- The research design adopted a purposive sampling strategy, based on criteria sampling, with mothers that had; experience of breastfeeding in the first 6-8 weeks of their baby's life, a baby up to 6 months of age and were engaged with a Children's Centre. We recruited mothers who met all three criteria.
- Support for the research was obtained from Midwifery, Health Visiting and Children's Centres managers. *Baby and Me* groups were visited to invite participation; 53 mothers expressed an interest and 24 mothers selected randomly were interviewed. An information sheet, consent form and interview schedule were developed.
- NVivo was used to support data management and analysis in which themes were identified. Data protection requirements were adhered to throughout the research. The research had ethical approval from both South Gloucestershire Council and the University of the West of England.

The findings

Findings from this project suggest that there are three 'critical stages' in supporting a mother to breastfeed and in her experience of breastfeeding; within these the main themes emerging from this research are discussed:

- Support before birth:
 - Preparation antenatally for breastfeeding does not prepare women for the reality.
 - Many mothers would have liked information about expressing milk and bottle-feeding before they become mothers.
- Support around the time of the birth:
 - In hospital, after the birth, some mothers receive conflicting messages and do not always feel supported.
 - Birth experience can influence early experiences of breastfeeding.
- Support once at home:
 - On return home, Health Visitors are generally perceived as supportive although contact can be minimal.
 - Breastfeeding support groups suit some women but are not available when needed.
 - Family, friends and other networks are a key source of support and advice for many mothers
 - Many women seek support from other sources including online groups and apps although telephone helplines were not much used.

Recommendations

A number of recommendations are made; these are mainly directed towards South Gloucestershire Council but are also of relevance to the wider partnership of health and community and voluntary sector agencies.

Recommendations concern the promotion and protection of breastfeeding; the mental and emotional health and wellbeing of women; consistent evidence-based personal and timely support; mother's awareness of differing professional roles; evaluation of breastfeeding groups and; consistent approach to signposting women to websites, apps and social media; and quality assurance of resources and workforce development.

1. Introduction

This research project about mothers' early experiences of infant feeding was developed following discussions within the Public Health Children and Young People (PH CYP) team, South Gloucestershire Council about local public health priorities for breastfeeding; current services supporting breastfeeding; and relatively low breastfeeding continuation rates. Consequently, UWE were commissioned to work with the PH CYP team to provide an opportunity for women to voice their experience of infant feeding. This would inform future service planning and commissioning.

Locally, quantitative data on breastfeeding initiation and continuation rates is routinely available but there is limited understanding about the reasons why mothers discontinue breastfeeding. We completed this qualitative research with the aim of understanding more about breastfeeding for local mothers, in particular their experience of support, and using the findings to inform and improve local service planning. As a small piece of qualitative research, the findings cannot be generalised within, or beyond, South Gloucestershire, but they are useful in furthering our understanding about how mothers perceive their experience of support for breastfeeding.

The research was funded by the Public Health and Wellbeing Division and completed between May-October 2016. The limited budget and tight timescale necessitated the research was planned and completed on a relatively small scale. The findings, nevertheless, provide helpful pointers for future service planning.

2. Background and Context

A large body of evidence (outlined in Appendix A) demonstrates that breastfeeding is a major contributor to public health and has an important role to play in reducing health inequalities. It is a matter of concern, both in high income countries and in poorer countries (Victora et al, 2016).

Breastfeeding is recognised as the optimal way to feed infants from birth and exclusive breastfeeding is recommended until about six months of age, with the introduction of complementary feeding recommended when babies are developmentally ready, usually around six months (WHO, 2003; NHS Choices, 2016). Infant formula is the only recommended alternative to breast milk during the first year of life. Breastfeeding protects against childhood infections and dental problems and is linked with an increase in intelligence and probable reductions in overweight and diabetes. For mothers, breastfeeding gives protection against pre-menopausal breast cancer, improves birth spacing, and may also protect against ovarian cancer and Type 2 diabetes (Rollins et al, 2016, Victora et al, 2016). The importance of early care practices, which breastfeeding can facilitate, on brain development and emotional attachment has also been demonstrated. A baby's earliest relationships lay the foundation for later developmental outcomes (UNICEF UK 2016a and 2016b).

The protection, promotion and support for breastfeeding is a national and local priority. Breastfeeding is a health improvement indicator within the Public Health Outcomes Framework (PHE, 2013), emphasised within the Healthy Child Programme (DH, 2009) and endorsed in public health guidance (NICE, 2014). The UNICEF Baby Friendly Initiative (BFI), a multi-faceted evidence-based intervention, supports breastfeeding and provides practice standards for organisations in service provision and care (UNICEF, 2016a). Recently, the BFI launched a 'Call to Action for Breastfeeding in the UK, which focuses on actions to remove barriers to breastfeeding (UNICEF, 2016b). In South Gloucestershire Council, the protection, promotion and support of breastfeeding features in a range of strategies including the Health and Wellbeing Strategy 2013-16, Early Help Vision and Strategy 2015-2017, and the Healthy Weight and Obesity Strategy 2014-20. An Infant Feeding Strategy is in the early stages of development.

Breastfeeding statistics are routinely available for England, the South West region and local authorities, providing breastfeeding initiation rates (*percentage of all mothers who breastfeed their babies in the first 48hrs after delivery*) and breastfeeding continuation rates at 6-8 weeks after birth (*percentage of all infants at 6-8 weeks that are totally or partially breastfed*) (PHE, 2013).

Initiation of breastfeeding in South Gloucestershire has changed little in recent years. In 2014/15, it was 77.1%, similar to national and regional levels. Continuation of breastfeeding in South Gloucestershire at 6-8 weeks in 2014/15 was 47.8%, higher than the national level. Local analysis of provisional data suggests continuation rates for 2015/16 will be approximately 47.9%. These rates indicate *any* breastfeeding e.g. putting baby to the breast or mixed feeding and should be noted in context of national and international targets that all babies should be *exclusively* breastfed to six months of age.

	Initiation of Breastfeeding %	Continuation of breastfeeding %
England	74.3	43.8
South West Region	79.0	*
South Gloucestershire	77.1	47.8

Table 1
Breastfeeding initiation and continuation rates 2014/15

*Data missing: earlier data suggests South Gloucestershire is consistently below the regional average
Source: Public Health England (2016a)

Breastfeeding continuation rates vary within South Gloucestershire (Table 1) with lower rates evident in Priority Neighbourhoods, with the exception of Filton and Staple Hill, compared to South Gloucestershire as a whole (Table 2 and 3) (Appendix B).

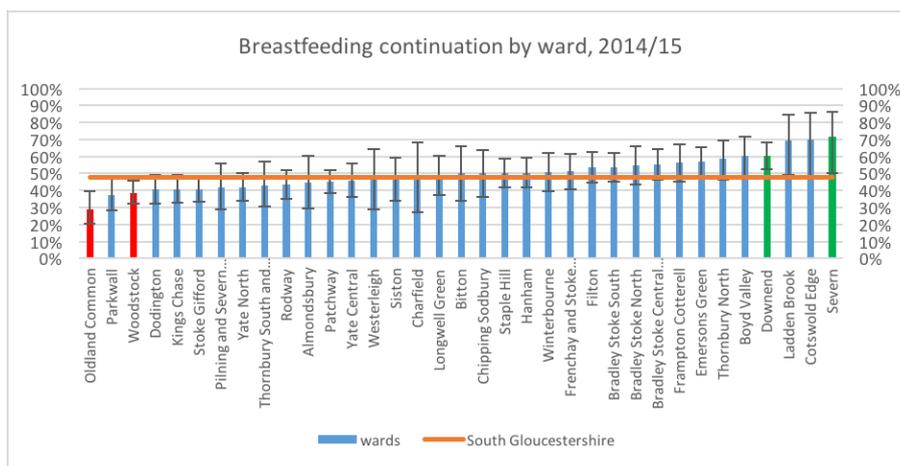


Table 2
Breastfeeding continuation rate at 6-8 weeks by ward in South Gloucestershire (2014/15)

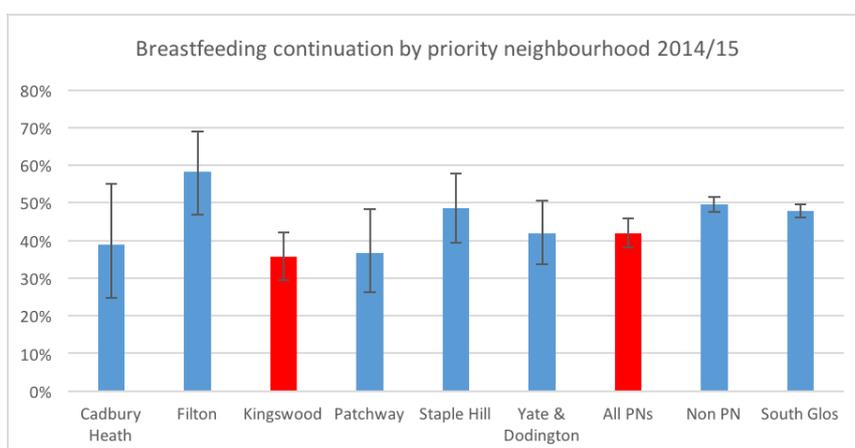


Table 3
Breastfeeding continuation rate at 6-8 weeks by Priority Neighbourhoods in South Gloucestershire (2014/15)

Within Health Visiting, breastfeeding, both initiation and duration, is recognised as an ‘early years high impact area’ (PHE, 2016b) and a number of antenatal and postnatal visits are mandated (DH, 2015). UNICEF Baby Friendly Community Accreditation (Stage 3) was achieved in South Gloucestershire in 2014. This means that Health Visiting and public health nursing services have responsibilities to provide appropriate information, choices and support for breastfeeding and that staff working in these services, and in Children’s Centres, will have received appropriate training. South Gloucestershire also commissions services (from Barnardo’s) to support breastfeeding, including seven weekly-run community based breastfeeding support groups, facilitated by trained peer supporters and a part-time Lactation Consultant for individual appointments (by referral). This is an example of community centred service design, as recommended by the South Report (2015) and NICE (2016).

The South Gloucestershire Joint Strategic Needs Assessment (SGC, 2016) focuses on the current and future health needs of the local population and an important element is the integration of service user's views in service planning and commissioning. The JSNA highlighted the need to obtain the views of mothers about current services to support breastfeeding and use the findings to inform service planning. This research addresses this need.

3. Research question

The research question, developed through discussions in relation to the contextual factors discussed above, was:

What are the experiences of mothers (with a focus on support) in South Gloucestershire in relation to infant feeding in the first 6-8 weeks?

The research question reflected the project intention; it would enable mothers to talk about what was important to them, not just the issue of support, but also give an opportunity to focus on the experience of support.

4. Methods

4.1 Research team roles

A research team was established, with members including Dr Sally Dowling (SD, Principal Investigator), Associate Professor Mat Jones (MJ) and Dr Melanie Fraser (MF) from the Faculty of Health and Applied Sciences, University of the West of England (UWE) and Liz Oxford (LO) and Nicola Ellis (NE) from the Public Health Children and Young People (PH CYP) team, South Gloucestershire Council.

Once the principles of the research were agreed and ethical approval obtained, the group met five times during the research process, with subgroups meeting once to agree development of the interview schedule; and three times for data analysis purposes.

Individual roles during the research process included:

Refinement of the research proposal and design: SD, MF, MJ, LO, NE

Development of interview schedule: MF, LO, NE, SD

Recruitment: NE

Data collection: MF, NE, LO

Data coding: SD, MF, MJ, NE, LO

Data analysis and Interpretation: SD, MF, MJ

Report: SD, LO, NE, MJ, MF

4.2 Methodology

In this small scale research the intention was to learn about the breastfeeding experiences of local mothers. A qualitative approach was, therefore, most appropriate and the research design adopted a purposive sampling strategy, based on criteria sampling.

A series of in-depth interviews were planned using a semi-structured interview schedule, enabling collection of rich data, from which themes could be identified. The intention was to interview 24 mothers. This number was chosen for pragmatic reasons only; time and financial constraints limited the number of possible interviews. This is, however, an acceptable number of interviews for a small-scale qualitative project (Braun et al, 2013).

An alternative approach, using focus groups, was discounted since it was recognised that finding a mutually convenient time to bring together a group of mothers and their babies would be impractical and time consuming.

4.3 Access, sampling and recruitment

Partnership support

Between March and May 2016, managers in Midwifery, Health Visiting and Children's Centres were emailed by the Public Health Programme Lead for Children and Young People, explaining the proposed research and requesting support.

Visits to 'Baby and me' groups

It was agreed that the primary focus for recruitment would be *Baby and Me* groups at each of the six Children's Centres. *Baby and Me* is a ten or eleven week course for parents with babies under one year old. The courses aim to support parent and baby relationships, encourage confident parenting and provide an opportunity for parents to build a social network. In the possible event of low recruitment, alternative plans were discussed.

The process of recruitment included:

- May 2016: An email and briefing note were sent to the Children's Centres Locality Practice Managers requesting support for the research and contact then made with the Senior Engagement Worker at each Children's Centre (Appendix C).
- 14 June - 1 July 2016: the *Baby and Me* groups were visited at each Children's Centres to invite participation. At each visit, the research was introduced and an information sheet given out (Appendix D). A form was left with the Engagement Worker for mothers to record an expression of interest in taking part with their name, contact details, and preferred day and time for an interview. The form was collected the following week.

Recruitment was very successful with 53 mothers expressing interest in taking part, although the research budget and time schedule restricted recruitment to the interview stage to 24 mothers. There was good interest across all the Children's Centres with the exception of Staple Hill.

Criteria for selection

The criteria for selection were:

Mothers who had had experience of breastfeeding, even for a very short period of time, in the first 6-8 weeks of their baby's life, and:

- who had a baby up to 6 months of age (chosen to maximise mothers' recall), and
- who were currently engaged with a Children's Centre in South Gloucestershire

Organisation of interviews

Mothers from the list of 53 who had expressed interest were contacted by list order and availability by telephone and, if they met the selection criteria and were still interested in participation, an interview was arranged on a convenient day and time at their Children's Centre. Confirmation of the arrangements were sent by text with a reminder 24 hours beforehand. 24 mothers attended the arranged interviews. No financial incentives were offered.

4.4 Data collection tools

The following were developed:

- An information sheet (Appendix D)
- A consent form (Appendix E)
- A semi structured interview schedule (Appendix F)
- A descriptor sheet with interviewer, date, duration of interview, age group, age of baby, number of children in the home, interviewee number (Appendix G).

The interview schedule included a series of question prompts. It was piloted within the research team using a role play approach and a few minor alterations made. The need to listen to the views of mothers views but not give advice about feeding or other matters was recognised.

4.5 Interview process

Before each interview commenced, the mother was given an opportunity to re-read the information sheet. Two copies of the consent form were completed, one being for the mother to keep. Tissues, water and toys for their baby were made available.

The interviews were recorded on password-protected audio recording equipment and lasted 30-50 minutes. General questions preceded in-depth questions. After the interview, mothers were reminded they could withdraw consent within a two-week period, although no mothers actioned this. Once all the interviews were completed, the Children's Centres managers were emailed to thank them for their support.

4.6 Data analysis

All data protection requirements were adhered to throughout the research, including the use of password-protected sound files at the time of data collection and the use of

Sharepoint, a password protected site for data storage. This was set by the South Gloucestershire Council IT Department to enable shared access to documents by the research team, in both the Council and University.

Sound files stored were labelled with a number, date, initials of interviewer and an interviewee pseudonym. Sound files were transcribed in full by someone independent to the research team; the transcriber lived in a neighbouring council area and had no knowledge of the mothers interviewed.

NVivo 11 (QSR International, 2016), a qualitative data analysis software package, was used to support data management and analysis. Data was analysed thematically, broadly using the approach suggested by Braun and Clarke (2006). Nodes and sub-nodes were created using a deductive approach. The transcripts were randomly allocated amongst the research group and applicable text coded into one or more nodes/sub-nodes. New nodes and sub-nodes were created for other text judged to be relevant to the experience of support for breastfeeding not covered by existing nodes. The coding was completed independently by each of the team and then merged.

The descriptive information was entered onto a spreadsheet on Sharepoint; information about participants was referred to during analysis where appropriate.

4.7 Verification

To facilitate verification of the coding, two additional transcripts were randomly allocated to each of the researchers for analysis and the results merged into the master NVivo file.

4.8 Ethics

The research was approved by South Gloucestershire Council Research Governance on 5 May 2016 and by the Research Ethics Committee, Faculty of Health & Applied Sciences, University of the West of England (UWE) on 13 May 2016.

5. Findings

5.1 Introduction

At the time of the interviews (n = 24), 11 women were fully breastfeeding (age range of babies at time of interview: 10 weeks – 7 ½ months), 5 were partially breastfeeding (11 weeks – 6 months) and 8 were no longer breastfeeding (16 weeks – 6 months; this includes one baby with a medical condition which contraindicates breastfeeding). Two of the babies were born in a stand-alone Midwife-led unit; the rest were born in local hospitals. In the text below, quotes are identified by pseudonyms for participants and mode of feeding at the time of the interview. This provides some context for the comments made by individual women. All emphases in quotations are our own. For further information on the participants, their babies and their feeding history see Appendix H.

Findings from this project suggest that there are three 'critical stages' in supporting a woman to breastfeed and in her experience of breastfeeding:

- Support before the birth, relating to:
 - preparation for breastfeeding
 - intention to breastfeed
- Support around the time of the birth:
 - relating to the influence of birth experience on subsequent feeding experience
 - from health professionals
- Support once at home:
 - from health professionals
 - from breastfeeding support groups
 - from family, friends and other networks
 - from helplines and national charities
 - from websites and social media

The findings are discussed below in relation to these critical stages. We have reported the findings in this way because our analysis suggested that these were important points in time to consider and because women talked to us about their experiences in relation to this chronological journey. Findings are discussed under related sub-headings and supported by quotations from participants.

5.2 Support before the birth

Although most women wanted to breastfeed, many talked in the interviews about how poorly prepared they were for the realities of breastfeeding. They highlight the need for good preparation and for appropriate education to enable mothers to have realistic expectations. Mothers talked in particular about the physical experience of breastfeeding, the amount of time it involved, the useful or overwhelming amount of information gained and also feeling poorly informed about alternatives such as expressing milk or formula feeding. They also talked about their intentions to breastfeed. These findings are described in the following section, where mothers talk about the reality of their experiences compared to their expectations.

Preparation for breastfeeding during pregnancy

Information about breastfeeding during pregnancy was gained from a variety of sources. Many mothers talked about attending antenatal classes; many named the NCT antenatal breastfeeding session although some attended free sessions at local hospitals. Midwives and family/friends were also mentioned as a source of information and one woman talked about having a visit from a Health Visitor during her pregnancy. There were mixed views about the usefulness of the classes with some women feeling that the information given was unrealistic. Some felt this at the time, for others this was something that they had reflected on afterwards, when they had experience of the reality of breastfeeding:

*It's all a little bit, it's a little unrealistic...**they don't tell you how hard it really can be.** It's all made out to be a wonderful experience for you and the baby which it*

is. But not that **your baby might not latch on, you might not get enough milk, you get really sore and cracked and it can really hurt**. They don't tell you all those details. It's all breast is best, breast is really good and this is what you should be doing. [Grace, formula only]

I mean the NCT...sold it as very natural and the best thing for the baby and all this sort of stuff but **they didn't really make it clear how difficult it could be**. If we'd known some of the things, like things to look out for that might be a tongue tie, we would have possibly known better or if it's still uncomfortable after this much time or if you are experiencing this. What to look for if the baby is not getting enough for whatever reason, and look into it, that would have actually helped us feel better about it, I think. [Alice, fully breastfeeding]

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]

One woman decided not to attend antenatal breastfeeding classes:

I deliberately didn't do the NCT classes because they are very regimented about it and I just thought, I didn't know because of the medication I was on and stuff, I didn't know if I would be able to do it anyway. **I didn't want anyone, to put that extra pressure on myself**. [Amy, formula feeding + some solid food]

Others appreciated the practical advice that was given:

Um, yeah they told us about how the babies latch on, like how you are supposed to point the nose to the nipple and then yeah how they latch on correctly [...] And I do remember she showed us the size of the stomach, the baby's stomach. Like how big it is, how much they need, you don't need to stress out about the volume of the milk and the production of colostrum and how it all happens. Yeah, I do remember quite a lot. **It was basic information, exactly what you need for the first few days**. [Kristina, fully breastfeeding]

So **they did give me quite a lot of good information up front** which was quite good, I thought. [Yvonne, formula only]

It was slightly overwhelming in terms of, oh my gosh there's so many different things that I didn't think I needed to know. Like, **I didn't realise quite how complicated it can be** [...] I just assumed I would put him there and he would start feeding...So I found it a lot of information, slightly overwhelming because I didn't realise this was all involved but helpful at the same time. [Emma, fully breastfeeding]

The classes were generally a positive experience, usually reinforcing decisions that had already been made:

Before, the Midwives were really good on the antenatal course. I think what was so good about them is they weren't, they didn't push breastfeeding. But they were very

*subtle in, this is what we think, it's probably best for the baby and it just seemed so much easier than bottle feeding as well which...we hadn't really thought about bottle feeding anyway. But I noticed **a lot of people in the group were like, maybe we will try breastfeeding, who'd gone in wanting the bottle.*** [Rebecca, fully breastfeeding]

*We had antenatal before and that was all about breastfeeding and the benefits of breastfeeding and why you should breastfeed. Which was really good. **I had already decided by that time that's what I was going to do anyway but it kind of reinforced that was the right thing to do.*** [Sarah, fully breastfeeding]

The health advantages of breastfeeding were clearly promoted in antenatal classes but some women felt that more information should also be given about formula feeding, and also other aspects of breastfeeding such as expressing breastmilk:

***They don't support you in bottle feeding.** There are some people who adamantly don't want to breastfeed and that's that but **they don't support you in doing that.** Although it is not difficult, you do have to just figure it all out yourself. You know taking a steriliser out of the box for the first time, what is this! You have got all these bottles, a hundred sized teats that your baby can have, you actually need just as much support. But in the antenatal class, no [...] **It's not real world and that's what it felt like** [...] It's not real in terms of what happens to people.* [Grace, formula only]

*I am quite a person where I like to know the ins and outs of everything [...] it didn't help me particularly. I just thought I know a bit about, I know more about breastfeeding and I know more about formula now. So I didn't know things like the formula had to be 70 degrees, well the water had to be 70 degrees and over and that kind of thing. So there was certain nuggets of information that were very useful but yeah, **I probably came away from that feeling more confused** than I did when I went in.* [Freya, formula only]

*...it was all about breastfeeding. There was not really any talk about expressing. I knew there was pumps out there but nothing was sort of mentioned about it [...] Expressing wasn't something I was prepared for. I did the NCT and some NHS ones and I think **a lot more emphasis should be put on the different ways of feeding** [...] One of them was feeding, but again all breastfeeding absolutely nothing else. You watched a video about breastfeeding, they talked about different attaching methods but no other information.* [Eve, partially breastfeeding]

The importance of having partners at these sessions was emphasised, and of establishing this support at an early stage:

*Well I went, in my antenatal classes we had a whole session on breastfeeding which, my husband, came with me too, which is probably quite good because **he remembered a lot more than I did.*** [Rebecca, fully breastfeeding]

They sort of told dads how to do positions rather than the mums and the mums rolled the dice to go, will this help, this is how you could be feeding your baby. It

would have been helpful. I know the reasoning, she said she had done it like that because **the dads are more likely to remember this**. You are building up to having the baby and you have got all this worry, you are probably not going to take this piece of information on board because it's not immediately necessary. [Alice, fully breastfeeding].

Some were able to gain information about support available post-birth but this was not mentioned by many mothers:

*I remember having a conversation with the Midwife before he was born and she just said, how are you intending to feed your baby and I said "breastfeed" and **she went "OK great, there are breastfeeding groups in South Glos"***. [Ella, partially breastfeeding]

*We did NCT, so **we had a list of people we could talk to** and we had all these things we could have done but we didn't. I didn't think to ring anybody, didn't look at any helplines or anything that we had*. [Alice, fully breastfeeding]

*I had the same Midwife for the entire time and she did my postnatal care as well [...] She was absolutely excellent. From the first moment I met her **she just sat down and went over all the services that would they be able to give me**. The support for the physical, for mental health, support for him, everything*. [Carol, partially breastfeeding]

One mother talked about the benefits of having information in another format:

*I do remember the course that we had, I mean the antenatal classes about breastfeeding **but mainly the information from a book I had from my friends** [...] There was all about breastfeeding, what it's supposed to be like, about all the problems, how to kind of face them and solve them and about all the advice I might come across with. And whether to listen to it or not. Whether it is true or false etc. **Which means I had quite a good idea about breastfeeding, so when she was born it was in my birth plan that I wanted her straight on my breast, and that's exactly what happened and I knew how it was supposed to be like***. [Kristina, fully breastfeeding]

Some women felt that the classes contained too much information and that it was difficult to take in when pregnant, whereas others, on reflection felt like they could have learned much more:

***To be honest it was like information overload**. It was two hours and you also discussed formula feeding, breastfeeding and then just feeding in general, how to go about it, how to know when your baby is hungry [...] But it was just like, you came away like thinking oh my god, I am so confused now*. [Freya, formula only].

*I didn't really know what to expect [...] **what I do regret is the lack of education of breastfeeding before I had her. I don't feel I knew enough. I thought it was going to be really easy**. I thought she would latch on and she'd feed, the milk would be there, and that would be it and it wasn't. So **I think if I'd educated myself better, or maybe gone to a group, or something before I'd had her, I think maybe I would***

have known more, and would have known possibly that there wouldn't have been all this milk straight away, and that I might have to hand express and the Midwives might have to help me and things like that...I didn't think I would need any education [...] I thought that it would just be normal and natural and she would just latch on, feed and it would all be fine. So I think personally if I had got more education before that, maybe it would have been a bit easier. **I thought it was going to be easy. I didn't once think it was going to be as hard as it was.** [Darcy, formula only]

Just the regularity of it, **just how much time is spent breastfeeding.** There wasn't, I have never seen anything in writing to suggest that is part of the normal range. Yeah, it would have been helpful to have that expectation. [Clare, fully breastfeeding]

Intention to breastfeed and influencing factors

The majority of women talked about their intention to breastfeed, with many relating this to having been breastfed themselves or having seen other family members or friends breastfeed.

I never thought about formula feeding...I don't know if it's because I was breastfed. My mum was quite pro-breastfeeding [Rebecca, fully breastfeeding]

My sister breastfed both her babies and **it just seemed the right thing to do** so that's what I wanted to do with him as well, give him the best start. [Sarah, fully breastfeeding]

I think just because **within my family everyone has breastfed** so I just kind of thought that's what I am going to do. [Daisy, partially breastfeeding]

My sister breastfed her children, my mum breastfed us. [Emma, fully breastfeeding]

Breastfeeding was referred to as 'natural' or 'logical', with the language of health 'benefits' or 'advantages' rarely used.

That's what I have the breasts for, to feed your baby. I never kind of thought anything else. And all my friends, because maybe all my friends, I can't remember one friend who wouldn't breastfeed [...] I never had a conversation about formula before with anyone. [Kristina, fully breastfeeding]

For me it feels like it's the way we were meant to be. I am a Christian as well and **it felt to me my faith was like, that's the way God made us and that's how he intended us to be fed.** You know, he gave us breasts for a reason and that's the reason. So partly, that came into it but it was wholly about it was best for him. [Emma, fully breastfeeding]

Planning to breastfeed was talked about in quite strong terms although some women felt that they needed to think about alternatives too:

I was always **adamant** I was going to breastfeed. [Sarah, fully breastfeeding]

*It was something I **definitely wanted** to do. So for me formula feeding wasn't ever a question...I was so **adamant** I wanted to breastfeed.* [Emma, fully breastfeeding]

Formula feeding never entered my mind. [Rebecca, fully breastfeeding]

*It was **always something** I wanted to do. I knew that there were various reasons why it didn't work out for everybody so I tried not to make assumptions but knew that was what I was aiming for.* [Clare, fully breastfeeding].

The intention to breastfeed was also related to how much they felt they needed, or didn't need, to know about feeding (see below also):

I had made my mind up so, no, didn't really discuss it that much. Just the antenatal, they obviously had someone with fake boobs who showed you how to line the baby up and everything, gave advice. I think that was it really. They didn't put any pressure on me. They said it was up to you if you wanted to bottle or breastfeed but it was made clear that breastfeeding was probably the best thing to do. Yeah, I wanted to try that. That was it really. [Yvonne, formula only]

5.3 Support around the time of the birth

Twenty-two of the mothers interviewed had their babies in local hospitals and two in stand-alone Midwife-led units. Although we were primarily interested in the experience of support in the community many participants talked at length about their birth experiences and related these to their early experiences of feeding their babies and also the support of health professionals.

Influence of birth experience on subsequent feeding experience

For the three women whose babies were born prematurely particular difficulties arose (associated with the prematurity) and they talked about how they were supported at this time. Some women were separated from their babies after birth (for example, because their baby had to go to NICU) and some were not able to have skin-to-skin contact with their babies immediately post-birth. For others there were other specific issues identified that impacted on early feeding experiences, including the nature of the birth (for example, the length of the labour, whether a C-section was needed, how well the baby and mother were immediately post-birth) and pre-existing medical conditions.

Some women felt that what happened was not 'ideal' or not what they expected:

*They took him off very quickly to have a look and check he was OK and then, I suppose normally ideally a baby, if it was all planned the baby would have its first feed straight after. No, **there was no attempt to try and get him to have his first feed straight away**. They did put him on me but he was all bundled up, there was no skin to skin until we actually got back to one of the wards.* [Amy, formula only + solid food]

*Didn't know what to expect but I expected it to be where they put her on your chest and it's all like beautiful and it's like nice and she goes straight to breast and whatever and it didn't happen like that. **She was away from me for a good, I think 3 hours, or something like that** [...] They put her onto my tummy which is what I'd asked for but I was so out of it [...] I remember them putting her on me, just up to my stomach and then I was just like get her off, I can't hold her, I am going to drop her! [...] and **they took her away quite quickly**. So it wasn't, obviously I thought it was going to be that whole like, go on to your chest and you'd cuddle. [Darcy, formula only]*

The health of the baby and the need to focus on other issues affected early feeding, often leading to the introduction of formula milk:

*[He] came 3 weeks early and he came out a little bit cold, so he basically had to go on a course of antibiotics for 5 days, so he was very sleepy for the first 5 days. So **I was trying to feed him but he just couldn't latch on**... [Eve, partially breastfeeding]*

*He was very small. Because I had a C-section, I was only able to give very tiny amount of colostrum. So **we ended up formula feeding a little earlier than we planned** and I was expressing more colostrum [...] **It took so long for my milk to come in and I never produced as much as he needed**. [Carol, partially breastfeeding]*

*For some reason he wasn't latching that well the second day and [...] pulling himself back and pulling on the end of my nipple [...] both my nipples got extremely sore and cracked [...] **I did want to exclusively breastfeed him, but I tried and tried, and I did end up giving him a bit of a bottle in the hospital because it got to the point I was getting really stressed**. He was hungry and it was probably the best thing to do, to get something into him. It's a shame really. [Yvonne, formula only]*

How well expectations aligned with the reality of feeding a newborn baby and in relation to different types of birth also affected the experience:

*Its taking me an hour to produce this much. So that means every hour I am going to have to prepare myself for the next feed and I almost felt like dreading the next feed when he would cry [...] **you do feel really sad about it because it's something so natural, you think it would be a piece of cake but you're both learning! The baby's learning and you're learning and you feel really helpless** because they are crying, because they're hungry and you can't, you're sore and they can't get the latch. [Ella, partially breastfeeding]*

*But one quite important thing they didn't... that **they didn't tell me at the breastfeeding clinic was that when you have a C-section it takes a while for your milk to come in**. [Freya, formula only]*

Some women were surprised by the difficulties, including the pain they experienced:

She was born at like 6.00 am and those first few hours feeding were fine and then towards the end of the night and definitely the next morning it was really sore. So I

*was just getting them to check the latch, it was fine [...] **but it was like agony.***

[Haley, fully breastfeeding]

*My boobs were so sore because he got taken down to NICU when we were at the hospital, and I had to be hand expressed with the syringes and that was a bit painful. **So I think it's painful anyway when you first start but I didn't realise how painful.***

[Ella, partially breastfeeding]

Support from health professionals

Support from health professionals around the time of birth was seen as very important, in learning new skills, in further aligning expectations with reality and in allaying anxiety. For twenty-one mothers this was their first baby and the time around birth was important in helping them to understand the mechanics of breastfeeding and gaining support with establishing the breastfeeding relationship.

Learning about activities that would help to establish a breastmilk supply was an important early experience which could affect subsequent experiences of breastfeeding, although most women at this point did not have an understanding of this and talked about these experiences in relation to short term goals and expectations. This was particularly important for those whose babies were admitted to NICU or who had a C-section:

*He was in NICU for four days and he was nil by mouth for the first two [...] So the Midwife up there helped me with expressing some colostrum and **then obviously I had to express for the first couple of days [...] to make sure I was producing the milk before I was actually able to feed him.*** [Daisy, partially breastfeeding]

For some women early experiences were not positive and examples were given where support was not forthcoming or where it was confusing, with women receiving mixed messages from different members of staff, for example:

*It was a really anxious time and **you are looking to people to say, this is what you need to be doing.** But you talk to one person and they say you need to be giving a bottle and then someone else five hours later would say, give it another go yourself or he might get used to the bottle. You know, someone just tell me what to do! No one suggested using the pump for a few days either which I could have been using from the beginning [...] You really thought you were getting people's personal opinions [...] **The hospital staff should have, they should be singing from the same hymn sheet really [...]** I felt like you do what one person was saying and then someone else would come along and contradict it. **But I think they needed to be more joined up with the messages they were giving.** You would think, I have no idea, I have never done this before, this is my first baby, you know. I can hardly move, he's in an incubator or whatever, **someone just tell me what I need to do.*** [Amy, formula only + solid food]

Health professionals were viewed as very busy and not always having time to spend with mothers:

*I had quite a lot of help expressing in Southmead before I went home. And they were [...] very busy and because it was difficult [...] **often they would sort of go, can I do it for you because we need to get it done but it didn't really help me to learn how to do it really.** And the middle of the night, especially because the middle of the nights were the difficult bits. **We were all tired, I was in pain and she just wouldn't stop crying, knowing what to do then, that's when nobody is around.** [Alice, fully breastfeeding]*

***I would feel that I was bothering them.** Not through any fault of their own, they were just so busy. [Amy, formula only + solid food]*

There was an expectation that, in hospital, help would be available:

*Like I said, they were really busy so **I was left on my own a lot more than I thought I would be in the hospital, I must admit.** [Yvonne, formula only]*

*I got sent home the same day I gave birth. Midwives come out and check on him and stuff **but I think I was just left to it.** [Denise, fully breastfeeding]*

Positive experiences were also described although in some cases these were linked to the mother's assertiveness:

*I stayed for two nights in hospital. The first night again they kept coming and showing me, here you go this is how you latch on and that was it and every time I tried myself with those positions she just wouldn't latch on. So I would have to call somebody to come and help me. **I insisted on staying an extra night and by that time I had then got to grips with this other way of latching on and I think staying that extra night was able to give me that little bit of extra confidence,** so that when we went home we were fine. [Charlotte, fully breastfeeding]*

5.4 Support once at home

Our participants described a range of ways in which they were able to access, and use, support once they were at home with their babies. We were particularly interested in support in the early weeks including support from Midwives and Health Visitors as well as from breastfeeding support groups, friends, family and other networks. Mothers also talked about other forms of support that they used, including , helplines and national charities and websites and social media.

Some mothers found the initial experience of breastfeeding very challenging:

***I wasn't sleeping because he was just screaming and crying** and then I was arguing with my partner because I was tired. **Probably this place [children's centre] kept me going** I think because you do get out and about and there's other mums who are saying, my baby was doing this or whatever. [Denise, fully breastfeeding]*

Support from health professionals (Health Visitors, Midwives, Lactation Consultants)

Few women talked specifically about Midwives in relation to support once they had gone home, although there was some confusion over which health professionals were Midwives and which were Health Visitors. Grace felt that it was hard to ask for the help she needed:

*After my first visit my Midwives said she was latching on fine and that was all OK, and she said yes, carry on with it, you can come back if it goes wrong. I don't know [...] maybe **she could have said do you want me to come and see you again and help you again**, it might have helped a bit more. I think sometimes once you have asked for help once, to keep asking over and over again you feel more of a nuisance than anything. They don't make you feel that way but you kind of feel that way. They have got lots of other people to deal with, you know, I have asked them once and they have helped me out, I keep going back again. [Grace, formula only]*

Twenty-two mothers talked about the support that they received from their Health Visitors; for the majority this was positive although for many the contact was minimal.

*She was really nice actually. They would always ask how the feeding was going and I would say still trying and she [...] was saying about his latch, try this and try that and try different positions. I tried them all...**She came I think just the required number of times. It was no more but I had her number and I did ring her a couple of times.** [Amy, formula only + solid food]*

*My Health Visitor who came to my house, she was really good. And **she was very pro-breastfeeding and was just very encouraging.** It did get quite painful at some stages and **she just gave me advice and just encouraged me, she was brilliant.** She was very pro-breastfeeding and just reinforcing all the good things it does for him. **She was brilliant.** She was like, just hang on in there and I promise it will get better by six weeks. [Sarah, fully breastfeeding]*

Many described the contact with their Health Visitor in terms of one visit or one conversation. Rebecca [fully breastfeeding] said that she only remembered one conversation with her Health Visitor (about expressing milk, which was helpful) '**because you don't see them very often**'. Kristina asked her health visitor to observe her feeding:

*She just asked if everything was all right and if I didn't have any questions there wasn't any kind of need to discuss anything...**I just asked whether she would like to kind of observe me to make sure I was doing the right thing**, and she was very happy with me and then we stopped. Didn't need to go any further really. [Kristina, fully breastfeeding]*

***I didn't really have any discussions with the Health Visitor.** She asked what I was doing and asked if I was happy with it and that was it, end of conversation really. [Yvonne, formula only]*

Some mothers said that health professionals had provided highly valuable support at critical moments.

*I was getting stressed out, he was screaming. And she said he's not supposed to do this and she said he might have thrush [...] she actually made me a doctor's appointment that day, she rang up the doctor and asked for an emergency appointment. And it was [...] we got the cream and stuff and after that his latch was great. **She probably saved our breastfeeding journey to be honest with you. I was ready to stop right there.** He was screaming, not feeding and I was tired. [Denise, fully breastfeeding]*

*It's been brilliant. **I had a bit of postnatal depression after and that was when the Health Visitor suggested the Children's Centre.** So I signed up for the Baby and Me classes. [Amy, formula only + solid food]*

***She was amazing.** Down to earth, do what you need to do. She had been told obviously somewhere that breastfeeding was best [...] she was brilliant. She said do what you want. If you want to pack it up straight away, no one is going to judge you. [Betty, partially breastfeeding]*

*My Health Visitor was lovely. She observed him feed, she asked me how's it going, how's feeding going. I spoke to her about it in the early days and she watched him feed. She was really encouraging. And **after the issue with the tongue tie at the beginning, it felt good to have someone encouraging and saying you are doing brilliantly, you are doing a good job** [...] They are very encouraging. I had lots of reassuring conversations. I am not sure how much she added to helping me because at that point I was OK. When I had the issue of refusal she was really helpful on that as well. [Charlotte, fully breastfeeding]*

One woman talked about the support she received from a Lactation Consultant (with a referral via one of the breastfeeding support groups). Support was available from a number of sources and continuing to attend the support group was not felt necessary:

...they referred me to a lady called [Lactation Consultant] a couple of days later or the next day.

Were you still going to the breastfeeding support group? [interviewer]

I only went the first week because in-between that I saw [Lactation Consultant], then I started seeing the Osteopath, I was seeing the Midwife still and the Health Visitor. So I felt like I was getting enough support. I didn't feel that the support group would be able to do much with regards to what was going on. [Darcy, formula only]

Darcy went on to say that, although she appreciated seeing the Lactation Consultant she also found this stressful, as her breastfeeding problem wasn't easily resolved:

***It was stressful, I cried quite a lot in that week when it was happening and was really distressed when I came back from the Lactation Consultant.** I had gone to them thinking they would fix it and maybe that's my problem. She was very open and said I don't know. She spent a long time with me and I was kind of like OK,*

OK. And then I came out and I was like, oh! It all kind of hit me like a ton of bricks. I thought OK, I didn't think it was anything. She sort of suggested he was holding his head back or something. I don't know. It was stressful. It was worrying at the time because they were saying it could be something that was stopping him. [Darcy, formula only]

Breastfeeding support groups

Many interviewees had experiences of attending community-based breastfeeding support groups, with a total of twenty mothers talking about this in some way. Some felt very positive about the experience and appreciated the personal contact, although this was not necessarily because of breastfeeding problems:

*With [my baby] putting on so much weight, [He's] sort of an example of someone for whom breastfeeding had gone very well for. **It's gone very well for him! But it takes its toll on me** which was why I was there, to sort of get some support I guess. [Clare, fully breastfeeding]*

*But we sort of compared notes [...] **It's nice talking to other mums [about their] experiences and stuff** [Frances, formula + some solid food]*

Some interviewees felt uncertain about attending breastfeeding support groups. This was partly because they felt that the groups were aimed at mothers who had older babies and more experience of breastfeeding. For some, the experience of attending the group did not match their expectations:

*They weren't actually many babies there [at the group], they were all a bit older. When I was there she was only a few days old, she was only four days old and everyone else was, there was one baby that was eight or nine weeks but everyone else was like nine months, one year. Actually I thought they would all be babies [...] **They all seemed like they all really knew each other so when I turned up it was like, oh. Where's all the other little babies?** [Darcy, formula only]*

*I never went because one girl before went and she said it was a bit... She went there looking for help but it was actually just a group of mum's feeding but [...] **there wasn't support getting it started and that's what [she] need[ed]**. So I didn't bother going because it would just have been me and a screaming baby squeezing my boobs for the whole two hours. I just felt it wouldn't have actually worked and I would have been humiliated [Betty, partially breastfeeding]*

One limitation of support groups was that their weekly format meant that they were not accessible at the times when mothers most needed support. Being signposted to other groups on other days was important but support was sometimes needed more quickly:

*They just said to me "there's a breastfeeding support group on a Thursday at the hospital why don't you go to that?"...and I was like "OK, I will go to that. [...] **The trouble was that was almost a week away. And then, so I waited for that and kind of struggled on meanwhile.** [Freya, formula only]*

*I didn't really want to go to a support group and also because **they only run once a week and I was having the problem now, I don't want to have to wait until next week.*** [Daisy, partially breastfeeding]

***There was a class that was running every Tuesday for breastfeeding but I never got out of the house in time to go to that!** In those first weeks getting out the house was scary anyway but yeah, the time was just, yeah, a little bit difficult...* [Ella, partially breastfeeding]

One interviewee felt that, although she was provided with details about a breastfeeding group while in hospital, it was too much information to take in at the time.

*...when you have had a baby you are so overwhelmed with the baby that the information you get given is so overwhelming [...] they gave me all that, **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, formula + some solid food]

Other mothers felt uncomfortable about the idea of attending a breastfeeding support group because of the difficulties they had, or because they were concerned about what it would be like:

*They kept recommending a breastfeeding group but I never actually joined it. **I just didn't want to be around people who were feeding to be honest, because it just rubbed it in a little bit.*** [Amy, formula only + solid food]

***I was dreading it really because I thought well you know, they are going to be very strong advocates of breastfeeding and I don't want rammed down my throat breast is best, breast is best** [...] I wanted to go there to see if there was anything I could try differently. I guess a bit of reassurance that actually you know, what I am going through is normal and to see if, I guess, to speak to people in a similar situation who could really relate to me.* [Freya, formula only]

Others would have liked to have gone to a group earlier than they did:

*When she was about two weeks old, I started coming here to the breastfeeding support group and that was good, because there were other mums with similar aged babies, and again you see people who have had difficulties. I don't know if it is something people do if they have found it easy, maybe they don't bother [...] I mean **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.*** [Alice, fully breastfeeding]

Alice also really appreciated the personal nature of the contact, here contrasting it with Health Visitor/Midwife relationships:

*And they are really good because [...] you feel like [...] the women who facilitate it, **you feel like they know you because they are interested in you and the baby and they remember you from last week, whereas some of the other groups, they must***

*see so many people. In addition, **the Health Visitors and Midwives, you are just another appointment in their book really, I think.*** [Alice, fully breastfeeding]

However, other mothers found the breastfeeding support group format unhelpful:

It was just lots of women sat around breast feeding!** And I know that sounds really silly but [...] You know, everyone was just feeding [...] I only went to one session but I didn't really get much out of it [...] It sounds really silly but I don't know whether it was too focussed on breastfeeding [...], everyone goes to the group to feed their baby, whereas it is nice to have people there you can talk to and ask for support, but **it would be nice if there was other focuses as well, rather than everyone sat in a big circle breastfeeding [Daisy, partially breastfeeding]

However, Daisy did acknowledge that it was supportive to see and be with other women who were breastfeeding (about fifteen in this group):

*So it was quite nice to see that there are other breastfeeders because obviously when I come to the group here I am the only one. So **it was quite nice to see there are lots of other people that do breastfeed and I am not completely on my own.***

Family, friends and other networks

Nearly all interviewees talked about the role that family, friends, work colleagues and wider networks had in their experiences with feeding after birth. For many, these people were a key source of support and advice:

*I am the first out of my peer group to have a baby, but there's a lot of women at my work who are a little bit older than me, who have got children sort of primary school age and they all breastfed. **I suppose they have been kind of invaluable for advice about all things.*** [Clare, fully breastfeeding]

*A lot of my friends were breastfeeding and some of them weren't so **the ones that were, kind of supported each other through it.*** [Sarah, fully breastfeeding]

In one instance, a mother stated that support for breastfeeding came from friends who did not breastfeed themselves:

*I have got friends locally, but actually I am the only one who breastfeeds. [...] One breastfed for about four days and gave up. So actually I am the only one that breastfeeds, so I haven't really got anyone. [...] **one of my friends is really supportive of it, even though she didn't manage to do it and she keeps saying how well I had done.*** [Daisy, partially breastfeeding]

One mother drew the comparison between talking to a friend and searching for answers on the internet:

*It was really hard. **I was googling all these sorts of things trying to find out how to sterilise bottles, how long for, when it was safe for, what do you have to do, how much can you stretch it, what can you do....** [then] **I was talking to one of my friends***

about what I had done and she was just sat there looking at me so sympathetically. She said "You don't have to worry about that, they last a lot longer than you think". I had these piles of bottles with times on them. I was like "OK!" [Gilly, formula only]

Some interviewees developed close relationships with other mothers through their experiences of baby feeding:

*I met a girl in hospital who had her baby just after [he] was born and she was breastfeeding as well. So **we kind of just supported each other through it really.** She was quite nervous about it at first. So we went out in town, we had coffee and stuff and I would try and be there when she was breastfeeding and just try and get her out and about doing it in public.* [Sarah, fully breastfeeding]

However, three interviewees talked about feelings of being pressurised by their peers and of finding it difficult to talk about their experience:

*Yeah, they [friends] were "Have you tried this?" "Have you tried that?" I didn't really talk to them too much about how much I was struggling or how I felt about it all. They knew he had a bad start with it but **I didn't want people getting upset about it.*** [Amy, formula only + solid food]

One interviewee, who was the first in her group to have a baby, felt she could not share her experiences in the ways discussed by others in the study:

I didn't have any friends who had babies so I didn't really have any situations of them helping or anything. [Darcy, formula only]

Helplines and national charities

None of the mothers said they had made use of a helpline, such as the NCT breastfeeding helpline or the Association of Breastfeeding Mothers (ABM) counsellor helpline. Five interviewees mentioned these resources and appreciated their availability, but also stated that they needed more personal contact:

*She started comfort sucking [...] she was on me for four and a half hours and [...] she was just comfort sucking and they didn't actually cover comfort sucking in the breastfeeding clinic at all. **So I didn't know, I thought something was wrong or I was just like, I don't understand,** is my milk not good enough...*

Is there anyone you could have contacted for support, like a helpline? [Interviewer]

*We did get given numbers but I don't know, it's kind of like, to pick up a phone when you are crying and your baby is screaming and talk to someone you don't know when you can't see them face to face. I didn't feel like it would work for me. **I kind of needed someone to come round and help me and speak to me.*** [Freya, formula only]

Emma talked about when the NCT helpline practitioner sought to find a wider network of mothers to help her discuss her query:

*I didn't really know what to do so I emailed my NCT tutor for help. I explained, wrote a very long email explaining about it, she came back to me very quickly within the day and asked a few more questions about it. **She asked whether, anonymously, she could post it on a breast feeding website, a group that she was part of, to see what other people could come up with** and you know, whilst the conversation was all very much like it's OK to only feed off one side, a baby doesn't need to feed off both sides for him. For me it was uncomfortable and I didn't want to be lopsided. So I then had to kind of work it out, **she kept coming back to me with what people had said, "have you tried this or that?"** [Emma, fully breastfeeding]*

Websites and social media

Social media sources of information and support were widely discussed. These ranged from national and international support groups to local Facebook pages. For some women these also led to supportive off-line friendships.

*You can just read people's stories on Facebook, which is really good. **There is a lot of support out there.** [Rebecca, fully breastfeeding]*

*I am part of an online birth group called Baby Centre. So all the mums who gave birth in April - there are about 4500 of us. There are people from all over the world, but mostly in the UK. **So I can go on at 3 o'clock in the morning and see, 'I can't get him to do this' or 'his poops are funny' or 'made this strange noise, what is it?'** They are all on[line] at the same time. Keeps you away from google. I have met about ten other mums in Bristol as well. One is only up the street from me. We have regular weekly meets now. It's a good way to meet mums [Carol, partially breastfeeding]*

Many women appreciated being able to find out about other mothers' experiences. Being able to do this at any time of the day or night and feeling supported was important:

***But like first thing in the morning, like 6 o'clock and knowing that I had other friends that were likely to be up at that time too.** We had a little WhatsApp group, if you were up you would post a little hello and if they were up they would reply. It was so nice. One of my friends was really struggling at work, so she would be up at stupid o'clock in the morning freaking out, so we would have a little chat in the morning as well. And it's such a nice feeling. When it's going well, its lovely. [Gilly, formula only]*

Part of this was about normalising their own experience and realising that they were not alone.

***Just going on the internet and reading what other mums have said [...]** you can read the medical information but some of it, sometimes, it doesn't always make*

sense and then **with what other mums have experienced, you kind of realise, yeah, it's not always, you are normal.** [Bella, fully breastfeeding]

Better than any Midwife. It was just real people saying, do you know what, it's hard. How is something so natural so difficult? [Betty, partially breastfeeding]

Gaining online support was deliberately chosen over attending support groups in the area:

I was recommended one [support group] in Bristol but I never actually went. I kept meaning to go but never actually went. So, no, I joined a group on Facebook, I am trying to think what they are called. I joined them and followed them and stuff but didn't actually ever go to anything. [Sarah, fully breastfeeding]

Claire had found it useful as her baby grew older, specifically in relation to thinking about breastfeeding and returning to work:

I joined the Bristol breastfeeding Facebook group and that's quite helpful. I don't say anything on it, just reading what other people put. I started to get an idea, that actually by that point, if you are only feeding once in the morning and once at night, then it can fit round work quite well. [Clare, fully breastfeeding].

Although some mothers described actively participating in online groups, others preferred to 'lurk' but were still able to receive valuable support, for a specific problem:

I never really asked anything on the Facebook forums but I tend to read the questions. I have been quite lucky really. I have had mastitis only once [...] I probably read on the forums from people who had it you have got to have a warm compress, have a bath, put the shower on it, keep rubbing it, feed from it more. I was doing all that but the pain was just horrible and then this green stuff was coming out! I thought maybe I should go to the doctors then [...] So those forums do help. Just because someone doesn't post on them, people like me, it doesn't mean it can't help them, reading things and stuff. [Denise, fully breastfeeding]

Denise also went on to talk about how online support groups give access to many experiences, although there will always be some people and some problems, for whom offline help might be more appropriate:

So I go to the group. They all tend to go to each other for help, if there's a problem. There's about 5000 members on it, it's always active. So there is always someone out there that's had something happen. It is probably going to put you guys out of a job really! 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 then 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].

Virtual support was gained in also other ways:

I have an app on my phone for recording his feeds which I think, I thought, I would just use in the early days but it has been so useful. I don't have to be looking at the clock and trying to remember what the time is when I start feeding him, I just press a button on my phone. [Carol, partially breastfeeding]

Yeah, so it records how long the feed is and I can see how long since I last fed. It's really helpful seeing that there has been progress in terms of him now feeding every two hours during the day a lot of the time. The funny thing at the moment, he doesn't actually latch on unless I stand up. And just being able to remember which side I did last. [...] just searched for it, no one recommended it. Baby Nursing. I think it is one of the free ones. It is really helpful and I use it at night as well because when you wake up and you want to see, if you have only fed forty minutes ago I will try and, now that I know that he can go a good two hours at night, I will try and just sort of settle him back down... [Clare, fully breastfeeding]

Another mother found the experience of using an app less helpful:

*The good ones are Kelly's Mums and La Leche League. So they are quite useful ones for infant feeding information and just checking things. **I did start using an app which was about timing, but then it was timing and how long he fed and stuff, but I just felt like I was getting too tied down with how long he's feeding for, and when he's feeding and I think that was making me worse.** Whereas, once I relaxed and just thought he will feed when he feeds, and for however long, I found it a lot easier. [Daisy, partially breastfeeding]*

Some found useful advice on the NHS website (section not specified):

*Yes. I haven't read any books per se but I go onto the internet, if I am not sure about something I google. I read the NHS website an awful lot. Because the trouble is there are so many different views, and a lot of it is American and they have quite different paediatric views, **so most of the time I used the NHS website, which I found very informative.** [Freya, formula only]*

*Of course you can read bits and pieces on the internet but everything is like, you know, one side or other. But **if you have one reliable source you can always come to as a key, and then you just need to listen to all the advice to know what's right kind of, I think that's the key.** Well it was for me! [Kristina, fully breastfeeding]*

Recommendations made by participants

Although seeking mothers' recommendations did not form part of our original research question and was not in the interview schedule, many participants suggested ways in which they thought support for early breastfeeding could be improved.

Overall, the mothers interviewed showed that they were interested and concerned to come forward, share their experiences and make suggestions that might improve the experiences of other mothers.

Some mothers did not find support groups helpful and thought that one-to-one support might be better:

*I guess, just if there was **some support at home for breastfeeding**, because I know there are these support groups but like I said, I didn't really take to it [...] just for somebody to come and give you advice and just have a look at you know, just come when you are feeding and see what's happening and kind of check that you know, if the latch is good or if they have got any advice and stuff. **I guess not everyone wants to go to support groups.** [Daisy, partially breastfeeding]*

Further support antenatally and a more realistic idea of what to expect was also suggested:

*They don't mention enough how you can personally feel if you don't pick it up [...] **a lot of people that do breastfeed in the first couple of weeks do find it really hard and there's not enough on that.** [Ella, partially breastfeeding]*

*I don't know if there are any groups that they run, that are for if women want to breastfeed [...] The before bit, before the baby actually arrives. Whether there is a group that covers it [...] I think if I had known it would have been harder than it was then I may have been a bit more prepared. **I didn't feel prepared for it being difficult.** Like I said I thought it was going to be really easy. I thought it was going to be really natural and stuff. So it was a bit of a shock when it wasn't. So yeah, **potentially hearing other people's experience would maybe help** [Darcy, formula only]*

*I think there needs to be more bite sized information in the lead up to when you give birth [...] more practical kind of tips and hints and actually go to a breastfeeding clinic before you have your baby [...] You know, so you can hear all sides of it, **so you can hear first-hand that actually everyone's experience is different and it may not be a magical as people make out** [...] I just think that it could make it, they could make the information about breastfeeding more accessible and they probably shouldn't paint it out to be a magical thing. It is important that it is promoted, absolutely and I am all for that. **But I do think they need to be a bit more realistic and say it might be hard, it might be hard work**, it might not just be a case of popping them on and popping them off. That for me, I think would be the key. **I don't want to scare people but it should be more realistic.** [Freya, formula only]*

*But then I don't know if you'd just freak out if you had too much information. I don't really know what the answer is. **But it was nothing like I thought it was going to be.** [Gilly, formula only]*

Information about other options was felt to be important:

I think that's one thing I think would help a lot of women as well - about combination feeding and I think it would help a lot of women. [Ella, partially breastfeeding]

They don't give you any advice about bottle feeding. *And I know they are supposed to promote breast feeding, but there is a point when you need to swop over and some help in that would be huge! **It would have taken away so much more of the stress if someone had said, this is how you make a bottle [...]** Everyone just kept saying, carry on with the breastfeeding. I would have done anything for someone just to help [...] A crib sheet would have been amazing. That's the only thing I would say. **A bit more of a recognition that some people are going to have to bottle feed or choose to bottle feed, that would be nice.** [Gilly, formula only]*

More proactive support would be valued by some:

...offer to come back again, unless you are adamant that you don't want the help maybe turn around and say, actually I am in the area tomorrow, do you want me to pop in again? Rather than me feeling like I am continually pestering them. Although they say we are here to help, rather than me having to phone up, and say actually I need your help again, if they just said I am about tomorrow, do you want me to pop in for a little bit?. I probably would have said yes, that would be great, just to check things are still going all right. And I suppose **continue to do that, until they can see you have got it and you are happy with it.** Rather than you having to search for the help. [Grace, formula only]

6. Discussion

6.1 Context

The purpose of this research was to explore experiences of support in South Gloucestershire and consider how we can improve local services to support mothers in this crucial period. Our findings identify some dilemmas and struggles in accessing breastfeeding support in the early weeks, and provide some insight into what works and what doesn't work in this local context.

6.2 Research question

The research question sought to respond to the concerns of the PH CYP Team about the continuation rate for breastfeeding in South Gloucestershire. The focus was on support but many of the mothers we interviewed wanted to talk about their birth in addition to their breastfeeding stories, even if the focus for them was not about support but about other aspects of their experience.

6.3 Criteria for selection and recruitment

The criteria for selection, based on age of the baby, mode of infant feeding and engagement with a Children's Centre, worked very well as a pragmatic basis for defining the target population of interest. Within the timescale for the study, we did not have the opportunity to pilot the criteria in the study or to make adjustments over the course of recruitment in order to create a more fully purposive sample. This would have enabled us to adjust for education status, socio-economic status, ethnicity and infant feeding practices.

Participants were appropriately recruited and selection based on finding those most likely to be able to help answer the research question. A meticulous approach to recruitment (by NE) and a much higher level of interest than initially anticipated led to 53 expressions of interest in participating in an interview. Although it was time consuming to synchronise the availability of mothers, interviewer and room within the tight timescale, it was important that NE maintained continuity of contact with the mothers and we were pleased to complete 24 interviews.

Children's Centres in South Gloucestershire are located in Priority Neighbourhoods (PNs). All of the women recruited accessed their local Children's Centre and eight lived in a PN. It is recognised that two-thirds of children living in poverty in South Gloucestershire live outside of PN areas (SGC, 2016). Our sample included relatively well-educated mothers, who are known to be more likely to breastfeed (McAndrew et al, 2012). Most of the mothers we interviewed had encountered difficulties with breastfeeding. Wider evidence makes it reasonable to suggest that, had we been able to interview more young, white women from socially disadvantaged backgrounds, these challenges would be even more prominent in the findings and additional challenges may also have been identified (McAndrew et al, 2012).

All women recruited to this study identified themselves as being White. South Gloucestershire has a smaller percentage of residents from black and minority ethnic groups compared to the England average (5% compared to 14%; SGC, 2016). Nevertheless, we would have liked to have interviewed women from a more diverse range of minority ethnic backgrounds.

6.4 Interviews

Although the process was resource intensive, the interviews proceeded as planned and often appeared to be welcomed by the interviewees, as an opportunity to talk about experiences, although the emotional journeys were still 'raw' for some. All the mothers were aware of the research purpose due to the preparatory visits to Baby and Me groups. This may have contributed towards the richness of the data in terms of very personal stories and considered responses from the interviewees. It was evident that interviewees often needed to talk about their wider circumstances in order to put their experiences of support into context. We were mindful before the interviews that mothers might not want to express their experiences in the language of 'support'. The open questions and semi-structured nature of the interviews appeared to help participants present experiences from an alternative perspective, for example one that emphasised their own independence and agency.

6.5 Findings

General

The findings in this study give a clear indication of the importance of mental health and wellbeing in early breastfeeding experiences. This supports what is already known about the importance in this period and of good quality contacts with mothers and babies (Giallo and Cooklin, 2015). Investing in breastfeeding and relationship building is now recognised as a positive, proactive mechanism to promote mother-infant attachment behaviours and the mental health and well-being for the mother and the child (UNICEF, 2013). However, mothers need to be able to overcome the challenges of establishing breastfeeding to gain these benefits.

We have discussed our findings in relation to 'critical stages' for support and breastfeeding experience: these are also critical for women's mental health. Before and after birth, there are key opportunities to identify any potential issues with the mother's mental and emotional health and wellbeing and ability to cope with a new baby. A mother may feel vulnerable, anxious, exhausted, and will have changing hormone levels. The demands of establishing breastfeeding need to be recognised in this context. Additionally, a sense of failure and guilt can also be felt when breastfeeding proves challenging (Komninou et al 2016). Conversations that women have with Midwives and Health Visitors about infant feeding provide opportunities to consider their mental and emotional health and wellbeing.

The transformed Health Visiting service specification incorporates the Healthy Child Programme 0-5, and a universal antenatal Health Visiting contact should be offered to all pregnant women, providing an opportunity to assess and discuss previous, current and future mental health needs (PHE, 2016c). At the second visit, ideally between ten and fourteen days following the birth (the new baby review), Health Visitors will check on the health and wellbeing of the parents and baby. They can assess and discuss any concerns and issues that they may have about becoming parents, any potential issues with the mother's mental and emotional health and wellbeing and ability to cope with a new baby (DH, 2015).

Our data suggests that the journey undertaken by women in becoming a mother needs personalised and timely support; and it is recommended this is provided by health professionals most in contact with women at this crucial time (PHE and DH, 2015).

Mental health

Public Health England has produced a menu of preventative interventions (MoI) which are evidence-based, preventative interventions that can help improve the health of the population and reduce health and care service demand in the short to medium term. (PHE, 2016d). Mental health is a key topic area considered with an aim that every woman is able to access evidence-based specialist mental health advice, support and treatment during the perinatal period. Perinatal pathways are advised to include access to mental health advice and support; routine questions about mental health in all consultations with pregnant women and to one year after childbirth; rapid access to psychological therapies for all women who will benefit; clear pathways throughout the whole perinatal period.

Support before the birth

In the period before birth, useful interventions around breastfeeding can be made. A mismatch between expectations and experiences was a theme that went through the course of many interviews; this is also described by Foss and Southwall (2006). Notably, some women reflected back to the period before birth and described how they felt they had had an idealised or simplistic understanding of breastfeeding. This disjuncture has been widely reported in research on the relationship between dominant cultural norms and the lived experience of motherhood (Hauck and Irurita, 2003; Kitzinger, 2005; O'Brien et al, 2008). In the context of this research it creates tension for agencies in providing, on the one hand, clear information about the diverse experiences of breastfeeding mothers (both positive and negative) and on the other hand, their role in actively promoting the positive messages on breastfeeding (as discussed by Dietrich Leurer and Misskey, 2015).

A number of interviewees indicated that they would have preferred a less idealised account of how to successfully breastfeed, although some recognised that this was a view in hindsight and might not have felt that way at the time. A useful message from the interviews was that partners who attend antenatal classes could have a valuable role in recalling what was said during times of difficulty after birth. The importance of inclusive support was also highlighted in these interviews (i.e. for those who might be planning other feeding choices).

Support around the time of the birth

The way in which interviewees talked about their experience of birth, and related feeding experiences, demonstrates the importance of this stage of the infant-feeding journey. Inconsistency of support and advice was highlighted. Many interviewees related their experiences to their expectations, as discussed above. Our focus was on support in the early weeks and our initial assumption was that this would be talked about primarily in relation to support gained in the community and from family and peers. However, it became apparent from the interviewees 'story' that the experience of support in the hours and days immediately after the birth were very important in establishing breastfeeding and how they felt about it, themes highlighted, for example by Atchan et al (2011) , Kitzinger (2005), Nelson (2012) and Renfrew et al (2005).

Support once at home

There was some confusion over which health professionals were Midwives and Health Visitors. The essential nature of making introduction to make human connections is recognised (Granger, 2013)

For many interviewees, Children's Centre based groups provided important sources of peer and other support, linked to a range of opportunities that were much wider than infant feeding. The groups that were attended by participants, including Baby and Me groups, were strongly perceived to promote a positive message on breastfeeding which is consistent with a key part of their intended aims. Participants offered a number of views about the limitations of breastfeeding groups including their title, branding and accessibility in terms of location, venue and scheduling. For a minority there was a feeling that their reach was limited and that agencies had to work hard to avoid the development of cliques. Schmied et al (2011) talk about the importance of authentic presence and connection/relationship in establishing breastfeeding. Small differences in the ages of babies and extent of breastfeeding experience were sometimes felt quite acutely and made mothers uncertain about how they would fit in a group.

Nearly all interviewees talked about the role of family and friends, which for many, were a key source of support. Many of the women also talked about their engagement with online resources, including those offered by leading providers such as the NHS. However, this went beyond searching for information from mainstream agencies to the more interactive use of forums, networking sites and specialist apps. These resources led to new contacts with peers, opportunities for sharing personal experiences and hearing from others. Their informality, openness and immediacy were contrasted to some experiences of local breastfeeding groups. However, for most of those interviewees who talked about this, the role of online resources might be best considered as a supplement rather than as a replacement for face-to-face support. It was notable that telephone helplines did not appear to be widely used, possibly because most interviewees felt they could use professional or other channels to address their queries.

6.6 Wider implications

From a Public Health perspective, it is important to put our research findings in context and draw attention to the fundamental importance of creating breastfeeding friendly environments, given the efforts of services and practitioners to support breastfeeding are relatively minor in comparison to the influence of wider cultural norms and social practices (Victoria, 2016). Our findings suggest that the local authority and health partners need to maintain positive and consistent messages on breastfeeding across all relevant public communications, and to continue to embed this in staff training and all relevant service commissions.

It appears that family and peer networks had a central influence in shaping the outlook of interviewees with respect to infant feeding. This raises the question of how practitioners recognise and work with these influences.

6.7 Limitations

There are a number of limitations to this work, some of which have been highlighted in the discussion above. These include the homogeneity of interviewees and the limits of time

available affecting selection and recruitment strategy. Some potentially important areas emerged during the course of analysing the data that we would have liked to pursue further. These include perceptions of the role of different practitioners, extended family networks, wider community resources and online sources of support. Nevertheless, we were impressed by the interest and commitment of participants, and the quality and depth of the interviews compensated for some of the potential limitations to the study.

7. Recommendations

These are the recommendations arising from this study. They are of relevance to South Gloucestershire Council, Midwifery and Health Visiting services and the wider partnership of voluntary and community sector agencies.

1. *For Public Health and Wellbeing, Midwifery and Health Visiting services and Voluntary and Community Sector agencies:* The promotion and protection of breastfeeding is a collective responsibility. There are opportunities to influence the culture around breastfeeding. This could include roles for Volunteers, Health Champions, social network approaches and community development. Recognising existing community assets and opportunities to work together is important.
2. *For Public Health and Wellbeing, Midwifery and Health Visiting services:* Before and after birth, there are key opportunities to identify any potential issues with the mother's mental and emotional health and wellbeing and ability to cope with a new baby. A mother may feel vulnerable, anxious and exhausted, and will have changing hormone levels. The demands of establishing breastfeeding need to be recognised in this context.
3. *For Midwifery and Health Visiting services:* Parents value seamless services with consistent professional advice throughout pregnancy and the early weeks of life. There is a need for Midwives and Health Visitors to ensure they provide evidence-based, consistent, personalised and timely support in their face-to-face contacts with women and parents.
4. *For Midwifery and Health Visiting services:* There was some confusion over which health professionals were Midwives and which were Health Visitors, so it is clear that mothers should be made aware of the different professional roles of those supporting them. Collaborative working between Midwifery and Health Visiting services is critical, so there is a need to build on the existing good joint working already in place and strengthen closer partnerships between Health visitors and Midwives to ensure a smooth transition to parenthood and ongoing care and support.
5. *For Public Health and Wellbeing (Commissioners) and Providers:* The breastfeeding support groups would benefit from evaluation. This could address their name, branding and accessibility in terms of location, venue and scheduling. Ensuring inclusiveness is important as is supporting those with the greatest need. Support also needs to be timely.
6. *For Midwifery and Health Visiting services:* There needs to be a consistent approach to signposting women antenatally and postnatally, to appropriate and relevant websites, apps and social media. Information about online sources of support should not be considered as a replacement for existing face-to-face services.
7. *For Public Health and Wellbeing:* It is important that resources recommended are quality assured and workforce development continues to be a priority.

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Appendices

- A. Evidence supporting breastfeeding**
- B. South Gloucestershire breastfeeding prevalence**
- C. Briefing note for Children's Centre staff**
- D. Information sheet**
- E. Consent form**
- F. Interview schedule**
- G Descriptive data sheet**
- H. Participant information**

A: Evidence supporting breastfeeding

A large body of evidence demonstrates that breastfeeding is a major contributor to public health and has an important role to play in reducing health inequalities, including high income countries as well as poorer countries. Some key evidence is listed below.

Lancet Series (2016)

This series summarises the evidence about the benefits of breastfeeding, highlights the practical, emotional and cultural barriers that can prevent mothers from breastfeeding and the importance of breastfeeding in improving health, saving lives and reducing costs in all countries globally.

Full Series paper 1: [Victoria, Cesar G et al. \(2016\) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet Volume 387, Issue 10017, 475-490](#)

Full Series paper 2: [Rollins, Nigel C et al. \(2016\) Why invest, and what it will take to improve breastfeeding practices? The Lancet, Volume 387, Issue 10017, 491-504](#)

Acta Paediatrica (2015) special edition on the impact of breastfeeding on maternal and child health. This supplement to Acta Paediatrica (coordinated by the World Health Organisation and funded by the Gates Foundation) presents a series of meta-analyses and systematic literature reviews examining a variety of health effects potentially related to breastfeeding.

NICE guidance

[NICE \(2014\) Improving the nutrition of pregnant and breastfeeding mothers and children in low-income houses. Public health guidance 11. London, NICE](#) updated November 2014.

This guidance includes a recommendation on breastfeeding: 'Encourage breastfeeding by providing information, practical advice and ongoing support – including the help of breastfeeding peer supporters and advice on how to store expressed breast milk safely.

Cochrane reviews

Abdulwadud, O.A., Snow, M.E., (2012) Interventions in the workplace to support breastfeeding for women in employment. Cochrane Database of Systematic Reviews, Issue 10. Art. No.: CD006177. DOI: 10.1002/14651858.CD006177.pub3

[No trials had evaluated workplace interventions to support breastfeeding](#)

Dyson, L., McCormick F.M., Renfrew M.J., (2005) Interventions for promoting the initiation of breastfeeding. Cochrane Database of Systematic Reviews, Issue 2. Art. No.: CD001688. DOI: 10.1002/14651858.CD001688.pub2

[Informal education/professional support/peer support before or before/after birth can increase breastfeeding](#)

Lavender, T., Richens, Y., Milan, S.J., Smyth, R.M.D., Dowswell, T. Telephone support for women during pregnancy and the first six weeks postpartum. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD009338. DOI: 10.1002/14651858.CD009338.pub2

Inconsistent results but some evidence that telephone support may increase the duration of breastfeeding

Jaafa, S.H., Jahanfar, S., Angolkar, M., Ho, J.J. (2012) Effect of restricted pacifier use in breastfeeding term infants for increasing duration of breastfeeding. Cochrane Database of Systematic Reviews, Issue 7. Art. No.: CD007202. DOI: 10.1002/14651858.CD007202.pub3
A pacifier used before/after breastfeeding was established did not affect the or duration of exclusive/partial feeding up to 4 months

Lumbiganon, P., Martis, R., Laopaiboon, M., Festin, M.R., Ho, J.J., Hakimi, M. (2012) Antenatal breastfeeding education for increasing breastfeeding duration. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD006425. DOI: 10.1002/14651858.CD006425.pub3
Peer counselling, lactation consultation and formal during pregnancy appear to increase breastfeeding initiation and duration

Renfrew, M.J., McCormick, F.M., Wade, A., Quinn, B., Dowswell, T. (2012) Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews, Issue 5. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub4 Cochrane
Support by both lay supporters and professionals impacted positively on breastfeeding outcomes. Support given only if women seek it unlikely to be effective

B: South Gloucestershire breastfeeding prevalence

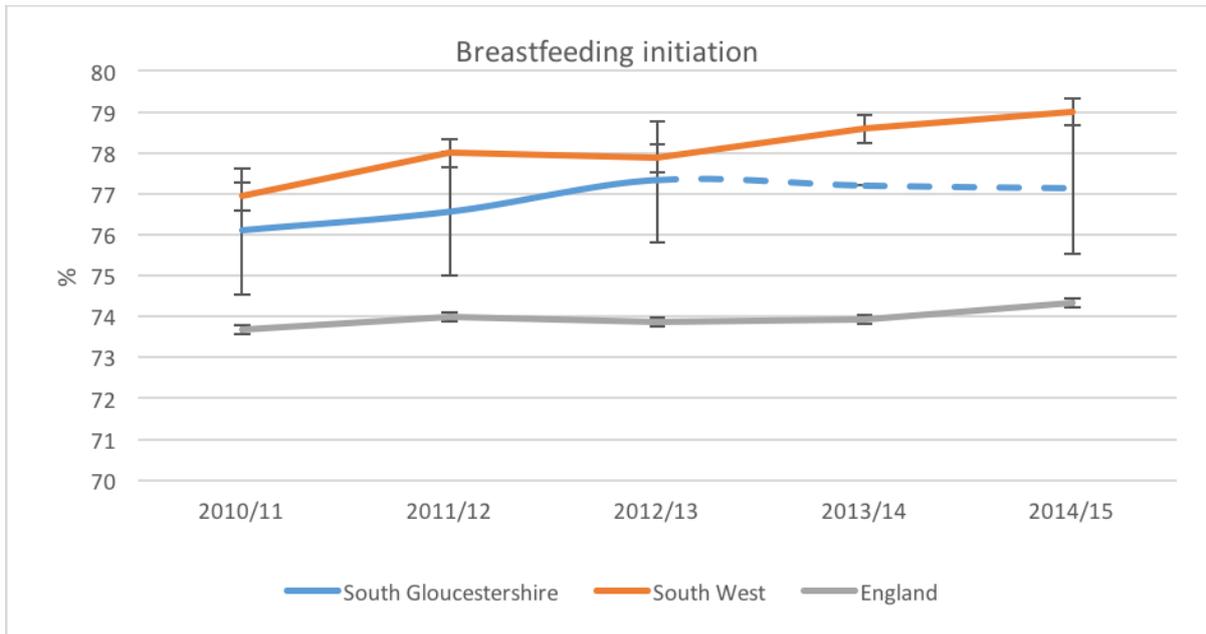


Table 1
Trends in breastfeeding initiation

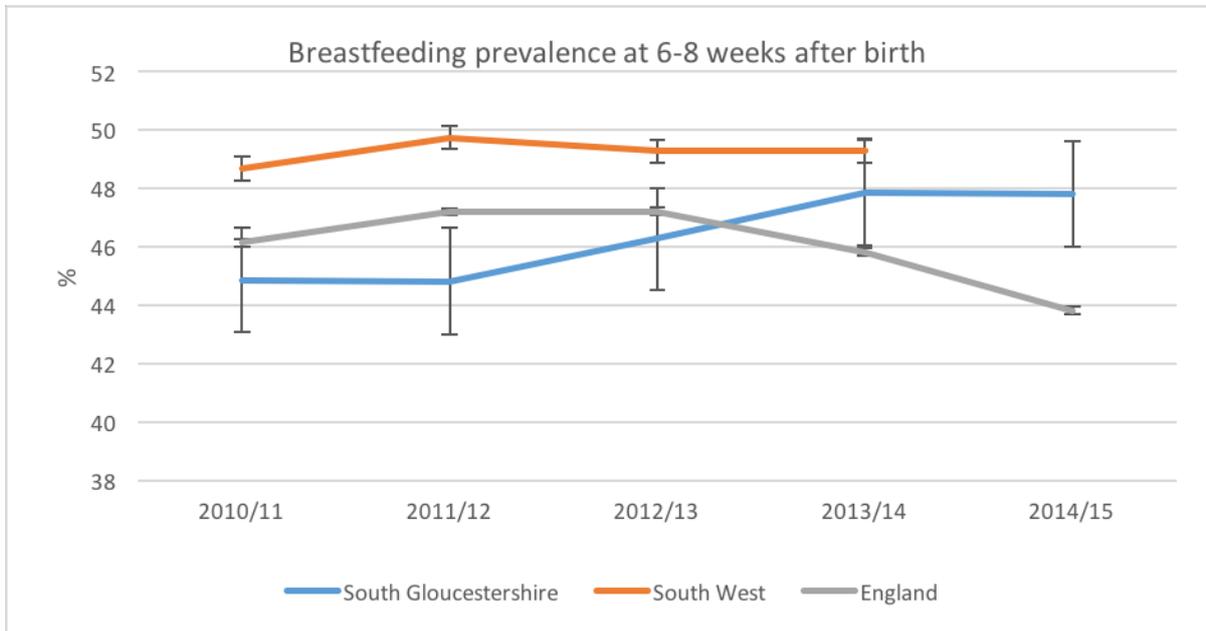


Table 2
Trends in breastfeeding continuation at 6-8 weeks

C: Briefing note for Children's Centre staff

South Gloucestershire Council

26 May 2016

Briefing note

Local Breastfeeding Needs Assessment

What we already know about breastfeeding in South Gloucestershire

- The promotion of breastfeeding is a public health priority
- Initiation rates are similar to comparable (CIPFA) authorities
- Prevalence of feeding at 6-8 weeks appears to be lower than expected when compared to some comparable (CIPFA) authorities
- Factors influencing continuation of breastfeeding at 6-8 weeks are complex

Why are we doing the needs assessment?

- We want to find out about mother's experiences of infant feeding in the early weeks. The findings will help us to plan services to promote and support breastfeeding locally
- We are particularly interested in factors that may influence the continuation or otherwise of breastfeeding in babies
- This project is being led by the Public Health and Wellbeing Division CYP team with support from UWE researchers

What is involved?

We would like to talk to mothers about their early experiences of feeding their baby. We are interested in talking to them however they fed their baby. Ideally, their baby should be no older than 6 months old. We will be asking them to look back at their experiences of infant feeding in the early weeks.

We need to recruit approximately 24 mothers to interview for this project. They will be recruited via 'Baby and me' parent groups at the Children Centres.

Taking part is voluntary and mothers can withdraw the information given at any time up to 2 weeks after the interview and without reason. Mothers who agree to take part (we need signed consent) will have a short interview carried out with them at the Children's Centre. They can bring their baby with them.

This project has been approved by the Research and Governance Department, South Gloucestershire Council and the Research Ethics Committee at the University of the West of England (UWE).

Next steps

Nicola will contact the Children's Centre Locality Practice Managers and Senior Children's Centres Workers about attending Baby and Me groups to invite mothers to

take part in the project. A room to interview the mothers will need to be arranged at a mutually convenient time. The information sheet and consent forms used for recruiting mothers are available for Children's Centre staff for information.

Interviews will take place from 20th June to 8th July 2016.

Further information & contact

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D: Information sheet



The experience of mothers (in South Gloucestershire) in relation to infant feeding in the first 6-8 weeks

Invitation

You are invited to take part in a project exploring the experience of mothers in relation to infant feeding in the first 6-8 weeks. Before you decide to do this, you need to know more about the project; why it's being completed and what's involved. Please read the information below and discuss with others if you wish.

Reason for review

We want to find out about mother's experiences in infant feeding in the early weeks. The feedback will help us to plan services to support breastfeeding in South Gloucestershire.

Why have you been asked to participate?

We would like to talk to mothers about their early experiences with breastfeeding. We are interested in talking to you however you fed your baby and ideally if your baby is under 6 months old. We will be asking you to look back at your experiences of infant feeding in the early weeks.

Do I have to take part?

No, taking part is voluntary. If you do take part you can withdraw the information you give at any time up to 2 weeks after the interview and without reason. If you don't take part this will not affect any services provided.

What do I need to do if I take part?

If you agree (consent) to take part we will carry out a short interview with you at the Children's Centre. You can bring your baby with you.

What are the risks of taking part?

There are no known risks. Sometimes, when women talk about their early experiences of feeding it can be emotional. If you find this happens you will be able to talk to someone at the Children's Centre.

What are the possible benefits for you in taking part?

There are no specific benefits of taking part though some mothers find it helpful to talk about their experiences.

Will any information about me be kept confidential?

All legal requirements will be adhered to in collecting, using and storing the data. All information gathered will be kept confidential and anonymous. Paper or audio recorded interview data will be destroyed once transferred to word documents and these will be stored securely. It will not be possible to recognise any individuals in the draft or final report.

What will happen to the findings from the interviews?

The findings will be included in a report. It will not be possible to recognise any individuals in the draft or final report.

Who is funding the project?

The project is being completed as part of day to day council work with support from researchers at UWE.

Who has reviewed this project?

This project has been approved by the Research and Governance Department, South Gloucestershire Council and the Research Ethics Committee at the University of the West of England (UWE).

For more information or for further questions please contact:

Sally Dowling, Senior Lecturer, Adult Nursing, UWE

sally.dowling@uwe.ac.uk Tel 0117 3288874

Liz Oxford, Specialist Health Improvement Practitioner, SGC

liz.oxford@southglos.gov.uk 01454 864005

Thank you

15 June 2016

E: Consent form



The experience of mothers (in South Gloucestershire) in relation to infant feeding in the first 6-8 weeks

Consent form

We want to find out about mother's experiences in infant feeding in the early weeks. The feedback will help us to plan services to support breastfeeding in South Gloucestershire.

We would like to hear your views and opinions about this in a short interview. This should take about 30 minutes but may be longer, depending on how much you have to say.

If you are willing to take part please read and tick the boxes below.

I agree to take part in a short interview.	
I understand that taking part in an interview is voluntary and I can withdraw the information I give at any time up to 2 weeks after the interview and without reason.	
I understand my name and personal details will not be used in any way after the interview.	
I understand that direct quotes may be used when the project is written up although no real names or personal details will be used.	
I agree for the interview to be audio recorded.	

Name.....
Signed.....
Date.....

One copy to be given to interviewee and one retained by interviewer.

Interviewer
Melanie Fraser, Research Associate, University of the West of England
Melanie.fraser@uwe.ac.uk
Nicola Ellis, Specialist Health Improvement Practitioner, South Gloucestershire Council
Nicola.ellis@uwe.ac.uk
Liz Oxford, Specialist Health Improvement Practitioner, South Gloucestershire Council,
liz.oxford@southglos.gov.uk, 01454 863839.

F: Interview schedule

South Glos Breastfeeding Study Interview Schedule

1. **Greet and coo** over baby. How old is your baby? Are there other children in the family? (NB. include step children and non-biological children). We are interested in your experiences of feeding your baby and particularly interested in breastfeeding. It doesn't matter how long you breastfed your baby for, we would still like to hear what it was like for you. How are you feeding your baby now? (If not exclusively breastfeeding, when did you introduce your baby to other feeds?)
2. In this study we are particularly interested in your experiences of support with feeding your baby within South Gloucestershire. Please think back to your early experiences with your newborn baby. **What discussions about feeding your newborn baby stand out in your mind?** (prompt: describe experience, feelings, and reactions to discussions, eg, "how did you feel about that?" "what was that conversation like for you". This might be about discussions with midwife).
3. **What other help** did you have with feeding your baby in those newborn days? (by "other" this could mean your midwife, a helpline, children's centres, websites, apps, family, friends, peer supporter). What types of support did you access? Which were the most helpful? Were there any ways in which it was hard to access support? (prompt: have you ever attended a feeding support group? Where was this? How did you find out about it? Can you tell me a bit about what it was like going to the group? What did you find the most and least helpful aspects?).
4. After the midwife had discharged you, and when you transferred to health visitor care in the early weeks of your baby's life, **what do you remember about your talks with your health visitor?** What about this was helpful? If there was anything about this that you didn't find helpful, can you tell me more about this? Was there anyone else who gave you one to one support with feeding your baby? (NB. Keep this question focussed on infant feeding).
5. In your experience, **what aspects of breastfeeding were hard?** Could you describe a good breastfeeding day? What was it like when breastfeeding was difficult? What helped you to keep going when things were difficult? (maybe leave this one out if they've already said that breastfeeding was of short duration. Also try to focus on support experience).
6. Can you tell me about **what prompted you to breastfeed?** How do you feel about breastfeeding now?
7. Is there anything else about your experience of breastfeeding that you'd like to tell us?

G: Descriptive data sheet



The experience of mothers (in South Gloucestershire) in relation to infant feeding in the first 6-8 weeks

We would be grateful if you could tell us a little bit about yourself by answering the following questions

1. How old is your baby?
2. How old are you? If you don't want to give your exact age could you indicate which age group you are in – under 25, over 25, in 30s etc)
3. Was your baby:
 - a. Full term (born on or near it's due date)?
 - b. Premature (born early, before 37 weeks)
4. Are there other children in the family? Yes No
Are these your children or your partners/someone else's?
5. Who lives in your house? (partner/husband/friends/other family/on your own with baby/children?)
6. What was the highest level did you reach before you left education (tick one)?
 - a. GCSE
 - b. Education or training after GCSE, up to age 18
 - c. Higher education, including professional qualification
7. Have you been in paid work since your baby was born (part or full-time)?
Yes No
8. Do you get Healthy Start?
Yes No
9. What is your postcode?

Why are we asking this?

1. It is important for us to have a clear idea of the areas of residence of the participants in this study
2. We will keep you postcode confidential, it will not be reported or given to anyone else.

You don't have to tell us your postcode. You may wish to tell us the name of the neighbourhood/area you live in.

Thank you, 22 June 2016

H: Participant information

Number	Name of mother (pseudonym)	Age of baby at time of interview	Fully breastfeeding	Partially breastfeeding	Comments	Where baby was born
1	Alice	4 months	yes	-	-	Southmead Hospital. Intention to feed, went to support group.
2	Amy	5 ½ months	no	no	All infant formula now, started to introduce a few tastes and flavours of solid food. Have tried vegetables, pureed vegetables and baby porridge.	Southmead Hospital
3	Bella	14 weeks	yes	-	-	Southmead Hospital
4	Betty	16 weeks	-	yes	Was purely breastfeeding but expressing only, now doing half formula and half breastmilk. "So obviously at the 12 week mark I was like, that's enough" Sort of introduced 1 bottle of formula a day for a week and then after another week 2 and then carried on upping it. Going towards maybe 60-75% formula.	Cossham Hospital

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5	Carol	11 weeks	-	yes	At the moment baby is combi fed, has a mixture of breastmilk, expressed and formula.	
6 MF	Charlotte	3 months	yes	-	"I am still feeding, it is going really well so far"	Southmead Hospital
7	Clare	15 weeks	yes	-	-	Southmead Hospital
8	Daisy	16 weeks	-	yes	Breastfeeding but he has 1 bottle formula a day, just before he goes to bed. Introduced formula at around 7 or 8 weeks.	Southmead Hospital, intended to BF. Didn't go to support group.
9	Darcy	6 months	no	no	Stopped breastfeeding at 15 weeks.	Southmead Hospital. Intended to BF. Only went to group once.
10 MF	Denise	7 ½ months	yes	-	-	Southmead Hospital
11	Ella	14 weeks	-	yes	-	Southmead Hospital (Mendip Suite). Intended to BF. Didn't go to support group.
12	Emma	6 months	yes	-	Started solids but carrying on breast feeding	Southmead Hospital. Intended to BF. Didn't go to BF support group.
13	Eve	6 months	-	yes	-	Southmead Hospital. Intention to BF. Didn't go to support group.
14	Frances	5 months	no	no	Formula and weaning onto solids: porridge, banana and vegetables.	Royal United Hospital, Bath. Did not say she had intended to try BF. Didn't go to support group.

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15	Freya	16 weeks	no	no	Started formula at 8 weeks.	Gloucestershire Royal Hospital
16	Gilly	20 weeks	no	no	Stopped breastfeeding at 5 weeks. On formula only.	Southmead Hospital
17	Grace	6 months	no	no	On formula only.	Southmead Hospital
18	Hayley	6 months	yes	-	Started weaning 3 weeks ago. No formula or cow's milk yet, "need to think about that because I am meant to be going back to work so I am not sure what to do, how that's going to work"	St Michael's Hospital. Went to BF support group. Wanted to try BF.
19 MF	Helen	10 weeks	yes	-	-	Southmead Hospital
20 MF	Kristina	6 months	yes	-	Plan to start some purees this week.	Southmead Hospital
21	Rebecca	11 weeks	yes	-	-	Cossham Hospital
22	Sarah	6 months	yes	-	still breastfeeding, will start him on solids soon, now he is 6 months.	Southmead Hospital
23 MF	Tessa	6 months	no	no		Southmead Hospital
24 MF 14/07	Yvonne	5 ½ months	no	no	Combi feeding until 3 ½ months then onto formula only.	Southmead Hospital