National Institute for Health and Care Excellence

Final

Maternal and child nutrition

[K] Evidence reviews for facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth

NICE guideline NG247

Evidence reviews underpinning recommendations 1.3.1 to 1.3.8 and 1.3.10 in the NICE guideline

January 2025

Final

These evidence reviews were developed by NICE

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Review question

What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

Introduction

The UK Scientific Advisory Committee on Nutrition alongside World Health Organization and UNICEF recommend exclusive breastfeeding for the first 6 months of age with continued breastfeeding alongside solid foods to 2 years of age or beyond. In 2020-21, NHS England data showed that prevalence of exclusive breastfeeding at 6-8 weeks was 36.5%, and any breastfeeding (meaning exclusive or partial breastfeeding) was 54.2% (Office for Health Improvement & Disparities 2023). There is further a decline in both exclusive and partial breastfeeding with each month after birth. Breastfeeding has both short and long term health benefits for both babies and the breastfeeding women or person, and those benefits are greater the longer breastfeeding lasts. Hence it is important to encourage and support continued breastfeeding. To support continued breastfeeding, it is important to understand what parents perceive and experience as facilitators and barriers for breastfeeding. The NICE guideline on postnatal care covers recommendations on supporting to start and establish breastfeeding up to 8 weeks after birth, and included a qualitative evidence review on facilitators and barriers to start and maintain breastfeeding for the first 8 weeks after birth. The aim of this review is to explore facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth.

Summary of the protocol

See Table 1 for a summary of the population and phenomenon of Interest for this review.

Table 1: Summary of the protocol (population and phenomenon of interest)

Population	• Pregnant women and women who have given birth to a healthy baby at term (or to healthy twins and triplets), and their partners/carers • Breastfeeding women
Phenomenon of interest	Factors that facilitate or impede the initiation or maintenance of breastfeeding (including expressed breast milk), and that relate to: (i) women's personal experience of breastfeeding and beliefs about breastfeeding; and (ii) women's family and social support networks. Themes will be identified from the available literature. The NG194 committee identified the following potential themes (however, they are aware that not all of these themes may be found in the literature and that additional themes may be identified): • level of support from family and friends • breast-related health (for example, women may have mastitis, breast engorgement, cracked nipples, breast augmentation) • accuracy of information • emotional wellbeing • amount of sleep • time available

	• pain. These factors can act as either facilitators or barriers. Factors relating to employment conditions will be excluded, as these have been covered in evidence review M.

For further details see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods specific to this review question are described in the review protocol in appendix A and the methods document (supplementary document 1).

Declarations of interest were recorded according to NICE's conflicts of interest policy.

Qualitative evidence

Included studies

Twenty-two qualitative studies were included in this review (Brown 2011, Choudhry 2012, Cook 2021, Davie 2021, Dykes 1999, Earle 2000, Earle 2002, Edwards 2018, Fraser 2020, Jackson 2021a, Jackson 2021b, Keevash 2018, Lyons 2019, McFadden 2006, McFadden 2014, Newman 2018, Norman 2022, Spencer 2018, Thompson 2020, Thomson 2015, Twamley 2011, Watkinson 2016).

The included studies are summarised in Table 2.

The studies included the views of pregnant women, breastfeeding women and their partners or carers. Majority of the studies were conducted in a mixed population (pregnant women, breastfeeding women, and/or their partners or carers) (Brown 2011, Davie 2021, Dykes 1999, Earle 2000, Earle 2002, Edwards 2018, Fraser 2020, Jackson 2021a, Jackson 2021b, Keevash 2018, Lyons 2019, McFadden 2006, Newman 2018, Norman 2022, Spencer 2018, Thompson 2020, Thomson 2015, Watkinson 2016), but 4 studies focused on women from ethnic minorities only (Choudry 2012, Cook 2021, McFadden 2014, Twamley 2011).

The studies mainly used a general qualitive inquiry as the study design (Brown 2011, Choudhry 2012, Cook 2021, Davie 2021, Earle 2000, Earle 2002, Edwards 2018, Fraser 2020, Jackson 2021a, Jackson 2021b, Keevash 2018, Lyons 2019, McFadden 2006, McFadden 2014, Newman 2018, Norman 2022, Thompson 2020, Thomson 2015, Twamley 2011), and 3 studies used a phenomenological study design (Dykes 1999, Spencer 2018, Watkinson 2016).

Data collection methods included interviews and focus groups. All studies were conducted in the United Kingdom.

Data were identified for all the themes listed in the protocol by the committee and some data were identified that created additional themes other than those initially anticipated by the committee (please see section below 'The outcomes that matter most' for further details).

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Summary of included studies

Summaries of the studies that were included in this review are presented in Table 2.

Table 2: Summary of included studies.

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
Brown 2011 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To understand the attitudes of women who have chosen to exclusively breastfeed for 6 months **Source of funding** Not industry funded	N=33 women Mean age (SD), years: 27.63 (4.83)	**Data collection:** Semi-structured interviews **Data analysis:** Content analysis (inductive analysis)	• Breast-related health • Convenience and ease • Encouragement and support • High quality, reliable information • Lack of support • Personal barriers • Personal facilitators
Choudhry 2012 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To explore the key issues related to acculturation that may influence the infant feeding experiences of south Asian women. **Source of funding** Not industry funded	N=20 women Mean age (SD), years: NR (NR)	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• Accuracy of information • Convenience and ease • Cultural values • Personal barriers • Stigma
Cook 2021 **Study design** General qualitative inquiry **Country** United Kingdom	N=63 women Age years: n (%): 21-30: 22 (NR) 26-37: 8 (NR) 27–35: 3 (NR) 31-45: 24 (NR) 33–39: 6 (NR)	**Data collection:** Focus groups **Data analysis:** Framework analysis	• Accuracy of information • Breast-related health • Cultural values • Encouragement and support • Lack of support • Personal barriers

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
Study aim To understand the mother's experiences of breastfeeding, barriers to breastfeeding, and accessing breastfeeding services in their area. **Source of funding** Not industry funded.			• Personal facilitators • Stigma
Davie 2021 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To understand of women's perceptions and practices of breastfeeding throughout the early postpartum period. **Source of funding** Not industry funded.	N=12 women Mean age (range), years: 37.25 (31 to 50)	**Data collection:** Semi-structured interviews **Data analysis:** Grounded theory	• Accuracy of information • Breast-related health • Emotional toll of not being able to feed • Personal barriers • Personal facilitators
Dykes 1999 **Study design** Phenomenological study **Country** United Kingdom **Study aim** To understand women's perceptions of why they see their breast milk as being unable to meet their baby's needs. **Source of funding** Not industry funded.	N=10 women Age range, years: 21-36	**Data collection:** Interviews **Data analysis:** Thematic analysis	• Accuracy of information • Encouragement and support • Focus on baby's weight rather than feeding • Lack of support • Partner exclusion/disinterest • Personal barriers • Personal facilitators
Earle 2000	N=19 women	**Data collection:** Interviews	• Partner exclusion/disinterest

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
Study design General qualitative inquiry **Country** United Kingdom **Study aim** Experiences and perceptions of breast feeding before and after childbirth. **Source of funding** Not reported.	Age: 16-19 years: n=2 20-24 years: n=8 25-29v years: n=8 30+ years: n=21	**Data analysis:** Thematic analysis	• Personal facilitators
Earle 2002 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To see how women's perceptions of breastfeeding can cut across socio economic boundaries. **Source of funding** Not reported.	N=19 women (same population as Earle 2000) Age: 16-19 years: n=2 20-24 years: n=8 25-29v years: n=8 30+ years: n=21	**Data collection:** Interviews **Data analysis:** Thematic analysis	• Encouragement and support • Personal facilitators • Stigma
Edwards 2018 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** Explore women's and midwives' expectations, knowledge and experiences of breastfeeding initiation, including skin to skin contact	N=36 women Age range. years: 26 to 40	**Data collection:** Focus groups and interviews **Data analysis:** Thematic analysis	• Accuracy of information • Emotional toll of not being able to feed • Impact of complications during birth • Lack of support • Personal barriers • Personal facilitators

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
and instinctive behaviour. **Source of funding** Not industry funded.			
Fraser 2020 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** Experiences of mothers in relation to infant feeding in the first 6-8 weeks. **Source of funding** Not industry funded.	N=24 women Mean age (SD), years: NR (NR)	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• Accuracy of information • Emotional toll of not being able to feed • Encouragement and support • Impact of complications during birth • Lack of support • Personal barriers
Jackson 2021a **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To provide insight into women's experiences of healthcare interventions during the transition from breastfeeding an infant to a toddler. **Source of funding** Not industry funded.	N=24 women Age range, years: 27 to 48	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• Encouragement and support • Lack of support • Stigma
Jackson 2021b **Study design** General qualitative inquiry **Country** United Kingdom	N=24 women (same population as Jackson 2021a) Mean age (SD), years: 35.5 (NR)	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• High quality, reliable information • Lack of support • Personal facilitators • Stigma

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
Study aim To examine the motivations and experiences of British women who breastfeed past infancy. **Source of funding** Not industry funded.			
Keevash 2018 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To understand the experiences that women have when breastfeeding and how this affects their ability to continue breastfeeding. **Source of funding** Not industry funded.	N=41 women Age range, years: 18 to 45	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• Accuracy of information • Emotional toll of not being able to feed • Encouragement and support • Impact of complications during birth • Lack of support • Personal facilitators • Stigma
Lyons 2019 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To explore and learn from women with a BMI≥30 kg/m^2 who had breastfed and/or were currently breastfeeding by exploring their views and experiences. **Source of funding** Not industry funded.	N=18 women Mean age (SD), years: NR (NR)	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• Accuracy of information • Encouragement and support • Stigma

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
McFadden 2006 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To discover what women perceived to be the barriers to breastfeeding, what influenced them when choosing their method of infant feeding and what healthcare interventions might have encouraged them to breastfeed. **Source of funding** Not industry funded.	N=35 women Age range, years: 17 to 40	**Data collection:** Focus groups **Data analysis:** Thematic analysis	• Accuracy of information • Convenience and ease • Focus on baby's weight rather than feeding • Lack of support • Personal barriers • Stigma
McFadden 2014 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To explore how migration from Bangladesh to the UK influenced the transmission of knowledge and practice related to breast feeding from one generation to the next. **Source of funding** Not industry funded.	N=37 women Mean age (range), years: Grandmothers: 58 (43 to 73) Mothers: 28.5 (21 to 40)	**Data collection:** Focus groups and interviews **Data analysis:** Ethnographic analysis	• Cultural values • Encouragement and support • Stigma
Newman 2018 **Study design** General qualitative inquiry	N=8 women Age range, years: 26 to 36	**Data collection:** Semi-structured interviews **Data analysis:**	• Encouragement and support • Lack of support • Personal barriers • Stigma

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
Country United Kingdom **Study aim** To provide additional insight into the experiences of longer-term breastfeeding in a context where the practice is non-normative and societal views are typically negative. **Source of funding** Not reported.		Interpretive phenomenological analysis	
Norman 2022 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To investigate factors that influence breastfeeding behaviour in the UK and to understand the role of health professionals in promoting and facilitating breastfeeding. **Source of funding** Not reported.	N=30 women Mean age (range), years: 32 (18 to 47)	**Data collection:** Interviews **Data analysis:** Thematic analysis	• Accuracy of information • Emotional toll of not being able to feed • Encouragement and support • High quality, reliable information • Impact of complications during birth • Lack of support • Stigma
Spencer 2018 **Study design** Phenomenological study **Country** United Kingdom **Study aim** To uncover what meaning women give	N=22 women Age range, years: 16 to 37	**Data collection:** Interviews **Data analysis:** Thematic analysis	• Focus on baby's weight rather than feeding • Lack of support • Personal barriers

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
to their experiences of breastfeeding. **Source of funding** Not reported.			
Thompson 2020 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To understand women's experiences of breastfeeding beyond 1 year of age. **Source of funding** Not industry funded.	N=19 women Age range, years: 20 to 49	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• Accuracy of information • Cultural values • Following cues from the baby • High quality, reliable information • Lack of support • Personal facilitators • Stigma
Thomson 2015 **Study design** General qualitative inquiry **Country** United Kingdom **Study aim** To provide a unique perspective on infant feeding by describing how discourses of shame are evident within the experiences of breastfeeding and non-breastfeeding women. **Source of funding** Not industry funded.	N=63 women Mean age (range) years: 30 (19 to 42)	**Data collection:** Semi-structured interviews and focus group **Data analysis:** Framework analysis	• Impact of complications during birth • Lack of support • Personal barriers
Twamley 2011 **Study design** General qualitative inquiry **Country** United Kingdom	N=34 women Age (SD), years, n: <20: 2 (NR) 20-29: 12 (NR) 30-39: 18 (NR) ≥40: 2 (NR)	**Data collection:** Semi-structured interviews **Data analysis:** Grounded theory approach	• Accuracy of information • Cultural values • Lack of support • Personal barriers • Personal facilitators

Study and aim of the study	Population	Methods	Themes applied after thematic synthesis
Study aim To explore the factors that impact on UK-born ethnic minority women's experiences of and decisions around feeding their infant. **Source of funding** Not industry funded.			
Watkinson 2016 **Study design** Phenomenological study **Country** United Kingdom **Study aim** To obtain a preliminary understanding of how mothers experience distressing emotions during breast feeding. **Source of funding** Not reported.	N=11 women Age range, years: 26 to 35	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• Encouragement and support • Personal barriers • Personal facilitators

See the full evidence tables in appendix D. As this was a qualitative review, no meta-analysis was conducted (and so there are no forest plots in appendix E).

See summary of evidence section and appendix F for further details about the themes, review findings and CERQual ratings.

Summary of the evidence

A summary of the qualitative data is presented here, by overarching theme together with a thematic map to visually illustrate the connection between the overarching themes and sub-themes.

The themes identified through analysis of all the included studies are summarised in Table 3 together with their CERQual quality rating and the number of studies contributing to each theme and sub-theme.

Table 3: Themes and sub-themes generated from analysis

Themes and subthemes	CERQual quality	No. of studies
Facilitators for maintaining breastfeeding beyond 8 weeks after birth		
A1. Convenience and ease	High	3
A2. Cultural values	High	4
A3. Encouragement and support		

Themes and subthemes	CERQual quality	No. of studies
A3.1 Digital support	High	4
A3.2 Friend and family support	High	6
A3.3 Health professional support	High	7
A3.4 Partner support	High	2
A3.5 Support from society	High	2
A4. Following cues from the baby	High	1
A5. High quality, reliable information	Moderate	4
A6. Personal facilitators		
A6.1 Emotional bond from feeding	Moderate	3
A6.2 Feeding strengthens the 'mother's identity'	High	2
A6.3 Good latch	Low	2
A6.4 Perseverance	Low	3
A6.5 Personal beliefs about breastfeeding	Moderate	6
A6.6 Personal satisfaction	High	2
Barriers to maintaining breastfeeding beyond 8 weeks after birth		
B1. Accuracy of information		
B1.1 Conflicting information based on family/cultural beliefs	High	3
B1.2 Conflicting information from health professionals	High	6
B1.3 Lack of detailed antenatal information/support	High	7
B1.4 Unclear guidance for 'high risk' pregnancies	Moderate	1
B2. Breast-related health		
B2.1 Bad latch	Moderate	1
B2.2 Mastitis	High	2
B2.3 Pain	High	2
B3. Cultural values		
B3.1 Feeding in front of family is embarrassing	High	2
B3.2 Fitting in with Western culture	High	2
B3.3 Lack of family support	Moderate	1
B3.4 Too many responsibilities influenced by culture	High	2
B4. Emotional toll of not being able to feed	High	5
B5. Focus on baby's weight rather than feeding	Moderate	3
B6. Impact of complications during birth	Moderate	5
B7. Quality and quantity of practical and emotional support		
B7.1 Infrequent support	High	2
B7.2 Judgemental healthcare professionals	High	7
B7.3 Lack of empathy	Low	4
B7.4 No continuity of care	Moderate	4
B7.5 No family support	Moderate	4
B7.6 No proactive care	High	2
B7.7 No societal support	High	3
B7.8 Pressure from other parents	Moderate	1
B7.9 Unhelpful support groups	High	2
B8. Partner exclusion	High	2
B9. Personal barriers		
B9.1 Child's perceived demands	High	3
B9.2 Feeling out of control	High	2
B9.3 Isolation	High	1
B9.4 Lack of sleep	High	3
B9.5 Self-confidence	Low	3
B9.6 Self-conscious	Moderate	3
B10. Stigma		
B10.1 Embarrassment of feeding in front of others	High	9
B10.2 Judgemental views on breastfeeding beyond 6 months	High	6

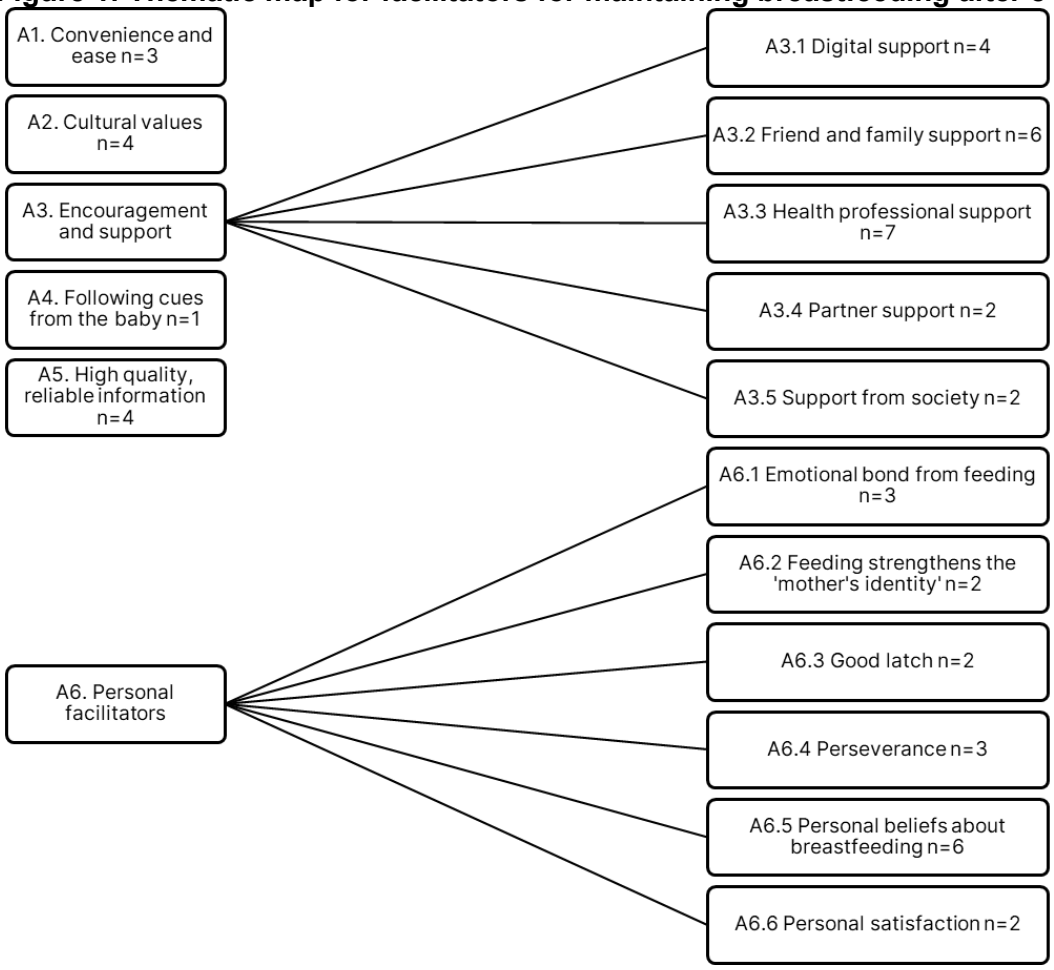
See appendix F for full GRADE-CERQual tables.

Facilitators for maintaining breastfeeding beyond 8 weeks after birth

- The evidence generated 6 themes and 11 subthemes (Figure 1).

- The evidence ranged from high to low quality, with most of the evidence being moderate in quality.
- The main reasons that evidence was downgraded was due to minor or moderate concerns with methodological limitations, adequacy of evidence contributing to a theme, or relevance of evidence.

Figure 1: Thematic map for facilitators for maintaining breastfeeding after 8 weeks



Theme A1. Convenience and ease

Three studies reported that some mothers found breastfeeding to be a convenient way of feeding their baby and that it was easy and always readily available. Many women highlighted the benefits of breastfeeding, such as it being cheaper, easier at night, and easier when you have another child.

Theme A2. Cultural values

Four studies reported that women experienced cultural teachings about the importance of the ‘mother’s milk’, which referred to the psychological benefits rather than the physical benefits. For example, one woman considered that breastfeeding has a good effect on the child, and people often link traits and behaviours (such as intelligence) of the child to having been breastfed. Many mothers discussed the importance of cultural traditions in their decision to breastfeed, where their family’s tradition influenced their decision to breastfeed.

Theme A3. Encouragement and support

There were 5 sub-themes contributing to this theme.

Four studies reported that social media, especially Facebook, was helpful for many when it came to breastfeeding. Being able to hear other mothers' experiences was valuable in helping participants make sense of their own situations. This normalising and validating experience helped with providing solidarity. Some women reported using Mumsnet as a source of both support and information with several blogs and social media community groups for mothers who are extending breastfeeding. Women also discussed the use of apps which have been developed for mothers to share information about feeding problems and strategies as well as information about spaces where it is safe to breastfeed an older child in the local community.

Six studies reported that being surrounded by others who supported the woman's decision to breastfeed or those who could offer practical advice and guidance helped when facing situations such as breastfeeding in public, returning to work, or dealing with periods of exhaustion when the infant was feeding frequently.

Seven studies reported that many mothers talked about the importance of the help and support they received from local health care professionals and breastfeeding services. Many mothers discussed the struggles that they had at the beginning including feeding and latching problems and felt that the additional practical advice and support was what encouraged them to persevere. Health professional support was seen as very important, especially in aligning expectations with reality, allaying anxiety, and helping mothers learn new skills.

Two studies reported that some women's partners helped out both practically (household tasks) and emotionally (expressing pride and offering encouragement).

Two studies reported that some women also reported on positive experiences of breastfeeding in public, which led to emotional support and acceptance. Encouragement from strangers, kind words and gestures went a long way.

Theme A4. Following cues from the baby

Evidence from 1 study reported that a few women reported some instances where the baby attached instinctively, which was surprising to mothers, but they were also pleased that their babies took the initiative to attach to the breast and start feeding during the period of skin contact. Women emphasised the importance of following the child's cues and allowing the child to do things at their own pace.

Theme A5. High quality, reliable information

Four studies reported that most women believed that breastfeeding was the healthiest option for their infant. Women reported that this was because they engaged with information (both formal educational opportunities for health promotion such as discussions with midwives, NHS antenatal classes, classes offered by organisations such as the NCT and also informal discussions with family and friends) about breastfeeding before giving birth.

Theme A6. Personal facilitators

There were 6 sub-themes that contributed to this theme.

Three studies reported some women's positive experiences of breastfeeding and how this increased women's feelings of attachment towards their infant, believing that the same bond could not be recreated in bottle-feeding.

Two studies reported that some mothers held breastfeeding in high esteem, for practical and health reasons but also because of the importance that breast feeding played in their mothering identity.

Two studies reported that when women had a positive feeding experience, they emphasised the perceived benefits of breastfeeding. Establishing a 'good' latch early in the feeding

journey assisted in the overall breastfeeding experience being perceived positively, even if initially they had struggled.

Three studies reported that the importance of having the motivation and confidence to persevere was a facilitator to breastfeeding. For example, women who had persisted by themselves said they were now more confident when breastfeeding. Overall, women who maintained prolonged and, overall, exclusive breastfeeding used strong language of self-determination when they spoke of their experiences.

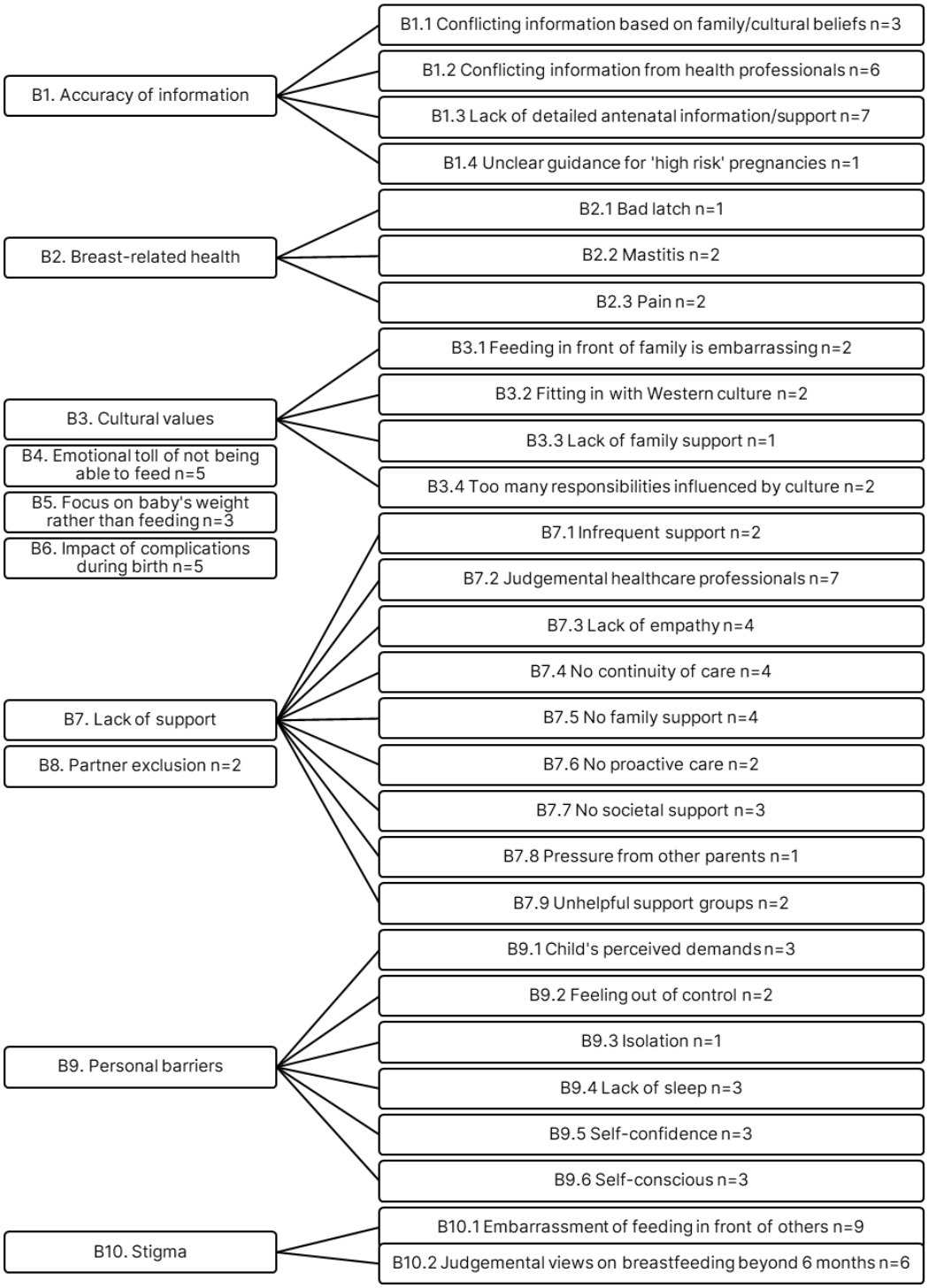
Six studies reported that women made infant feeding decisions prior to, and irrespective of, any contact with health professionals. They reported that when women who had decided to breastfeed were asked why they had chosen to do so, one of the most common responses given was that they believed breastfeeding to be better for babies. Overall, having strong personal beliefs in favour of breastfeeding meant women were more likely to breastfeed.

Two studies reported on maternal perceptions surrounding the way breastfeeding made mothers feel. Emotions such as pride, achievement, and success were described.

Barriers to maintaining breastfeeding after 8 weeks

- The evidence generated 10 themes and 28 subthemes (Figure 2).
- The evidence ranged from high to low quality, with most of the evidence being moderate in quality.
- The main reasons that evidence was downgraded was due to minor or moderate concerns with methodological limitations, adequacy of evidence contributing to a theme, or relevance of evidence.

Figure 2: Thematic map for barriers to maintaining breastfeeding beyond 8 weeks after birth



Theme B1. Accuracy of information

There were 4 sub-themes that contributed to this theme.

Three studies reported that some women felt they received conflicting information about breastfeeding from their family, which might be rooted in religious or cultural practices. Some women reported that they were told their breast milk was less nutritious than formula and this was further strengthened when other women in the family themselves did not breastfeed. Some women from a south-Asian background, living in the UK in an extended family, reported pressure from in-laws to introduce formula to their baby.

Six studies reported that women felt they received conflicting information from health professionals, which was in part due to staff being very busy and there being a lack of time to adequately explain the information. This meant that there was inconsistency in care. Some mothers were left on their own more that they had anticipated, others were confused by the advice given, and many did not receive adequate follow-up support, outside of the normal midwife and health visitor care provided to all mothers in the UK. Other participants discussed encounters with healthcare professionals who often advocated formula feeding rather than breastfeeding in situations where support and encouragement may have been enough to enable women to continue breastfeeding. Overall, this inconsistent and often conflicting advice, accompanied by often inconsistent levels of care and support, left women feeling unsure and unsupported in their breastfeeding journey.

Seven studies reported that women felt they were not provided with enough information about what to expect from breastfeeding, what could go wrong, and how to handle those problems. Women also commented on how the information given before birth was unrealistic and simplified problems that women could experience when breastfeeding. They wanted to hear real life experiences of women who had breastfed to get a better idea of what to expect. Some women reported that they had not been aware of the recommendations regarding breastfeeding duration antenatally and had been unaware it was possible to continue to feed after 6 months. Overall, women felt that there was not enough information or preparation given antenatally for either method of infant feeding.

One study reported on women with a BMI of equal to or more than 30 who had been deemed ‘high risk’ by health professionals during pregnancy, and whose whole health status had not been fully considered. Some women reported they did not feel in control of their feeding decisions, which negatively impacted upon breastfeeding initiation and maintenance. Women were told that their high BMI status could lead to increased concerns about nutrition (for example, the adequacy of their milk), which also acted as a barrier to breastfeeding.

Theme B2. Breast-related health

There were 3 sub-themes that contributed to this theme.

One study reported on women who recalled issues that had to be overcome in order for them to continue breastfeeding such as difficulties with latch.

Two studies reported that some women faced difficulties such as mastitis when breastfeeding. A few mothers mentioned this influenced their decision to either not initiate breastfeeding or terminate early. Women experiencing these issues reported feeling both physically and emotionally drained.

Two studies reported that some felt pain when breastfeeding, such as sore nipples. A few women expressed feelings of anxiety, failure, and distress when they were not able to feed their infants as planned due to negative experiences with breast-related health.

Theme B3. Cultural values

There were 4 sub-themes that contributed to this theme.

Two studies reported that some women felt as though feeding in front of family members was embarrassing and shameful, which made them choose formula feeding over breastfeeding.

Two studies reported that some women expressed an awareness of living in a formula-feeding culture in the UK. The extent to which this awareness had an impact on the women’s own feeding decisions varied by the level of integration into Western society. Those who were trying to integrate felt a need to fit into the ‘norm’ of formula feeding rather than engaging in a form of feeding that was thought to deviate from others.

One study reported that women who had migrated to the UK reported that the absence of female relatives to advise them meant that they lost traditions and cultural practices that promote breastfeeding, and they became reliant on external sources, which discouraged them from breast feeding.

Two studies reported that some women felt as though they had two competing roles; as a mother and a daughter in law, and that breastfeeding was seen to be incompatible with the latter role. Formula feeding allowed women to resolve the conflicts experienced between the two roles.

Theme B4. Emotional toll of not being able to feed

Five studies reported that mothers felt stress and an inability to cope when they were unable to breastfeed. There was an overwhelming sense of failure associated with not being able to breastfeed, as well as feeling judged for being unable to do it. This often fed into poor mental health and in some instances, a poor ongoing attachment relationship with their child. In some instances, stopping breastfeeding was necessary for their own mental health.

Theme B5. Focus on baby's weight rather than feeding

Three studies reported that the weighing of the baby seemed to have the significance of a ritual for health professionals. Some participants described the baby clinic as a conveyer belt that was predominately concerned with weight surveillance rather than contact with a health care professional. Some of the women described having their baby's weight called out across the room whilst the baby was being re-dressed and was therefore audible to everyone else in the room. For some women, this was distressing if their infant had not put on the required weight as they felt their ability to breastfeed was called into question, and they felt further discouraged by the clinic set-up from asking for support or advice from the health visitor.

Theme B6. Impact of complications during birth

Five studies reported that medical interventions during or after birth complicated their experiences of breastfeeding. Some women said that they did not anticipate any effects of the birth or drugs on breastfeeding initiation, so they were unprepared for any delay or difficulties. For women who did not have immediate skin-to-skin contact with their infant, often due to a complicated birth, it was even harder to initiate and maintain breastfeeding. Women who described their births as traumatic in some way, also had difficulties, which was often overlooked by staff who, in many instances, advocated formula feeding instead.

Theme B7. Quality and quantity of practical and emotional support

There were 9 sub-themes that contributed to this theme.

Two studies reported that most women expressed their inexperience in the early weeks after birth and needed more supervision and confidence building from midwives. Some recognised that with better skills and knowledge, they would have done things differently.

Seven studies reported that some women felt judged by some healthcare professionals and felt that 'discussions' around breastfeeding were very intrusive rather than supportive. Some women felt marginalised and started to feel as though they were the only ones breastfeeding beyond infancy. At the time when women were facing the most judgment, GPs and other healthcare professionals also became less accessible and therefore there was reduced support.

Four studies reported that women felt that there was a lack of empathy in health professional support. Some women were told to 'stop buzzing' for staff in hospital, and they worried to bother staff and considered themselves to be 'a pain' when they did ask for support.

Four studies reported that women felt as though they had little continuity of care. Some women felt that whilst support was well received, it was not always followed up.

Four studies reported that the negative attitudes of other family members around breastfeeding were a barrier. Many spoke about feeling awkward when breastfeeding in front of family, and this often resulted in them feeding out of view or not breastfeeding at all. Family and friends were cited most frequently as being influential in the women's decision of infant feeding method. Some women spoke of relatives or friends describing their own negative experiences of breastfeeding, to persuade the women to choose formula feeding.

Two studies reported that women felt as though they didn't receive proactive care. Some women identified that when experiencing mental health problems, intervention and support from healthcare professionals was either not forthcoming or too slow to be effective.

Three studies reported that women felt there were few or no societal structures in place to support women to breastfeed. Women reported wanting more comfortable facilities for breastfeeding in public places. Some women also reported that they felt that society's attitudes towards breastfeeding were very negative, and they started to experience judgemental glances from strangers when feeding in public.

One study reported that mothers felt criticised or almost drawn into a race with other mothers. As they approached the later stages of feeding, particularly around the 4-month mark, a common reaction was that the infant should be sleeping through the night and that failure to do so was attributed to the infant still being breastfed.

Two studies reported that in addition to healthcare professionals conducting home or clinic visits, mothers also accessed children's centres and breastfeeding support groups. Some reported that although these groups were helpful in establishing breastfeeding, there were issues in relation to access.

Theme B8. Partner exclusion

Two studies reported that partners felt excluded from the feeding relationship and often received little to no information about it. As a result, support from the male partner was highly varied. When some women experienced problems with breastfeeding their partners readily suggested formula feeding as the solution, and because of this some mothers discussed the advantages of bottle feeding as it allowed more shared responsibility in feeding.

Theme B9. Personal barriers

There were 6 sub-themes that contributed to this theme.

Three studies reported that women who formula fed did so in response to their child's perceived demands. There was a perception that formula feeding was meeting the child's nutritional demands, and the baby was more content with this form of feeding rather than breastfeeding. These perceptions were based on observations such as the infant not gaining as much weight as expected.

Two studies reported that some women felt breastfeeding was an unexpected trigger of intense emotional sensations, thoughts and behaviours that they felt contrasted with their view of themselves. The physical act of breast feeding evoked a strong negative bodily response that mothers found difficult to comprehend and communicate.

One study reported that mothers felt that having a breastfed infant restricted their lifestyle. Issues such as being unable to leave their infant, go out in the evening, or drink alcohol were raised.

Three studies reported on the sub-theme lack of sleep. Once mothers had returned home with their new baby, they described a very challenging period of exhaustion and stress.

Three studies reported that women were unsure when deciding to breastfeed because they anticipated problems and lacked confidence in their ability. Formula feeding was perceived to be easier and would lead to fewer problems.

Three studies reported that some women felt self-conscious about their body, which extended beyond the breast, where some participants reported that they were as equally motivated to hide their stomach, which was an area they were uncomfortable exposing. For some women, the objectification and manipulation of their body in front of professionals and often their partners led to feelings of intense distress and humiliation.

Theme B10. Stigma

There were 2 sub-themes that contributed to this theme.

Nine studies reported that some women felt embarrassment and stigmatised when breastfeeding. Many mothers felt that they were too embarrassed to breastfeed either in public or in front of their immediate family. Whilst breastfeeding was acknowledged to be better for the baby, formula feeding was viewed among many of the mothers as a much more convenient option.

Six studies reported that women felt that breastfeeding beyond infancy was not socially acceptable, and mothers encountered a range of challenging situations if they did breastfeed for longer. Breastfeeding an older child in public was spoken about in terms of judgment being passed, often from strangers. Some women confessed that prior to having children, they felt that breastfeeding an older child was ‘weird’ or ‘crazy’, and as such had to overcome their own prejudices to continue breastfeeding.

Economic evidence

This was a qualitative review question, therefore economic evidence was not relevant and thus no economic evidence searches were conducted.

The committee’s discussion and interpretation of the evidence

The outcomes that matter most

To answer the question of factors that facilitate or impede parents to maintain breastfeeding beyond 8 weeks after birth, the review was designed to include qualitative data and as a result the committee could not specify in advance the data that would be found. Instead, they identified the following main themes to guide the review, although the list was not exhaustive and the committee were aware that additional themes could be identified:

- level of support from family and friends
- breast-related health (for example, women may have mastitis, breast engorgement, cracked nipples, breast augmentation)
- accuracy of information
- emotional wellbeing
- amount of sleep
- time available
- pain.

These factors can act as either facilitators or barriers.

Data were identified for all the themes specified by the committee. Some data were identified that created additional themes other than those initially anticipated by the committee.

The quality of the evidence

The evidence was assessed using GRADE-CERQual methodology and the overall confidence in the findings for the qualitative review ranged from high to low, with most of the evidence being high quality.

The review findings were downgraded because of methodological limitations of the included studies, including for example concerns with the relationship between researcher and participants, and the rigour of data analysis. Some findings were also downgraded for adequacy because together, the relevant studies did not offer rich data.

Benefits and harms

Overall, the committee thought that the evidence base was rich and informative. The committee used the qualitative evidence from this review alongside the quantitative evidence from review J to make recommendations on supporting breastfeeding beyond 8 weeks after birth.

Exclusive breastfeeding for the first 6 months of life is recommended in the UK and from around 6 months, babies should start receiving nutritionally adequate and safe complementary foods, while continuing to be breastfed for up to 2 years and beyond. The committee were aware that most people start breastfeeding but the rates of breastfeeding decline in the first weeks and months of life with only a small proportion continuing to breastfeed as recommended.

High quality evidence (subtheme ‘health professional support’) showed health professional support to be a facilitator to maintaining breastfeeding, as it provided an opportunity to get practical advice and support. The committee agreed that continuous advice and support from a healthcare professional or appropriately trained peer supporter is important and continued breastfeeding relies on breastfeeding to be well established in the early weeks of life, which in turn may be enhanced by information provision and planning during pregnancy. The NICE postnatal care guideline recommends that information and support around breastfeeding is provided during pregnancy and in the early weeks of life. The committee thus recommended reiterating this message.

There was high quality evidence from 1 subtheme ‘lack of detailed antenatal information/support’, which showed that women felt they did not receive enough information about what to expect from breastfeeding and considered the information they received to be unrealistic and oversimplified. This further emphasises the importance of providing guidance from early on so that people have a better understanding on what to expect. The committee discussed that beyond 8 weeks after birth, routine contacts with healthcare professionals are limited so at any and each health contact, healthcare professionals should take the opportunity to ask about the baby’s feeding and provide information, advice for any questions people may have and reassurance and potential solutions for any issues or concerns. This could be to support continued breastfeeding, or to support safe and appropriate formula feeding, or both (combination feeding). There are various reasons why people may consider stopping breastfeeding altogether or start supplementing with formula, and the committee agreed that every face-to-face health contact is an opportunity to support continued breastfeeding (whether exclusive or not). The committee agreed that discussions around baby’s feeding and information provided should be shared in a sensitive, non-judgemental manner so that parents can feel comfortable, understood and supported about their feeding choices and potential concerns.

The committee discussed that if a parent is exclusively breastfeeding, information, reassurance, and support about continuing exclusive breastfeeding until around 6 months of age should be provided, as is recommended. In situations where the baby is combination fed with both breastmilk and formula milk, the committee discussed that it is important to discuss whether they would like to re-establish exclusive breastfeeding and provide information and

support to sustain breastfeeding and maintain breast milk supply because based on the committee's expertise, supplementing with formula can impact milk supply and lead to stopping of breastfeeding altogether.

High quality evidence from the theme 'breast-related health' reported on bad latch, mastitis, and pain as barriers to maintaining exclusive breastfeeding. Some women faced difficulties when breastfeeding and a few mentioned this influenced their decision to terminate breastfeeding early because these issues left them feeling physically and emotionally drained. High quality evidence from the theme 'emotional toll of not being able to feed' reported on feelings of overwhelming stress, failure, and judgement from others when unable to maintain exclusive breastfeeding. At the same time, high quality evidence from 2 subthemes 'feeding strengthens the mother's identity' and 'personal satisfaction', reported that psychological factors facilitate maintenance of exclusive breastfeeding. For example, some women held breastfeeding in high esteem, for practical and health reasons but also because of the importance it played in their mothering identity. Women felt pride, achievement, and success when they were able to breastfeed their baby. However, if they were unable to breastfeed it resulted in disappointment which often fed into poor mental health and in some instances affected the attachment with their child. Based on the evidence, the committee agreed that discussions should include consideration of any practical issues with breastfeeding as well as its emotional impact, including feeding decisions and challenges that may affect the experience and motivation to breastfeed.

Discussing the benefits of breastmilk and breastfeeding for the baby' health and development, such as lower incidence of infections in infancy, lower incidence of childhood obesity, and lower incidence of sudden infant death syndrome, and value of breastfeeding for the breastfeeding person's health, such as lower incidence of some types of cancer, may help with understanding the value of breastfeeding. After 6 months, it is recommended that breastfeeding continues alongside solid foods to their second year and beyond. Thus, the committee decided to highlight the need for information, advice and reassurance and based on the evidence and their expertise listed the topics that should be discussed.

High quality evidence from 2 subthemes 'embarrassment of feeding in front of others' and 'judgemental views on breastfeeding beyond 6 months', reported on the stigma surrounding breastfeeding. Many women felt embarrassed when breastfeeding in public or in front of their family, particularly if their child was older since this was considered socially unacceptable. The committee were aware that stigma which may contribute to the low levels of breastfeeding in the UK. At the same time, there was also high quality evidence from subtheme 'support from society' which reported on positive experiences of breastfeeding in public such as encouragement from strangers. The committee discussed that it is a person's legal right to breastfeed in any public space, as described in the Equality Act 2010, and the committee agreed that sharing this information might make people feel more secure when breastfeeding.

Overall, the evidence highlighted across various themes and subthemes the importance of partner and family support as a facilitator for continued breastfeeding or the lack of support as a barrier for continued breastfeeding. Being surrounded by supportive people helped women maintain breastfeeding, particularly when facing situations such as breastfeeding in public or returning to work. When partners were able to help practically, for example with household tasks, and emotionally, for example providing encouragement, women reported feeling encouraged to maintain breastfeeding. The committee agreed that it is useful to discuss the level of support available from partner, family or friends as it can play a major role in maintaining breastfeeding.

Based on the quantitative evidence from evidence review J, group sessions to support breastfeeding were found to be cost-effective, improving breastfeeding rates. There was some qualitative evidence on the importance of peer support, either via online groups or in-person sessions. For example, high quality evidence from 1 theme, 'digital support', reported

that virtual support groups facilitated breastfeeding because hearing other's experiences was valuable to make sense of their own situation. The committee agreed that peer support can be very effective. The committee discussed that many areas have existing breastfeeding drop-in groups, or 'breastfeeding cafes' although many people may be unaware of these so it is important to provide information about the local services available. The committee noted that in current practice such breastfeeding drop-in groups or 'cafes' are often offered by charities and therefore availability is likely to vary regionally. The committee agreed that it is important for healthcare professionals to be aware of resources that are available in their local area so that they can signpost to and give information about additional support available.

High quality evidence from 1 subtheme 'isolation' reported that women felt having a breastfed infant restricted their lifestyle, for example they were unable to go out in the evening or drink alcohol in social situations. The committee were aware that more people were considering issues like this to be problematic and discussed practical solutions to promote independence, if this was an issue, such as how to safely express and store breast milk, and recommended referring to online resources such as NHS Start for Life advice on expressing breast milk and NHS Start for Life advice on storing breast milk.

From their knowledge and experience, the committee were aware of the importance of maintaining a healthy and balanced diet for anyone who is breastfeeding but agreed that it is not necessary to follow a special diet to meet the nutritional requirements of the baby. The committee agreed that this should be discussed with the breastfeeding parent and information about vitamin supplementation when breastfeeding should also be given (evidence review E).

The committee discussed that groups of people may need more support to continue exclusive breastfeeding, such as parents from low income or disadvantaged backgrounds. The committee were aware of income support schemes and other schemes that exist locally and nationally that offer advice and help to access healthy food and drinks, depending on eligibility, which should be shared with the breastfeeding parent if appropriate.

The committee discussed that many common medications can be taken whilst breastfeeding and agreed that health professionals should use appropriate resources for safe medicine use and prescribing during breastfeeding, such as UK Drugs in Lactation Advisory Service (UKDILAS). The committee were aware that The Breastfeeding Network's Drugs in Breastmilk Service is often used in practice for advice on safe use of medicines during breastfeeding.

The committee further discussed the impact that partners and family members can have. Moderate quality evidence (subtheme 'no family support') reported that negative attitudes towards breastfeeding from family and friends was a barrier to maintaining exclusive breastfeeding, as they were very influential in decision-making. High quality evidence from a theme 'partner exclusion' reported that partners often received little information about breastfeeding and felt excluded from baby feeding. This led to support from partners being variable and partners were more likely to suggest formula feeding when difficulties with breastfeeding arose. The committee discussed that there is a perception that formula feeding allows the partner or other family members to be more involved in the care of the baby even though there are many other ways to be involved, including providing a supportive environment for breastfeeding. Based on the evidence and their expertise, the committee recommended that because of their vital role, partners and other family members should be provided with information and encouragement to support continued breastfeeding. Whether or not this is appropriate may depend on the breastfeeding person's preference or ability to involve others in their care.

High quality evidence from the subtheme 'conflicting information from health professionals' reported perceptions that staff were very busy and lacked time to explain things sufficiently, which was considered a barrier to maintaining breastfeeding. There was also some moderate

quality evidence from 1 subtheme ('no continuity of care') about the lack of continuity and follow-up to the support initially offered. Moderate quality evidence from the theme 'high quality, reliable information' reported that women valued formal educational opportunities, such as NHS antenatal classes and NCT classes, because they were evidence-based and dependable. The committee noted the need to ensure equal access to information (for example, NCT classes are paid for so not accessible to everyone). Overall, the committee thought the findings reflect their experience and agreed some principles on how the discussions should be held. The discussions should not feel rushed so adequate time is needed, although they acknowledged the challenges in this for clinicians. Information provided should be clear, evidence-based and consistent, and discussions tailored to the individual's needs, preferences and circumstances. High quality evidence from a theme on cultural values as a barrier to maintaining breastfeeding showed, for example, that breastfeeding in front of family was considered embarrassing or women reported having too many responsibilities in the home that prevented them from having time to breastfeed. The committee agreed that the evidence on the impact of cultural aspects on breastfeeding resonated with their experiences in clinical practice. They therefore decided that information provision should also take into account considerations of cultural aspects. There was also some high quality evidence from the subtheme 'judgemental healthcare professionals' and low quality evidence from the subtheme 'lack of empathy' which reported that some women felt judged by healthcare professionals and often reported that healthcare professionals lacked empathy during discussions about breastfeeding. To address this the committee stressed the importance of discussions around breastfeeding being supportive, non-judgemental and respectful. The committee referred to the NICE guidelines on patient experience in adult NHS services and shared decision making to facilitate these discussions.

Cost effectiveness and resource use

This was a qualitative review question, therefore economic evidence was not relevant. The committee agreed that providing information to women and people who are breastfeeding, their partners and other family members on breastfeeding entails small costs (additional health professional time), in particular as discussions should be allowed adequate time so that they do not feel rushed; however, it was noted that some information is already provided in current practice, therefore resource implications of implementing these recommendations are modest. Recommendations are expected to increase breastfeeding rates, which has the potential for clinical benefits and cost-savings in the future, as evidence suggests that breastfeeding is associated with a wide range of benefits such as lower mortality, lower rates of gastrointestinal and respiratory tract infections and otitis media, and prevention of obesity for the baby and lower rates of breast and ovarian cancer, diabetes and obesity for the person who is breastfeeding, all of which are costly to manage. Some benefits for babies and related cost-savings (those associated with prevention of infections) are anticipated to be realised in the shorter term, but, overall, clinical benefits and cost-savings associated with breastfeeding are realised over the lifetime of people who are breastfeeding and their babies. Therefore, the committee agreed that the recommendations ensure efficient use of healthcare resources.

Other factors the committee took into account

For this review question, the population in the evidence was women and no evidence was identified or reviewed for trans men or non-binary people. The protocol and literature searches were not designed to specifically look for evidence on trans men or non-binary people but they were also not excluded. However, there is a small chance evidence on them may not have been captured, if such evidence exists. In discussing the evidence, the committee considered whether the recommendations could apply to a broader population, and used gender inclusive language to promote equity, respect and effective communication with everyone. Healthcare professionals should use their clinical judgement when implementing the recommendations, taking into account each person's circumstances, needs

and preferences, and ensuring all people are treated with dignity and respect throughout their care.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.3.1 to 1.3.8 and 1.3.10. Other evidence supporting these recommendations can be found in the evidence review J on approaches and interventions for maintaining breastfeeding beyond 8 weeks after birth.

References – included studies

Qualitative

Brown 2011

Brown, Amy and Lee, Michelle (2011) An exploration of the attitudes and experiences of mothers in the United Kingdom who chose to breastfeed exclusively for 6 months postpartum. Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine 6(4): 197-204

Choudhry 2012

Choudhry, Kubra and Wallace, Louise M (2012) 'Breast is not always best': South Asian women's experiences of infant feeding in the UK within an acculturation framework. Maternal & child nutrition 8(1): 72-87

Cook 2021

Cook, Erica Jane, Powell, Faye, Ali, Nasreen et al. (2021) Improving support for breastfeeding mothers: a qualitative study on the experiences of breastfeeding among mothers who reside in a deprived and culturally diverse community. International journal for equity in health 20(1): 92

Davie 2021

Davie, Philippa, Chilcot, Joseph, Jones, Louise et al. (2021) Indicators of 'good' feeding, breastfeeding latch, and feeding experiences among healthy women with healthy infants: A qualitative pathway analysis using Grounded Theory. Women and birth : journal of the Australian College of Midwives 34(4): e357-e367

Dykes 1999

Dykes, F and Williams, C (1999) Falling by the wayside: a phenomenological exploration of perceived breast-milk inadequacy in lactating women. Midwifery 15(4): 232-46

Earle 2000

Earle, S (2000) Why some women do not breast feed: bottle feeding and fathers' role. Midwifery 16(4): 323-30

Earle 2002

Earle, Sarah (2002) Factors affecting the initiation of breastfeeding: implications for breastfeeding promotion. Health promotion international 17(3): 205-14

Edwards 2018

Edwards, M. E.; Jepson, R. G.; McInnes, R. J. (2018) Breastfeeding initiation: An in-depth qualitative analysis of the perspectives of women and midwives using Social Cognitive Theory. Midwifery 57: 8-17

Fraser 2020

Fraser, M., Dowling, S., Oxford, L. et al. (2020) Important times for breastfeeding support: a qualitative study of mothers' experiences. International Journal of Health Promotion and Education 58(2): 71-82

Jackson 2021a

Jackson, Jessica Eve and Hallam, Jenny (2021) Against all odds-why UK mothers' breastfeeding beyond infancy are turning to their international peers for emotional and informative support. Health care for women international 42(46): 739-755

Jackson 2021b

Jackson, Jessica Eve and Hallam, Jenny Louise (2021) 'It's quite a taboo subject': an investigation of mother's experiences of breastfeeding beyond infancy and the challenges they face. Women & health 61(6): 572-580

Keevash 2018

Keevash, J., Norman, A., Mortimer, S. et al. (2018) What influences women to stop or continue breastfeeding? A thematic analysis. British Journal of Midwifery 26(10): 651-658

Lyons 2019

Lyons, Stephanie; Currie, Sinead; Smith, Debbie M. (2019) Learning from Women with a Body Mass Index (Bmi) >= 30 kg/m^2 who have Breastfed and/or are Breastfeeding: a Qualitative Interview Study. Maternal and child health journal 23(5): 648-656

McFadden 2006

McFadden, Alison and Toole, Glenyce (2006) Exploring women's views of breastfeeding: a focus group study within an area with high levels of socio-economic deprivation. Maternal & child nutrition 2(3): 156-68

McFadden 2014

McFadden, Alison; Atkin, Karl; Renfrew, Mary J (2014) The impact of transnational migration on intergenerational transmission of knowledge and practice related to breast feeding. Midwifery 30(4): 439-46

Newman 2018

Newman, Kristina L. and Williamson, Iain R. (2018) Why aren't you stopping now?!' Exploring accounts of white women breastfeeding beyond six months in the East of England. Appetite 129: 228-235

Norman 2022

Norman, A., Mortimer, S., Baptie, G. et al. (2022) Breastfeeding experiences and support: Identifying factors influencing breastfeeding behaviour. British Journal of Midwifery 30(4): 190-201

Spencer 2018

Spencer, R. L. and Fraser, D. M. (2018) 'You're kinda passing a test': A phenomenological study of women's experiences of breastfeeding. British Journal of Midwifery 26(11): 724-730

Thompson 2020

Thompson, Amy J.; Topping, Annie E.; Jones, Laura L. (2020) 'Surely you're not still breastfeeding': a qualitative exploration of women's experiences of breastfeeding beyond infancy in the UK. BMJ open 10(5): e035199

Thomson 2015

Thomson, Gill; Ebisch-Burton, Katherine; Flacking, Renee (2015) Shame if you do--shame if you don't: women's experiences of infant feeding. Maternal & child nutrition 11(1): 33-46

Twamley 2011

Twamley, Katherine, Puthussery, Shuby, Harding, Seeromanie et al. (2011) UK-born ethnic minority women and their experiences of feeding their newborn infant. Midwifery 27(5): 595-602

Watkinson 2016

Watkinson, Marcelina; Murray, Craig; Simpson, Jane (2016) Maternal experiences of embodied emotional sensations during breast feeding: An Interpretative Phenomenological Analysis. Midwifery 36: 53-60

Other

Office for Health Improvement & Disparities 2023

Office for Health Improvement & Disparities (2023) Research and analysis - Breastfeeding at 6 to 8 weeks: a comparison of methods [online; accessed 28 February 2024]

Appendices

Appendix A Review protocols

Review protocol for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth ?

Table 4: Review protocol

ID	Field	Content
0.	PROSPERO registration number	Not applicable
1.	Review title	Facilitators and barriers for maintaining breastfeeding after 8 weeks
2.	Review question	What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?
3.	Objective	To identify the barriers to, and facilitators to maintaining breastfeeding beyond 8 weeks after birth

ID	Field	Content
4.	Searches	The following databases will be searched: • MEDLINE • Embase • Emcare • CINAHL • PsycINFO Searches will be restricted to: Articles published after 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run). Note: NG194 used 1995 onwards as a cut-off date. If data saturation is not reached, post 1980s. Reason: In 1995 BFI was implemented in the UK and in 1980s the pattern of breastfeeding changed. • English language only • Human studies only Other searches: • Inclusion lists of systematic reviews Excluded studies list in NG194 Evidence review Q. The search strategy did not apply time limits (i.e. did not cover specifically the period up to 8 weeks after birth), although 37 studies were excluded with at least one reason given as “Not

ID	Field	Content
		specific to the antenatal period or to the first 8 weeks after birth.", but these will be reviewed to ensure all relevant studies are captured in the MCN guideline RQ. The full search strategies for MEDLINE database will be published in the final review. For each search, the principal database search strategy is quality assured by a second information scientist using an adaptation of the PRESS 2015 Guideline Evidence-Based Checklist.
5.	Condition or domain being studied	Facilitators and barriers for maintaining breastfeeding after 8 weeks
6.	Population	Inclusion: • Pregnant women and women who have given birth to a healthy baby at term (or to healthy twins and triplets), and their partners/carers • Breastfeeding women

ID	Field	Content
7.	Phenomenon of interest	Factors that facilitate or impede the initiation or maintenance of breastfeeding (including expressed breast milk), and that relate to: (i) women's personal experience of breastfeeding and beliefs about breastfeeding; and (ii) women's family and social support networks. Themes will be identified from the available literature. The NG194 committee identified the following potential themes (however, they are aware that not all of these themes may be found in the literature and that additional themes may be identified): • level of support from family and friends • breast-related health (for example, women may have mastitis, breast engorgement, cracked nipples, breast augmentation) • accuracy of information • emotional wellbeing • amount of sleep • time available • pain. These factors can act as either facilitators or barriers. Factors relating to employment conditions will be excluded, as these have been covered in a separate review question (evidence report M).
8.	Comparator	Not applicable as this is a qualitative review
9.	Types of study to be included	• Systematic reviews of qualitative studies • Studies reporting data gathered through semi-structured and structured interviews, focus groups, observations.

ID	Field	Content
		Note: Mixed methods studies will be included but only qualitative data will be extracted and risk of bias assessed. Systematic reviews that include evidence from both high-income countries (as defined under 'setting' below) and non-high income countries, as defined by the World Bank, will only be included if the source of themes and evidence from high-income countries (as defined under 'setting' below) can be clearly established.
10.	Other exclusion criteria	<u>Population:</u> • Preterm and low-birth-weight babies (defined by the World Health Organization as a birth weight less than 2,500 g) *If any study or systematic review includes <1/3 of the excluded population, it will be considered for inclusion but, if included, the evidence will be downgraded for indirectness.* <u>Setting:</u> • Countries other than the United Kingdom <u>Methodological details and language:</u>

ID	Field	Content
		• Studies that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality • Studies using quantitative methods only (including surveys that report only quantitative data). • Conference abstracts will not be included because these do not typically have sufficient information to allow full critical appraisal. • Non-English language studies
11.	Context	The population of this guideline may overlap with the population of women included in other NICE guidelines (such as postnatal care, antenatal care, pregnancy and complex social factors or obesity prevention).
12.	Primary outcomes (critical outcomes)	Outcomes, not applicable as this is a qualitative review. For anticipated themes, see row 7 above. 'Phenomenon of interest'.
13.	Secondary outcomes (important outcomes)	Outcomes, not applicable as this is a qualitative review. For anticipated themes, see row 7 above. 'Phenomenon of interest'.
14.	Data extraction (selection and coding)	• All references identified by the searches and from other sources will be uploaded into EPPI and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. • Duplicate screening will not be undertaken for this question. • Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked

ID	Field	Content
		will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. • A standardised form will be used to extract data from studies, including study reference, research question, theoretical approach, data collection and analysis methods used, participant characteristics, second-order themes, and relevant first-order themes (i.e. supporting quotes). One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.
15.	Risk of bias (quality) assessment	Quality assessment of individual studies will be performed using the following checklists: • CASP for systematic reviews of qualitative studies • CASP checklist for qualitative studies The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer.
16.	Strategy for data synthesis	**Qualitative review:** The GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research; Lewin 2015) approach will be used to summarise the confidence in qualitative evidence. The overall confidence in evidence about each theme or sub-theme will be rated on four dimensions: methodological limitations, applicability, coherence and adequacy of data. Methodological limitations refer to the extent to which there were problems in the design or conduct of the studies and will be assessed with the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies or systematic reviews of qualitative studies. Applicability of evidence will be assessed by determining

ID	Field	Content	
		the extent to which the body of evidence from the primary studies are applicable to the context of the review question. Coherence of findings will be assessed by examining the clarity of the data. Adequacy of data will be assessed by looking at the degree of richness and quantity of findings.	
17.	Analysis of subgroups	As this is a qualitative review subgroup analysis is not possible. However, the review will include information regarding differences in views held between certain groups or in certain settings wherever possible (that is, if information in relation to this are reported by the included studies themselves).	
18.	Type and method of review	☐	Intervention
		☐	Diagnostic
		☐	Prognostic
		☒	Qualitative
		☐	Epidemiologic
		☐	Service Delivery
		☐	Other (please specify)
19.	Language	English	

ID	Field	Content		
20.	Country	England		
21.	Anticipated or actual start date	TBC		
22.	Anticipated completion date	TBC		
23.	Stage of review at time of this submission	**Review stage**	**Started**	**Completed**
		Preliminary searches	☑	☑
		Piloting of the study selection process	☑	☑
		Formal screening of search results against eligibility criteria	☑	☑
		Data extraction	☑	☑

ID	Field	Content		
		Risk of bias (quality) assessment	☑	☑
		Data analysis	☑	☑
24.	Named contact	**5a. Named contact** National Institute for Health and Care Excellence **5b. Named contact e-mail** mandcnutrition@nice.org.uk **5c. Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE)		
25.	Review team members	From the National Institute for Health and Care Excellence: • NGA Senior Systematic Reviewer • NGA Systematic Reviewer		
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.		
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee		

ID	Field	Content
		meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10191
29.	Other registration details	None
30.	Reference/URL for published protocol	Not applicable
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Facilitators; barriers; breastfeeding
33.	Details of existing review of same topic by same authors	Not applicable

ID	Field	Content	
34.	Current review status	☐	Ongoing
		☐	Completed but not published
		☒	Completed and published
		☐	Completed, published and being updated
		☐	Discontinued
35.	Additional information	None	
36.	Details of final publication	www.nice.org.uk	

CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; MID: minimally important difference; NGA: National Guideline Alliance; NHS: National health service; NICE: National Institute for Health and Care Excellence

Appendix B Literature search strategies

Literature search strategies for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

The literature search strategies are based on the literature search strategies from evidence review Q from the NICE guideline on postnatal care.

Database: Medline

Date of last search: 26/07/2023

#	Searches
1	exp breast feeding/ or lactation/
2	(breastfeed* or breast feed* or breastfed* or breast fed* or breastmilk or breast milk or expressed milk* or lactat* or (nursing adj (baby or infant* or mother* or neonat* or newborn*))).ti,ab.
3	or/1-2
4	exp cell phone/ or community health services/ or community networks/ or counseling/ or Distance Counseling/ or Psychotherapy, Group/ or health education/ or health promotion/ or exp "Patient Acceptance of Health Care"/ or Help-Seeking Behavior/ or exp health services accessibility/ or healthcare disparities/ or exp home care services/ or house calls/ or exp patient education as topic/ or peer group/ or self help groups/ or exp social support/ or telemedicine/ or telemetry/ or telephone/
5	(((access* or barrier* or disparit* or challeng* or facilitat* or imped* or utilis* or utiliz*) adj10 (care or service*)) or ((access* or barrier* or challeng* or disparit* or facilitat* or utilis* or utiliz*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*))).ti,ab.
6	((cessat* or continu* or difficult* or discontinue* or encourag* or promot* or support*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*)).ti,ab.
7	(((intervention* or program*) adj5 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*)) or ((counsel* or educat* or knowledge or information or support*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed or expressed milk or lactat*))).ti,ab.
8	(best start program* or centering pregnan*).ti,ab.
9	((intervention* or program*) adj10 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*) adj2 (incidence* or duration or influenc* or initiat* or maintain* or rate* or start*)).ti,ab.
10	((improv* or lower* or increas* or decreas*) adj2 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*) adj2 (incidence* or duration* or influenc* or initiat* or maintain* or rate* or start*)).ti,ab.
11	anxiety/ or breast diseases/ or exp lactation disorders/ or exp mastitis/ or breast implants/ or physical exertion/ or sleep deprivation/ or depression, postpartum/ or depression/ or pain.hw.
12	(((breast* or nipple*) adj2 (cracked or engorge* or injur* or infect* or inflam* or lesion)) or (breast adj (augment* or implant*)) or mastitis or exhaustion or fatigue or physical exertion or tiredness or (sleep* adj2 (lack of*1 or insufficient or deprive* or reduced)) or (time adj2 (lack of*1 or insufficient or reduced)) or (inaccurate adj2 information) or depres* or pain).ti,ab.
13	or/4-12
14	anthropology, cultural/ or cluster analysis/ or focus groups/ or grounded theory/ or health care surveys/ or interview.pt. or interviews as topic/ or narration/ or nursing methodology research/ or observation/ or personal narratives as topic/ or personal narrative/ or qualitative research/ or "surveys and questionnaires"/ or sampling studies/ or tape recording/ or videodisc recording/ or video recording/
15	(qualitative* or interview* or focus or group* or questionnaire* or narrative* or narration* or survey* or experience* or themes).tw.
16	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
17	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
18	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
19	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*)).tw.
20	or/14-19
21	((brother* or famil* or father* or husband* or mother* or partner* or relative* or sibling* or sister* or spous*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling*

#	Searches
	or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
22	((consumer* or inpatient* or in-patient* or mother* or parent* or patient* or wife* or wive* or women* or woman* or female*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
23	((clinician* or counselor* or counsellor* or health worker* or health visitor* or midwi* or nurs* or personnel* or physician* or professional*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
24	or/21-23
25	or/20,24
26	exp United Kingdom/
27	(national health service* or nhs*).ti,ab,in.
28	(english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.
29	(gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jw,in.
30	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in.
31	(bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in.
32	(aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ti,ab,in.
33	(armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in.
34	or/26-33
35	(exp africa/ or exp americas/ or exp antarctic regions/ or exp arctic regions/ or exp asia/ or exp australia/ or exp oceania/) not (exp United Kingdom/ or europe/)
36	34 not 35
37	3 and 13 and 25 and 36
38	animals/ not humans/
39	exp Animals, Laboratory/
40	exp Animal Experimentation/
41	exp Models, Animal/
42	exp Rodentia/
43	(rat or rats or rodent* or mouse or mice).ti.
44	or/38-43
45	37 not 44
46	limit 45 to English language
47	limit 46 to ed=20180101-20230731
48	limit 46 to dt=20180101-20230731
49	47 or 48

Database: Embase

Date of last search: 26/07/2023

#	Searches
1	breast feeding/ or lactation/
2	(breastfeed* or breast feed* or breastfed* or breast fed* or breastmilk or breast milk or expressed milk* or lactat* or (nursing adj (baby or infant* or mother* or neonat* or newborn*))).ti,ab.
3	or/1-2
4	breast feeding education/ or community care/ or counseling/ or e-counseling/ or group therapy/ or health disparity/ or health education/ or health program/ or health promotion/ or exp health care utilization/ or exp health care access/ or health care disparity/ or exp patient attitude/ or help seeking behavior/ or home visit/ or exp home care/ or exp mobile phone/ or nutritional counseling/ or parent counseling/ or patient counseling/ or patient education/ or peer counseling/ or peer group/ or social support/ or support group/ or telehealth/ or telemedicine/ or text messaging/
5	(((access* or barrier* or disparit* or challeng* or facilitat* or imped* or utilis* or utiliz*) adj10 (care or service*)) or ((access* or barrier* or challeng* or disparit* or facilitat* or utilis* or utiliz*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*))).ti,ab.
6	((cessat* or continu* or difficult* or discontinue* or encourag* or promot* or support*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*)).ti,ab.
7	(((intervention* or program*) adj5 (breastfeed* or breast feed* or breastfed* or breast fed or expressed milk or lactat*)) or ((counsel* or educat* or knowledge or information or support*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*))).ti,ab.
8	(best start program* or centering pregnan*).ti,ab.
9	((intervention* or program*) adj10 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*) adj2 (incidence* or duration or influenc* or initiat* or maintain* or rate* or start*)).ti,ab.
10	((improv* or lower* or increas* or decreas*) adj2 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*) adj2 (incidence* or duration* or influenc* or initiat* or maintain* or rate* or start*)).ti,ab.
11	exp breast disease/ or breast endoprosthesis/ or exhaustion/ or lactation disorder/ or exp mastitis/ or sleep deprivation/ or anxiety/ or exp depression/ or pain.hw.
12	(((breast* or nipple*) adj2 (cracked or engorge* or injur* or infect* or inflam* or lesion)) or (breast adj (augment* or implant*)) or mastitis or exhaustion or fatigue or physical exertion or tiredness or (sleep* adj2 (lack of*1 or insufficient or deprive* or reduced)) or (time adj2 (lack of*1 or insufficient or reduced)) or (inaccurate adj2 information) or depres* or pain).ti,ab.
13	or/4-12
14	cultural anthropology/ or cluster analysis/ or content analysis/ or discourse analysis/ or ethnography/ or grounded theory/ or health care survey/ or exp interview/ or narrative/ or nursing methodology research/ or observation/ or personal experience/ or phenomenology/ or qualitative research/ or questionnaire/ or exp recording/
15	(qualitative* or interview* or focus or group* or questionnaire* or narrative* or narration* or survey* or experience* or themes).tw.
16	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
17	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
18	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
19	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*)).tw.
20	or/14-19
21	((brother* or famil* or father* or husband* or mother* or partner* or relative* or sibling* or sister* or spous*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
22	((consumer* or inpatient* or in-patient* or mother* or parent* or patient* or wife* or wive* or women* or woman* or female*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
23	((clinician* or counselor* or counsellor* or health worker* or health visitor* or midwi* or nurs* or personnel* or physician* or professional*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
24	or/21-23
25	or/20,24
26	exp United Kingdom/

#	Searches
27	(national health service* or nhs*).ti,ab,in,ad.
28	(english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.
29	(gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jx,in,ad.
30	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in,ad.
31	(bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in,ad.
32	(aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ti,ab,in,ad.
33	(armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in,ad.
34	or/26-33
35	(exp "arctic and antarctic"/ or exp oceanic regions/ or exp western hemisphere/ or exp africa/ or exp asia/) not (exp united kingdom/ or europe/)
36	34 not 35
37	3 and 13 and 25 and 36
38	animal/ not human/
39	nonhuman/
40	exp Animal Experiment/
41	exp Experimental Animal/
42	animal model/
43	exp Rodent/
44	(rat or rats or rodent* or mouse or mice).ti.
45	or/38-44
46	37 not 45
47	(conference abstract* or conference review or conference paper or conference proceeding).db,pt,su.
48	46 not 47
49	limit 48 to English language
50	limit 49 to dc=20180101-20230731

Database: Emcare

Date of last search: 26/07/2023

#	Searches
1	breast feeding/ or lactation/
2	(breastfeed* or breast feed* or breastfed* or breast fed* or breastmilk or breast milk or expressed milk* or lactat* or (nursing adj (baby or infant* or mother* or neonat* or newborn*))).ti,ab.
3	or/1-2
4	breast feeding education/ or community care/ or counseling/ or e-counseling/ or group therapy/ or health disparity/ or health education/ or health program/ or health promotion/ or exp health care utilization/ or exp health care access/ or health care disparity/ or exp patient attitude/ or help seeking behavior/ or home visit/ or exp home care/ or exp mobile

#	Searches
	phone/ or nutritional counseling/ or parent counseling/ or patient counseling/ or patient education/ or peer counseling/ or peer group/ or social support/ or support group/ or telehealth/ or telemedicine/ or text messaging/
5	(((access* or barrier* or disparit* or challeng* or facilitat* or imped* or utilis* or utiliz*) adj10 (care or service*)) or ((access* or barrier* or challeng* or disparit* or facilitat* or utilis* or utiliz*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*))).ti,ab.
6	((cessat* or continu* or difficult* or discontinue* or encourag* or promot* or support*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*)).ti,ab.
7	(((intervention* or program*) adj5 (breastfeed* or breast feed* or breastfed* or breast fed or expressed milk or lactat*)) or ((counsel* or educat* or knowledge or information or support*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*))).ti,ab.
8	(best start program* or centering pregnan*).ti,ab.
9	((intervention* or program*) adj10 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*) adj2 (incidence* or duration or influenc* or initiat* or maintain* or rate* or start*)).ti,ab.
10	((improv* or lower* or increas* or decreas*) adj2 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*) adj2 (incidence* or duration* or influenc* or initiat* or maintain* or rate* or start*)).ti,ab.
11	exp breast disease/ or breast endoprosthesis/ or exhaustion/ or lactation disorder/ or exp mastitis/ or sleep deprivation/ or anxiety/ or exp depression/ or pain.hw.
12	(((breast* or nipple*) adj2 (cracked or engorge* or injur* or infect* or inflam* or lesion)) or (breast adj (augment* or implant*)) or mastitis or exhaustion or fatigue or physical exertion or tiredness or (sleep* adj2 (lack of*1 or insufficient or deprive* or reduced)) or (time adj2 (lack of*1 or insufficient or reduced)) or (inaccurate adj2 information) or depres* or pain).ti,ab.
13	or/4-12
14	cultural anthropology/ or cluster analysis/ or content analysis/ or discourse analysis/ or ethnography/ or grounded theory/ or health care survey/ or exp interview/ or narrative/ or nursing methodology research/ or observation/ or personal experience/ or phenomenology/ or qualitative research/ or questionnaire/ or exp recording/
15	(qualitative* or interview* or focus or group* or questionnaire* or narrative* or narration* or survey* or experience* or themes).tw.
16	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
17	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
18	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
19	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*)).tw.
20	or/14-19
21	((brother* or famil* or father* or husband* or mother* or partner* or relative* or sibling* or sister* or spous*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
22	((consumer* or inpatient* or in-patient* or mother* or parent* or patient* or wife* or wive* or women* or woman* or female*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
23	((clinician* or counselor* or counsellor* or health worker* or health visitor* or midwi* or nurs* or personnel* or physician* or professional*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
24	or/21-23
25	or/20,24
26	exp United Kingdom/
27	(national health service* or nhs*).ti,ab,in,ad.
28	(english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.
29	(gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jx,in,ad.
30	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster

#	Searches
	or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in,ad.
31	(bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in,ad.
32	(aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ti,ab,in,ad.
33	(armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in,ad.
34	or/26-33
35	(exp "arctic and antarctic"/ or exp oceanic regions/ or exp western hemisphere/ or exp africa/ or exp asia/) not (exp united kingdom/ or europe/)
36	34 not 35
37	3 and 13 and 25 and 36
38	animal/ not human/
39	nonhuman/
40	exp Animal Experiment/
41	exp Experimental Animal/
42	animal model/
43	exp Rodent/
44	(rat or rats or rodent* or mouse or mice).ti.
45	or/38-44
46	37 not 45
47	conference*.pt,su,so.
48	46 not 47
49	limit 48 to English language
50	limit 49 to dc=20180101-20230731

Database: CINAHL (Cumulative Index to Nursing and Allied Health Literature)

Date of last search: 26/07/2023

#	Searches
S58	S57 Limiters - Published Date: 20180101-20230731; English Language; Exclude MEDLINE records; Human
S57	S4 AND S41 AND S42 AND S56
S56	S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55
S55	TI (((clinician* or counselor* or counsellor* or “health worker*” or “health visitor*” or midwi* or nurs* or personnel* or physician* or professional*) n6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*))) OR AB (((clinician* or counselor* or counsellor* or “health worker*” or “health visitor*” or midwi* or nurs* or personnel* or physician* or professional*) n6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)))
S54	TI (((consumer* or inpatient* or “in-patient*” or mother* or parent* or patient* or wife* or wive* or women* or woman* or female*) n6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*))) OR AB (((consumer* or inpatient* or “in-patient*” or mother* or parent* or patient* or wife* or wive* or women* or woman* or female*) n6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)))
S53	TI (((brother* or famil* or father* or husband* or mother* or partner* or relative* or sibling* or sister* or spous*) n6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*))) OR AB (((brother* or famil* or father* or husband* or mother* or partner* or relative* or sibling* or sister*

#	Searches
	or spous*) n6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)))
S52	TI (("critical interpretive synthes*" or (realist n1 (review* or synthes*)) or (noblit and hare) or (meta n1 (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) n1 synthes*))) OR AB (("critical interpretive synthes*" or (realist n1 (review* or synthes*)) or (noblit and hare) or (meta n1 (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) n1 synthes*)))
S51	TI ((metasynthes* or "meta-synthes*" or metasummar* or "meta-summar*" or metastud* or "meta-stud*" or metathem* or "meta-them*")) OR AB ((metasynthes* or "meta-synthes*" or metasummar* or "meta-summar*" or metastud* or "meta-stud*" or metathem* or "meta-them*"))
S50	TI ((hermeneutic* or heidegger* or husser* or colaizzi* or "van kaam*" or "van manen*" or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*)) OR AB ((hermeneutic* or heidegger* or husser* or colaizzi* or "van kaam*" or "van manen*" or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*))
S49	TI ((ethno* or emic or etic or phenomenolog* or "grounded theory" or "constant compar*" or (thematic n4 analys*) or "theoretical sampl*" or "purposive sampl*")) OR AB ((ethno* or emic or etic or phenomenolog* or "grounded theory" or "constant compar*" or (thematic n4 analys*) or "theoretical sampl*" or "purposive sampl*"))
S48	TI ((qualitative* or interview* or focus or group* or questionnaire* or narrative* or narration* or survey* or experience* or themes)) OR AB ((qualitative* or interview* or focus or group* or questionnaire* or narrative* or narration* or survey* or experience* or themes))
S47	(MH "Questionnaires") OR (MH "Open-Ended Questionnaires")
S46	(MH "Qualitative Studies")
S45	(MH "Narratives")
S44	PT interview*
S43	(MH "Surveys")
S42	S5 OR S6 OR S7 OR S8
S41	S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40
S40	TI ((breastfeed* or breast feed*) n2 (duration or initiation or support* or promot*))
S39	TI (((breast* or nipple*) n2 (cracked or engorge* or injur* or infect* or inflam* or lesion)) or (breast n1 (augment* or implant*)) or mastitis or exhaustion or fatigue or "physical exertion" or tiredness or (sleep* n2 (lack of*1 or insufficient or deprive* or reduced)) or (time n2 (lack of*1 or insufficient or reduced)) or (inaccurate n2 information) or depres* or pain)) OR AB (((breast* or nipple*) n2 (cracked or engorge* or injur* or infect* or inflam* or lesion)) or (breast n1 (augment* or implant*)) or mastitis or exhaustion or fatigue or "physical exertion" or tiredness or (sleep* n2 (lack of*1 or insufficient or deprive* or reduced)) or (time n2 (lack of*1 or insufficient or reduced)) or (inaccurate n2 information) or depres* or pain))
S38	MW pain*
S37	(MH "Depression")
S36	(MH "Depression, Postpartum")
S35	(MH "Sleep Deprivation")
S34	(MH "Exertion")
S33	(MH "Breast Implants")
S32	(MH "Mastitis")
S31	(MH "Lactation Disorders+")
S30	TI (((improv* or lower* or increas* or decreas*) n2 (breastfeed* or breast feed* or breastfed* or "breast fed*" or "expressed milk" or lactat*) n2 (incidence* or duration* or influenc* or initiat* or maintain* or rate* or start*))) OR AB (((improv* or lower* or increas* or decreas*) n2 (breastfeed* or breast feed* or breastfed* or "breast fed*" or "expressed milk" or lactat*) n2 (incidence* or duration* or influenc* or initiat* or maintain* or rate* or start*)))
S29	TI (((intervention* or program*) n10 (breastfeed* or "breast feed*" or breastfed* or "breast fed*" or "expressed milk" or lactat*) n2 (incidence* or duration or influenc* or initiat* or maintain* or rate* or start*))) OR AB (((intervention* or program*) n10 (breastfeed* or "breast feed*" or breastfed* or "breast fed*" or "expressed milk" or lactat*) n2 (incidence* or duration or influenc* or initiat* or maintain* or rate* or start*)))
S28	TI (("best start program*" or "centering pregnan*")) OR AB (("best start program*" or "centering pregnan*"))
S27	TI (((intervention* or program*) n5 (breastfeed* or "breast feed*" or breastfed* or "breast fed*" or "expressed milk" or lactat*))) OR AB (((intervention* or program*) n5 (breastfeed* or "breast feed*" or breastfed* or "breast fed*" or "expressed milk" or lactat*)))
S26	TI (((counsel* or educat* or knowledge or information or support*) n3 (breastfeed* or "breast feed*" or breastfed* or "breast fed*" or "expressed milk" or lactat*))) OR AB (((counsel* or educat* or knowledge or information or support*) n3 (breastfeed* or "breast feed*" or breastfed* or "breast fed*" or "expressed milk" or lactat*)))
S25	TI (((barrier* or cessation* or challeng* or continu* or difficult* or discontinue* or encourag* or facilit* or imped* or promot* or support*) n3 (breastfeed* or "breast feed*" or breastfed* or "breast fed*" or "expressed milk" or lactat*))) OR AB (((barrier* or cessation* or challeng* or continu* or difficult* or discontinue* or encourag* or facilit* or imped*

#	Searches
	or promot* or support*) n3 (breastfeed* or “breast feed*” or breastfed* or “breast fed*” or “expressed milk” or lactat*)))
S24	(MH "Telemetry")
S23	(MH "Telemedicine") OR (MH "Telehealth")
S22	(MH "Support, Social+")
S21	(MH "Support Groups")
S20	(MH "Peer Group")
S19	(MH "Peer Counseling")
S18	(MH "Patient Education") OR (MH "Patient Education (Iowa NIC)")
S17	(MH "Nutritional Counseling")
S16	(MH "Cellular Phone+")
S15	(MH "Home Visits")
S14	(MH "Health Promotion")
S13	(MH "Health Education")
S12	(MH "Psychotherapy, Group")
S11	(MH "Patient Attitudes")
S10	(MH "Health Behavior") OR (MH "Patient Compliance") OR (MH "Help Seeking Behavior")
S9	(MH "Counseling")
S8	TI ((breastfeed* or breast feed* or breastfed* or “breast fed*” or breastmilk or “breast milk” or “expressed millk*” or lactat* or (nursing n1 (baby or infant* or mother* or neonat* or newborn*)))) OR AB ((breastfeed* or breast feed* or breastfed* or “breast fed*” or breastmilk or “breast milk” or “expressed millk*” or lactat* or (nursing n1 (baby or infant* or mother* or neonat* or newborn*))))
S7	(MH "Lactation")
S6	(MH "Breast Feeding+")
S5	(MH "Infant Food")
S4	S1 OR S2 OR S3
S3	TI ((nullipara* or “peri natal*” or perinatal* or postbirth or “post birth” or postdelivery or “post delivery” or postnatal* or “post natal*” or postpartum* or “post partum*” or primipara* or puerpera* or puerperal* or puerperium*)) OR AB ((nullipara* or “peri natal*” or perinatal* or postbirth or “post birth” or postdelivery or “post delivery” or postnatal* or “post natal*” or postpartum* or “post partum*” or primipara* or puerpera* or puerperal* or puerperium*))
S2	(MH "Postnatal Care")
S1	(MH "Postnatal Period")

Database: PsycINFO

Date of last search: 26/07/2023

#	Searches
1	breast feeding/ or lactation/
2	(breastfeed* or breast feed* or breastfed* or breast fed* or breastmilk or breast milk or expressed milk* or lactat* or (nursing adj (baby or infant* or mother* or neonat* or newborn*))).ti,ab.
3	or/1-2
4	community services/ or counseling/ or peer counseling/ or educational counseling/ or group counseling/ or group psychotherapy/ or exp health care seeking behavior/ or exp health care utilization/ or health disparities/ or health education/ or health promotion/ or health knowledge/ or home visiting programs/ or home care/ or client education/ or exp mobile phones/ or social support/ or exp social interaction/ or exp social networks/ or exp support groups/ or telemedicine/ or text messaging/ or treatment barriers/
5	(((access* or barrier* or disparit* or challeng* or facilitat* or imped* or utilis* or utiliz*) adj10 (care or service*)) or ((access* or barrier* or challeng* or disparit* or facilitat* or utilis* or utiliz*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*))).ti,ab.
6	((cessat* or continu* or difficult* or discontinue* or encourag* or promot* or support*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*)).ti,ab.
7	(((intervention* or program*) adj5 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*)) or ((counsel* or educat* or knowledge or information or support*) adj3 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*))).ti,ab.
8	(best start program* or centering pregnan*).ti,ab.
9	((intervention* or program*) adj10 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*) adj2 (incidence* or duration or influenc* or initiat* or maintain* or rate* or start*)).ti,ab.

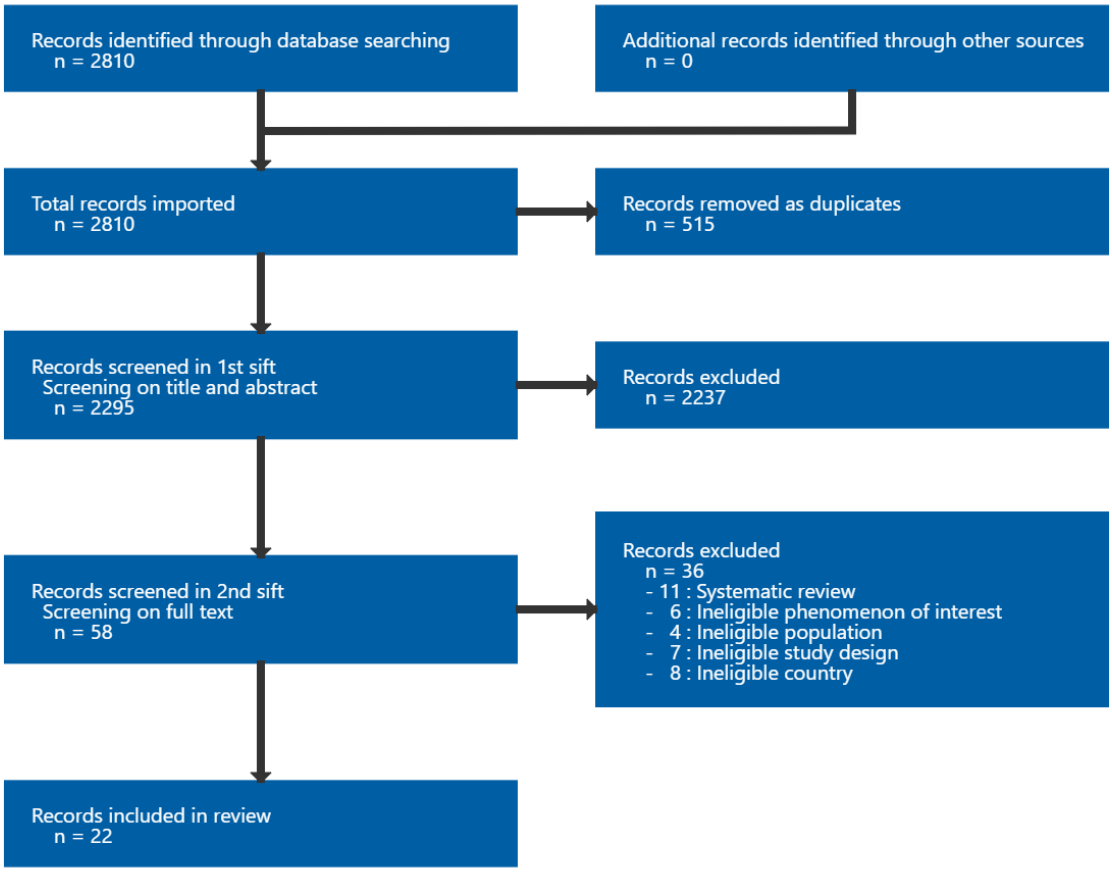
#	Searches
10	((improv* or lower* or increas* or decreas*) adj2 (breastfeed* or breast feed* or breastfed* or breast fed* or expressed milk or lactat*) adj2 (incidence* or duration* or influenc* or initiat* or maintain* or rate* or start*)).ti,ab.
11	fatigue/ or sleep deprivation/ or postpartum depression/ or major depression/ or anxiety/ or pain*.hw.
12	(((breast* or nipple*) adj2 (cracked or engorge* or injur* or infect* or inflam* or lesion)) or (breast adj (augment* or implant*)) or mastitis or exhaustion or fatigue or physical exertion or tiredness or (sleep* adj2 (lack of*1 or insufficient or deprive* or reduced)) or (time adj2 (lack of*1 or insufficient or reduced)) or (inaccurate adj2 information) or depres* or pain).ti,ab.
13	or/4-12
14	"experiences (events)"/ or cluster analysis/ or content analysis/ or discourse analysis/ or focus group/ or ethnography/ or grounded theory/ or interviewers/ or interviewing/ or interviews/ or narratives/ or exp observation methods/ or phenomenology/ or qualitative methods/ or questionnaires/ or questioning/ or exp surveys/ or exp Audio Recorders/
15	(qualitative* or interview* or focus or group* or questionnaire* or narrative* or narration* or survey* or experience* or themes).tw.
16	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
17	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
18	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
19	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*)).tw.
20	or/14-19
21	((brother* or famil* or father* or husband* or mother* or partner* or relative* or sibling* or sister* or spous*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
22	((consumer* or inpatient* or in-patient* or mother* or parent* or patient* or wife* or wive* or women* or woman* or female*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
23	((clinician* or counselor* or counsellor* or health worker* or health visitor* or midwi* or nurs* or personnel* or physician* or professional*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
24	or/21-23
25	or/20,24
26	(national health service* or nhs*).ti,ab,in,cq.
27	(english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.
28	(gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jx,in,cq.
29	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in,cq.
30	(bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in,cq.
31	(aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ti,ab,in,cq.

#	Searches
32	(armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in,cq.
33	or/26-32
34	3 and 13 and 25 and 33
35	animal.po.
36	(rat or rats or rodent* or mouse or mice).ti.
37	or/35-36
38	34 not 37
39	limit 38 to English language
40	limit 39 to up=20180101-20230731

Appendix C Qualitative evidence study selection

Study selection for: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

Figure 3: Study selection flow chart



Appendix D Evidence tables

Evidence tables for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

Table 5: Evidence tables

Brown, 2011

Bibliographic Reference	Brown, Amy; Lee, Michelle; An exploration of the attitudes and experiences of mothers in the United Kingdom who chose to breastfeed exclusively for 6 months postpartum.; Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine; 2011; vol. 6 (no. 4); 197-204

Study Characteristics

Study type	General qualitative inquiry Semi-structured interviews
Country/ies where study was carried out	UK
Setting	**Setting** Not reported **Aim** To understand the attitudes of women who have chosen to exclusively breastfeed for 6 months.
Data collection and analysis	**Data collection**

	Interviews that were either face to face or over the phone. These were audio recorded and transcribed, maintaining anonymity. Women with more than one child were asked to complete a questionnaire about their youngest child. **Data analysis** Content analysis was used. this is an inductive analysis where themes emerge from the data. The manuscripts were reviewed separately by two more reviewers to reach 90% agreement.
Recruitment strategy	Posters that were placed in daycare centers postnatal groups, and mother and baby groups or online requests on UK forums. Recruitment of peers who also exclusively breastfed was encouraged.
Study dates	Not reported
Sources of funding	Not industry funded
Inclusion criteria	• Mothers who exclusively breastfed for 6 months postpartum; who had an infant 6-12 months old.
Exclusion criteria	Not reported
Sample size	N=33 women
Participant characteristics	**Mean maternal age, years (SD):** 27.63 (4.83) **Ethnicity:** NR
Results	Authors themes: 1. Attitudes towards breastfeeding, experience of breastfeeding, experience of breastfeeding education, information and promotion and ideas for future breastfeeding promotion and education 2. Decision to breastfeed exclusively is based on the most natural and healthiest option 3. Perceiving exclusive breastfeeding as convenient, easy, and emotionally fulfilling 4. Difficulties and challenges to be overcome, persevering through issues 5. Breastfeeding creates a closer mother–infant bond but at the same time makes life more baby-centric and sometimes limiting

6. Reactions of others can be both enabling and challenging
7. Support and encouragement reinforce beliefs that the right decision has been made
8. Pressure from others to introduce formula or complementary foods can create difficulties
9. Mothers show determination and initiative to overcome challenges

Decision to breastfeed exclusively is based on the most natural and healthiest option

Mothers cited factors the that influence their decision. Most women cited that they believed that breastfeeding was healthier for their infant. Mothers also stated that they were following the World Health Organisation guidelines. Personal beliefs that influence mothers decisions to breastfeed exclusively was that they saw it as a natural option and it was expected of them.

"It just seemed the natural route to follow. When my midwife asked me how I was going to feed I just thought ‘‘well of course I will breastfeed.’’ (P7, 29, higher education, professional)

"Lots of people gave me advice and suggestions about what I should do but I preferred to follow what the research suggested rather than one person’s own experiences.’ (P1, 27, college, skilled) [Quotes: p.198]

Perceiving exclusive breastfeeding as convenient, easy, and emotionally fulfilling

Women discussed how they all enjoyed breastfeeding their baby. Mothers also reported that it was convenient and emotionally fulfilling as well as giving them a feeling of achievement and pride. If they failed to reach their target then this resulted in disappointment.

'I enjoy breastfeeding him, it gives me a wonderful closeness and satisfaction.' (P29, 35, higher education, professional)

Call me lazy but once you start solids there’s so much mess/ time involved and feeding is more complicated so I’ve really enjoyed the ease and convenience of exclusively breastfeeding. (P16, 29, college, professional)

'I feel quite proud of myself but it does also feel quite natural and right to me so I don’t see it as a massive cause for celebration.' (P17, 26, college, skilled)

I feel proud of myself and pleased that my baby has had the best possible start in life. But I also feel sad that I feel proud—it should be the norm not the exception. (P2, 23, school, unskilled) [Quotes: p.199]

Difficulties and challenges to be overcome, persevering through issues

Most mothers reported experiencing difficulties during breastfeeding these included sore nipples and mastitis. They reported a determination to succeed despite these obstacles. Another challenge that was cited was the pressure from others to stop breastfeeding around 4 months due to issues such as the infant not sleeping through the night which led them to question their choice to breastfeed. Some mothers did question the benefits of breastfeeding over them being able to get more sleep but ultimately put the baby's needs first.

'My son fed constantly all hours of the day and night. I suffered from mastitis four times, thrush in my breast tissue and internal bleeding in the milk ducts. It was a constant battle to keep feeding especially as others kept telling me to stop.' (P26, 30, higher education, skilled)

'My baby woke 2–3 times a night between 4–6 months whilst I thought weaning might reduce this I did not want to wean because it was not to the health benefit of my baby.' (P4, 26, school, stay at home mother) [Quotes: p.199]

Breastfeeding creates a closer mother–infant bond but at the same time makes life more baby-centric and sometimes limiting

Some felt that breastfeeding did not impact their daily lives and that motherhood just refocuses your life on your child. Others felt that breastfeeding did restrict their lifestyle but that it was worth it as it was not permanent.

'I have found my social life has changed anyway and I do things where babies/children are included and regularly meet other mums. I haven't wanted to leave either of my babies when they have been really young anyway except for the occasional trip to the hairdresser/dentist.' (P18, 31, college, skilled)

'It has affected my social life as I cant go out in the evenings but I feel its for such a short period when looked at over a lifetime that it is worth the sacrifice to give her the best start in life possible.' (P5, 28, school, stay at home mother) [Quotes: p.199]

Support and encouragement reinforce beliefs that the right decision has been made

Each mother knew of someone else who was generally a close relative that had exclusively breast fed and this made them feel supported. The mothers also felt that their partners were supportive and proud of their choice. Partners were also

supportive by doing household chores. It was also reported that mothers became friends with others who were breastfeeding which increased their feeling of support and support for their choice.

'My family were always supportive, more than that, it was just regarded as the normal way to feed my baby.' (P11, 33, higher education, professional)

'My husband was very supportive. He often tells me how proud he is. When it was hard at the start he did everything else for baby and in the house to allow me to concentrate on feeding and recovering from birth.' (P22, 31, higher education, professional) [Quotes: p.200]

Pressure from others to introduce formula or complementary foods can create difficulties

The mothers discussed how they were subjected to challenges from others regarding their decision and were told that if was not worth the effort. They also discussed how they were often told that they were harming their baby by not introducing food. This was more common if the person making the comment had not breastfed. Further to this changes to guidelines over the generations led to different advice being seen as correct.

'I felt a lot of pressure talking to others mums whose baby's were sleeping better than mine. Although I knew in my heart that formula or weaning was not the right option I felt guilty that I was doing the wrong thing and not getting my baby into a routine.' (P30, 34, school, skilled)

'There's a lot of talk of "my mum did this and it didn't harm me" or "I weaned my first at 17 weeks." (P32, 26, school, unskilled

'Other people made comments implying I was mean making him wait despite the fact that he was obviously happy, healthy and gaining weight!' (P31, 34, higher education, stay at home mother) [Quotes: p.200]

Mothers show determination and initiative to overcome challenges

The strategies used by mothers to resist the attempts by others included: seeking support from others who were also breastfeeding; being polite but firm to those with opposing views; having support from their partner 100% of the time and saying how they supported them to other people; helping their friends and family feel involved by giving them other ways to

	help with the baby; providing people with information about the importance of breastfeeding so they can understand their choice and they also sought information from specialist services in relation to exclusive breastfeeding. *'In the end I used to just smile politely, say that I was going to carry on breastfeeding as that was the best decision for us and move the conversation on.' (P23, 31, stay at home mother)* *'It really helped to get my husband onside and understanding why it was important. He often tells his friends now why I am breastfeeding, how easy it is and how proud he is of me.' (P33, 28, college, skilled)* *'My mother did express a lot of surprise about how often he needed feeding and how I was on solids by now. I gave her a book about breastfeeding which she raised her eyebrows at but must as read as her attitude slowly started to change.' (P18, 34, college, unskilled)* [Quotes: p.201]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Research design was not justified, the potential influence of researchers on the research process was not discussed, a lack of researcher reflexivity)*
Overall risk of bias and relevance	Relevance	Relevant

Choudhry, 2012

Bibliographic Reference	Choudhry, Kubra; Wallace, Louise M; 'Breast is not always best': South Asian women's experiences of infant feeding in the UK within an acculturation framework.; Maternal & child nutrition; 2012; vol. 8 (no. 1); 72-87

Study Characteristics

Study type	General qualitative inquiry Descriptive qualitative study through a semi-structured interview
Country/ies where study was carried out	UK
Setting	**Setting** Children's Centres across Birmingham **Aim** To explore the key issues related to acculturation that may influence the infant feeding experiences of south Asian women
Data collection and analysis	**Data collection** Semi structured interviews with open ended questions and appropriate use of prompts and probes. The interviews were piloted for suitability for the target population. Participant characteristics (age, country of birth, ethnicity, religious background and acculturation status) were captured using structured items. Acculturation was assessed based on ethnic interaction and language use. The measure was bidimensional and had 8 language use items 6 ethnic interaction items. the combine score provided the overall acculturation. **Data analysis** Thematic analysis based on Braun and Clarke 2006 was used. This is an inductive method that allows the themes to emerge from the data (bottom up analysis).
Recruitment strategy	Opportunistic sampling of the women who attended the children's centers
Study dates	Not reported
Sources of funding	Not industry funded
Inclusion criteria	• South Asian origin • Used the children's centres

	• Childbearing age • Expecting a baby or had a child below 5 years old • Women who could communicate in either Urdu, Hindi or Punjabi were included as the researcher could speak and understand all three languages
Exclusion criteria	• Major illness • Cognitive difficulties • Bangladeshi women unable to speak English due to the researchers inability to speak or understand Bengali
Sample size	N=20 South Asian women
Participant characteristics	**Mean maternal age, years:** NR **Ethnicity, n:** South Asian: 20
Results	Authors themes: 1. 'Maa Kaa Dood' (The mother's milk) 2. The most convenient method for me 3. Formula feeding as a way of fulfilling the baby's demands 4. Breast isn't always best – women's experience of information and role conflict 5. Learning by observation – the formula feeding culture **"Maa ka Dood" – the mother's milk** All of the responses from the participants referenced how breastfeeding was seen as improper in the presence of others whilst simultaneously being taught about the psychological benefits of 'mothers milk'. These contradicting teachings made it challenging for the participants to find a way to incorporate breastfeeding into their lives. This challenge was increased by their responsibilities as a daughter in law and the embarrassment of feeding in front of family members.

'Culturally it's a way of having a good effect on the child, and people often link what they see in the child to reasons such as 'oh he/she's like that because he had the mother's milk' . . . such as the way he develops his personality or intelligence (Participant 8, Bicultural)'

'I was always told by mum that you can always tell the children who have had their mother's milk because they develop stronger characters and personalities than those that don't have breast milk from their mother (Participant 11, Bicultural)' [Quotes: p.78]

The most convenient method for me

All the participants talked about how they chose the method that fitted their needs the best. This was different for each participant, for some formula or bottle feeding was better as they were able to share the responsibility, for others bottle feeding was chosen because they had experienced difficulties with breastfeeding.

'I fed my baby 1 day on breast milk but it's very painful, so I went to the formula, this was much easier for me (Participant 18, low acculturation)'

'The fact that I was living with my parents meant that they could bottle feed my child whilst i had some rest, I think this was the main reason for me changing from breast to bottle (Participant 14, Highly acculturated)' [Quotes: p.79]

Fulfilling the baby's needs

The participants choice on how to feed their baby was based on/ in response to the child's needs/demands. The participant responded that they felt that formula feeding was meeting the baby's nutritional demands more fully which was supported by other family members.

'I don't think the baby would get full up with a small amount of milk from breast . . . by giving them formula feed you know you will fill them up (Participant 17, Low acculturation)'

'None of my cousins breastfed... they told me that breast milk is very thin and less nutritious for the child (Participant 12, Low acculturation)' [Quotes: p.79]

Breast is not always best; experiences of information and role conflict

Conflict around breastfeeding separated as 2 issues. The first being conflict around religious beliefs where Muslim women were aware that Islam encouraged breast-feeding, however they had cultural demands and messages which negatively impacted their ability to breast-feed. The second issues was the conflict of the role of women, where breast-feeding was deemed impractical to fulfil their role of the daughter-in-law. There was also conflict experienced as a result of different messages from different family members. The advice from family members was potentially related to how long they had lived in the UK.

'Religion teaches to breastfeed, but my decision not to do I was because of cultural things like it's not nice to do it in front of people (Participant 22, Highly acculturated')

'…parents advised that I should breastfeed but found it really hard to fit into my life and the things that I have to do around the house, like housework and looking after my mother in law' (Participant 5, Low acculturation) [Quotes: p.80]

Formula feeding culture – learning by observation

The culture of formula feeding that is prevalent in the UK had varying impacts on the participant's feeding decision. There seemed to be pressures for formula-feeding through competitiveness when seeing others do this, or because it was perceived as the 'norm'. This desire to conform and fit in with the people around them led to some of the participants with higher levels of acculturation to formula feed. The formula-feeding culture had less of an influence on the decisions of women with low levels of acculturation.

'You get an idea of what's right from the people around you don't you, you don't want to be doing something that you see no one else doing (reference Anglo culture) (Participant 22, Highly acculturated)'

'I thought if they're (Peers from the Anglo culture) doing it and there's no harm then there's no need for me to go through the pain of trying to breastfeed when I could give them the formula (Participant 18, low acculturation)'

In Pakistan most people would breastfeed but here (referring to the Anglo Culture) everyone bottle feeds . . . but final decision to bottle feed was mine (Participant 17, low acculturation)

'I can see how mothers might be influenced by seeing other mothers and how they feed their baby, 'cos if you're told to breastfeed but then you see every other mother (reference to peers from Anglo culture) bottle feed why would you want to go through all the hassle?' (Participant 13, Highly acculturated) [Quotes: p.81]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(There was no acknowledgement of the researchers role or potential bias in the process)*
Overall risk of bias and relevance	Relevance	Relevant

Cook, 2021

Bibliographic Reference	Cook, Erica Jane; Powell, Faye; Ali, Nasreen; Penn-Jones, Catrin; Ochieng, Bertha; Randhawa, Gurch; Improving support for breastfeeding mothers: a qualitative study on the experiences of breastfeeding among mothers who reside in a deprived and culturally diverse community; International journal for equity in health; 2021; vol. 20 (no. 1); 92

Study Characteristics

Study type	General qualitative inquiry Framework analysis of focus group discussions
Country/ies where study was carried out	UK
Setting	**Setting** Local community centres in Luton. **Aim**

	To understand the mother's experiences of breastfeeding, barriers to breastfeeding, and accessing breastfeeding services in their area.
Data collection and analysis	**Data collection** Single-sex focus groups. The focus groups were semi structured and based on an open ended topic guide developed by the researchers and topic experts and had been piloted for suitability. The questions were open ended and had relevant prompts and probes to initiate conversation. The focus groups lasted around 90 minutes. **Data analysis** The focus groups conducted in English were transcribed verbatim. Those that were conducted in Polish, Punjabi, Pahari and Urdu were transcribed and then translated into English. Frame work analysis was used, which is an inductive approach that lets the themes emerge from the data. The transcripts were reviewed by two separate researchers to ensure accuracy. NVivo 11 was used for line by line coding of the data. The researchers then coded the transcripts independently and discussed the codes used. The code matrix was finalised and final themes grounded in the data were developed.
Recruitment strategy	Purposive stratified sampling was used targeting the most deprived sub regions (wards). Women aged 21 to 45 years with 1 or more children between 1 and 5 were recruited. This was achieved via advertising the study via emails that were sent directly to managers and/ or researcher contacts across all community centres within the defined wards. Distributing posters and leaflets throughout the wards and in community settings. Recruitment was also done via face to face recruitment in local community groups and places of worship.
Study dates	Not reported
Sources of funding	Not industry funded

Inclusion criteria	• Self identified as being part of:
	  ○ White British, South Asian (Pakistani and Bangladeshi), Black (African/Caribbean) or Polish
	  ○ Belonging to one of the 5 targeted wards.

Exclusion criteria	Not reported
Sample size	N=63 mothers
Participant characteristics	**Maternal age, years, n:** • 21-30: 22

	• 26-37: 8 • 27–35: 3 • 31-45: 24 • 33–39: 6 **Ethnicity, n:** • White British: 8 • Pakistani: 13 • Bangladeshi: 10 • Black African: 15 • Polish: 17
Results	Authors themes: 1. Physical barriers 2. Psychological barriers 3. Embarrassment of breastfeeding in public 4. Time and convenience 5. Cultural traditions and practices 6. Positive perceptions towards breastfeeding 7. Perseverance 8. Flexible approaches to feeding 9. Perseverance and support from healthcare professionals and breastfeeding services. **Physical barriers** The physical barriers that were cited by the participant included pain and not producing enough milk to support their child from breastfeeding alone. These perceptions were across all ethnicity groups based on the child not gaining as much weight as expected, the infant wasn't sleeping for long periods, the infant seemed more contents with bottle or formula feeding. Women of south Asian heritage were particularly concerned over the weight of the baby, especially if their child has a low birth weight. Techniques to resolve these barriers that were discussed included: giving the mothers additional food e.g., specific ingredients like ‘ghee’ so she could produce more milk, some were told to express more milk, giving

formula so they know how much their infant is drinking. Other factors that were seen as barriers were illness and medical conditions these influence initiation of breastfeeding as well as duration of breastfeeding.

'I would just like to say that I think it [breastfeeding] was the worst experience ever, the worst that could possibly be my nipples bled, it hurt, I couldn't cure it, it was a disaster; it was the worst experience of my life…..worse than actual birth. (Polish mother, aged 31–45)'

'He was a tiny baby when he was born, I thought he would gain weight if breastfed, but the weight kept decreasing so I gave formula milk. He seemed satisfied with formula and started gaining weight. (Pakistani mother, aged 31–45)'

'Gutted that I couldn't do it for my first. I expressed for my second in hospital but I got mastitis and so I stopped (White British mother, aged 31–45)' [Quotes: p.6]

Psychological barriers

The psychological barriers that were cited included pressure from others to continue breastfeeding which was difficult to manage. Also the fear of the feeling like they have failed if they were unable to breastfeed, which was coupled with the fear that their milk might run out of milk, the latter being particularly prevalent amongst the Polish mothers.

'Well, it wasn't that I physically could not cope with his demand, but psychologically I couldn't cope any longer and I couldn't cope with thinking anymore of what am I going to do when I run out of milk and well I was a bit upset about this (Polish mother, aged 21–30)' [Quote: p.8]

Embarrassment of breastfeeding in public

White British mums discussed was how compared to bottle feeding in public breastfeeding was associated with greater stigma and embarrassment. However this was something that reduced over time once they had had an adjustment period.

'Breastfeeding is stigmatising. I found breastfeeding in public and in front of in laws as scary but now I don't care. (White British mothers, aged 21–30)' [Quote: p.8]

Time and convenience

Time and convenience was only discussed by Bangladeshi and Pakistani mothers in the context of having to look after more than one child and do the household chores. Other mothers discussed the greater convenience of bottle feeding in public compared to breastfeeding and how expressing milk was not time efficient. Advantages of bottle feeding were discussed in terms of allowing feeding to be shared responsibility.

'Can't do anything else around the house while breastfeeding directly, so I'm expressing so someone else can feed child. Consuming a lot of time getting him to latch on, and expressing milk takes time. It is just really difficult to manage' (Bangladeshi mother, aged 21–30).'

'It is hard to breastfeed when you go out. You have to find somewhere private, so it takes more time' (Bangladeshi mother, aged 21-30)

'I believe that using formula is all the better, because it makes it all the easier for the man to help with feeding, because he can make the milk and oh, let's say that he will get up in the middle of the night and then in that instance he prevents us from getting up in the middle of the night, because he can just go on his own and do it and the child is happy and that we don't have to get up and give [food] to the child'. (Polish mother, aged 21–30).' [Quotes: p.8 & 9]

Cultural traditions and practices

Some important factors that facilitated breastfeeding that were discussed by the mothers were cultural traditions from their mothers family these included: African mothers citing that, breastfeeding was valued and it was common for mothers to breastfeed for over two years; South Asian mothers cites that religion was the most important factor in their decision and it encouraged breastfeeding for various reasons. South Asian and Polish mothers cites the influence of female relatives on their decision to breastfeed.

'Islam encourages two years for breastfeeding. Religion influences more than anything else' (Pakistani mother, aged 21–30).'

'well, it's sort of a tradition [my] mother [breast]fed, so I [breast]fed' (Polish mother, aged 31–45)' [Quotes: p.9]

Positive perceptions towards breastfeeding

Mothers cited bonding/attachment benefits to breastfeeding as well as physical health and strength. Other benefits that were cited included weightloss, improved mood for the mother as well as improved maternal instincts.

'don't see sickness in breastfed children they are strong. Mothers should give their breastmilk to children like cow gives their milk to children' (Black African mother, aged 31– 45)

'My second two children didn't take but my youngest breastfed. I think the children who were breastfed are more mentally and physically active than second two because they weren't breastfed' (Pakistani mother, aged 31–45) [Quotes: p.9]

Perseverance

The importance of perseverance was discussed in the context of motivation to continue to breastfeed and it being a learning process for the mother and the infant.

'and I know I decided very early on that was going to breastfeed, so for me it was, I already decided that I must do it, I am going to persevere, and then it really hurt there was lots of bleeding and then eventually it was fine [laughter] she, I reckon she just worked it out [laughter] no matter what I was doing wrong she just went 'ok I've figured it out mum you can calm me down now' [laughter] [F1: 'I've done it!'] yeah.' (White British mother, aged 31–45). [Quote: p.10]

Flexible approaches to feeding to involve fathers & 'share the load'

This was predominantly discussed by Polish mothers who described how they expressed milk to share the responsibility of feeding with either the partner or other mothers.

With us it was the same situation, uh it was the case that my partner had helped and so the duties were divided. (Polish mother, aged 21–30). [Quotes: p.10]

Support from Healthcare Professionals/ Breastfeeding services

Most mothers discussed this in terms of how the support that they received helped them to persevere with breastfeeding. However some did not feel that they were supported. the mothers also discussed the disjointedness of care and how they were not always followed up. White British mothers felt that there was a contradiction in information that they were told in

	hospitals as well as feeling judged by health care professionals rather than being supportive. Polish mothers did not describe accessing any support. *'Once I went to [name removed] breastfeeding clinic…My baby wasn't taking breast milk at all….They told me how to hold the baby and how to help the baby to latch on. I didn't know all this before that' (Pakistani female, aged 31– 45)* *'She looked at me like a young mum and drilled into me about breastfeeding but then there was no support after. Advised on when to feed kid, don't do this, don't do that "well what is there anything I can do with my child?' (White British Mother, aged 21–30).* *'In hospital I had six different people telling me different ways to breastfeed' (White British mother, aged 21–30).* *'It is the worst feeling ever not being able to breastfeed, but they [healthcare professionals] think you should be able to as a mother. She just looked at me like a young mum who couldn't be bothered to breastfeed' (White British mother, aged 21–35).* [Quotes: p.10]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(The researchers potential influence on the research process has not been stated)*
Overall risk of bias and relevance	Relevance	Relevant

Davie, 2021

Bibliographic Reference	Davie, Philippa; Chilcot, Joseph; Jones, Louise; Bick, Debra; Silverio, Sergio A.; Indicators of 'good' feeding, breastfeeding latch, and feeding experiences among healthy women with healthy infants: A qualitative pathway analysis using Grounded Theory; Women and birth : journal of the Australian College of Midwives; 2021; vol. 34 (no. 4); e357-e367

Study Characteristics

Study type	General qualitative inquiry Semi-structured interviews nested in a longitudinal cohort study
Country/ies where study was carried out	UK
Setting	**Setting** In participants homes or a university room **Aim** To understand of women’s perceptions and practices of breastfeeding throughout the early post partum period
Data collection and analysis	**Data collection** Semi structured interviews were performed by two of the researchers. They were reviewed by an independent group prior for suitability. The semi structured interviews collected the women's experiences of infant feeding the format allowed all aspects to be explored. The interviews lasted 35-90 minutes. **Data analysis** Grounded theory was applied. Transcripts were listened to and re-read for accuracy. These were then coded line by line initially and then focus coded by two investigators. After coding the investigators discussed their focused codes which were put into super categories.
Recruitment strategy	Participants were recruited via email following participation in a longitudinal cohort study. They were also recruited via posters in local healthcare clinics
Study dates	May-November 2019
Sources of funding	Not industry funded

Inclusion criteria	• >18 years • Living in London • Have an infant between 4 and 12 months old who was a born healthy, at full-term (37 + 0 weeks gestation) and was an average birthweight.
Exclusion criteria	• If they were currently diagnosed with mental health condition • If their infant was ever admitted to a neonatal care unit
Sample size	N=12 women
Participant characteristics	**Mean maternal age, years (range):** 37.25 (31 to 50) **Ethnicity, n:** • White: 9 • East Asian: 2 • Mixed: 1
Results	Authors themes: 1. Women's experiences of breastfeeding latch 2. Positive feeding experiences 3. Negative feeding experiences 4. Uncertain feeding experiences **Women's experiences of breastfeeding latch** This was discussed as a positive experience if the women had only experienced discomfort or minimal amounts of pain when in the adjustment period. Negative experiences discussed included sore and cracked nipples.

“so, actually the only thing I really noticed about the feeding was that latching was painful like initially. And so, I would, like my mum just said ‘smile when he latches on’ and it did actually work, and the pain would dissipate, and everyone would laugh . . . Erm, and then he fed, and he seemed to feed absolutely fine” [Catherine]

“And it was quite a, very painful, very difficult few weeks until we managed to, erm get it all sorted . . . Absolutely, in terms of the latching and the, it was still very painful but I think it’s because within that time I managed to get loads of cracks . . . ” [Donna] [Quotes: p.361]

Positive feeding experiences

Women discussed their experience of breastfeeding as either positive, negative or uncertain. Women with a good feed experience cited things such as a 'good latch', the convenience of breastfeeding, seeing it was something that had to be learnt so wouldn't be an instant success and that it requires hard work and sacrifice.

“I was getting it right and doing it, it was amazing. And I thought it'd be really painful and weird, and it was sort of, you know? A little bit painful but not as bad as actually giving birth. And then, after a few you know a couple few days or a couple of weeks then it was kind of fine.” [Alice]

“he needs to learn how to breastfeed as well as me and so I was quite kind of relaxed about it, it seemed to be going well” [Nisha] [Quotes: p.362]

Negative feeding experiences

Women with a negative feeding experience discussed a bad latch specifically a painful breastfeeding latch. This was discussed as being physically and emotionally challenging for the women. Women also discussed how they perceived a bad latch to be an indicator that feeding was not going well. Some women discussed how they weren't prepared for the multiple challenges that breastfeeding's presented. Women also discussed how they persevered and achieved a positive experience.

“It was all you know tears and frustration and pain, and you know a blur of tiredness” [Helen]

	"He was gaining weight fine. That really wasn't a problem . . . but it just hurt so much every time I fed him . . . my nipple was cracked, it was bleeding, it was like, ummm . . . every time I put him-, he latched on, I felt like I was like I need to scream a little bit?" [Kimberly] [Quotes: 362 & 363] **Uncertain feeding experiences** Women discussed factors that they perceived as meaning they were having an uncertain feeding experience. This included their lack of clarity about whether the amount of milk they were producing was enough for their baby to be having a good feeding experience; frequency and duration of feeding; topping up feeds with formula to offset the requirements for exclusive breastfeeding; they felt that breastfeeding was more for the benefit of the baby rather than themselves. *"I did find that yeah, I found it both difficult in the sense that she was very dependent on me, I wasn't used to that, I wasn't used to anyone being that dependent on me, so I found that frustrating at times, I was like, leave me alone . . . But at the same time feeling like a natural urgency that she came above everything else, so yeah, it's definitely something that I've both hated and enjoyed the breastfeeding for sure, throughout yeah" [Pamela]* *"er, yeah [I have enjoyed it] but I'm also very tired . . . but kind of relieved that its ended but also like a bit sad now because I don't plan to have a third so like it's really the end the end." [Lyn]* *'Part of me feels that the latch probably wasn't brilliant to begin with, hence him feeding loads and getting a drip of milk as opposed to a good latch where he's getting sufficient milk and I'm emptying my boobs and replenishing the supply.' [Marie]* [Quotes: 363]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
Overall risk of bias and relevance	Relevance	Relevant

Dykes, 1999

Bibliographic Reference	Dykes, F; Williams, C; Falling by the wayside: a phenomenological exploration of perceived breast-milk inadequacy in lactating women.; Midwifery; 1999; vol. 15 (no. 4); 232-46

Study Characteristics

Study type	Phenomenological Longitudinal, phenomenological study with in-depth interactive interviews
Country/ies where study was carried out	UK
Setting	**Setting** The women's homes. **Aim** To understand women's perceptions of why they see their breast milk as being unable to meet their baby's needs.
Data collection and analysis	**Data collection** Three separate in-depth interviews at 6, 12 and 18 weeks after birth. Each interview lasted 45 minutes to 1 hour. The earlier interviews were less structured allowing themes to emerge and inform the structure of the subsequent interview(s). Women that discontinued breastfeeding were interviewed once after they made the change. **Data analysis** Data was collected and analysed concurrently so that data from previous interviews could inform subsequent interviews. The interviews were transcribed verbatim they were analysed as a whole and line by line. The transcripts were then compared by the investigators to identify similar themes.

Recruitment strategy	Women were recruited prior to discharge from the selected maternity hospital's postnatal area.
Study dates	Not reported
Sources of funding	Not industry funded
Inclusion criteria	• Exclusively breastfeeding and planned to exclusively breastfeed for at least 3 months • Primiparous • Term delivery (> 37 weeks) • Apgar score 8-10 at 10 minutes • >2500g at birth
Exclusion criteria	• Women supplementing with artificial milk • Women returning to work within three months of giving birth
Sample size	N=10 women
Participant characteristics	**Maternal age, years:** 21 to 36 **Ethnicity, n:** Caucasian: 10
Results	Authors themes: 1. Female failure to manufacture - `I'll try it' 2. Comparing breast milk with artificial milk - quality 3. Comparing breast milk with artificial milk - quantity 4. Weighing the baby 5. Dietary concerns- `My milk is what I eat' 6. Inexperience - `suck and see' 7. Feeding practices which may undermine milk production 8. Incorrect and conflicting advice from health professionals 9. `Juggling' activities and giving out

10. Support from significant others: practical assistance, empathy and approval

Female failure to manufacture - `I'll try it'

Many participants reported initial doubts about their ability to breastfeed, but this did not necessarily impact the success of breastfeeding.

I wasn't confident before I started, it was always well I'll give it a go, I'll try. I expected it to be horrendous. It was hard at the beginning, but once you get over that you're away. [Quote: 236]

Comparing breast milk with artificial milk - quality

Participants spoke of breastmilk as nutritious and natural, and considered it to be healthier than infant formula. Participants showed awareness of the fat content increasing in breastmilk as the production increased. They considered the 'fat-rich' milk to have greater value than the low-fat foremilk.

'I wanted him to have breast milk because it's natural and I knew it was better than a bottle with all that man-made artificial stuff, but I thought has it (breast milk) got everything that it should have, all right it might make him content but is he getting all the goodness in it.' [Quote: p.236]

Comparing breast milk with artificial milk - quantity

Participants commonly compared the quantity of milk they produced to the volumes they saw in bottles. Some mothers expressed concern that they were unable to see how much milk the baby was taking when breast feeding.

'You look at the amounts in the bottles, you stack them up on the side and you think well I don't think my body could physically produce that amount of milk, I mean I think I'm just too small a person.' [Quote: p.236]

Weighing the baby

Many participants reported that healthcare professionals considered weighing the baby to be more important than if the baby was feeding well. Even though it might not have been an issue, if their infant was not gaining enough weight, women

considered their milk supply to be insufficient. This caused women to worry and consider supplementing feeds with infant formula.

'The midwives were checking her weight every 2-3 days. She put back the bit of weight she lost after the birth but they kept weighing her. It was suggested to me that I wasn't giving enough milk myself, yet I was quite happy breast feeding her, but they suggested introducing a bottle as well.' [Quote: p.236]

Dietary concerns - "my milk is what I eat"

The women reported how they felt their diet affected their milk in terms of the quality of it as well as the quantity. They reported the weight of the responsibility that they felt to eat in a way that is best for their baby. They also discussed how they were advised to change to eat to produce enough milk for their baby. They reported that the advice varied from one midwife to the next. Some of the women that were successful at breastfeeding reported being more focused on the source of the nutrition rather than the quantity.

'One midwife said I needed to eat an extra 1500 calories a day, but I just couldn't achieve that, it was like another day's food and I knew she didn't need it cos she was doing fine without it. Then another midwife said I only needed about 500 calories a day, you know just an extra snack.' [Quote: p.237]

Inexperience - `suck and see'

Most women expressed their inexperience in the early weeks and a need for more supervision and confidence building from midwives. Some recognised that with better skills and knowledge of the feeding management required to ensure a good milk supply, they would have done things differently.

'Knowing what I know now, I would do it differently next time and I think I would probably be more successful. I mean I wasn't experienced with what to do, I didn't know any better. It was like `suck and see' so to speak.' [Quote: p.237]

Feeding practices which may undermine milk production

Some participants, who didn't understand the process of lactation and the physiology behind it, felt as though their feeding was restricted.

'I took him off before the end of the feed because I was getting sore and there wasn't time for them to heal before the next feed . . . I was worried that if I gave him a bit of the other breast there wouldn't be enough when it came to the next feed.' [Quote: p.238]

Incorrect and conflicting advice from health professionals

Women's perceptions of their milk were influenced by the health professionals' comments and advice. While some women were satisfied with the midwife's and health visitor's care and advice, some were given advice that was incorrect and potentially detrimental.

'I saw five or six midwives once I got home. It seemed to be a different one every day . . . One midwife would say one thing and one would say another. One midwife advised me to introduce a bottle and later on another midwife said forget your watch, forget the time and everything and just feed her . . . But it was too late then, there was no going back.' [Quote: p.238]

`Juggling' activities and giving out

Several women reported that after the first two weeks when their relatives had left and their partners had returned to work, they were left to `juggle' feeding, housework, cooking and shopping. This made them feel anxious and exhausted, particularly during the first six weeks and also led to some limiting the frequency or duration of feeds in order to get on with the jobs.

'They said at classes get all the help you can, but the emphasis was on the first two weeks. Everyone goes after that and I then tried to do all the housework, shopping, cooking and making sure Jack (partner) was fed as well. I never sat down all day and then of course I'd be up all night. It's just so demanding.' [Quote: p.238]

Support from significant others: practical assistance, empathy and approval

The women cited how things were more difficult when they did not have the support of their partners or family which led to exhaustion trying balance all their other responsibilities. Some women talked about prioritising feeding their child and doing the other things when they could which led to a more positive experience. The source of support that was the most important to the women was that of their mothers. The women discussed the need for three types of support which were practical, empathy and approval. These were essential to allow the women to feel replenished and able to continue

	breastfeeding. The varied support from partners was described this support was varied with some receiving exasperation rather than support from their partners. *When I'm in floods of tears saying I can't cope and I can't feed her and I'm not doing very well he gets exasperated with me and says well put her on the bottle. I just don't think he really understood.* [Quote: p.239]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
Overall risk of bias and relevance	Relevance	Relevant

Earle, 2000

Bibliographic Reference	Earle, S; Why some women do not breast feed: bottle feeding and fathers' role.; Midwifery; 2000; vol. 16 (no. 4); 323-30

Study Characteristics

Study type	General qualitative inquiry Prospective design, in-depth unstructured interviews
Country/ies where study was carried out	UK

Setting	**Setting** Not reported **Aim** Experiences and perceptions of breast feeding before and after childbirth
Data collection and analysis	**Data collection** Three unstructured interviews were carried out to generate rich data of the women's experiences. The first was at weeks 6-14 of pregnancy, the second was at 34-39 weeks of pregnancy and the third was 6-14 weeks after birth. **Data analysis** Interviews were tape recorded and transcribed verbatim. 'Open coding' was done by sorting the data into analytical categories by ‘breaking down, examining, comparing, conceptualising and categorising' the data. The categories were compared and contrasted to generate themes.
Recruitment strategy	Women were recruited from the waiting room of 14 antenatal clinics in Coventry
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	• Primiparous women
Exclusion criteria	Not reported
Sample size	N=19 women
Participant characteristics	**Maternal age, years, n:** 16-19: 2 20-24: 8

	25-29: 8 30+: 1 **Ethnicity, n:** White: 18 Asian: 1
Results	Authors themes: 1. ‘Breast is best’: knowledge of breast feeding 2. Bottle feeding and the role of the father **‘Breast is best’: knowledge of breast feeding** All the women including those who had chosen to bottle feed described the reasons that they had chosen to breast feed their child these included that it was beneficial for the baby's immune system, that is was a way to bond with their baby. They also discussed some of the issues that they faced including the embarrassment about breastfeeding in public and desire for privacy whilst breastfeeding. There was an undertone of a lack of confidence in their own ability to breastfeed due to the issues described and that western society has made women think that their bodies are not meant suited to breastfeeding. Women that had chosen to bottle feed did acknowledge the benefits of breastfeeding and some described how bottle feeding was associated with being a horrible mother. *Trudy: Just because I know it’s better for the baby and for me. (Second interview, age 29, breast feeding)* *Rebecca: I wouldn’t do it in public, I just couldn’t get my body out anywhere, for anybody. It is more private, isn’t it? (Second interview, age 23, bottle feeding)* [Quotes: p.325] **Bottle feeding and the role of the father** Women who had chosen to bottle feed described their reasons for doing so. There were two different sides to this. The first was bottle feeding was chosen to ease the transition into motherhood as they were able to share responsibilities more

	easily allowing them to have time for themselves. The other side was about ensuring paternal involvement and bonding with the baby as well was sharing responsibility. *Rebecca: Well, it will not only be me having to get up in the middle of the night. (Second interview, age 23, bottle feeding)* *Alison: That is just one of the things, at least Luke will be able to help. I think that it's nice for him to get involved, to share everything, to see Billy grow up ... (Second interview, age 21, bottle feeding)* [Quotes: p.326]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(The researchers own role in the researcher was not clearly examined)*
Overall risk of bias and relevance	Relevance	Highly relevant

Earle, 2002

Bibliographic Reference	Earle, Sarah; Factors affecting the initiation of breastfeeding: implications for breastfeeding promotion.; Health promotion international; 2002; vol. 17 (no. 3); 205-14

Study Characteristics

Study type	General qualitative inquiry prospective design

Country/ies where study was carried out	UK
Setting	**Setting** In the participant's homes **Aim** To see how women's perceptions of breastfeeding can cut across socio economic boundaries.
Data collection and analysis	**Data collection** Three unstructured interviews were carried out to generate rich data of the women's experiences. The first was at weeks 6-14 of pregnancy, the second was at 34-39 weeks of pregnancy and the third was 6-14 weeks after birth. **Data analysis** Interviews were tape recorded and transcribed verbatim. 'Open coding' was done by sorting the data into analytical categories by ‘breaking down, examining, comparing, conceptualising and categorising' the data. The categories were compared and contrasted to generate themes.
Recruitment strategy	Women were recruited from the waiting rooms of 14 antenatal clinics in Coventry.
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	• Primiparous women
Exclusion criteria	No reported
Sample size	N=19 women
Participant characteristics	**Maternal age, years, n:**

	16-19: 2 20-24: 8 25-29: 8 30+: 1 **Ethnicity, n:** White: 18 Asian: 1 *Note: same population as Earle 2000
Results	Authors themes: 1. Making the decision: breast milk or formula milk? 2. Knowledge, information and breastfeeding promotion 3. Breastfeeding as 'everyday': the sexualisation of breasts 4. Breast or formula? Men's role 5. Breastfeeding, identity and 'good mothering' **Making the decision: breast milk or formula milk?** 18/19 women described making the decision on how feed their child before giving birth. Feeding was the first issue that women considered. The women were also concerned with feeding above other factors. The socioeconomic status of the mothers did not affect their likelihood to breastfeed or bottle feed. *'I made it ages ago, when I first found out I was pregnant.'* [Quote: p.5] **Knowledge, information and breastfeeding promotion**

	Women discussed why they made the choice to breastfeed including the influence of promotional materials and the health benefits of breastfeeding like immune boosting for them and their child as well as providing bonding time. The woman's choice of feeding method and socioeconomic status did not affect their knowledge of breastfeeding. *'The emphasis is always on breastfeeding ... yes, breast is best!'* [Quote: p.5] **Breastfeeding as 'everyday': the sexualisation of breasts** Women discussed how women have little visual experience of breastfeeding as it is uncommon to see it in the UK and how this influenced their decision. It was also discussed how embarrassment of feeding in public due to how breasts are represented in western society and how this influenced her decision making. The women who had chosen to breastfeed described their own negative feelings towards breastfeeding. This highlights the issues around the function and representation of breasts in society and how that affects women. *'The actual action of doing it wouldn't bother me at all. I would feel embarrassed in front of his family, I would. Say I was in the middle of town and you get these mothers that formula feed their babies, or even breastfeed them. I just couldn't breastfeed a baby in the middle of town.'* [Quote: p.10] **Breast or formula? Men's role** The women talked about how they wanted to involve their partners to allow them to share the needs of the baby. So they both have rest time and are both able to bond. This seemed to be particularly important to the women who had chosen to formula feed. this was divided into two distinct categories one was to be able to share the 'daily grind' of early motherhood to allow the mothers to have 'time out'. The other was to share the baby with father to give them more involvement and to prevent the father from being excluded. *'You can share the feeds easier and things like that. Share the load.'* [Quote: p.12] **Breastfeeding, identity and 'good mothering'** Despite the low rate of breastfeeding in the UK the women discussed the stigma attached to formula feeding and how they felt guilty for formula feeding their child but they felt that breastfeeding was damaging their sense of self-identity outside of mothering

	'I wasn't really happy with it because I think no matter what people say you do feel a bit guilty if you can't do everything you plan. I hadn't anticipated having a caesarean I thought everything was going to be OK. You have all these plans of what you are going to do and I saw breastfeeding as being a good thing and something I wanted to do, and I felt a bit of a failure that I didn't feel up to doing it all of the time.' [Quote: p.15]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(The researcher did not clearly examine/state their role/influence)*
Overall risk of bias and relevance	Relevance	Relevant

Edwards, 2018

Bibliographic Reference	Edwards, M. E.; Jepson, R. G.; McInnes, R. J.; Breastfeeding initiation: An in-depth qualitative analysis of the perspectives of women and midwives using Social Cognitive Theory; Midwifery; 2018; vol. 57; 8-17

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	Scotland
Setting	**Setting**

	Clinic room for focus groups or office in the hospital for interviews **Aim** Explore women's and midwives' expectations, knowledge and experiences of breastfeeding initiation, including skin to skin contact and instinctive behaviour
Data collection and analysis	**Data collection** Focus groups lasting 1-2 hours. A topic guide was used to ask open ended questions to the women. Semi structured interviews collected data from the midwives these also lasted 1-2 hours. An interview guide was adapted for the midwife's practice setting and was designed to mirror the sequence of events after the birth. **Data analysis** All interviews and focus groups were transcribed verbatim. Both inductive and deductive TA was used within the paradigm of interpretivism. Data was coded inductively by NVivo 8. These were analysed to create themes. These were deductively analysed using template codes from social cognitive theory. At every stage the authors independently assessed the process to confirm credibility, transferability, dependability and confirmability.
Recruitment strategy	Purposive sampling was used to recruit as diverse a sample as possible from two midwife led maternity clinics. Women were recruited from antenatal clinics for the antenatal focus groups. Women were recruited for postnatal focus groups either from the antenatal clinics (not included until their babies were a few weeks old) or recruited from a hospital postnatal breastfeeding support group.
Study dates	2010
Sources of funding	Not industry funded
Inclusion criteria	• >16 years of age • Living in study area • Primigravida • >28 weeks pregnant • Singleton pregnancy • Had initiated breastfeeding in the previous 6 months • Given birth in hospital and been discharged with their baby • Able to read and/or understand English

Exclusion criteria	Not reported
Sample size	N=36 N=18 mothers n=18 midwives
Participant characteristics	**Maternal age, years:** 26-40 **Midwife age, years, n:** <45: 12 >46: 6 **Maternal ethnicity, n:** Scottish: 7 Polish: 1 German: 2 Spanish: 1 Dutch: 1 Chinese: 1 Scottish/Pakistani: 1

	American: 1 Lithuanian: 1 British : 2
Results	Authors themes: 1. Antenatal Expectations 2. Antenatal Knowledge 3. Postnatal Experiences **Antenatal Expectations** Women's antenatal expectations that they were that they felt they would manage breastfeeding well with the help of the midwives, others were apprehensive and others thought they would fail and would be *“made to feel a little bit guilty about it”*. Women and midwives had similar expectations about skin to skin contact. Skin to skin contact should last for around 30 minutes as it is *'helping to control the baby’s temperature, it helps the baby calm down'* but it was also that *“they (midwives) wanted folk out of labour suite and into the postnatal ward, clear the decks.”.* The data from the midwives suggests that they anticipated the issue of spontaneous attachment failure and therefore considered attachment achievement to be their responsibility usually via physically “hands on” attach the baby to the breast in a way that the babies don't *"just end up just recoiling from it.”* [Quotes: p.12] **Antenatal Knowledge** In response to a leaflet women cited the knowledge that breastfeeding was *'so natural'* to do but that they were uncertain about how their baby would attach. The women said that the pictures in the leaflet were helpful in informing them how their baby would attach. Midwives had a range of responses. They discussed the benefits of skin on skin contact and the psychological benefits and how an alert baby increased the chance of initiating breastfeeding. They also cited some negative thoughts including the effects of analgesia on babies. *“it’s outside your everyday experience on the whole”*

	"Yeah, I would say you do notice a difference yeah, especially with narcotics, em,----- that just totally knocks them off" [Quotes: p.13] **Postnatal Experiences** The women reported that few of them experienced instinctive attachment and for most it was difficult to achieve but those who did were pleased. This feeling was also discussed by midwives when the babies attached in the labour ward. The women talked about how they felt reliant on the midwives. The midwives reported they experienced difficulty in attaching babies and reported feelings of *"failure"* and *"embarrassment"* if they failed to attach the baby. They also reported that they could empathise if they had had personal success at attachment. The women described how they were not prepared for the effects of the drugs on their baby and were not equipped for the difficulties this created when trying to initiate breastfeeding which led them to feel unable and inadequate. All women regardless of mode of birth described their birthing experiences as being negative because of pain and tiredness, dependency on the midwives and not feeling in control. The midwives described their frustration with the lack of effort on the part of some women who did not appear to be trying to breastfeed their child and appear to be waiting to be given help. Experience on the postnatal ward differed between women and midwives. Women were dissatisfied with the inconsistent care they received and midwives reported that perception of efficacy was lowered when they were looking after high numbers of women. Both women and midwives discussed that personal experience of breastfeeding was important. For the midwives it was important so that they could empathise with the women and for the women personal experience of persisting with breastfeeding gave them confidence. *'She just pretty much knew what to do, ah, very quickly.'* *"I felt I was really dependent on somebody else"* *"Em, frustrated, an, sometimes angry if you've maybe spent a long time and it's just not for attaching'* *"Since I've become a mum I understand the effect tiredness can have on mums".* *"we have all persisted and it has paid off"* [Quotes: p. 14 & 15]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Some concerns about potential influence of researchers on study findings; A lack of researcher reflexivity)*
Overall risk of bias and relevance	Relevance	Relevant

Fraser, 2020

Bibliographic Reference	Fraser, M.; Dowling, S.; Oxford, L.; Ellis, N.; Jones, M.; Important times for breastfeeding support: a qualitative study of mothers' experiences; International Journal of Health Promotion and Education; 2020; vol. 58 (no. 2); 71-82

Study Characteristics

Study type	General qualitative inquiry Semi-structured interviews
Country/ies where study was carried out	United Kingdom
Setting	**Setting** Children's centres. **Aim** Experiences of mothers in relation to infant feeding in the first 6-8 weeks

Data collection and analysis	**Data collection** Semi-structured audio recorded interviews. **Data analysis** Thematic analysis. The interviews were fully transcribed and analysed using NVivo 11. Pseudonyms were used. All the team were involved in analysing and verifying the transcripts. All met to discuss the data.
Recruitment strategy	Purposive sample of mothers with babies under age of 6 months who had initiated breastfeeding and were engaged with the Children's centre run by the Local authority.
Study dates	Not reported.
Sources of funding	Not reported.
Inclusion criteria	• Women with babies under 6 months and who had initiated full or partial breastfeeding.
Exclusion criteria	Not reported.
Sample size	N=24 women
Participant characteristics	**Maternal age, years:** NR **Ethnicity, n:** Caucasian: 23 Black and ethnic minority: 1

Results	Author themes: 1. Support before birth 2. Support around the time of birth 3. Support after birth **Support before birth** Prior to birth, many participants had engaged with breastfeeding preparation. These contacts during pregnancy included both formal educational opportunities for health promotion such as discussions with midwives, NHS antenatal classes, classes offered by organisations such as the NCT and also discussions with family and friends. However, many participants were critical about how they felt their antenatal experiences had prepared them up for breastfeeding success. Some wished they had accessed more education, while others commented on *"information overload"*. Planning to breastfeed was a strong theme in participants' antenatal experiences, and how much they felt they needed to know was influenced by their intentions around breastfeeding. Many participants were adamant they would breastfeed, referencing their family history or values. Reflecting on their experiences of learning to breastfeed, many participants expressed a desire for antenatal discussions of the difficulties and for real-life stories from other mothers. Discussions about antenatal breastfeeding classes generated varying comments about experiences. Some felt breastfeeding was presented in a way that in retrospect was unrealistic and that they were not given enough information about formula feeding. *'there needs to be more bite sized information in the lead up to when you give birth. …It is so important that it [breastfeeding] is promoted, absolutely and I am all for that. But I do think they need to be a bit more realistic'. (Freya, no longer 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).* *"if I'd come to the groups, 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).* [Quotes: p.75] **Support around the time of birth** The birth experience was an important part of mothers' account of their feeding experience. Some participants were surprised by the difficulties they experienced in breastfeeding including the pain they experienced. Health professional

support was seen as very important, especially in aligning expectations with reality, allaying anxiety, and helping the mothers learn new skills. However they were described as being very busy which limited their ability to help. They also were perceived as not being forthcoming with advice as well as giving out mixed messages which confused some mothers.

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

'it didn't really help me to learn how to do it really, the middle of the nights were the difficult bits. We were all tired, I was in pain and she just wouldn't stop crying… that's when nobody is around' (Alice, fully breastfeeding).

The hospital staff should be singing from the same hymn sheet. I felt like one person was saying something, and then someone else would come along and contradict it. They needed to be more joined up with the messages they were giving. (Amy, no longer breastfeeding) [Quotes: p.75 & 76]

Support after birth

Once mothers had returned home with their new baby, they described a very challenging period of exhaustion and stress. There are variety of health care professionals that help with breastfeeding when the woman goes home but this can make it difficult to know who to go to for support. There are also support groups but these were not always well timed for the women or they did not have peers that they could relate to in the groups and therefore were worried that they would not feel comfortable. The women's family and social networks were sources of major support. Social media especially Facebook was helpful for many participants. Being able to hear other mothers' experiences was valuable in helping participants make sense of their own situations. This normalising and validating experience helped with providing solidarity.

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

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

	They said, 'There's a breastfeeding support group on Thursday, why don't you go?' And I was like 'OK'. The problem is that was almost a week away. And so I waited for that, and kind of struggled on in the meantime. (Freya, no longer breastfeeding) *'I go to the (online) group. There's about 5,000 members on it; it's always active. So there is always someone that's had something similar happen. It's probably going to put you out of a job! The counsellors and that. But then, there are people who don't want to go to Facebook. That don't want to post or put pictures on there. I wouldn't. I think I would seek help privately, and then maybe later say, 'I had that too'. If I had a big problem like that I wouldn't got to Facebook' (Denise, fully breastfeeding).* [Quotes: p.76 & 77]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
Overall risk of bias and relevance	Relevance	Highly relevant

Jackson, 2021a

Bibliographic Reference	Jackson, Jessica Eve; Hallam, Jenny; Against all odds-why UK mothers' breastfeeding beyond infancy are turning to their international peers for emotional and informative support; Health care for women international; 2021; vol. 42 (no. 46); 739-755

Study Characteristics

Study type	General qualitative inquiry Realist qualitative study

Country/ies where study was carried out	United Kingdom
Setting	**Setting** Face to face, either within the mother's home or in a private room at the University. **Aim** To provide insight into women's experiences of healthcare interventions during the transition from breastfeeding an infant to a toddler.
Data collection and analysis	**Data collection** Semi-structured interviews with prompts facilitated by one of the authors. Mother's child was present in many interviews. All interviews took place between April and June 2018 and lasted between 27 and 52 minutes. **Data analysis** Thematic analysis. Each interview was transcribed verbatim after it had taken place. All the transcribed interviews were systematically analysed using a thematic approach. Inductive coding was performed and was collated by NVivo.
Recruitment strategy	Women from local breastfeeding groups were recruited by advertising on their social media page.
Study dates	April to June 2018
Sources of funding	Not industry funded
Inclusion criteria	• Women who were currently breastfeeding or had recent experience of breastfeeding at least one child over the age of twelve months.
Exclusion criteria	Not reported
Sample size	N=24 mothers
Participant characteristics	**Maternal age, years:**

	27-48 **Ethnicity:** NR
Results	Author themes: 1. Starting the breastfeeding journey 2. Making the transition 3. Importance of specialised support **Starting the breastfeeding journey** During pregnancy women became well informed about the benefits of pregnancy. Some women reported issues surrounding the support they received when they started breastfeeding. But they thought that midwives and health visitors went above and beyond to offer support. This support helped women to work through breastfeeding difficulties such as mastitis. Women felt that they received emotional support and acceptance when they fed in public. This was important in making women feel comfortable and supported in their choice to breastfeed. Although a minority of women did have bad experiences where they were asked to move. *'They were great, they were amazing because I think when it is your first. I don't know what it was like for you but they kept coming to visit'. (Sharon)* *'I remember a really elderly guy actually, a really elderly guy who, erm, I'd been covering up and he said oh, and he walked past and went oh, he's on the good stuff, or something like that, it was a really nice positive thing' (Abbie).* [Quotes: p.8 & 9] **Making the transition** Women said that breastfeeding beyond infancy was not a conscious decision, it was something that developed organically. This was because they experienced the benefits of breastfeeding in relation to health, bonding and parenting. However the women felt that as their breastfeeding continued, support was reduced. Feeding mostly took place in the home due to various reasons, however there was a strong sense that feeding in public was not acceptable. The women spoke about the judgement that they experienced from strangers, friends and family for feeding an older child. The women felt judgement in

parent and baby spaces making them feel marginalised. And when seeking medical help the women found that GPs were not willing to take their breastfeeding practices into account when deciding the best course of treatment. GPs were seen as ill-informed and risk averse leading the women to question their advice and competence. This perceived lack of understanding either lead to direct confrontation or the woman remaining silent and not following medical advice.

'No one can object to new-born breastfeeding because that is their only food source but I think people feel differently when they can eat or drink other things' (Amy).

She's like, "You don't want him to be four and asking for milk" (Maggie)

'A group I took James to a lot was seedlings and I think I saw maybe one child who was a bigger child have a bit of a feed once' (Emma).

'She had diarrhoea, and he was trying to tell me that she needed squash or water and I said well surely she'll get the antibodies she needs from the breast milk and he said 'well, that only lasts for the first few weeks'. Ugh. Face bomb. I didn't even bother. I was just like, I'm not, there's no, ugh' (Valerie). [Quotes: p.10-12]

The importance of specialised support

Women sought advice and support from voluntary services when they felt alone. Attending meetings helped to address the stigma around breastfeeding beyond infancy by normalising this practice. The meetings helped the women to feel less marginalised and gave them confidence that what they were doing was not unhealthy. The women also spoke about the relevance of closed groups set up on social media specifically for women breastfeeding beyond infancy. The international membership of these groups was important as it further normalised their breastfeeding beyond infancy. In these online groups women were supportive of each other's practices through posts and comments. They also shared practical advice, support not given by healthcare providers and ask questions about medical procedures and medication.

'I went to La Leche League and the first or second meeting there was a lady there who was tandem feeding and I think the old one she was feeding was 3 or 4 and I was like oh my goodness I didn't know that you could feed for that long and I didn't know that you could tandem feed and she was like my hero' (Gail).

'It's completely normal, completely natural, and I think having seen people feeding children that were eighteen months, two years, it made me realise it's not weird, its completely normal. It had a major influence' (Katy).

	'There's a really good group I'm part of, Breastfeeding Babies and Beyond, I think it is, and they're from all over the world, and there's thousands of us and you can post anything and you'll get a response pretty much straight away' (Sarah). [Quotes: p.12-15]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
Overall risk of bias and relevance	Relevance	Highly relevant

Jackson, 2021b

Bibliographic Reference	Jackson, Jessica Eve; Hallam, Jenny Louise; 'It's quite a taboo subject': an investigation of mother's experiences of breastfeeding beyond infancy and the challenges they face; Women & health; 2021; vol. 61 (no. 6); 572-580

Study Characteristics

Study type	General qualitative inquiry Semi-structured interviews
Country/ies where study was carried out	United Kingdom
Setting	**Setting**

	Mothers' homes and University of Derby premises. **Aim** To examine the motivations and experiences of British women who breastfeed past infancy.
Data collection and analysis	**Data collection** Semi-structured interviews. 19 x face-to-face and 5 x telephone interviews lasting between 27 and 52 minutes. An interview schedule was used. Interested women signed a consent form before the commencement of the interviews. All interviews were facilitated by the first author. **Data analysis** Realist thematic analysis. Interviews were transcribed verbatim and collated to form a data corpus. Extracts from the interviews were collated into codes using Nvivo, which was also used to establish the validity of the codes and group the codes into themes.
Recruitment strategy	Recruitment was via advertisement on online breastfeeding groups.
Study dates	April and June 2018
Sources of funding	Not reported
Inclusion criteria	• Aged 18 and over • Be currently breastfeeding • Have experience of breastfeeding at least 1 child over the age of 12 months.
Exclusion criteria	Not reported
Sample size	N=24 mothers (same population as Jackson 2021b)
Participant characteristics	**Mean (SD) maternal age, years:** 35.5 (NR)

	Ethnicity, n (%): White British: 23 (92) Korean: 1 (8)
Results	Author's themes: 1. Importance of breastfeeding beyond infancy 2. Stigma surrounding breastfeeding beyond infancy 3. Disapproval from family **Importance of breastfeeding beyond infancy** The mothers did not consciously choose to breastfeed beyond infancy. They found after initial difficulties that breastfeeding became part of their routine. The mothers showed a lot of passion when they spoke about breastfeeding beyond infancy. It was obvious that the mothers were well educated about the health benefits of breastfeeding. The mothers felt that children had the right to breastmilk as well as breastfeeding would enable them to be stronger and more resilient to disease. The mothers further explored the role breastfeeding played in nurturing emotional development and one mother described it as giving her and her child(ren) a much-needed space to reconnect emotionally and physically during a complicated transition back to work, whilst offering a protected time which positively impacted upon well-being. Breastfeeding beyond infancy allowed the mothers to feel that they were central to the child's protection and that it was an essential part of fulfilling their role as a mother. For some mothers breastfeeding played a role in calming a fraught atmosphere such as bed time. *"It's his milk, it's there for him and my body's still producing it for him, he's still entitled to have it, in my opinion. The fact that I know it's still full of goodness, it's still got those vitamins and the fact that my children have never needed antibiotics for anything." (Laura)* *It's been really nice with both because I have gone back to work after maternity leave both times although things have got a little complicated recently and it has been a really wonderful way of reconnecting and resting. (Amy)* *"The main purpose now is a comfort thing and I think that that is really important and for their emotional development more than meeting their nutritional needs" (Gina)* [Quotes: p.574 & 575]

Stigma around breastfeeding beyond infancy

The mothers agreed that prolonged breastfeeding beyond infancy was not socially acceptable and the mothers encountered a range of challenging situations. Breastfeeding an older child in public was discussed in the light of judgment being passed, often from strangers. In some cases, it seemed as though the judgement was implied by the glances from others. In discussing the negative reactions, the mothers made referred to the public expectations that breastfeeding is only for babies. The suggestion that everyone has an opinion demonstrates that a number of people are willing to express their views on breastfeeding and directly challenge mothers. For some, this unwanted attention resulted in a reluctance to breastfeed in public.

"It's the glances, it's the looks and I think that I am not a person who is bothered about stuff really but for someone who is then they start going 'oh god am I a freak doing this?'" (Jessica)

'I have had quite a few comments where people have come over or walked past more than come over and said its lovely to see or it's just sort of nice to see mums feeding and all things like that. I felt proud.'

"Nobody bats an eyelid, then you get over the six months up to the year and people start to say 'oh, you know, when you are going to start weaning them?' and everyone has an opinion" (Sharon)

"I needed to feed her cos I could feel it and people because I had this sort of dress on that wasn't breast, I had to kind of go into a room and feed her and I know people knew I was feeding her and then I felt a bit awkward." (Jessica) [Quotes: p.575 & 576]

Disapproval from family

The mothers emphasised that partners and wider family play a supportive role in the earlier periods of breastfeeding which often changed into negative attitudes as the child grew older. Mothers spoke about feeling awkward when visiting family, causing them to hide to breastfeed and expressed how family members used comedy show to make a joke of breastfeeding. Mothers also spoke of facing challenges with their husbands as husbands sometimes got to the point where they began to resent breastfeeding because of its impact on their social life and limited opportunities for outings. Some husbands were reported to view breastfeeding beyond infancy as weird.

	"My younger sister occasionally takes the piss out of me and will say things like the "bitty remark" from Little Britain which is derogatory and I have had to explain to her why is derogatory." (Gail) *"It's still positive at the moment. I do feel like if I carry on that much longer, in his eyes it's going to start getting a bit weird. We were talking about natural term feeding the other day, and I said for the average age that a child self-weans is between 4 and 7 and he was like, 'well you can't be feeding a 7 year old, that's just ridiculous.'"* [Quote: p.576]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Some concerns about potential influence of researchers on study findings; A lack of researcher reflexivity)*
Overall risk of bias and relevance	Relevance	Highly relevant *(Discussed the experiences of breastfeeding beyond 8 weeks)*

Keevash, 2018

Bibliographic Reference	Keevash, J.; Norman, A.; Mortimer, S.; Forrest, H.; What influences women to stop or continue breastfeeding? A thematic analysis; British Journal of Midwifery; 2018; vol. 26 (no. 10); 651-658

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	United Kingdom

Setting	**Setting** Not reported **Aim** To understand the experiences that women have when breastfeeding and how this affects their ability to continue breastfeeding
Data collection and analysis	**Data collection** Semi-structured interviews lasting approximately 30 minutes, using an interview schedule with appropriate prompts. Interviews were audio recorded. **Data analysis** Inductive thematic analysis, realist theoretical approach. Audio recordings were transcribed. Authors familiarised themselves with the data several times until a complex understanding was established. Potentially relevant information was then given an initial code, which were further grouped into themes and subthemes where codes overlapped or clustered around similar features. A thematic map showing how the themes interacted was produced. Member checking was used to verify emergent themes and qualitative data were checked by the second author, who read the coded transcripts and revised themes where it was felt that they did not reflect the meaning of the original transcripts.
Recruitment strategy	Recruitment was through adverts on social media on breastfeeding support sites on Facebook, where potential participants were invited to take part in a survey of breastfeeding experiences. 1542 responses were received and interviewees were selected at random using a random number generator from a list where respondents were numbered in the order in which they had responded.
Study dates	May to August 2016
Sources of funding	Not industry funded
Inclusion criteria	• Women who had breastfed an infant for any period in the 5 years preceding data collection (that is, from 2011 to 201
Exclusion criteria	Not reported
Sample size	N=41 women

Participant characteristics	**Maternal age, years:** 18 to 45 **Ethnicity:** NR
Results	Author's themes: 1. Attachment 2. Provision of information and support 3. Sociocultural pressures surrounding breastfeeding 4. Maternal role **Attachment to infant** Negative and positive responses were expressed regarding the attachment that mothers felt towards their infant. Fourteen participants discussed positive experiences of breastfeeding and how it increased their feelings of attachment towards their infant, believing that the same bond could not be recreated in bottle-feeding. Some mothers experiences a less positive journey and described how breastfeeding acted as a stressor, leading to a difficulties establishing a good attachment relationship with their infant and removing it allowed them to have a positive relationship with their baby again. *"People don't realise when you bottle-feed a baby, the way you hold it is totally different from breastfeeding, bottle feeding they're lying on their back, whereas breastfeeding they're kind of on their side, they're facing you more than looking up at you." (participant 8)* *"I think I lost some connection for a little while." (participant 11)* [Quotes: p.653] **Provision of information and support** Participants felt that the information they were provided on what to expect with breastfeeding, the challenges and how to overcome them was insufficient. Mothers felt that information they received at birth was often conflicting and follow-up support outside of the normal midwife and health visitor care was inadequate. The women, including those with positive experiences felt that breastfeeding was portrayed falsely as easy, which meant that mothers were not prepared for the

	potential pain that could result from improper attachment. Health professionals not having an opportunity to observe the mother breastfeed and understand what the challenge was only made the problems persist. Sometimes a 'hands-off' approach from the health professionals was seen as beneficial as often the support from health care professionals was contradictory and left the mothers confused which further reduced their confidence in their ability. 13 women did have positive experiences and found them helpful and supportive. Most participants however reported that at least some health professionals could be unsupportive and came across as uncaring. Information was equally provided by family and friends, with partners' support perceives as useful in encouraging long-term breastfeeding. However, a less supportive approach led to experiences of depression. Help and practical knowledge was provided by family members that had breastfed in the past which helped some through difficult situations. *"Practise with knitted boobs and dolls and stuff …it just felt very divorced from reality, and I don't really remember much practical advice from antenatal class … they just spouted the mantra "breast is best" and didn't address any of the problems that you could come across, um, with breastfeeding" (participant 21)* *"There was never any written guidance that you could do full time expressing" (participant 35)* *"Not taking the time to actually look and see … just presuming, asking the question, "Are you breastfeeding?"… not actually taking the time to sit down and watch you feeding" (participant 15)* *"[The midwife said] "I could sit and … help you by manhandling you and all the rest of it, but that's gonna be stressful for you and the baby, and that will be a last resort, I'd rather you went away ... in a relaxing place and you will work it out." (participant 8)* *"It was all done over the phone. At the end of the day I was tutted at and made to feel very small because I'd had to stop breastfeeding" (participant 7)* *"My husband was the same … he was like, 'we will breastfeed, of course you will and I'll support you in any way that I can.'" (participant 26)* *"I was having to deal with his anxieties but at the same time put mine aside to be able to get on with normal family life … I think that is why I put more pressure on myself to have to cope with doing the right thing breastfeeding-wise and providing the best that I could." (participant 18)*

'My sister was really good; I remember in the hospital she helped me put pillows under me to … to help me get comfortable.' (Participant 15) [Quotes: p.653 & 654]

Sociocultural pressures

Societal pressures associated with the cultural norms around breastfeeding were identified as women reported that the views of the western society largely impacted on women's breastfeeding experiences. Women felt that feeding options were so focused on breastfeeding that information about alternatives were not provided in antenatal classes, with some mothers expressing that they had strong opinions against artificial milk and judged others for using it. On the other hand, there was also some embarrassment about the length of breastfeeding which could be associated with sociocultural pressures. Women felt under pressure to breastfeed from both external sources and themselves. One mother expressed an opinion that breastfeeding may eventually 'die out' as many women struggle to establish a good feeding routine with their infants and will eventually have little or no knowledge to pass on to the younger generation of mothers.

"I always look down on people who don't breastfeed straightaway if they can. It's like, 'you bottle-fed from birth? Oh my God.'" (participant 4)

"I was naughty with Jordon; I breastfed Jordon until he was 26 months. He had teeth." (Participant 3, pseudonym used)

'I remember going to a baby café … I remember [baby] was … hungry and I turned round to a friend [and said], "Do you think it's OK if I get the bottle out?"… I felt like they were going to launch at me.' (Participant 29)

'"Breast is best" and the fact that you have to ask for information on bottle-feeding, it's not just given to you as an alternative; that did make me feel quite like I'd failed.' (Participant 16)

"I just look at society today and I think eventually, breastfeeding's really gonna take a hammering ... it will die down ... it's possible it could die out." (Participant 8) [Quotes: p.655]

Maternal role

Mothers inferred an association between breastfeeding and good mothering implying that to breastfeed was to be a good mother. This led to emotional issues for mothers who were unable to breastfeed for different reasons, but had anticipated being able to breastfeed. This was of particular concern among mothers who were unable to establish skin-to-skin contact

	with their infants early on due to a complicated birth. There was also the pressure that society expected mothers to define themselves as mothers and not as an individual. *"I would've felt like I'd failed if I hadn't been able to breastfeed." (Participant 9)* *"I felt I'd let her down, yeah, I did feel that I'd sort of, not been able to give her what I should've been able to give her." (Participant 7)* *"By the time I had seen her, she'd already had several syringes of formula … No one approached me and said, "Do you want to try and express?'; I was just left 9 hours." (Participant 4)* *'I should want to be with my daughter all the time and I should happily give up my everything, um, in order to, to fulfil this little creature's needs.' (Participant 5)* [Quotes: p.656]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Lack of justification of research design, lack of justification of data collection)*
Overall risk of bias and relevance	Relevance	Highly relevant *(Considers barriers and facilitators of breastfeeding beyond 8 weeks. Sample of mothers likely to be representative sample.)*

Lyons, 2019

Bibliographic Reference	Lyons, Stephanie; Currie, Sinead; Smith, Debbie M.; Learning from Women with a Body Mass Index (Bmi) >= 30 kg/m^2 who have Breastfed and/or are Breastfeeding: a Qualitative Interview Study; Maternal and child health journal; 2019; vol. 23 (no. 5); 648-656

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	United Kingdom
Setting	**Setting** Remote (telephone). **Aim** To explore and learn from women with a BMI≥30 kg/m^2 who had breastfed and/or were currently breastfeeding by exploring their views and experiences.
Data collection and analysis	**Data collection** Semi-structured interviews. Interviews were conducted over the telephone. A semi-structured topic guide was informed by past literature and the patient and public involvement (PPI) sessions were used, in order to explore and learn from the women's experiences. The interview was piloted to ensure the topic guide was acceptable to use with the sample and no changes were made. A participant information sheet and consent form was sent to interested participants. Once consent forms were returned (n=21), 20 interviews were scheduled and 18 attended. All interviews were conducted by the same researcher, an MSc student, who received training and support on interview techniques from another author (DS). Interview duration in mean (SD) was 41.56 (8.32) minutes The authors felt that no new themes were emerging after the 15th interview. A further 3 interviews were conducted to ensure no new theme emerged. Interviews were audio-recorded and anonymized whilst being transcribed verbatim. **Data analysis** Inductive thematic analysis. Coding was independently completed following steps 1 to 3 according to Braun and Clarke (2006) by 2 authors and then discussed to agree themes (steps 4-5). Analysis was done simultaneously with data

	collection. Two PPI members reviewed the written report to ensure it reflected a true representation of their experience, and their feedback was used to improve the clarity of the themes.
Recruitment strategy	Participants were recruited through • A standardized online advertisement posted on several North-West England breastfeeding forums and social media breastfeeding groups • An individual email sent to women who had previously volunteered for the patient and public involvement (PPI) group and had expressed interest in participating in future research
Study dates	December 2015 to March 2016
Sources of funding	Not industry funded
Inclusion criteria	Women who: • reported having had a BMI≥30 kg/m^2 at the start of their pregnancy • had breastfed in the past, or were currently breastfeeding at the time of the interview
Exclusion criteria	Not reported
Sample size	N=18 women
Participant characteristics	All participants had a BMI ≥30kg/m^2. No additional characteristics were reported.

Results	Author's themes
	
	1. Personal Control Over Breastfeeding Behaviour
	  ○ Seeking Support to Overcome a Medicalized Pregnancy Experience
	  ○ Seeking Information to Overcome Social and Practical Barriers
	2. Realistic Expectations of the Breastfeeding Journey
	  ○ Being Informed About Weight, Nutrition and Breastfeeding
	  ○ Normalising Maintenance Beyond 6 Months
	
	Personal Control Over Breastfeeding Behaviour

For most women, breastfeeding was natural but after being informed of their 'high risk status' and the potential need for medical intervention during pregnancy or labour, they felt less in control of their feeding decisions, which negatively impacted their breastfeeding initiation and maintenance. Social and practical barriers arising from their body size reinforced the feeling but support and tailored advice from health professionals helped them normalise breastfeeding and regain control of their feeding choices.

"Throughout the process of being pregnant there is, if you have high BMI, there's a constant sort of you are high risk, your body is less than ideal for giving birth, and so it sort of like sends a message like you can't do this or it's going to be harder for you, you know there's something wrong with you, so I think for some people that could get into their heads in terms of carrying on after the birth and thinking I shouldn't" (Catherine) [Quote: p.651]

Seeking Support to Overcome a Medicalized Pregnancy Experience

The women talked about how their high risk status removed their sense of control during pregnancy which was exacerbated by complications that many experienced. The women described attempting to regain control by actively seeking support. For example, many women acknowledged that they had needed a 'cheerleader', and that found encouragement and reassurance that breastfeeding was for them in the professional and peer support they sought. Therefore, despite pregnancy risk status, promoting control over feeding practices and helping women to find appropriate support may increase breastfeeding in this population.

"She was like you need to go to the local breastfeeding support group you know you'll get support from women like you and it'll, it'll help your confidence, and it was the best thing I did, definitely" (Chloe) [Quote: p.651]

Seeking information to overcome social and practical barriers

The women described social and practical barriers to breastfeeding that reinforced the lack of control and the feeling that breastfeeding was not a suitable option for them, including larger breasts and bodies that made breastfeeding in suggested positions difficult and feelings that society expected women with a BMI≥30 kg/m^2 to remain covered when breastfeeding, which made public breastfeeding challenging. The absence of pictures of women with higher BMIs in the breastfeeding literature, and the lack of nursing/breastfeeding clothes available in larger sizes reinforced this belief. Women actively sought information to overcome these challenges from internet sources and breastfeeding support groups, which helped them regain control. However, they expressed that this sort of information was not readily available during antenatal care and potentially ignored to focus solely on the health benefits of breastfeeding.

"They [breastfeeding peers] were really really good for those types of tips like how you could, you know, do different positions that might help so they were a lot more practical from that kind of view, and I don't think you get that kind of, that kind of support when you know you're in the hospital" (Bethany) [Quote: p.651]

Realistic Expectations of Breastfeeding

Women expressed increased concerns about nutrition (i.e. adequacy of their milk) and losing postnatal weight among women with BMI≥30 kg/m^2, which resulted in more unrealistic expectations about the implications of breastfeeding. Also, the focus on latching as a measure of breastfeeding success among health professionals made it difficult for the women to access the information and support to breastfeed beyond six months. Having realistic expectations helped reduce confusion, worry and disappointment, thereby increasing breastfeeding.

"I was also told it's very important to eat whilst you're breastfeeding especially within the first few weeks so every time you breastfeed your child have a biscuit" (Ebony) [Quote: p.652]

Being Informed About Weight, Nutrition and Breastfeeding

The women discussed a perception that diet content is important for their milk and an inadequate diet meant poorer milk content. Similarly, they expressed thoughts that breastfeeding mothers need to eat more to maintain milk supply, whereas breastfeeding was equally promoted to bring about weight loss, an incentive for the mothers to breastfeed. This conflicting information led to feelings of confusion and worry among the women. Being informed by actively searching the internet and asking questions from health professionals and peers had helped them overcome their concerns, as they were able to form realistic expectations of their breastfeeding experience.

"I did look into it and looked exactly into what how many other calories I could or should have and where they should come from and the food I should and shouldn't be eating so, yea I sort of, I sort of adjusted my expectations" (Eve) [Quote: p.653]

Normalising maintenance beyond 6 months

The women expressed that health professionals were so focused on achieving a good latch that once that was achieved, breastfeeding support diminished. They felt their expectation of breastfeeding duration did not match those of healthcare professionals and breastfeeding guidelines which recommend exclusive breastfeeding for 6 months have not helped as it made their friends and family perceive 6 months as the end point to breastfeeding. Being exposed to and receiving support

	from other mothers who had breastfed beyond 6 months helped the mothers to normalise breastfeeding beyond 6 months and set more realistic expectations of their breastfeeding journey as this would improve its success. *"All the literature and everything was all geared up for like 6 months isn't it, obviously you hear like the World Health Organisation says 2 years but pretty much everything, society, pretty much everything is geared up to 6 months and then you've kind of done you're bit, past 6 months you're kind of getting the 'how long are you gonna be feeding him for?', after a year they've just realised you're slightly weird" (Bethany)* [Quote: p.653]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
Overall risk of bias and relevance	Relevance	Relevant *(Discusses barriers and facilitators to breastfeeding beyond 8 weeks, albeit in a subgroup of the eligible population for this review)*

McFadden, 2006

Bibliographic Reference	McFadden, Alison; Toole, Glenyce; Exploring women's views of breastfeeding: a focus group study within an area with high levels of socio-economic deprivation.; Maternal & child nutrition; 2006; vol. 2 (no. 3); 156-68

Study Characteristics

Study type	General qualitative inquiry

Country/ies where study was carried out	United Kingdom
Setting	**Setting** Sure start centres. **Aim** To discover what women perceived to be the barriers to breastfeeding, what influenced them when choosing their method of infant feeding and what healthcare interventions might have encouraged them to breastfeed.
Data collection and analysis	**Data collection** 7 x focus groups conducted with 35 women (2 groups of adolescent women, 1 group of women from a minority ethnic group and 4 groups of women accessed via the nursery school and mother and baby groups). Focus groups held at the usual venue for the group of women. A question guide developed from the aims of the study and relevant literature used to facilitate the focus group discussions, maintaining comparability across groups. Questions were open ended encouraging general discussion, whilst allowing for flexibility to explore any specific issues raised within the groups. Focus groups were moderated by the same 2 researchers - 1 facilitating discussions and 1 taking field notes. Focus group with Bangladeshi women had an interpreter as well. All sessions were audio recorded. **Data analysis** Recordings were transcribed verbatim and analysed for common themes and issues. The researchers listened to each tape and cross-referred to the transcripts and field notes for accuracy. The field notes were very valuable to identify speakers, non-verbal cues and external stimuli. The transcripts were coded, labelling phenomena as they appeared and noting the context, frequency, specificity and extensiveness of the responses. Thereafter comparisons across groups were made and quotations that best illustrated the main themes were selected for inclusion in the report. As a validity check, an academic colleague independently read the transcripts, identifying themes similar to those identified by the researchers.
Recruitment strategy	Women were recruited • Pregnant teenagers groups (2 focus groups) • Bangladeshi women's groups (1 focus group)

	• Mother and baby groups and a nursery school (4 focus groups)
Study dates	Not reported
Sources of funding	Not industry funded
Inclusion criteria	Women who: • Live in or access services in the defined Sure Start area • Had one or more children under 4 years old or were pregnant at the time of the study
Exclusion criteria	Not reported
Sample size	N=35 women
Participant characteristics	**Maternal age, years:** 17 to 40 **Ethnicity (n):** Caucasians: 24 Bangladeshi: 11
Results	Author's themes: 1. Society's attitudes to breastfeeding 2. Influences on the choice of infant-feeding method 3. Knowledge of infant feeding 4. Perceptions of professional support 5. Experiences of breastfeeding 6. Women's suggestions

Society's attitudes to breastfeeding

Mothers identified their main issue as breastfeeding in public and how others responded to this. Majority of the women expressed being embarrassed breastfeeding in public, feeling discomforted by the perceived reaction of others and responding by breastfeeding in a toilet or sitting in a discrete corner. In the majority of groups women talked about the lack of appropriate facilities for breastfeeding outside of the home which restricted their activity and was the main reason they formula fed. Another point that was raised was that breastfeeding was difficult as the feeding habits were unpredictable. the Bangladeshi women said it was not an issue as they only breastfed at home. For many, the embarrassment was equally observed in their own homes as they highlighted the responses from family members, particularly those of the male gender.

"I just think that because people get embarrassed when they see someone breastfeeding, women in general think 'it is not acceptable so I am not going to do it.' Everyone wants to be accepted in society."

"My friend, she goes into the toilet in the café we usually go to because everyone stared. She didn't like to keep going into the toilet. It is a nice café and nice people, but staring puts you off."

"I haven't ever used any of the places in the town because I always make sure if I went out anywhere, I fed him before I went and came back before he was due again because I knew there wasn't ideal facilities in the town to do it."

"My father-in-law will not come in the house if I'm feeding, honestly, he won't come in the house. He won't even sit in a different room." [Quotes: p.159 & 160]

Influences on the choice of infant-feeding method

The women expressed opposing attitudes towards breastfeeding but were accepting of the opposite opinion. the women who chose to breastfeed were often breastfed. Family and friends were the most influential in the women's decision of infant-feeding method as highlighted by the participants, and included relatives or friends sharing their negative experiences of breastfeeding to persuade the women to choose bottle-feeding. In some instances, grandparents felt excluded by a mother's decision to breastfeed. Partners also had a strong influence on most women but they were not mentioned in the discussions by the adolescent Bangladeshi women. There was differing opinion on the impact of advertising on their decision.

"When I first became pregnant I said, 'Oh yes, I'm definitely breastfeeding.' But as it wore on and on, everybody's answer to that was 'Oh well, you might not be able to you know' and I got brought down and down. By the time I had her I was saying 'Oh well, I will if I can' because I felt it was hard saying I was going to."

"I think my partner's parents thought I was breastfeeding the babies so they couldn't have them, basically. They wanted to be active grandparents and be hands on all the time, which drives me 'round the twist'. I felt that they were very offish on breastfeeding because it meant that they couldn't have them (the infants) at their house." [Quotes: p.160]

Knowledge of infant feeding

Women's knowledge about breastfeeding was often minimal and mainly from books, leaflets and antenatal classes, whereas bottle-feeding information was more experiential. However, the mothers generally felt that information and preparation offered antenatally for either method of feeding was insufficient. The majority were aware that breast was best for the baby but lacked knowledge on the specifics. One woman mentioned that she had attended breastfeeding workshops antenatally and had found it useful. Most expressed that information on breastfeeding was not convincing enough.

"I felt parentcraft classes seemed rather obsessed with the pain of childbirth and never seemed to talk about little else. I thought they could have concentrated on how to hold the baby and that kind of thing." [Quote: p.160]

Perceptions of professional support

Many women expressed that health professionals displayed inappropriate attitudes and offered conflicting information about aspects of breastfeeding, which got them distressed. Some mothers also observed that midwives tended to favour breastfeeding mothers over bottle-feeding mothers when offering their support, and others felt that midwives had an assumption that mothers had the knowledge of infant feeding. Some women reported reluctance asking for help in hospital because they felt health professionals were too busy. Women also mentioned receiving inappropriate advice from general practitioners concerning mastitis and having health visitors who were overly concerned with weight gain.

"One midwife came and whispered to me 'Not all the midwives would do this and they don't agree with it, but I'm going to give you a shield' and the next one came on was very stroppy with me and she told me flatly that she didn't agree that I was doing that and had me in tears."

"They were more helpful if you wanted to breastfeed and I did sort of notice that the girls who were bottle-feeding, they just sort of let them get on with it."

"Most of the midwives used to come in and say, 'hello I'm such and such I'm your midwife for this shift'. They used to walk back out of the door and then you never used to see them again until the next midwife came on shift. But this particular one just used to keep popping back in and say, 'are you alright?' The fact that you didn't feel awkward to buzz for her either . . ."

"But the health visitors were panicking like mad and 'Oh he doesn't weigh enough', which had me quite worried with my first." [Quotes: p.161]

Experiences of breastfeeding

Breastfeeding was perceived as difficult, particularly among those who bottle-fed or discontinued breastfeeding early, and the women cited frequency of feeding, uncertainty that infant was getting enough milk, latching difficulties, soreness and sleeping difficulties as the most common concerns. Bottle-feeding on the other hand was considered easier with fewer problems requiring less frequent feeds and resulting in more settled and chubbier babies. Many women were indecisive about breastfeeding because they expected problems and lacked confidence. For some women the impact that breastfeeding had on their life was significant as it reduced their freedom to travel, socialise and returning to education and work. Women also felt that there was a need for more support and for them to made aware of all that are available. Breastfeeding women highlighted many benefits of breastfeeding including being convenient, cheaper, easier (at night, with a toddler and on holiday), and healthier but also discussed associated problems at length. However, women emphasized the emotional rewards of breastfeeding. Within the Bangladeshi women focus group, there appeared to be an age divide where younger women held on to beliefs that breastfeeding is difficult. Whereas the older women felt that breastfeeding was easier.

"We decided that we were going to give breast feeding a try and, like you, I had all the bottles and formula at home in case it didn't work or she wouldn't do it."

"When she came into bed with me on a morning and she would just lie there and feed, you feel it's just like your mind clears, your body is just relaxed and I've never been so relaxed and I haven't got that relaxation back since I stopped".

"Yeah, I come from the younger generation so I think that not wanting to breastfeed was a bit of shyness. I thought that bottle-feeding was easy." [Quotes: p.161 & 162]

	Women's suggestions The women made suggestions to encourage breastfeeding such as having more comfortable facilities for mothers to breastfeed in public places. Additionally, women felt that there ought to be opportunities for women to discuss infant feeding with the midwife, rather than being asked to make a choice between breastfeeding and bottle-feeding. Some women would have like professional support to have been offered and not have had to ask. The Bangladeshi women would have welcomed support from someone from their own culture. *"I think the only thing is for there to be more places out and about that you can use comfortable places. Because if you've got a new baby, or even one this age, you've still got to go out and do your day to day things and when a baby wants feeding it wants feeding."* *"Especially like at the booking in, like we were just saying. Instead of saying 'how are you going to feed?', the midwives could say, 'let's talk about feeding your baby, and the benefits of breast feeding are . . . over a bottle. You need to read this information and then think about it and we'll discuss it at a later date.'"* [Quotes: p.162]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns *(No discussion of data saturation)*
Overall risk of bias and relevance	Relevance	Highly relevant *(Included mothers of different characteristics and identified facilitators and barriers to breastfeeding)*

McFadden, 2014

Bibliographic Reference	McFadden, Alison; Atkin, Karl; Renfrew, Mary J; The impact of transnational migration on intergenerational transmission of knowledge and practice related to breast feeding.; Midwifery; 2014; vol. 30 (no. 4); 439-46

Study Characteristics

Study type	General qualitative inquiry Ethnographic approach
Country/ies where study was carried out	United Kingdom
Setting	**Setting** Community venues/centres and mother's homes **Aim** To explore how migration from Bangladesh to the UK influenced the transmission of knowledge and practice related to breast feeding from one generation to the next
Data collection and analysis	**Data collection** Focus groups and in-depth interviews. 2 x focus groups of 6 and 8 grandmothers were conducted, which lasted 90 minutes and was facilitated by a bilingual researcher. Most grandmothers spoke Sylheti and could not read any languages, therefore, the researcher (with a bilingual community development worker who interpreted) met with grandmothers 1 week before each focus group to explain the study in more detail and answer any questions. Questions were about family migration, breastfeeding experiences in Bangladesh and in the UK, and the role of grandmothers and healthcare professionals in providing breastfeeding support. 23 interviews (10 conducted in Sylheti by a bilingual researcher and 13 in English language by the lead researcher) were conducted with the mothers in their homes or community centres. Interviews lasted about 1 hour and included questions about family migration, breastfeeding knowledge before childbirth, breastfeeding experience and support from mothers, mothers-in-law and healthcare professionals.

	Data analysis Ethnographic. The interviews and focus group encounters were audio recorded, transcribed and translated to English endeavouring to keep the conceptual meaning rather than literal translations. Analysis was broadly ethnographic emphasising the social meanings participants attached to their experiences and actions, and started with close reading the research material followed by open and inductive coding. Coding was initially descriptive and were compared across transcripts, then organised into themes and patterns, taking note of continuity and discontinuity of views and experiences after migration.
Recruitment strategy	Purposive sampling approach. Participants were purposively recruited by bilingual development workers in four neighbourhoods, 2 in West Yorkshire and 2 in North East of England. Grandmothers were identified by community development workers from two inner city neighbourhood projects - a weekly lunch club for elderly women of Bangladesh origin and another group known to the community development worker through her work with local women. Mothers were sampled for maximum diversity including place of birth, maternal age, parity, level of education and main language, to reflect the profile of the UK Bangladeshi population. Recruitment in North East England was via Sure Start children's centres or community midwives and in West Yorkshire, it was from health education session for pregnant and new mothers or a child health clinic by the same community development workers who recruited grandmothers.
Study dates	2008 to 2010
Sources of funding	Not industry funded
Inclusion criteria	Grandmothers who: • Self-identify as being of Bangladeshi origin • Had at least one grandchild who had been breast fed Mothers who: • Are of Bangladeshi origin • Had breast fed at least one child in the UK in the previous five years
Exclusion criteria	Not reported
Sample size	N=37 participants

	• Grandmothers: n=14 • Mothers: n=23
Participant characteristics	**Mean (range) age, years:** • Grandmothers: 58 (43 to 73) • Mothers: 28.5 (21 to 40) **Ethnicity, n:** Bangladeshi: 37
Results	Author's themes: 1. Continuity of intergenerational transmission 2. Disruption of female kin networks 3. Breast feeding as hidden practice 4. Negotiating family relationships and professional advice **Continuing intergenerational transmission** Breastfeeding in Bangladesh was represented as a tradition passed from generation to generation as an important social norm. Women who grew up in Bangladesh seemed to learn about breastfeeding from observations, which was also described as embarrassing, but equally provided a context for conversations with extended family members. In Bangladesh as with other non-Western countries, it appeared that female relatives played a key role in the care of new mothers and babies as was reported by a husband present during an interview. Grandmothers expressed that upon migration, the importance of intergenerational transmission of breastfeeding knowledge and practices remained, giving examples of such continuity. Equally, mothers described how their own mothers had passed on traditional practices and knowledge to them when they gave birth to a child in the UK *"I have seen my mother feeding my younger brothers and sisters and our brothers' wives they came into our home and they too fed their babies. My nana and nani [maternal grandparents] joked with me that I was breastfed and our aunties, you know we used to say why do babies drink milk like that and they used to reply well you too had those feeds and have grown up now" (Age 23, migrated aged 18, two children born in UK)*

"He's got sisters-in-law and they do breastfeed their children and then they just pass them over to mother-in-law, his mum, so she'd look after them while they're busy doing other things like preparing food and cleaning and then she'd hold onto the baby, clean them and bathe them and when they need to be fed she'd just pass them back over to her daughters-in-law and that's how it usually works in Bangladesh" (Age 31, born in UK, husband migrated to UK two years previously, first child)

"In Bangladesh there are mothers, aunties, sisters-in-law, grandmothers, a lot of people. You see when we had our children we went to our respected elders and had acquired knowledge from them and now we are passing this knowledge to our children —like that—a flow" (G1)

"She made special rice and stuff because in Bangladeshi community they've got like traditions after you've had a baby you don't use certain food because it might cause problems later on. They have a list of things you can and can't eat and it's handed down from mother to daughter. So like my mother had that treatment when she had babies." (Age 30, migrated aged two, first child) [Quotes: p.442]

Disruption in the network of female relatives

A common theme among the participants was that following migration to the UK, they had no one close by to help them with household chores and childcare. Therefore, the grandmothers struggled to continue with the breastfeeding practices they were familiar with in Bangladesh, whilst managing the demands of household responsibilities and childcare. In the absence of female relatives for help or advise, the grandmothers described relying on health professionals but were often received discouragement from breastfeeding this further fractured intergenerational transmission of breastfeeding practices. This lack of help from family and healthcare professionals meant that many grandmothers struggled to breastfeed. the most common explanation was insufficient or inadequate milk. This has led to a change in the role of the grandmother which now is to artificially feed the infant.

"Help can only be sorted if you have anyone around you. What can you do if you don't have anyone; you just have to do everything yourself" (G6)

"In this country I had my first child. So in this country they used to [bottle] feed my child in the beginning. So later I hid and breastfed. I'm thinking what is this?" (G2)

"Now a daughter-in-law had a baby, she would slowly get out of bed. I am not saying to her to come down and cook and I am not saying to her you have to pick up your baby...[…] Yes at the same time I am giving bottle because her milk alone is not enough for the baby." (Translated participant comment from focus group two) (G14) [Quotes: p.442 & 443]

Breastfeeding as a hidden practice

In an earlier theme, reference was made to observation being a means of learning about breastfeeding in Bangladesh. In contrast, women discussed how that in the UK, breastfeeding had to be hidden. The extent to which living in the UK had changed the breastfeeding practice that was considered normal in Bangladesh was expressed by a mother who was born in the UK. The accounts of the participant's suggest that living in the UK made breastfeeding a taboo subject which led to the inhibition of intergenerational transmission of knowledge about breastfeeding.

"Say for example they have a visitor come to their house; they can't just breastfeed because they may be shy. For that reason they mix feeding" (G2)

"When I'd gone out to Bangladesh in 1992, I was 14 then and I got married at 18, I found it absolutely disgusting that my cousins were walking about with the baby just hanging on the boob." (Age 30, six children) [Quotes: p.443]

Negotiating between family relationships and professionals' advice

It seemed that the attitudes towards the role grandmothers played in caring for babies had changed following migration to the UK, as some mothers perceived grandmothers taking a central role in caring for their infants as 'taking over'. A young mother described how she appreciated the health professionals treating her autonomously as someone capable of making decisions. As well as appreciating this advice some new mothers in the UK also resisted advice from their grandmothers as they saw it as being 'over the top'. This undermined the grandmothers self-esteem.

"Mum did all, Mum felt she had to look after the baby coz I was newly-married and my first child." (Age 32, migrated aged two, two children)

"Like I talked to you about my breastmilk drying up so what I can get from them (health professionals), you know, help with some decision-making. We have elders in the home and if we ask they would say well if it has dried up what can you do other than get something from the shop and feed the baby" (Age 23, migrated aged 18, two children)

	"She (M12's mother) does kind of, I think because she knows we've been brought up here we're not going to listen to all the advice they give us. Of course we're going to see the pros and cons, we'll weigh it up ourselves if it's good enough or not." (Age 34, migrated aged two, two children). [Quotes: p.444]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Some concerns about potential influence of researchers on study findings)*
Overall risk of bias and relevance	Relevance	Relevant *(Describes experiences within the Bangladeshi community in the UK and impact of migration)*

Newman, 2018

Bibliographic Reference	Newman, Kristina L.; Williamson, Iain R.; Why aren't you stopping now?!' Exploring accounts of white women breastfeeding beyond six months in the East of England; Appetite; 2018; vol. 129; 228-235

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	United Kingdom

Setting	**Setting** Town library or participants' homes. **Aim** To provide additional insight into the experiences of longer-term breastfeeding in a context where the practice is non-normative and societal views are typically negative.
Data collection and analysis	**Data collection** Face-to-face semi-structured interviews. Questions were asked from the semi-structured interview schedule and took a flexible approach, adapted to reflect the participants' circumstances. Interviews were designed to explore a holistic account of the overall breastfeeding experiences of the women, and prompts were geared towards areas of feeding, support and experiences outside of the home, however, discussions on any areas of interest were encouraged. Interviews lasted between 60 and 80 minutes. **Data analysis** Interpretive phenomenological analysis (IPA). Interviews were fully transcribed and data was analysed through a guide using interpretive phenomenological analysis. Each participant's account was analysed as an individual case study to retain idiographic sensibility. Thereafter, emergent themes from the data were clustered together and developed into overarching themes with the aim of capturing significant data to be used for further analysis. Interpretation of themes followed with further re-reading, developing thematic mind-maps and super-ordinate theme tables to attempt an accurate reflection of the interviewed women.
Recruitment strategy	A recruitment poster was handed out at three children's centres in the town and posted on two local breastfeeding groups on Facebook with the researchers' contact details. When potential participants contacted the researchers via email, they were provided with an electronic version of the information sheet in order provide sufficient information about the study requirements to decide whether they wished to consider taking part in an interview.
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	Mothers • over the age of 16

	• living in the urban demarcation and civil parish of the town where the study was based • currently breastfeeding a child over the age of 6 month
Exclusion criteria	Not reported
Sample size	N=8 women
Participant characteristics	**Maternal age range, years:** 26 to 36 **Ethnicity, n:** Caucasian: 8
Results	Author's themes 1. Enduring stigma from families and the community 2. Managing extended breastfeeding etiquette 3. Media representations of extended breastfeeding 4. Importance of support for longer-term breastfeeding women **Enduring stigma from families and the community** Participants reported different experiences breastfeeding outside the home. Some were able to breastfeed outside without issues, while others felt discomfort through perceptions of disapproval, which were often associated with other women, mothers in particularly gazing at them. However, the effect appeared to be more when the disapproval came from family members, especially their parents – even within community contexts within which the participant was well known and respected. The same parents expressed greater disapproval when breastfeeding continued for what parents considered to be a particularly long time and during pregnancy resulted in more disapproval. *"I don't do it at the school we usually wait until we get in the park behind the school and I take the kids there and I'll feed her there so they can play around. I don't know why they're very weird mums who are very judgmental" (Amy)*

"you know my parents view of not wanting me to breastfeed in church and the only reason bearing with that is this [breast] as a sexual object." (Ebony).

They'd be… like 'oh why aren't you stopping now?' and then when I was pregnant 'oh you can't be doing that, that's dangerous' (Ebony) [Quotes: p.9 & 10]

Managing extended breastfeeding etiquette

Women adopted various methods to increase discretion while breastfeeding, to include mainly breastfeeding-friendly clothing that would limit the level of skin exposure. This concern wasn't around exposing the breast alone but included exposing too much of the post-pregnancy body. Some participants reported that they were equally motivated to hide the stomach due to it being considered unsightly as it was felt to have had the most change post-partum, making women feel insecure about its exposure. Many of the participants voiced insecurity with their postnatal body and that they were not losing weight as quickly as they would have liked to. Most participants expressed a perception that some places were considered inappropriate places to breastfeed in public, such as a place of worship while others sometimes felt that certain contexts require more covering up such as "at a posh restaurant" or complete withdrawal to nurse in private space.

"Things like you know sort of vest top under the top so your belly is not exposed at the same time… because I had to feed them kind of in the rugby ball hold round the across me a lot of the time so that was always we just knew a feeling that you were quite exposed by lifting your top up."

"Being at an 80th birthday party when it came to breast feeding I thought 'oh I better take myself away'" [Quotes: p.12 & 13]

Media representation of extended breastfeeding

In contrast the stigma that are more subtle and typically non-verbal discussed in the first theme, participants reported finding media coverage surrounding feeding older children to be generally overtly hostile. They spoke about derogatory media coverage and the negative backlash that accompanies it which distressed the participants breastfeeding or planning to feed their children over two. They also talked about how it was represented as disgusting, selfish and sexually inappropriate or to cause a negative psychological effect on the child. This negative attitude caused great discomfort for those women who were extended breastfeeders. The media was felt to polarise women into groups that breastfeed and those that formula feed.

	"For some reason, the only media coverage they show of breast-feeders are women still breastfeeding their eight year old children that are really extreme stories designed to make breast-feeders look like sort of weird freaky paedophiles… I find that really tough" (Lindsay) [Quote: p.14] **Importance of support for women breastfeeding for longer** All participants had faced the temptation of abandoning breastfeeding prematurely and expressed the importance for support from certain friends (usually other mothers practicing longer-term breastfeeding) and family members, particularly from a partner or husband, which was expressed almost universally by the participants. His commitment to a prolonged period of breastfeeding was key. As use of technology and social media increases, mothers have turned to websites such as Facebook and Mumsnet for both support and information and several blogs and social media community groups exist for mothers who are practicing extended breastfeeding, as well as applications where mothers can share information about feeding problems and strategies, and spaces where it is safe to breastfeed an older child in the local community. *"I've had a couple of occasions where my partner's prised a bottle out of my hand and he's like 'no… you know we've talked about this and this is what we want and it's hard now but.. you can do this…' and you do you really need that support... a really good partner" (Lindsay)* *"lots of kind of chatting on Facebook in the middle of the night… just you know sounding off about our night feeds and being tired and that kind of thing so a bit of moral support there" (page 17)* [Quotes: p.15 & 16]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(A lack of researcher reflexivity)*
Overall risk of bias and relevance	Relevance	Highly relevant

Norman, 2022

Bibliographic Reference	Norman, A.; Mortimer, S.; Baptie, G.; Percuklievska, N.; Ferrario, H.; Breastfeeding experiences and support: Identifying factors influencing breastfeeding behaviour; British Journal of Midwifery; 2022; vol. 30 (no. 4); 190-201

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	United Kingdom and Internationally (2.4%)
Setting	**Setting** Remote (telephone). **Aim** To investigate factors that influence breastfeeding behaviour in the UK and to understand the role of health professionals in promoting and facilitating breastfeeding.
Data collection and analysis	**Data collection** Telephone interviews - conducted by first author. Duration of interviews ranged from 30 minutes to 1 hour. Consisted of a series of questions to about breastfeeding decision, birthing experience and breastfeeding experience during the early days and weeks, and experience of support from family members and healthcare professionals. **Data analysis** Mixed thematic approach using deductive and inductive methods. Deductive framework was applied to the data based on themes identified from the content analysis of an earlier open-ended survey. Thereafter, an inductive analysis was applied to the data to identify any new themes that was not identified in the initial analysis. Triangulating the data in this manner resulted in restructuring of the initial survey data. Validity checks included checking by other members of the research theme and participants (n=92) confirming that it represented their responses to the interviews and/or questionnaires.

Recruitment strategy	Random selection of participants for interview from the pool of participants (n = 1505) who responded to an earlier open-ended survey on breastfeeding experiences and support of health professionals. Survey participants were identified via advertisements on social media, which was advertised by specific online support groups for breastfeeding mothers that the authors had contacted and agreed to advertise the study.
Study dates	Data collection commenced May 2016.
Sources of funding	Not reported
Inclusion criteria	Participants who: • had breastfed an infant within the 5 years preceding the start of data collection
Exclusion criteria	Not reported
Sample size	N=30 participants
Participant characteristics	Note: participant characteristics applies to total surveyed sample (n=1505) **Mean age (range), years:** 32 (18 to 47) **Ethnicity, n:** British (race not specified): 573 White British: 717 Mixed British: 38 White European: 59 Mixed European: 21 Australian: 17

	Canadian: 12 American: 15 African American: 7 Asian: 13 Mixed race (no nationality specified): 15 African: 12 Prefer not to say: 6

Results	Author's themes:
	
	1. Attitudes to and knowledge of breastfeeding
	  o Breastfeeding as natural
	2. Evidence-based support and information
	  o Signposting
	  o Specialist support
	  o Alternative feeding methods
	  o Intervention points
	3. Mental health
	  o Pressure to breastfeed
	  o Failure to breastfeed
	4. Birthing experience
	
	Attitudes to and knowledge of breastfeeding
	
	The attitudes of others influenced their decisions around breastfeeding. Participants expressed that being exposed to other mothers breastfeeding, mostly within their social circle, increased the likelihood that they wanted to breastfeed and initiated breastfeeding at birth. Respondents discussed how attitudes to breastfeeding in public meant that it was uncommon to encounter women breastfeeding, and suggested that the lack of exposure may in part be responsible for the lower rates of initiating and persevering through breastfeeding as there role models are not much available. Knowledge of breastfeeding

also played a part in the choice to initiate and continue breastfeeding. Participants with more knowledge of the health benefits of breastfeeding were more likely to persevere for longer. Knowledge and attitudes of family and friends influenced the factual knowledge participants felt they had about breastfeeding.

"I was always exposed to women who would breastfeed within the family and sometimes family friends would come round and they would breastfeed" (p10)

"I think because you don't see it when you are out and about, not kind of talked about…I think that's what's really lacking" (P4)

"I just knew it was better for their health and for babies really" [Quotes: p.193 & 194]

Breastfeeding as natural

Many respondents agreed that breastfeeding is natural and therefore expected it to be 'easy', but the reality of this was often far removed. Respondents highlighted that information provided in antenatal classes was often insufficient, with little or no mention of breastfeeding difficulties. In particular, the 'natural latching' information provided was deemed an unrealistic portrayal of breastfeeding being easier than it actually is. Participants also highlight the need for a diverse range of experiences to be shared to help them feel more prepared.

'Actually talking to women who were currently breastfeeding their child about their breastfeeding experience. Particularly women who found it difficult or challenging, so you get an idea of some of the challenges you could face and how people have coped with it' (P2)

"They showed videos of babies that…would migrate and wiggle their way to the breast and latch on perfectly…probably weren't reality in a way" (P10) [Quotes: p.193 & 194]

Evidence-based support and information

Around half of the women experienced difficulties breastfeeding experienced having to reach out for support rather than being provided with it. Respondents reported that healthcare professional's reassurance was one of the biggest factors that encouraged continued breastfeeding, albeit with variations in practice. While some respondents experienced a kind, empathetic response from professionals who were keen to encourage breastfeeding but in a supportive way, others identified felt pressured to breastfeed and were made to feel like a failure when they chose to stop breastfeeding. In some

instances, respondents discussed health professionals advocating formula feeding rather than increasing the support and encouragement which may have been sufficient to encourage continued breastfeeding. Participants advocated a need for advice specifically tailored for them and their baby. They also felt that better training and emotional support.

"I was visited by a breastfeeding support worker…she discussed did I want to…bottlefeed, did I want to carry on trying breastfeeding…because I wanted to breastfeed we tried her at the breast…one of the healthcare assistants or nurses…came in and cup fed…to get her energy levels up while I expressed…we would feed her the syringe stuff at the beginning of the next feed to try and increase her energy to then breastfeed her" (P1)

"Unbeknownst to me they gave her formula…by the time I had seen her, she'd already had several syringes of formula…no-one approached me and said, "do you want to try and express", I was just left 9 hours." (P4) [Quotes: p.195 & 196]

Signposting

Respondents discussed that although support services were often available, signposting to those services was minimal, leading them to find their own solutions to feeding difficulties, persevere alone, and initiate support for themselves. Participants also felt that available groups needed to be more accessible, more regular to provide consistent support and more varied to support those that did not feel comfortable asking doe advice in a group context.

"I found most support via Facebook and then local groups from searching on Facebook" (P14)

"There was a group but it was only like once a week which meant that if I'd have problems on the Friday and the next group's on a Thursday and you know waiting a week" (P23) [Quotes: p.195 & 196]

Specialist support

The need for specialists trained in managing certain health conditions or difficulties relating to breastfeeding such as allergies and tongue ties were discussed.

"So we paid to go private at a clinic in Hail, and immediately they said 'yes, she has got a really severe tongue tie'" (P3) [Quotes: p.196 & 197]

Alternative feeding methods

Many participants felt that support with combination feeding (combining artificial and breastmilk) was not generally an option provided by healthcare professionals as an option, which would have been most beneficial to respondents who needed to return to work early, those who had experienced traumatic births and those who had experienced maternal or infant ill-health to help them sustain breastfeeding for longer. Furthermore, respondents perceived a lack of support for expressing. Respondents who had expressed milk to feed their infants did so due to premature birth, returning to work or latching difficulties and described receiving limited information or advice from healthcare professionals and, in some instances, no practical support.

"My health visitor…frowned upon the fact that I was combination, not just fully breast so I didn't really listen to her" (P16)

"I went back up to the hospital because he couldn't latch and they were like you know express and feed him from a cup…but they gave me no guidance" (P5) [Quotes: p.196 & 197]

Interventions points

Participants highlighted that support from midwives was often too short-lived after birth and before breastfeeding had become established. This was coupled with the general feeling that health visitors were not as equipped to support breastfeeding as the midwives. For some respondents, this was in relation to mental health where they felt that intervention and support was either not forthcoming at all or provided too slow to achieve desired effects.

"I did think that [getting] support straight afterwards to help you get it right early on rather than struggling…would be much better" (P28)

"They do the mental health screening questions…I said yes I have suffered…I said I've been able to reason with myself and not let myself get into too much of a spiral, I have my lows, I don't feel great, I've sought help on a couple of occasions but I'm not having medication and [the midwife] sat there…going 'well if you were really truly depressed you wouldn't be able to talk yourself out of it'" (P7) [Quotes: p.196 to 198]

Mental health from pressure to breastfeed

Participants expressed feelings of guilt when unable to breastfeed, shame when contemplating stopping or a sense of disappointment and failure in performing their role as a mother if they did not continue breastfeeding.

"Friends and media pressure you to breastfeed. I would have been embarrassed feeding him a bottle in public" (S1017) [Quotes: p.196 to 198]

Mental health from failure to breastfeed

Participants who struggled to maintain breastfeeding expressed feeling a sense of failure, which often led to poor mental health or a poor attachment relationship with their child, and ceasing breastfeeding became necessary in some instances to achieve a better mental health status.

"You start questioning whether you are doing it right and then you know that that can be very much linked to...how you feel about being a mother and your self-esteem" (P19)

'In hindsight, I do believe that I was experiencing a period of low mood. I felt bombarded by people trying and failing to help. I tried 'giving up' breastfeeding two or three times, the guilt was awful but I felt I was losing my fight. It was affecting my bonding with my baby. I dreaded feeds and cried through them. If I had been left unsupported for much longer I strongly believe that I could have sunk into a depression.' (S369) [Quotes: p.196 to 198]

The birthing experience

Childbirth experience clearly had an impact on the need for support from healthcare professionals. Participants who described their birth experiences as traumatic often talked about having difficulties initiating breastfeeding. The staff often overlooked this and instead advocated formula feeding rather than supporting initiation of breastfeeding in many instances due to lack of resources.

'They took her off me and put her in transitional care. And then, unbeknownst to me they gave her formula in a syringe. So by the time I had seen her, she'd already had several syringes of formula'. (P4) [Quotes: p.196 to 198]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns *("Lack of justification for research design")*
Overall risk of bias and relevance	Relevance	Highly relevant

Spencer, 2018

Bibliographic Reference	Spencer, R. L.; Fraser, D. M.; 'You're kinda passing a test': A phenomenological study of women's experiences of breastfeeding; British Journal of Midwifery; 2018; vol. 26 (no. 11); 724-730

Study Characteristics

Study type	Phenomenological
Country/ies where study was carried out	United Kingdom
Setting	**Setting** Rural county in UK. **Aim** To uncover what meaning women give to their experiences of breastfeeding
Data collection and analysis	**Data collection**

	In-depth face-to-face interview carried out when youngest child was between 3 and 6 months of age. **Data analysis** Thematic analysis Based on van Manen (1997) and Smith et al (2009). Interviews were transcribed verbatim and transcripts read more than once, along with the first author's field notes to get an idea of individual participant's experience as a whole, rather than in fragments. Analysis involved continued discussions between both authors
Recruitment strategy	Purposive sampling approach to identify primiparous and multiparous women.
Study dates	Not reported
Sources of funding	Not industry funded
Inclusion criteria	Women who • were primiparous or multiparous • had all breastfed their youngest baby for at least 11 days
Exclusion criteria	Not reported
Sample size	N=22 women
Participant characteristics	**Maternal age range, years:** 16 to 37 **Ethnicity, n:** White British:21 Asian: 1
Results	Author's themes:

1. Tensions in women's' experiences of breastfeeding
    - Surveillance and scrutiny
    - Conflicts and contradictions

Surveillance and scrutiny

Women reported feeling like they were being scrutinised in their breastfeeding by health professionals, family and the wider communities they lived in. Their narratives laid emphasis on measuring, timing and charting of breastfeeds, of feeding to a prescribed and dictated regime. For some, they felt this put added pressure on their breastfeeding experience and seemed at odds with the unstructured and relational experience of breastfeeding that was not measured or timed, nor in a pattern or routine. The women expressed eagerness to return home from the postnatal ward as soon as they were able to after the baby's birth, partly due to a busy and noisy ward which prevented postnatal rest, but also to get away from feeling they were under surveillance. Therefore, the women did not feel as confident and competent in their breastfeeding ability upon reaching their homes.

"On the feeding chart she had to feed every, for, I think it was twenty one minutes out of every three hours, I don't know how they came to that figure, but as long as every individual feed added up to twenty one minutes every three hours we could go home after three days, and we was also charting her wet nappies, the dirty nappies...I think the number of people that watched me feed her was quite amazing, all the various midwives and the feeding team and I think there was someone else, I didn't know who the people were in the end." (Veronica)

"You feel like you're being checked up on, so you know, you don't wanna say 'oh I'm struggling', because you're kinda passing a test, you feel that you're competent or not." (Pauline) [Quotes: p.9]

Feelings of conflicts and contradictions

A lack of consistency in the advice given was highlighted by the women, which they attributed to a lack of continuity of care by the same carer. This appeared to result in the women feeling like they had no rapport with both the hospital-based midwives and the community midwives. Women did not welcome the breast feeding support they received. they did not like the midwives physically helping their babies to latch on as they found it scary and intrusive to the point where some pretended that they did not need help. The majority of women had not been exposed to breastfeeding prior to having their own child they were not confident in their technique prior to their discharge or when at home. Women also found baby clinic distressing if their baby had not put on enough weight. Participants expressed that healthcare professionals had a rigid set of rules for breastfeeding methods and techniques. Seeking specialist support was constituted in terms of struggle, revealing tensions between expert knowledge and mothers' experiences. The approach to breastfeeding management as

	described by many of the women was often medicalised, particularly among women who were no longer breastfeeding at the time of data collection... Health care professionals were described as not taking a woman's experiential knowledge into account. The women expressed that healthcare professionals were often preoccupied with weight gain rather than assisting women to learn the art of breastfeeding, trusting in their body's ability to provide for their growing infant. *"Every different midwife had a different thing to tell me and a different idea of how to latch him on and, urm, and one of them would say don't do that, do this and the next shift would come on and I'd say the lady this morning said to do it like this and they'd say well yes, yes, that was the old way, that was how we used to do it but now we find if you try it like this" (page 10)* *I expected them to help me a lot more, because of him, the importance they place on breastfeeding, and knowing that he wasn't breastfeeding... she [health visitor] said I wouldn't see her again and I'd have to go up to the clinic. She gave me a little sticker with the times the clinic was on [Isla]* *it was all very much, here's your number, go, you get them changed, you put them on the scales, they write it in your book, there you go. Thank you. Off you go...You're sort of weighed and shoved out the door...I thought you haven't got time. You haven't got the time to ask me properly, so you didn't want to say I need to speak to somebody [Kelly]* *"They were panicking over nothing. My milk came in the next day, thankfully [laughs]...It felt as though I knew more about it than they did." (Fiona)* *"Every day, they came every day to weigh him...They're very hung up on weight, obsessed with weights" (Sharon) [Quotes: p.10-13]*

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(No explanation of recruitment approach; no description of data collection; no discussion of data saturation; some concerns about potential influence of researchers on study findings; no discussion of ethical issues raised by the study)*

Section	Question	Answer
Overall risk of bias and relevance	Relevance	Relevant *(Mostly white British participants)*

Thompson, 2020

Bibliographic Reference	Thompson, Amy J.; Topping, Annie E.; Jones, Laura L.; 'Surely you're not still breastfeeding': a qualitative exploration of women's experiences of breastfeeding beyond infancy in the UK; BMJ open; 2020; vol. 10 (no. 5); e035199

Study Characteristics

Study type	General qualitative inquiry Interpretive qualitative enquiry, Semi-structured interviews
Country/ies where study was carried out	UK
Setting	**Setting** Not reported. **Aim** To understand women’s experiences of breastfeeding beyond 1 year of age.
Data collection and analysis	**Data collection** Semi structured interviews . Interviews were conducted either face to face (n=6), via telephone (n=8), or via Skype (n=5), and lasted an average of 45 min (range: 28–77 min) and all were audio recorded. A topic guide was developed, informed by

	the existing literature on breastfeeding determinants and used flexibly as a framework for the semi-structured interviews. Open questions were used to facilitate extended answers, and probes to extract further detail. **Data analysis** Audio recordings were transcribed verbatim and anonymised. Transcripts were read to allow familiarisation with the data. They were then inductively coded by one of the authors and then thematically analysed. Initial codes and themes were generated which were developed into a frame work which was finalised after extensive discussion between authors.
Recruitment strategy	A purposive sample using a maximum variation sampling frame including age, number of children and longest duration breastfeeding one child was employed. Recruitment adverts were posted through online Facebook breastfeeding support groups.
Study dates	Not reported
Sources of funding	Not industry funded
Inclusion criteria	Participants who: • > 18 years • Lived in the UK • Breastfeeding a child older than 1 year, or who had done so in the previous 5 years • Able to speak English at conversational level • Able to provide informed consent.
Exclusion criteria	Not reported
Sample size	N=19
Participant characteristics	**Maternal age range, years:** 20-49 **Ethnicity, n:** White British: 16

	White Other: 2 Asian British: 1

Results	Authors themes:
	
	1. Parenting philosophy
	  o Attachment parenting paradigm
	  o Child-led approach
	2. Breastfeeding beliefs
	  o Benefits of breastfeeding
	  o Biological norm
	  o Sense of achievement
	  o Supporting others
	3. Transition from babyhood to toddlerhood
	  o Adjusting expectations
	  o Managing perceived disapproval
	  o Self-protection strategies
	  o Accessing support
	
	Attachment parenting paradigm
	
	Women described their parenting approach as either ‘gentle parenting’ or ‘attachment parents’. All of the women described breastfeeding their children on demand during infancy. Most of them also co slept with their child as they felt this gave the child security and confidence. Participants felt there was a culture of forcing babies to be overly independent at a young age. They described parents were under social pressure to conform to certain behaviours, such as sleep training.

There were so many things that I felt I had to stop, like I had to stop sleeping with the baby, they have to go to their cot, you have to sleep train them. (P14) [Quote: p.5]

Child-led approach

The importance of following the child's signals and allowing the child to do things at their own pace was discussed by the women. This also extended to continuation of breastfeeding.

'I would have quite happily have stopped two years ago but he's kind of led it, and I've just let him really.'

'I'm very much about letting him do things when he's ready' (P9) [Quotes: p.5]

Benefits of breastfeeding

All the women believed that breastfeeding was and is beneficial for their child regarding nutrition and bonding.

'Although he got ill when he was a toddler, I do believe his illnesses were shorter and probably less frequent.' (P6). [Quote: p.5]

Biological norm

A lot of the women believed that continued breastfeeding is the biological norm and that was the practices that our ancestors adapted that would allow children to reach their biological potential. The women used the term 'natural-term breastfeeding' to explain them breastfeeding beyond infancy.

I believe in natural-term breastfeeding. It's important that people know it's not extended, it's normal! (P13) [Quote: p.6]

Sense of achievement

All felt a sense of achievement from breastfeeding even though they felt it was natural. Some who had had trouble conceiving felt a sense of redemption at having achieved breastfeeding.

	I think that because I couldn't conceive them [naturally], I couldn't give birth to him naturally…I think it made me more determined to [breast]feed. It was the one thing I could do. (P6) [Quote: p.6] **Supporting others** All the women wanted to support other breastfeeding mothers as they experienced challenges on their breastfeeding journeys which they would not have overcome without support from others. They also wanted to support others as they acknowledged that there is a lack of quality support particularly for women whose mothers and grandmothers did not breastfeed. There was also the awareness that for new mothers conversations around breastfeeding could be very difficult. *There' not the natural support that we would traditionally have had in the family' (P11).* [Quote: p.6] **Adjusting expectations** None of the women had intended to breastfeed beyond 1 year but this changed as their children grew. Many reported that they had been unaware of the recommendations regarding breastfeeding duration antenatally, and did not know it was possible to continue to feed an older child. Prior to having children many also felt that it was odd to feed an older child. When feed their older child the women said that they have boundaries such as limiting the number or length of feeds as well as night weaning. This was important to increase practicality of breastfeeding. *I think it's very ingrained in our society that kids don't breastfeed: Babies wean onto solids and that's the end of it. That's what I thought happened. I didn't realise it [lactation] carried on. (P12)* [Quote: p.6] **Managing perceived disapproval** Women felt pressured to breastfeed when their babies were young, but discouraged as their child grew. They were criticised/questioned for continuing to breastfeed their child by family and coworkers. This typically happened between 1 and 2 years. Women felt excluded, judged but this did not deter them *They all think I'm mad, the whole family! They're quite nice to my face… It's more that I know when I'm not in the room that comments are made about it, and I know she [my mother] has said things to my husband. (P6)*

	I feel very under the microscope since I've come back to work. I've had comments like 'well you're still feeding her, what do you expect? She's still using you as a dummy. (P19) [Quotes: p.7] **Self-protection strategies** Women developed protection strategies. Some used science to back them up but most just hid it away. *I would never feed him in public. I probably didn't feed him in public much after he was two. (P6)* *When I picked her up from nursery she would always want a feed and I didn't just feed her there, I would go and hide somewhere…I didn't even tell the nursery staff I was still breastfeeding. (P1*6) [Quotes: p.7] **Accessing support** Peer support groups were very important to the women. women sought peer advice as many felt unable to seek professional support for fear of disapproval and they would offer weaning as a solution to their problem as they were not aware of the benefits. *The consultant made some comments about how I should be considering weaning and not feeding my baby anymore because of her age… he told me there were no benefits to breastfeeding beyond two, and he told me that breastfeeding hinders children's development. (P5)* [Quote: p.7]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Researchers do not consider ethical issues in study)*
Overall risk of bias and relevance	Relevance	Highly relevant

Thomson, 2015

Bibliographic Reference	Thomson, Gill; Ebisch-Burton, Katherine; Flacking, Renee; Shame if you do--shame if you don't: women's experiences of infant feeding.; Maternal & child nutrition; 2015; vol. 11 (no. 1); 33-46

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	United Kingdom
Setting	**Setting** Mother and baby groups/clinics and mother's homes. **Aim** To provide a unique perspective on infant feeding by describing how discourses of shame are evident within the experiences of breastfeeding and non-breastfeeding women.
Data collection and analysis	**Data collection** Semi-structured interview/focus group: a schedule was prepared based on existing literature and consultations with the project team. The questions were designed to draw out women's current infant feeding status, their intentions and motivations around infant feeding, including barriers and facilitators. Interviews/focus groups lasted between 25 and 80 minutes and were recorded digitally. **Data analysis** Framework analysis using Lazare's categories of shame as a theoretical framework. Two authors engaged in immersion and familiarisation of the transcripts to identify key codes and themes in line with Lazare's three categories of shame, and was discussed with the third author. The authors agreed a single tree structure coding index and applied in MAXQDA.

	Themes were then refined and associations made within the data set to produce descriptive accounts. Explanatory accounts to show how similar concepts were experienced by different experiences were then produced.
Recruitment strategy	Once approval was received, health professionals and coordinators in different mother and baby groups or clinics, such as baby massage group, mother and baby groups, breastfeeding groups were asked to ask women if they were willing to participate in the study. The contact details of interested women who consented were forwarded to the first author, and focus group sessions were organised.
Study dates	2008 to 2010
Sources of funding	Not industry funded
Inclusion criteria	Not reported
Exclusion criteria	Not reported
Sample size	N=63 women n=33 in focus groups n=28 in individual interviews (2 interviews had 2 participants each)
Participant characteristics	**Mean maternal age (range), years:** 30 (19-42) **Ethnicity, n:** White British: 59 White 'Other': 2 African: 1 Asian: 1

Results	Author's themes:
	
	1. Infant feeding as a shame-inducing event
	2. Vulnerability of the subject (mother)
	3. Social context of shame
	    - Exposure of women's bodies and infant feeding methods
	    - Undermining and inadequate support
	    - Perceptions of inadequate mothering
	
	Infant feeding: a shame-inducing event
	
	Although not suggesting that infant feeding is a disease, it has been somewhat medicalised which created situations and experiences that render the method used a disease, or analogous to one, in terms of how shame is experienced, internalised and enacted. Breastfeeding and bottles can all cause 'offence' to others. Similarly, women's breasts have been sexualised in some cultures perceived as sexual organs, therefore women may internalise their feeding choices as either failure (for those who do not breastfeed) or morally and socially unacceptable (for those who do breastfeed). Certain breastfeeding practices may also carry their own shame such as breastfeeding outside the home environment. Another example is the judgement of others on acceptable and unacceptable breastfeeding practices that appear implicitly associated with concepts of 'good' mothers and 'good' babies.
	
	(No supporting quotes)
	
	The mother being vulnerable
	
	Mothers, particularly first-time mothers, often felt overwhelmed by new motherhood, an experience exacerbated by the physical and/or psychological implications of childbirth, particularly for those who had a distressing, assisted or operative birth. New mothers did not usually know what support they will need until they were faced with the realities of motherhood. Additionally many women have little to no vicarious experience of breastfeeding from their friends or family. Experience of breastfeeding can positively or negatively influence decision around breastfeeding. Despite lack of vicarious experience many women felt culturally pressured to breastfeed. The discourse on "breastfeeding is 'best' and 'natural' was often so different from women's prenatal ideals and expectations. leading to feelings of self-doubt and anxiety.

"I had a section and I was completely out. You wake up and your baby is there and you do lose that initial bond really [. . .] I could not get out of bed, so someone had to bring me the baby, but then I could not put him back down or anything or change his nappy or anything." (Teresa)

"I needed someone there, I needed support, I had no idea what I was doing".

'I always wanted to and the reason was because of my mum'.

"I was upset that I didn't carry on like I wanted to – I thought it would come naturally'; 'They [health professionals] tell you to breastfeed and they don't tell you how painful it can be". [Quotes: p.38]

Shame in a social context - exposure of women's bodies and infant feeding methods

The theoretical framework used in this study considered that shame may be related to the level of public exposure, and the significance of those involved. For some women, objectifying and manipulating their 'sexual' organs in front of professionals and often their partners and induced intense distress and humiliation as well as making them question their ability to manage breastfeeding. Of the women interviewed only a small number breastfed in public and they described being 'stared at', 'looked at weird', 'frowned at', 'tutted at' or asked to leave premises. The social stigma was often associated with the societal norm of 'we are a discreet nation'. The women that did breastfeed in public described that they only did it when they had mastered it and could hide it. Similar issues around judgement were reported among non-breastfeeding mothers in comments made within their social networks as well as shame responses such as having to 'hide' their bottles and 'feeling scared' or 'frightened' to inform professionals of their infant feeding method.

"She [midwife] literally just got hold of it [breast], squeezed it and went like that [demonstrating the action] I was mortified, I was just like that's my breast you've got hold of, [. . .] and they did it in front of X [partner] and I think I did get a bit . . . because men do see boobs in a different way don't they and although I could do anything in front of X, I could see his face being really supportive but a bit 'oh my god'." (Lorraine)

"I felt so guilty and bad about giving up, but I just couldn't stand the pain. When I was in hospital I had to go and get my own bottles and make them up. I [. . .] felt really frowned upon, and made to feel really bad. I was really frightened of saying 'I don't want to'. I was in fear of telling the midwife." (Kryshia) [Quotes: p.39]

Shame in a social context - undermining and inadequate support

Both breastfeeding and non-breastfeeding women experienced shame when undermining or inadequate support was received. A number of the women spoke of having 'the guts' and 'confidence' to seek support and thereafter facing further perceptions of failure in instances of unmet needs. Some were told to 'stop buzzing' for staff in hospital, felt too 'frightened' to pester overstretched staff and perceived themselves to be 'a pain' when requesting support. A breastfeeding woman expressed that a professional's attempts at reassurance only intensified her sense of vulnerability and failure, and another woman expressed that what professionals view as a positive approach may actually augment the feelings of shame due to the inherently judgmental nature of language used. Women who bottle fed felt that they received less support, being unable to talk about alternative feeding methods and enforced dependency on the medical model when mothers could not breast feed all contributed to tensions between the healthcare professionals and the mothers.

"I got fed up of people telling me I was doing a good job. [. . .] I wanted somebody to help me and actually find a solution to the problem I was facing. I think it is underestimated how vulnerable you feel and how much of a failure you feel and that is not really the right thing to say to people." (focus group 7)

Bring the choice back for god's sake, when breastfeeding doesn't work, bottle feeding is a good alternative. I didn't have a clue what I should be using. (Annie)

They wouldn't allow me to cup feed her, so I had to wait for a midwife to be free [. . .]. I did ask as it was distressing that I couldn't feed my child. (Belinda) [Quotes: p.40]

Shame in a social context - perceptions of inadequate mothering

Many mothers felt some level of an exposure of their 'undesirable' selves to others, which created a rupture between the ideal (e.g. the good mother) and actual self. Women who were not breastfeeding often referred to how pro-breastfeeding discourses and negative verbal and/or non-verbal responses from others, in particular health professionals, led them to feel 'second best', a 'bad mother' who was 'denying' and 'depriving' their child. Healthcare professionals reactions led to non-breastfeeding women to create self-depreciating reflections on their characteristics and capabilities and blamed themselves for the negative health and emotional implications of their infant feeding method. Some women described how discontinuing breastfeeding and allowing others to help had made them feel less close to their infant. Some women received criticism from people in their family that they were not following the appropriate mothering practices. Some women did respond to the criticism by withdrawing from their social circle.

"Breastfeeding [. . .] is pushed down your throat and out of guilt you are made to feel if you don't do it, you are doing your child a mis-justice. Everybody everywhere pushes breastfeeding, and [I] feel they look down your nose at you if you don't." [Quote: p.41]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Some concerns about potential influence of researchers on study findings, a lack of researcher reflexivity, no discussion of data saturation and no discussion of transferability of findings)*
Overall risk of bias and relevance	Relevance	Highly relevant

Twamley, 2011

Bibliographic Reference	Twamley, Katherine; Puthussery, Shuby; Harding, Seeromanie; Baron, Maurina; Macfarlane, Alison; UK-born ethnic minority women and their experiences of feeding their newborn infant.; Midwifery; 2011; vol. 27 (no. 5); 595-602

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	United Kingdom
Setting	**Setting** Women's homes. **Aim**

	To explore the factors that impact on UK-born ethnic minority women's experiences of and decisions around feeding their infant.
Data collection and analysis	**Data collection** In-depth semi-structured interviews with women alone, using a topic guide informed by the previous interviews conducted with 30 healthcare professionals. **Data analysis** Based on methods from the grounded theory approach. Interviews were recorded and transcribed. Analysis involved immersion in the data through reading and re-reading interview transcripts, attaching codes on a line-by-line basis to reflect their meaning or key messages, and then grouping codes into broader categories where a connection was thought to exist. Particularly, the constant comparison method was found useful in exploring the data; data from different individuals were compared and emerging concepts were explored further to refine and rework the understanding of the data.
Recruitment strategy	Women were recruited by midwives in 9 maternity health clinics from areas with large numbers of ethnic minority women in London and Birmingham.
Study dates	Not reported
Sources of funding	Not industry funded
Inclusion criteria	Women who: • Were UK-born • Had recently giving birth
Exclusion criteria	Not reported
Sample size	N=34 women
Participant characteristics	**Maternal age, years, n:** <20: 2 20-29: 12

	30-39: 18 ≥40: 2 **Ethnicity, n:** Indian: 11 Pakistani: 4 Bangladeshi: 2 Black Caribbean: 10 Black African: 2 Irish: 5

Results	Author's themes
	
	1. Barriers to breastfeeding
	  o Breast feeding as interruption or chore
	  o Grandparents' preference for formula feeding
	  o Embarrassment at breast feeding in public
	  o Colostrum
	2. Facilitating factors for breastfeeding
	  o Commitment and self-confidence
	  o Support from health-care professionals
	
	Breastfeeding perceived as a chore or an interruption
	
	One of the main barriers to breastfeeding identified by the women was that breastfeeding is time consuming when compared to bottle feeding, highlighting the long hours spent breast feeding, sleepless nights before introducing formula,

restriction of movement outside the house without the infant, and the inability to carry out household tasks whilst breast feeding. For south Asian mothers who were living with an extended family had others to assist them if they formula fed.

"I mean, I wanted to breast feed, I did, I definitely wanted to breast feed, but it just took too long." (Black Caribbean, 30–39 years, degree, primiparous, breast fed three months)

"Then I couldn't really fit it in with the housework and stuff, it's like even sitting down for like ten minutes, I used to think, oh my God I could have got that done and I could have got that done [...] and then I just put her on the bottle. y At least with bottle feeding, you can like make the milk or you know tell my mother-in-law you feed the baby"(Pakistani, 20–29 years, degree, multiparous, breast fed one week) [Quotes: p.597]

Grandparents' preferring formula feeding

Mothers, particularly those of South Asian origin living with extended family (9 out of 16) reported feeling pressured by parents and in-laws to introduce formula to their infants, which for some led to an early introduction of formula. Some women were able to withstand the pressure to formula feed and were mostly more educated women or those who didn't live with extended families. Some women fed with breast milk and topped up with formula to feel as though they are feeding the infant enough. Health-care professionals expressed the view that 'topping up' with artificial milk was a preference common among South Asian and African families. However this was not true of all the South Asian women or either of the African women interviewed. Irish parents encouraged formula feeding but this was not seen as pressurising buy the women as they had the intention of formula feeding.

"I think one day I went out and my mother tried to force feed him formula milk, because my nephew has formula milk. He's a month apart and so my sister-in-law told me 'I had nothing to do with it! Your mum tried to force him to have formula'." (Pakistani, 30–39 years, degree, multiparous, breast fed six months)

"I think also probably because I'm a doctor, sometimes she'd tell me things, I'd say mum I don't think so, then she'd just kind of laugh and say, all right, and she'll listen to me. Whereas I think with my sister, she wasn't. You know, she'd try and tell her, no you must do it this way, you must do it that way." (Indian, 30–39 years, degree, primiparous, breast fed 5.5 months)

Talking to my cousins and that, I think they're all very much the same, sort of, oh well, you know, you don't need to bother with all that breast-feeding lark /laughsS, the bottle will be fine and it was, yeah. (Irish, 30–39 years, GCSE or below, primiparous, breast fed three weeks) [Quotes: p.597]

Feelings of embarrassment breastfeeding in public

Many of the participants from all ethnic backgrounds expressed a feeling of embarrassment when they had to breastfeed in the presence of others, explaining that the UK is not geared up for breastfeeding. This was either within their homes when relatives or friends visited (Irish and south Asian mothers) or in public places. The women therefore reported using infant feeding facilities, a shawl, hijab or offering artificial milk to avoid the embarrassment.

"I found it quite hard, telling you the truth, because I'm living with family and it's like the main house, all of our cousins and everything come here and I found it quite a bit embarrassing as well when people used to come, like my brother-in-laws in the room or something like that." (Pakistani, 20–29 years, degree, multiparous, breast fed one week)

Erm ... it isn't normally because I'm covered up normally and I normally have my shawl and my hijab when I'm out and about as well. I tend to do it so that you stay covered and everything's covered up. (Pakistani, 30–39 years, degree, multiparous, breast fed six months) [Quotes: p.599]

Colostrum

Healthcare professionals were concerned that South Asian women tend to delay initiation of breastfeeding because of the perceived cultural tradition of not giving colostrum in the first few days. The interviewees did not display this view.

"So educating them to start breast feeding from birth, that is a big job as well but that's what we've been trying to do, because one of the myths is the first three days the milk, you know the colostrum? That is not good. That's supposed to be 'unclean'." [Link worker, female, Bengali (years of service unknown)] [Quote: p.599]

Commitment to breastfeeding and self-confidence

Women who exclusively breastfed or maintained prolonged breastfeeding used strong languages in reference to determination as they relayed their experiences. These women tended to have a higher level of education and were more

	confident about their breast milk being enough. Their main motivation was the health of their infant. These women had good support from their social circle and if they didn't they sort out professional support. *"And when you start there's always a few problems so it was hard, I have to admit. I had sore breasts and sore nipples so I was like 'ooh, this is y no one told me it was going to hurt this much!' But you just have to push through it, and because I was quite stubborn, I was quite determined to do it." (Indian, 30–39 years, degree, primiparous, breast fed 5.5 months)* [Quote: p.599] **Healthcare professionals' support** Women from all ethnic backgrounds expressed dissatisfaction with the care received in maternity services and postnatal care wards but felt that support with breastfeeding was highly valuable when it was given. Women experiencing pressure from their parents or in-laws also felt that reassurance from midwives about the values of breastfeeding to the family members will be helpful. *"Even when I had to breast feed, they didn't show it to me properly, that's why I got, I had bloody, my nipples got very sore. The hospital didn't show me how to do it properly. Then when I came home it just went worse and my breast got really sore, so you know, I gave her a bottle as well. y It's only now I've got home and asked the local GP midwife, her way was the best way because ever since that's the way I've been doing it and she sucks properly." (Indian, 30–39 years, degree, multiparous, breast fed nine months)* *"I asked her 'look can you just explain to her, in front of my mum, that she's doing fine with the breast feeding and just put her at ease as well?' And she said, 'look you're doing fine, you're doing just fine, you're breast feeding perfectly, she's latching on well, she's getting full up, don't worry about it' and that was quite promising as well." (Indian, 20–29 years, degree, primiparous, breast fed three months)* [Quotes: p.599]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Lack of justification for research design, lack of discussion about recruitment challenges, some concerns about potential influence of researchers on study findings and a lack of researcher reflexivity)*
Overall risk of bias and relevance	Relevance	Highly relevant *(Included a mix of different ethnicities, although all UK-born and captured the breastfeeding experiences beyond 8 weeks)*

Watkinson, 2016

Bibliographic Reference	Watkinson, Marcelina; Murray, Craig; Simpson, Jane; Maternal experiences of embodied emotional sensations during breast feeding: An Interpretative Phenomenological Analysis.; Midwifery; 2016; vol. 36; 53-60

Study Characteristics

Study type	Phenomenological Semi-structured interviews were combined with Interpretative Phenomenological Analysis
Country/ies where study was carried out	United Kingdom (Samples were from 5 countries within Europe, America and Australia)
Setting	**Setting** Home, local cafe or remote. **Aim** To obtain a preliminary understanding of how mothers experience distressing emotions during breast feeding

Data collection and analysis	**Data collection** Semi-structured interviews with six broad questions, prompts and probes to encourage conversation around the research aims - 4 face-to-face, 1 via phone, and 6 via Skype. Interviews lasted between 35 and 58 minutes (average 46 minutes) and were audio recorded. **Data analysis** The transcripts were initially analysed independently to retain the idiographic aspects of participants' accounts, then scanned for relevant information. Notations to capture the essence of the participants' views, beliefs or experiences were made, which were then grouped into themes for each participant. When all transcripts had been individually coded, second iteration themes were developed by considering similarities and differences from the first iteration; and then the third iteration superordinate themes developed using the same process.
Recruitment strategy	Mothers were recruited worldwide across five online parenting forums. They were invited to participate through an advertisement raising awareness about the study which was posted in the parenting communities.
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	Mothers who: • Were currently breast feeding or had done so in the past five years • Had experienced embodied emotional sensations during breast feeding • Were able to undertake an interview in English • Were located within travelling distance of the researcher or had access to telephone or Skype Mothers were not excluded if they had experienced mental health difficulties, such as post-natal depression (PND)
Exclusion criteria	Not reported
Sample size	N=11 women

Participant characteristics	**Maternal age range, years:** 26 to 35 **Ethnicity, n:** White Polish: 1 White British: 4 White Dutch/Spanish: 1 White American: 2 Mixed (Indian/British): 1 White Australian: 1 American Hispanic: 1
Results	Author's themes 1. Breastfeeding triggering intense emotional embodied experiences inconsistent with view of self 2. Fulfilling maternal expectations and maintaining closeness with the child 3. Making sense of embodied emotional sensations essential to acceptance and coping **Breastfeeding triggering intense emotional embodied experiences inconsistent with view of self** Breastfeeding unexpectedly triggered an intense embodied emotional sensation, thoughts and behaviours that mothers considered as different from their view of themselves. Milk let-down or the physical act of breast feeding elicited a strong, negative bodily response that mothers found difficult to understand and communicate. Emotional sensations during breast feeding characterised by anger or irritation were particularly conflicting for mothers who highly valued and prioritised closeness and attachment between mother and child. Mothers described not wating to be near their child. Mother's described these as irrational. When breastfeeding challenges diminished the mothers' sense of self, the resulting feeling

was that of being overpowered by a loss of control and anger, which further sustained a negative sense of self. They also described how they felt less able to cope with everyday challenges.

"If I try to think about it with my brain, it just doesn't work, I can't really put words to it" (Ciara)

"It just felt like something terrible just had happened and I needed to cry about it but nothing terrible did happen, so that was kind of hard to place for me as well, because I had, I was just nursing my baby, not experiencing some, eh, tragedy or something, but it felt like that."(Ellen)

"It was just that moment and when the nursing session was done I was so angry at myself [that] I couldn't control it (…) like I couldn't believe that I'm a grown woman and I can't control those feelings." (Danielle)

When I was younger I suffered really big depression so it kind of felt the same and the thoughts that came in to my head were oh my god I'm going to have another depression, it's going to last forever, I'm never going to get better. How can I be a mum when I'm so sick again? And well, it all seemed so dark um, with no light at the end of the tunnel. (Ellen) [Quotes: p.56]

Fulfilling maternal expectations and maintaining closeness with the child

All of the mothers had positive attitudes towards breastfeeding for both pragmatic and health reasons but also because of they considered breastfeeding important to their mothering identity. Some of the mothers continued to breast feed despite feeling negative emotions in order to compensate for difficult beginnings or life transitions and others in the hope that it would bring back the breast feeding relationship that they once had. Resolving a strained breastfeeding relationship was important to some mothers whose breastfeeding relationship had impacted other family relationships. Mothers also spoke about how failing at breast feeding was equivalent to failing at motherhood.

"[Breast feeding] is the only proof, touchable proof, that I'm a good mother, so (…) if I stop nursing then I don't have any proof for myself that I'm a good mother, but obviously it's ridiculous, I know, but I think that feeling makes me wanting [sic] to not stop nursing." (Ellen)

"He [husband] was worried about me and he wanted me to give up (pause) and then I was being stubborn, saying no because this is the best thing for her [baby]"

	“I don’t want to take that away from him and a few more minutes of discomfort for me, is kind of a small price to pay” [Quotes: p.56 & 57] **Making sense of the emotions, essential to acceptance and coping** There was a lack of information and support for their experiences. Some mothers reported that professionals used existing knowledge to interpret the mothers’ unusual experiences and confused the embodied emotional sensations during breast feeding with postnatal depression. However, power imbalances and safeguarding procedures inherent in healthcare services, as well as lack of trust in professionals, impeded disclosure by the mothers about their experiences. A number of mothers expressed their perception that breast feeding promotion and antenatal care typically offer an idealistic picture of breast feeding and that misleading information can have deleterious consequences for mothers’ sense of self and their breast feeding experience. Consequently, a number of mothers reported profound relief when they came across support groups or other mothers with similar experiences, as it alleviated their sense of defectiveness and failure at motherhood. All mothers made sense of their experiences from varying information sources which provided relief that they were not alone in what they were experiencing. *"They [professionals] did offer me things like antidepressants and things, which I didn’t think I needed. I didn’t think that was what (pause) was causing it because I wasn’t like that all the time. It was just when I was feeding her (…) I didn’t think it was postnatal depression" (Renee)* *“All you ever hear [is] how breast feeding is brilliant, perfect, and you’re really happy when you breast feed, and (…) some people are made to feel like they’re weird because you don’t have an oxytocin high.” (Donna)* *“It was like coming home (…) More souls who understand my feeling. I’m not crazy, I’m not a bad mother” (Ellen)* *When I kind of had researched it a bit, I knew the reason for it and I knew it wasn’t me being abnormal or weird, you know, and I knew of other people that it happened to so it felt more (pause) I just kind of accepted it (…) it stopped bothering me that, I think when I could have a scientific, em, name and an explanation for it. (Donna)* [Quotes: p.57]

Critical appraisal - Qualitative Critical Appraisal Skills Programme (CASP) checklist

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Lack of discussion about recruitment challenges)*
Overall risk of bias and relevance	Relevance	Highly relevant *(Focused on distressing emotions during breastfeeding and covered breastfeeding after 8 weeks)*

Appendix E Forest plots

Forest plots for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

No meta-analysis was conducted for this review question and so there are no forest plots.

Appendix F GRADE-CERQual tables

GRADE-CERQual tables for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

Table 6: Evidence profile for facilitators to maintaining breastfeeding beyond 8 weeks after birth

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme A1. Convenience and ease						
3 studies Brown 2011 General qualitative inquiry with interviews. N=33 women. Choudhry 2012 General qualitative inquiry with semi-structured interviews. N=20 women. McFadden 2014 General qualitative inquiry with focus groups. N=37 women.	3 studies reported that some mothers found breastfeeding to be a convenient way of feeding their baby and that it was easy and always readily available. Many women highlighted the benefits of breastfeeding, such as it being cheaper, easier at night, and easier when you have another child.	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Theme A2. Cultural values						
4 studies Choudhry 2012 General qualitative inquiry with semi-structured interviews. N=20 women. Cook 2021 General qualitative inquiry with focus groups.	4 studies reported that women experienced cultural teachings about the importance of the 'mother's milk', which referred to the psychological benefits rather than the physical benefits. Many mothers discussed the importance of cultural traditions in their decision to breastfeed, where their family's tradition influenced their decision to breastfeed. 'Culturally it's a way of having a good effect on the child, and people often link what they see in the child to reasons such as 'oh he/she's like that	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
N=63 women. McFadden 2006 General qualitative inquiry with focus groups and interviews. N=35 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=33 women.	because he had the mother's milk'…such as the way he develops his personality or intelligence.' (Participant 8, Bicultural) [Quote: Choudhry 2012, p.78]					
Theme A3. Encouragement and support						
Subtheme A3.1 Digital support						
4 studies Brown 2011 General qualitative inquiry with interviews. N=33 women. Fraser 2020 General qualitative inquiry with semi-structured interviews. N=24 women. Jackson 2021a General qualitative inquiry with semi-structured interviews. N=24 women. Newman 2018 General qualitative inquiry with semi-structured interviews.	4 studies reported that social media, especially Facebook, was helpful for many when it came to breastfeeding. Being able to hear other mothers' experiences was valuable in helping participants make sense of their own situations. This normalising and validating experience helped with providing solidarity. Some women reported using Mumsnet as a source of both support and information with several blogs and social media community groups for mothers who are extending breastfeeding. Women also discussed the use of apps which have been developed for mothers to share information about feeding problems and strategies as well as information about spaces where it is safe to breastfeed an older child in the local community. 'lots of kind of chatting on Facebook in the middle of the night… just you know sounding off about our night feeds and being tired and that kind of thing so a bit of moral support there' [Quote: Newman 2018, p.16]	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
N=8 women.						
Subtheme A3.2 Friend and family support						
6 studies Brown 2011 General qualitative inquiry with interviews. N=33 women. Dykes 1999 Phenomenological study with interviews. N=10 women. Earle 2002 General qualitative inquiry with interviews. N=19 women. Keevash 2018 General qualitative inquiry with interviews. N=41 women.	6 studies reported that being surrounded by others who supported the woman's decision or could offer practical advice and guidance helped when facing situations such as breastfeeding in public, returning to work, or dealing with periods of exhaustion when the infant was feeding frequently. 'My family were always supportive, more than that, it was just regarded as the normal way to feed my baby. (P11, 33, higher education, professional) [Quote: Brown 2011, p.200]	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
McFadden 2006 General qualitative inquiry with interviews. N=35 women. Norman 2022 General qualitative inquiry with interviews. N=30 women.						
Subtheme A3.3 Health professional support						
7 studies Cook 2021 General qualitative inquiry with focus groups. N=63 women. Fraser 2020 General qualitative inquiry with semi-structured interviews. N=24 women. Jackson 2021a General qualitative inquiry with semi-structured interviews. N=24 women. Keevash 2018	7 studies described the importance of health professional support. Many mothers talked a lot about the importance of the help and support they received from local health care professionals and breastfeeding services. Many mothers discussed the struggles that they had at the beginning including feeding and latching problems and felt that the additional practical advice and support was what encouraged them to persevere. Health professional support was seen as very important, especially in aligning expectations with reality, allaying anxiety, and helping mothers learn new skills. 'I was visited by a breastfeeding support worker…she discussed did I want to…bottle-feed, did I want to carry on trying breastfeeding…because I wanted to breastfeed we tried her at the breast…one of the healthcare assistants or nurses…came in and cup fed…to get her energy levels up while I expressed…we would feed her the syringe stuff at the beginning of the next feed to try and increase her energy to then breastfeed her'	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
General qualitative inquiry with semi-structured interviews. N=41 women. McFadden 2006 General qualitative inquiry with focus groups and interviews. N=35 women. Norman 2022 General qualitative inquiry with interviews. N=30 women. Watkinson 2016 Phenomenological study with semi-structured interviews. N=11 women.	[Quote: Norman 2022, p.195-196]					
Subtheme A3.4 Partner support						
2 studies Brown 2011 General qualitative inquiry with interviews. N=33 women. Newman 2018 General qualitative inquiry with semi-structured interviews. N=8 women.	2 studies reported that some women's partners helped out both practically (household tasks) and emotionally (expressing pride and offering encouragement). 'I've had a couple of occasions where my partner's prised a bottle out of my hand and he's like 'no… you know we've talked about this and this is what we want and it's hard now but.. you can do this…' and you do you really need that support... a really good partner.' [Quote: Newman 2018, p.15]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Subtheme A3.5 Support from society						

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
2 studies Jackson 2021a General qualitative inquiry with semi-structured interviews. N=24 women. Lyons 2019 General qualitative inquiry with semi-structured interviews. N=18 women.	2 studies reported on positives experiences of women breastfeeding in public, which led to emotional support and acceptance. Encouragement from strangers, kind words and gestures went a long way. 'I have had quite a few comments where people have come over or walked past more than come over and said its lovely to see or it's just sort of nice to see mums feeding and all things like that. I felt proud.' [Quote: Jackson 2021a, p.9]	No or very minor concerns	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Theme A4. Following cues from the baby						
1 study Thompson 2020 General qualitative inquiry with semi-structured interviews. N=33 women.	1 study reported some instances where the baby attached instinctively, which was surprising to mothers, but they were also pleased that their babies took the initiative to attach to the breast and start feeding during the period of skin contact. Women emphasised the importance of following the child's cues and allowing the child to do things at their own pace. 'I would have quite happily have stopped two years ago but he's kind of led it, and I've just let him really.' [Quote: Thompson 2020, p.5]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Theme A5. High quality, reliable information						

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
4 studies Brown 2011 General qualitative inquiry with interviews. N=33 women. Jackson 2021b General qualitative inquiry with semi-structured interviews. N=24 women. Norman 2022 General qualitative inquiry with interviews. N=30 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=33 women.	4 studies reported that most women believed that breastfeeding was the healthiest option for their infant. Women reported that this was because they engaged with information (both formal educational opportunities for health promotion such as discussions with midwives, NHS antenatal classes, classes offered by organisations such as the NCT and also discussions with family and friends) about breastfeeding before giving birth. 'Lots of people gave me advice and suggestions about what I should do but I preferred to follow what the research suggested rather than one person's own experiences.' (P1, 27, college, skilled) [Quote: Brown 2011, p.198]	Moderate concerns[3]	No or very minor concerns	No or very minor concerns	No or very minor concerns	MODERATE
Theme A6. Personal facilitators						
Subtheme A6.1 Emotional bond from feeding						
3 studies Cook 2021 General qualitative inquiry with focus groups. N=63 women. Jackson 2021b General qualitative inquiry with semi-structured interviews. N=24 women.	3 studies reported positive experiences of breastfeeding and how this increased women's feelings of attachment towards their infant, believing that the same bond could not be recreated in bottle-feeding. 'People don't realise when you bottle-feed a baby, the way you hold it is totally different from breastfeeding, bottle feeding they're lying on their back, whereas breastfeeding they're kind of on their side, they're facing you more than looking up at you.' (Participant 8) [Quote: Keevash 2018, p.653]	Moderate concerns[3]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Keevash 2018 General qualitative inquiry with semi-structured interviews. N=41 women.						
Subtheme A6.2 Feeding strengthens the 'mother's identity'						
2 studies Keevash 2018 General qualitative inquiry with semi-structured interviews. N=41 women. Watkinson 2016 Phenomenological study with semi-structured interviews. N=11 women.	2 studies reported that mothers held breast feeding in high esteem, for practical and health reasons but also because of the importance that breast feeding played in their mothering identity. '[Breast feeding] is the only proof, touchable proof, that I'm a good mother, so (…) if I stop nursing then I don't have any proof for myself that I'm a good mother, but obviously it's ridiculous, I know, but I think that feeling makes me wanting [sic] to not stop nursing.' [Quote: Watkinson 2016, p.56]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Subtheme A6.3 Good latch						
2 studies Davie 2021 Grounded theory inquiry semi-structured interviews. N=12 women. Edwards 2018 General qualitative inquiry with focus groups and interviews. N=18 women	2 studies reported that when women had a positive feeding experience, they emphasised the perceived benefits of breastfeeding. Establishing a 'good' latch early in the feeding journey assisted in the overall breastfeeding experience being perceived positively, even if initially they had struggled. 'She just pretty much knew what to do, ah, very quickly.' [Quote: Edwards 2018, p.13]	Moderate concerns[3]	No or very minor concerns	Moderate concerns[4]	No or very minor concerns	LOW
Subtheme A6.4 Perseverance						

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
3 studies Cook 2021 General qualitative inquiry with focus groups. N=63 women. Edwards 2018 General qualitative inquiry with focus groups and interviews. N=18 women Twamley 2011 General qualitative inquiry with semi-structured interviews. N=34 women.	3 studies reported on the importance of having the motivation and confidence to persevere. For example, women who had persisted by themselves said they were now more confident when breastfeeding. Overall, women who maintained prolonged and, on the whole, exclusive breastfeeding used strong language of determination when they spoke of their experiences. 'And when you start there's always a few problems, so it was hard, I have to admit. I had sore breasts and sore nipples, so I was like 'ooh, this is…no one told me it was going to hurt this much!' But you just have to push through it, and because I was quite stubborn, I was quite determined to do it.' [Quote: Twamley 2011, p.599]	Moderate concerns[3]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	LOW
Subtheme A6.5 Personal beliefs about breastfeeding						
6 studies Brown 2011 General qualitative inquiry with interviews. N=33 women. Dykes 1999 Phenomenological study with interviews. N=10 women. Earle 2000 General qualitative inquiry with interviews. N=19 women. Earle 2002	6 studies reported that that the majority of women made infant feeding decisions prior to, and irrespective of, any contact with health professionals. They reported that when women who had decided to breastfeed were asked why they had chosen to do so, one of the most common responses given was that they believed breastfeeding to be better for babies. Overall, having strong personal beliefs in favour of breastfeeding meant women were more likely to breastfeed. 'It just seemed the natural route to follow. When my midwife asked me how I was going to feed I just thought ''well of course I will breastfeed''.' (P7, 29, higher education, professional)' [Quote: Brown 2011, p.198]	Moderate concerns[3]	No or very minor concerns	No or very minor concerns	No or very minor concerns	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
General qualitative inquiry with interviews. N=19 women. Edwards 2018 General qualitative inquiry with focus groups and interviews. N=18 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=33 women.						
Subtheme A6.6 Personal satisfaction						
2 studies Brown 2011 General qualitative inquiry with interviews. N=33 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=33 women.	2 studies reported on maternal perceptions surrounding the way breastfeeding made mothers feel. Emotions such as pride, achievement, and success were described. 'I feel proud of myself and pleased that my baby has had the best possible start in life. But I also feel sad that I feel proud—it should be the norm not the exception.' (P2, 23, school, unskilled) [Quote: Brown 2011, p.199]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH

1 Minor concerns about methodological limitations as per CASP qualitative checklist
2 Studies contributing to the theme offer moderately rich data
3 Moderate concerns about methodological limitations as per CASP qualitative checklist
4 Studies contributing to the theme offer some rich data

Table 7: Evidence profile for barriers to maintaining breastfeeding after 8 weeks

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme B1. Accuracy of information						
Subtheme B1.1 Conflicting information based on family/cultural beliefs						
3 studies Choudhry 2012 General qualitative inquiry with semi-structured interviews. N=20 women. Cook 2021 General qualitative inquiry with focus groups. N=63 women. Twamley 2011 General qualitative inquiry with semi-structured interviews. N=34 women.	3 studies reported that some women felt they received conflicting information about breastfeeding from their family, which might be rooted in religious or cultural practices. Some women reported that they were told their breast milk was less nutritious than formula and this was further strengthened when other women in the family themselves did not breastfeed. Some women from a south-Asian background, living in the UK in an extended family, reported pressure from in-laws to introduce formula to their baby. 'None of my cousins breastfed . . . they told me that breastmilk is very thin and less nutritious for the child' (Participant 12, Low acculturation) [Quote: Choudhry 2012, p. 79]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Subtheme B1.2 Conflicting information from health professionals						
6 studies Cook 2021 General qualitative inquiry with focus groups. N=63 women. Dykes 1999 Phenomenological study with interviews. N=10 women. Edwards 2018	6 studies reported that women felt they received conflicting information from health professionals, which was in part due to staff being very busy and there being a lack of time to explain things properly. This meant that there was inconsistency in care. Some mothers were left on their own more that they had anticipated, others were confused by the advice given, and many did not receive adequate follow-up support, outside of the normal midwife and health visitor care provided to all mothers in the UK. Other participants discussed encounters with healthcare professionals who often advocated formula feeding rather than breastfeeding in situations where support and encouragement may have been enough to enable women to continue breastfeeding. Overall, this inconsistent and often	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
General qualitative inquiry with focus groups and interviews. N=18 women. Fraser 2020 General qualitative inquiry with semi-structured interviews. N=24 women. Keevash 2018 General qualitative inquiry with semi-structured interviews. N=41 women. Norman 2022 General qualitative inquiry with interviews. N=30 women.	conflicting advice, accompanied by often inconsistent levels of care and support, left women feeling unsure and unsupported in their breastfeeding journey. 'In hospital I had six different people telling me different ways to breastfeed' (White British mother, aged 21–30). [Quote: Cook 2021, p.10]					
Subtheme B1.3 Lack of detailed antenatal information/support						
7 studies Davie 2021 Grounded theory with semi-structured interviews. N=12 women. Dykes 1999 Phenomenological study with interviews. N=10 women. Fraser 2020 General qualitative inquiry with semi-structured interviews.	7 studies reported women felt they were not provided with enough information about what to expect from breastfeeding, what could go wrong, and how to handle those problems. Women also commented on how the information given before birth was unrealistic and simplified problems that women could experience when breastfeeding. They wanted to hear real life experiences of women who had breastfed to get a better idea of what to expect. Some women reported that they had not been aware of the recommendations regarding breastfeeding duration antenatally and had been unaware it was possible to continue to feed after 6 months. Overall, women felt that there was not enough information or preparation given antenatally for either method of infant feeding.	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
N=24 women. Keevash 2018 General qualitative inquiry with semi-structured interviews. N=41 women. McFadden 2014 General qualitative inquiry with focus groups. N=37 women. Norman 2022 General qualitative inquiry with interviews. N=30 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=33 women.	'There needs to be more bite sized information in the lead up to when you give birth. …It is so important that it [breastfeeding] is promoted, absolutely and I am all for that. But I do think they need to be a bit more realistic'. [Quote: Fraser 2020, p.75]					
Subtheme B1.4 Unclear guidance for 'high risk' pregnancies						
1 study Lyons 2019 General qualitative inquiry with semi-structured interviews. N=18 women.	1 study reported on women with a BMI of equal to or more than 30 who had been deemed 'high risk' by health professionals during pregnancy, and whose whole health status had not been fully considered. Some women reported they did not feel in control of their feeding decisions, which negatively impacted upon breastfeeding initiation and maintenance. Women were told that their BMI status could lead to increased concerns about nutrition (for example, the adequacy of their milk), which also acted as a barrier to breastfeeding. No supporting quote	No or very minor concerns	No or very minor concerns	Moderate concerns[3]	Minor concerns[4]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme B2. Breast-related health						
Subtheme B2.1 Bad latch						
1 study Davie 2021 Grounded theory with semi-structured interviews. N=12 women.	1 study reported that women recalled issues that had to be overcome in order for them to continue breastfeeding such as difficulties with latch. 'Part of me feels that the latch probably wasn't brilliant to begin with, hence him feeding loads and getting a drip of milk as opposed to a good latch where he's getting sufficient milk and I'm emptying my boobs and replenishing the supply.' [Marie] [Quote: Davie 2021, p.363]	No or very minor concerns	No or very minor concerns	Moderate concerns[3]	No or very minor concerns	MODERATE
Subtheme B2.2 Mastitis						
2 studies Brown 2011 General qualitative inquiry with interviews. N=33 women. Cook 2021 General qualitative inquiry with focus groups. N=63 women.	2 studies reported that some women faced difficulties such as mastitis when breastfeeding. A few mothers mentioned this influenced their decision to either not initiate breastfeeding or terminate early. Women experiencing these issues reported feeling both physically and emotionally drained. 'My son fed constantly all hours of the day and night. I suffered from mastitis four times, thrush in my breast tissue and internal bleeding in the milk ducts. It was a constant battle to keep feeding especially as others kept telling me to stop.' (P26, 30, higher education, skilled) [Quote: Brown 2011, p.199]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Subtheme B2.3 Pain						
2 studies Cook 2021 General qualitative inquiry with focus groups. N=63 women. Davie 2021	2 studies reported that some women felt pain when breastfeeding, such as sore nipples. A few women expressed feelings of anxiety, failure, and distress when they were not able to feed their infants as planned due to negative experiences with breast-related health. 'I would just like to say that I think it [breastfeeding] was the worst experience ever,	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Grounded theory with semi-structured interviews. N=12 women.	the worst that could possibly be my nipples bled, it hurt, I couldn't cure it, it was a disaster; it was the worst experience of my life…. worse than actual birth.' (Polish mother, aged 31–45) [Quote: Cook 2021, p.6]					
Theme B3. Cultural values						
Subtheme B3.1 Feeding in front of family is embarrassing						
2 studies Choudhry 2012 General qualitative inquiry with semi-structured interviews. N=20 women. Twamley 2011 General qualitative inquiry with semi-structured interviews. N=34 women.	2 studies reported that some women felt as though feeding in front of family members was embarrassing and shameful, which made them choose formula feeding over breastfeeding. 'I found it quite hard, telling you the truth, because I'm living with family and it's like the main house, all of our cousins and everything come here and I found it quite a bit embarrassing as well when people used to come, like my brother-in-laws in the room or something like that' [Quote: Twamley 2011, p.599]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Subtheme B3.2 Fitting in with Western culture						
2 studies Choudhry 2012 General qualitative inquiry with semi-structured interviews. N=20 women. McFadden 2006 General qualitative inquiry with focus groups and interviews. N=35 women.	2 studies reported that there was an awareness of living in a formula-feeding culture in the UK. The extent to which this awareness had an impact on the women's own feeding decisions varied by the level of integration into Western society. Those who were trying to integrate felt a need to fit into the 'norm' of formula feeding rather than engaging in a form of feeding that was thought to deviate from others. 'I can see how mothers might be influenced by seeing other mothers and how they feed their baby, 'cos if you're told to breastfeed but then you see every other mother (reference to peers from Anglo culture) bottle feed why would you want to go through all the hassle?' (Participant 13, Highly acculturated) [Quote: Choudhry 2012, p.81]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Subtheme B3.3 Lack of family support						
1 study McFadden 2006 General qualitative inquiry with focus groups and interviews. N=35 women.	1 study reported that women who had migrated to the UK reported that the absence of female relatives to advise them meant that they lost traditions and cultural practices that promote breastfeeding, and they became reliant on external sources, which discouraged them from breast feeding. 'Help can only be sorted if you have anyone around you. What can you do if you don't have anyone; you just have to do everything yourself' [Quote: McFadden 2006, p.442]	Minor concerns[1]	No or very minor concerns	Moderate concerns[3]	No or very minor concerns	MODERATE
Subtheme B3.4 Too many responsibilities influenced by culture						
2 studies Choudhry 2012 General qualitative inquiry with semi-structured interviews. N=20 women. Cook 2021 General qualitative inquiry with focus groups. N=63 women.	2 studies reported that some women felt as though they had two competing roles; as a mother and a daughter in law, and that breastfeeding was seen to be incompatible with the latter role. Formula feeding allowed women to resolve the conflicts experienced between the two roles. '…parents advised that I should breastfeed but found it really hard to fit into my life and the things that I have to do around the house, like housework and looking after my mother in law' (Participant 5, Low acculturation) [Quote: Choudhry 2012, p.80-81]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Theme B4. Emotional toll of not being able to feed						
5 studies Davie 2021 Grounded theory with semi-structured interviews. N=12 women. Edwards 2018 General qualitative inquiry with focus groups and interviews.	5 studies reported on how mothers felt stress and an inability to cope when they were unable to breastfeed. There was an overwhelming sense of failure associated with not being able to breastfeed, as well as feeling judged for being unable to do it. This often fed into poor mental health and in some instances, a poor ongoing attachment relationship with their child. In some instances, stopping breastfeeding was necessary for their own mental health.	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
N=18 women. Fraser 2020 General qualitative inquiry with semi-structured interviews. N=24 women. Keevash 2018 General qualitative inquiry with semi-structured interviews. N=41 women. Norman 2022 General qualitative inquiry with interviews. N=30 women.	'In hindsight, I do believe that I was experiencing a period of low mood. I felt bombarded by people trying and failing to help. I tried 'giving up' breastfeeding two or three times, the guilt was awful but I felt I was losing my fight. It was affecting my bonding with my baby. I dreaded feeds and cried through them. If I had been left unsupported for much longer I strongly believe that I could have sunk into a depression.' [Quote: Norman 2022, p.196-198]					
Theme B5. Focus on baby's weight rather than feeding						
3 studies Dykes 1999 Phenomenological study with interviews. N=10 women. McFadden 2014 General qualitative inquiry with focus groups. N=37 women. Spencer 2018 Phenomenological study with interviews. N=22 women.	3 studies reported that the weighing of the baby seemed to have the significance of a ritual for health professionals. Some participants described the baby clinic as a conveyer belt that was predominately concerned with weight surveillance rather than contact with a health care professional. Some of the women described having their baby's weight called out across the room whilst the baby was being re-dressed and was therefore audible to everyone else in the room. For some women, this was distressing if their infant had not put on the required weight as they felt their ability to breastfeed was called into question, and they felt further discouraged by the clinic set-up from asking for support or advice from the health visitor. 'The midwives were checking her weight every 2-3 days. She put back the bit of weight she lost after the birth, but they kept weighing her. It was suggested to me that I wasn't giving enough milk	Moderate concerns[5]	No or very minor concerns	No or very minor concerns	No or very minor concerns	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
	myself, yet I was quite happy breast feeding her, but they suggested introducing a bottle as well.' [Quote: Dykes 1999, p.236]					
Theme B6. Impact of complications during birth						
5 studies Edwards 2018 General qualitative inquiry with focus groups and interviews. N=18 women. Fraser 2020 General qualitative inquiry with semi-structured interviews. N=24 women. Keevash 2018 General qualitative inquiry with semi-structured interviews. N=41 women. Norman 2022 General qualitative inquiry with interviews. N=30 women. Thomson 2015 General qualitative inquiry with semi-structured interviews and focus groups.	5 studies reported that medical interventions during or after birth complicated their experiences of breastfeeding. Some women said that they did not anticipate any effects of the birth or drugs on breastfeeding initiation, so they were unprepared for any delay or difficulties. For women who did not have immediate skin-to-skin contact with their infant, often due to a complicated birth, it was even harder to initiate and maintain breastfeeding. Women who described their births as traumatic in some way, also had difficulties, which was often overlooked by staff who, in many instances, advocated formula feeding instead. 'Because I had a C-section, I was only able to give a very tiny amount of colostrum. So we ended up formula feeding a little earlier than planned. It took so long for my milk to come in, and I never produced as much as he needed.' [Quote: Fraser 2020, p.75]	Moderate concerns[5]	No or very minor concerns	No or very minor concerns	No or very minor concerns	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
N=63 women.						
Theme B7. Quality and quantity of practical and emotional support						
Subtheme B7.1 Infrequent support						
2 studies Dykes 1999 Phenomenological study with interviews. N=10 women. Jackson 2021a General qualitative inquiry with semi-structured interviews. N=24 women.	2 studies reported that most women expressed their inexperience in the early weeks after birth and needed more supervision and confidence building from midwives. Some recognised that with better skills and knowledge, they would have done things differently. No supporting quote.	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Subtheme B7.2 Judgemental healthcare professionals						
7 studies Cook 2021 General qualitative inquiry with focus groups. N=63 women. Jackson 2021a General qualitative inquiry with semi-structured interviews. N=24 women. Keevash 2018 General qualitative inquiry with semi-structured interviews. N=41 women. McFadden 2014	7 studies reported that women felt judged by some healthcare professionals and felt that 'discussions' around breastfeeding were very intrusive rather than supportive. Some women felt marginalised and started to feel as though they were the only ones breastfeeding beyond infancy. At the time when women were facing the most judgment, GPs and other healthcare professionals also became less accessible and therefore there was reduced support. 'It is the worst feeling ever not being able to breastfeed, but they [healthcare professionals] think you should be able to as a mother. She just looked at me like a young mum who couldn't be bothered to breastfeed' (White British mother, aged 21–35). [Quote: Cook 2021, p.10]	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
General qualitative inquiry with focus groups. N=37 women. Norman 2022 General qualitative inquiry with interviews. N=30 women. Thomson 2015 General qualitative inquiry with semi-structured interviews and focus groups. N=63 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=63 women.						
Subtheme B7.3 Lack of empathy						
4 studies Edwards 2018 General qualitative inquiry with focus groups and interviews. N=18 women. Spencer 2018 Phenomenological study with interviews. N=22 women. Thomson 2015 General qualitative inquiry with semi-	4 studies reported that women felt that there was a lack of empathy in health professional support. Some women were told to 'stop buzzing' for staff in hospital, and they worried to bother staff and considered themselves to be 'a pain' when they did ask for support. 'They wanted folk out of labour suite and into the postnatal ward, clear the decks.' [Quote: Edwards 2018, p.12]	Serious concerns[6]	No or very minor concerns	No or very minor concerns	No or very minor concerns	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
structured interviews and focus groups. N=63 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=63 women.						
Subtheme B7.4 No continuity of care						
4 studies Cook 2021 General qualitative inquiry with focus groups. N=63 women. McFadden 2014 General qualitative inquiry with focus groups. N=37 women. Norman 2022 General qualitative inquiry with interviews. N=30 women. Spencer 2018 Phenomenological study with interviews. N=22 women.	4 studies reported that women felt as though they had little continuity of care. Some women felt that whilst support was well received, it was not always followed up. 'Most of the midwives used to come in and say, 'hello I'm such and such I'm your midwife for this shift'. They used to walk back out of the door and then you never used to see them again until the next midwife came on shift. But this particular one just used to keep popping back in and say, 'are you alright?' The fact that you didn't feel awkward to buzz for her either…' [Quote: McFadden 2014, p.161]	Moderate concerns[6]	No or very minor concerns	No or very minor concerns	No or very minor concerns	MODERATE
Subtheme B7.5 No family support						

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
4 studies Dykes 1999 Phenomenological study with interviews. N=10 women. Jackson 2021b General qualitative inquiry with semi-structured interviews. N=24 women. McFadden 2014 General qualitative inquiry with focus groups. N=37 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=63 women.	4 studies reported that the negative attitudes of other family members around breastfeeding was a barrier. Many spoke about feeling awkward when breastfeeding in front of family, and this often resulted in them feeding out of view or not breastfeeding at all. Family and friends were cited most frequently as being influential in the women's decision of infant feeding method. Some women spoke of relatives or friends describing their own negative experiences of breastfeeding, to persuade the women to choose formula feeding. 'My father-in-law will not come in the house if I'm feeding, honestly, he won't come in the house. He won't even sit in a different room.' [Quote: McFadden 2014, p.160]	Moderate concerns[6]	No or very minor concerns	No or very minor concerns	No or very minor concerns	MODERATE
Subtheme B7.6 No proactive care						
2 studies Norman 2022 General qualitative inquiry with interviews. N=30 women. Twamley 2011 General qualitative inquiry with semi-structured interviews. N=34 women.	2 studies reported on women feeling as though they didn't receive proactive care. Some women identified that when experiencing mental health problems, intervention and support from healthcare professionals was either not forthcoming or too slow to be effective. 'They do the mental health screening questions…I said yes I have suffered…I said I've been able to reason with myself and not let myself get into too much of a spiral, I have my lows, I don't feel great, I've sought help on a couple of occasions but I'm not having medication and [the midwife] sat there…going "well if you were really truly	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
	depressed you wouldn't be able to talk yourself out of it'" [Quote: Norman 2022, p.196-198]					
Subtheme B7.7 No societal support						
3 studies Jackson 2021a General qualitative inquiry with semi-structured interviews. N=24 women. McFadden 2014 General qualitative inquiry with focus groups. N=37 women. Newman 2018 General qualitative inquiry with semi-structured interviews. N=8 women.	3 studies reported on there being no societal structures in place to support women to breastfeed. Women reported wanting more comfortable facilities for breastfeeding in public places. Some women also reported that they felt that society's attitudes towards breastfeeding were very negative and they started to experience judgemental glances from strangers when feeding in public. 'I think the only thing is for there to be more places out and about that you can use comfortable places. Because if you've got a new baby, or even one this age, you've still got to go out and do your day-to-day things and when a baby wants feeding it wants feeding.' [Quote: McFadden 2014, p.162]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	MODERATE
Subtheme B7.8 Pressure from other parents						
1 study Brown 2011 General qualitative inquiry with interviews. N=33 women.	1 study reported that mothers felt criticised or almost drawn into a race with other mothers. As they approached the later stages of feeding, particularly around the 4-month mark, a common reaction was that the infant should be sleeping through the night and that failure to do so was attributed to the infant still being breastfed. 'I felt a lot of pressure talking to others mums whose baby's were sleeping better than mine. Although I knew in my heart that formula or	Minor concerns[1]	No or very minor concerns	Moderate concerns[3]	No or very minor concerns	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
	weaning was not the right option I felt guilty that I was doing the wrong thing and not getting my baby into a routine.' (P30, 34, school, skilled) [Quote: Brown 2011, p.199]					
Subtheme B7.9 Unhelpful support groups						
2 studies Fraser 2020 General qualitative inquiry with semi-structured interviews. N=24 women. Norman 2022 General qualitative inquiry with interviews. N=30 women.	2 studies reported that in addition to healthcare professionals conducting home or clinic visits, mothers also accessed children's centres and breastfeeding support groups. Some reported that although these groups were helpful in establishing breastfeeding, there were issues in relation to access. 'They said 'There's a breastfeeding support group on Thursday, why don't you go?' and I was like 'OK'. The problem is, that was almost a week away. And so I waited for that, and kind of struggles on in the meantime.' [Quote: Fraser 2020, p.77]	No or very minor concerns	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Theme B8. Partner exclusion						
2 studies Dykes 1999 Phenomenological study with interviews. N=10 women. Earle 2000 General qualitative inquiry with interviews. N=19 women.	2 studies reported that partners felt excluded from the feeding relationship and often received little to no information about it. As a result, support from the male partner was highly varied. When some women experienced problems with breastfeeding their partners readily suggested formula feeding as the solution, and because of this some mothers discussed the advantages of bottle feeding as it allowed more shared responsibility in feeding. 'When I'm in floods of tears saying I can't cope and I can't feed her and I'm not doing very well he gets exasperated with me and says well put her on the bottle. I just don't think he really understood.'	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
	[Quote: Dykes 1999, p.239]					
Theme B9. Personal barriers						
Subtheme B9.1 Child's perceived demands						
3 studies Choudhry 2012 General qualitative inquiry with semi-structured interviews. N=20 women. Cook 2021 General qualitative inquiry with focus groups. N=63 women. Davie 2021 Grounded theory with semi-structured interviews. N=12 women.	3 studies reported that women who formula fed did so in response to their child's perceived demands. There was a perception that formula feeding was meeting the child's nutritional demands, and the baby was more content with this form of feeding rather than breastfeeding. These perceptions were based on observations such as the infant not gaining as much weight as expected. 'I don't think the baby would get full up with a small amount of milk from breast…by giving them formula feed you know you will fill them up' (Participant 17, Low acculturation) [Quote: Choudhry 2012, p.79]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Subtheme B9.2 Feeling out of control						
2 studies Thomson 2015 General qualitative inquiry with semi-structured interviews and focus groups. N=63 women. Watkinson 2016	2 studies reported some women felt breastfeeding was an unexpected trigger of intense emotional sensations, thoughts and behaviours that they felt contrasted with their view of themselves. The physical act of breast feeding evoked a strong negative bodily response that mothers found difficult to comprehend and communicate.	Moderate concerns[5]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Phenomenological study. N=11 women.	'If I try to think about it with my brain, it just doesn't work, I can't really put words to it.' [Quote: Watkinson 2016, p.56]					
Subtheme B9.3 Isolation						
2 studies Brown 2011 General qualitative inquiry with interviews. N=11 women. Earle 2002 General qualitative inquiry with interviews. N=19 women.	1 study reported that mothers felt that having a breastfed infant restricted their lifestyle. Issues such as being unable to leave their infant, go out in the evening, or drink alcohol were raised. 'It has affected my social life as I cant go out in the evenings but I feel its for such a short period when looked at over a lifetime that it is worth the sacrifice to give her the best start in life possible.' (P5, 28, school, stay at home mother) [Quote: Brown 2011, p.199]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH
Subtheme B9.4 Lack of sleep						
3 studies Cook 2021 General qualitative inquiry with focus groups. N=63 women. Fraser 2020 General qualitative inquiry with semi-structured interviews. N=24 women. Twamley 2011 General qualitative inquiry with semi-structured interviews. N=34 women.	3 studies reported that once mothers had returned home with their new baby, they described a very challenging period of exhaustion and stress. 'I wasn't sleeping, he was screaming and crying, I was arguing with my partner because I was tired.' [Quote: Fraser 2020, p.76]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Subtheme B9.5 Self-confidence						
3 studies Dykes 1999 Phenomenological study with interviews. N=10 women. McFadden 2014 General qualitative inquiry with focus groups. N=37 women. Spencer 2018 Phenomenological study with interviews. N=22 women.	3 studies reported that women were unsure when deciding to breastfeed because they anticipated problems and lacked confidence in their ability. Formula feeding was perceived to be easier and would lead to fewer problems. 'I think a lot of it is a sort of lack of confidence in that you don't know what they're getting. You know they're on there and they're sucking but you don't know if they're actually getting anything. I mean once I was topping up on the bottle, at least I knew, well he's had that 2 ounce and whatever he's taken from me.' [Quote: Dykes 1999, p.236]	Serious concerns[6]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	LOW
Subtheme B9.6 Self-conscious						
3 studies Edwards 2018 General qualitative inquiry with focus groups and interviews. N=18 women. Newman 2018 General qualitative inquiry with semi-structured interviews. N=8 women. Thomson 2015 General qualitative inquiry with semi-structured interviews and focus groups. N=63 women.	3 studies reported on how women felt self-conscious about their body, which extended beyond the breast, where some participants reported that they were as equally motivated to hide their stomach, which was an area they were uncomfortable exposing. For some women, the objectification and manipulation of their body in front of professionals and often their partners led to feelings of intense distress and humiliation. She [midwife] literally just got hold of it [breast], squeezed it and went like that [demonstrating the action] I was mortified, I was just like that's my breast you've got hold of, [. . .] and they did it in front of X [partner] and I think I did get a bit . . . because men do see boobs in a different way don't they and although I could do anything in front of X, I could see his face being really supportive but a bit 'oh my god.' [Quote: Thomson 2015, p.39]	Moderate concerns[5]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme B10. Stigma						
Subtheme B10.1 Embarrassment of feeding in front of others						
9 studies Choudhry 2012 General qualitative inquiry with semi-structured interviews. N=20 women. Cook 2021 General qualitative inquiry with focus groups. N=63 women. Earle 2002 General qualitative inquiry with interviews. N=19 women. Jackson 2021a General qualitative inquiry with semi-structured interviews. N=24 women. Jackson 2021b General qualitative inquiry with semi-structured interviews. N=24 women. McFadden 2006 General qualitative inquiry with focus groups and interviews. N=35 women.	9 studies reported on how some women felt embarrassment and stigma when breastfeeding. Many mothers felt that they were too embarrassed to breastfeed either in public or in front of their immediate family. Whilst breastfeeding was acknowledged to be better for the baby, formula feeding was viewed among many of the mothers as a much more convenient option. 'My friend, she goes into the toilet in the café we usually go to because everyone stared. She didn't like to keep going into the toilet. It is a nice café and nice people, but staring puts you off' [Quote: McFadden 2014, p.159]	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
McFadden 2014 General qualitative inquiry with focus groups. N=37 women. Newman 2018 General qualitative inquiry with semi-structured interviews. N=8 women. Norman 2022 General qualitative inquiry with interviews. N=30 women.						
Subtheme B10.2 Judgemental views on breastfeeding beyond 6 months						
6 studies Jackson 2021a General qualitative inquiry with semi-structured interviews. N=24 women. Jackson 2021b General qualitative inquiry with semi-structured interviews. N=24 women. Keevash 2018 General qualitative inquiry with semi-structured interviews. N=41 women.	6 studies reported on how women felt that breastfeeding beyond infancy was not socially acceptable, and mothers encountered a range of challenging situations if they did breastfeed for longer. Breastfeeding an older child in public was spoken about in terms of judgment being passed, often from strangers. Some women confessed that prior to having children, they felt that breastfeeding an older child was 'weird' or 'crazy', and as such had to overcome their own prejudices to continue breastfeeding. 'She's like, "You don't want him to be four and asking for milk," and it's just like, "Why not?" It's like the older they get you become like a closet breastfeeder"' [Quote: Jackson 2021a, p.10]	Minor concerns[1]	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Lyons 2019 General qualitative inquiry with semi-structured interviews. N=18 women. Newman 2018 General qualitative inquiry with semi-structured interviews. N=8 women. Thompson 2020 General qualitative inquiry with semi-structured interviews. N=33 women.						

1 Minor concerns about methodological limitations as per CASP qualitative checklist
2 Studies contributing to the theme offer moderately rich data
3 Studies contributing to the theme offer some rich data
4 Some evidence is from a different context to the review question (study population in Lyons 2019 includes women with a BMI≥30kg/m^2)
5 Moderate concerns about methodological limitations as per CASP qualitative checklist
6 Serious concerns about methodological limitations as per CASP qualitative checklist

Appendix G Economic evidence study selection

Study selection for: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

This was a qualitative review question, therefore economic evidence was not relevant and thus no economic evidence searches were conducted.

Economic evidence tables

Economic evidence tables for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

This was a qualitative review question; therefore economic evidence was not relevant.

Appendix H Economic model

Economic model for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

No economic analysis was conducted for this review question.

Appendix I Excluded studies

Excluded studies for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

Excluded qualitative studies

Table 8: Excluded studies and reasons for their exclusion

Study	Code [Reason]
Acquaye, Stephanie N. and Spatz, Diane L. (2021) An Integrative Review: The Role of the Doula in Breastfeeding Initiation and Duration. Journal of Perinatal Education 30(1): 29-47	- Ineligible phenomenon of interest *Study evaluates the doula's role in supporting breastfeeding initiation and duration. The views of the breastfeeding person are not reported.*
Adesanya, Adenike Motunrayo, Barrett, Simon, Moffat, Malcolm et al. (2022) Impact of the COVID-19 pandemic on expectant and new parents' experience of pregnancy, childbirth, breast feeding, parental responsiveness and sensitivity, and bonding and attunement in high-income countries: a systematic review of the evidence. BMJ open 12(12): e066963	- Systematic review *References checked and no eligible studies identified for inclusion*
Ayers, Britni L., Purvis, Rachel S., Bogulski, Cari A. et al. (2022) "It's Okay With Our Culture but We're in a Different Place and We Have to Show Respect": Marshallese Migrants and Exclusive Breastfeeding Initiation. Journal of Human Lactation 38(4): 732-739	- Ineligible country *Non-UK study. Study conducted in USA.*
Bailey, C., Pain, R., Geographies of infant feeding and access to primary health-care, Health & social care in the community, 9, 309-317, 2001	- Study conducted before 2019 *Article published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Bailey, J., Modern parents' perspectives on breastfeeding: a small study, British Journal of Midwifery, 15, 148-152, 2007	- Study conducted before 2019 *Article published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Bengough, Theresa, Dawson, Shoba, Cheng, Hui-Lin et al. (2022) Factors that influence women's engagement with breastfeeding support: A qualitative evidence synthesis. Maternal & child nutrition 18(4): e13405	- Systematic review *References checked and no eligible studies identified for inclusion. Articles in systematic review published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*

Study	Code [Reason]
Bogulski, Cari A., Payakachat, Nalin, Rhoads, Sarah J. et al. (2023) A Comparison of Audio-Only and Audio-Visual Tele-Lactation Consultation Services: A Mixed Methods Approach. Journal of Human Lactation 39(1): 93-106	- Ineligible phenomenon of interest *Information and support from internet resources are not included because it was not covered by NG194 Evidence review Q. This was covered by a separate review question in NG194, which is outside the scope of this guideline.*
Brown, Amy; Chucha, Shameela; Trickey, Heather (2023) Becoming breastfeeding friendly in Wales: Recommendations for scaling up breastfeeding support. Maternal & child nutrition 19suppl1: e13355	- Ineligible study design *Stakeholder discussion paper*
Brown, A., Lee, M., An exploration of the attitudes and experiences of mothers in the united kingdom who chose to breastfeed exclusively for 6 months postpartum, Breastfeeding Medicine, 6, 197-204, 2011	- Study conducted before 2019 *Article published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Brown, Amy and Davies, Ruth (2014) Fathers' experiences of supporting breastfeeding: challenges for breastfeeding promotion and education. Maternal & child nutrition 10(4): 510-26	- Ineligible study design *Questionnaire*
Chang, Yan-Shing, Glaria, Amaia Artazcoz, Davie, Philippa et al. (2020) Breastfeeding experiences and support for women who are overweight or obese: A mixed-methods systematic review. Maternal & child nutrition 16(1): e12865	- Systematic review *References checked and no eligible studies identified for inclusion. Articles in systematic review published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Clarke, Joanne L., Ingram, Jenny, Johnson, Debbie et al. (2020) The ABA intervention for improving breastfeeding initiation and continuation: Feasibility study results. Maternal & child nutrition 16(1): e12907	- Ineligible study design *Randomised controlled trial*
Crossland, Nicola; Thomson, Gill; Moran, Victoria Hall (2019) Embedding supportive parenting resources into maternity and early years care pathways: a mixed methods evaluation. BMC pregnancy and childbirth 19(1): 253	- Ineligible population *Study investigates views of stakeholders (for example, commissioners, health professionals, early years' professionals, and breastfeeding peer supporters).*
Entwistle, F., Kendall, S., Mead, M., Breastfeeding support - the importance of selfefficacy for low-income women, Maternal and Child Nutrition, 6, 228-242, 2010	- Study conducted before 2019 *Article published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*

Study	Code [Reason]
Fair, Frankie J., Watson, Helen, Gardner, Rachel et al. (2018) Women's perspectives on antenatal breast expression: a cross-sectional survey. Reproductive health 15(1): 58	- Ineligible phenomenon of interest *Study investigates perspectives on antenatal breast expression.*
Fallon, Victoria May; Harrold, Joanne Alison; Chisholm, Anna (2019) The impact of the UK Baby Friendly Initiative on maternal and infant health outcomes: A mixed-methods systematic review. Maternal & child nutrition 15(3): e12778	- Systematic review *References checked and no eligible studies identified for inclusion. Articles in systematic review published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Flacking, Renee, Tandberg, Bente Silnes, Niela-Vilen, Hannakaisa et al. (2021) Positive breastfeeding experiences and facilitators in mothers of preterm and low birthweight infants: a meta-ethnographic review. International breastfeeding journal 16(1): 88	- Systematic review *References checked and no eligible studies identified for inclusion. 10 studies ineligible because they are published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run). 7 studies not relevant because of ineligible population.*
Francis, Jane, Mildon, Alison, Stewart, Stacia et al. (2020) Vulnerable mothers' experiences breastfeeding with an enhanced community lactation support program. Maternal & Child Nutrition 16(3): 1-11	- Ineligible country *Non-UK study. Study conducted in Canada*
Gyamfi, Adwoa, Spatz, Diane L., Jefferson, Urmeka T. et al. (2023) Breastfeeding Social Support Among African American Women in the United States: A Meta-Ethnography. Advances in Neonatal Care (Lippincott Williams & Wilkins) 23(1): 72-80	- Systematic review *References checked and no eligible studies identified for inclusion. 7 studies ineligible because they are published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run). 1 study not relevant because of ineligible study design.*
Hui, L.L., Yeung, K.H.T., Chow, K.M. et al. (2023) Breastfeeding challenges and opportunities during COVID-19 in Hong Kong. Journal of Paediatrics and Child Health 59(4): 609-612	- Ineligible population *Study investigates views of health-care professionals, including obstetricians, paediatricians and lactation consultants working in birthing hospitals, well-baby clinics and private clinics*
Hull, N.; Kam, R. L.; Gribble, K. D. (2020) Providing breastfeeding support during the COVID-19 pandemic: Concerns of mothers who contacted the Australian breastfeeding association. Breastfeeding Review 28(3): 25-35	- Ineligible population *Experiences of volunteers offering breastfeeding support to women during in relation to COVID*

Study	Code [Reason]
Ingram, J., Cann, K., Peacock, J., Potter, B., Exploring the barriers to exclusive breastfeeding in black and minority ethnic groups and young mothers in the UK, Maternal and Child Nutrition, 4, 171-180, 2008	- Study conducted before 2019 *Article published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Jackson, J.; Safari, R.; Hallam, J. (2022) A narrative synthesis using the ecological systems theory for understanding a woman's ability to continue breastfeeding. International Journal of Health Promotion and Education	- Ineligible study design *Narrative review*
Jackson, Leanne, De Pascalis, Leonardo, Harrold, Jo et al. (2021) Guilt, shame, and postpartum infant feeding outcomes: A systematic review. Maternal & child nutrition 17(3): e13141	- Systematic review *References checked and no eligible studies identified for inclusion. Articles in systematic review published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Johnson, R., Ansley, P., Doolan-Noble, F. et al. (2017) Breastfeeding peer support in rural New Zealand: the views of peer supporters. Journal of primary health care 9(2): 173-177	- Ineligible population *Study investigates views of peer supporters*
Kwan, John, Jia, Jimsyn, Yip, Ka-man et al. (2022) A mixed-methods study on the association of six-month predominant breastfeeding with socioecological factors and COVID-19 among experienced breastfeeding women in Hong Kong. International Breastfeeding Journal 17(1): 1-12	- Ineligible country *Non-UK study. Study conducted in Hongkong.*
Laws, Rachel A, Cheng, Heilok, Rossiter, Chris et al. (2023) Perinatal support for breastfeeding using mHealth: A mixed methods feasibility study of the My Baby Now app. Maternal & child nutrition 19(2): e13482	- Ineligible country *Non-UK study. Study conducted in Australia.*
Leeming, Dawn; Marshall, Joyce; Hinsliff, Sophie (2022) Self-conscious emotions and breastfeeding support: A focused synthesis of UK qualitative research. Maternal & child nutrition 18(1): e13270	- Systematic review *References checked and no eligible studies identified for inclusion. 3 studies already included in this review (Edwards 2018, Fraser 2020, Keevash 2018). 3 studies identified at title and abstract stage but irrelevant due to ineligible phenomenon of interest, population, or study design. 28 studies ineligible because they were published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*

Study	Code [Reason]
Lyons, Stephanie, Currie, Sinead, Peters, Sarah et al. (2019) The perceptions and experiences of women with a body mass index >= 30 kg m^2 who breastfeed: A meta-synthesis. Maternal & child nutrition 15(3): e12813	- Systematic review *References checked and no eligible studies identified for inclusion. 1 article already included (Lyons 2019). Remaining articles in systematic review published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Maxwell, C., Fleming, K. M., Fleming, V. et al. (2020) UK mothers' experiences of bottle refusal by their breastfed baby. Maternal and Child Nutrition 16(4): e13047	- Ineligible phenomenon of interest *Study investigates bottle refusal*
McFadden, A., Renfrew, M. J., Atkin, K., Does cultural context make a difference to women's experiences of maternity care? A qualitative study comparing the perspectives of breastfeeding women of Bangladeshi origin and health practitioners, Health Expectations, 16, e124-35, 2013	- Study conducted before 2019 *Article published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
McLardie-Hore, Fiona E., Forster, Della A., Shafiei, Touran et al. (2022) First-time mothers' experiences of receiving proactive telephone-based peer support for breastfeeding in Australia: a qualitative study. International Breastfeeding Journal 17(1): 1-10	- Ineligible phenomenon of interest *Study reports on women's experience of a breastfeeding app*
Misita, Dragana, Yamamoto, Jennifer M., Yuan, Yan et al. (2021) An exploration of differences in infant feeding practices among women with and without diabetes in pregnancy: A mixed-methods study. Diabetic Medicine 38(11): 1-13	- Ineligible country *Non-UK study. Study conducted in Canada.*
Morse, Holly and Brown, Amy (2022) Mothers' experiences of using Facebook groups for local breastfeeding support: Results of an online survey exploring midwife moderation. PLOS digital health 1(11): e0000144	- Ineligible study design *Online survey*
Murphy, Róisín, Foley, Conor, Verling, Anna Maria et al. (2022) Women's experiences of initiating feeding shortly after birth in Ireland: A secondary analysis of quantitative and qualitative data from the National Maternity Experience Survey. Midwifery 107: npag-npag	- Ineligible country *Non-UK study. Study conducted in Ireland.*
Odeniyi, A. O., Embleton, N., Ngongalah, L. et al. (2020) Breastfeeding beliefs and experiences of African immigrant mothers in high-income	- Systematic review

Study	Code [Reason]
countries: A systematic review. Maternal and Child Nutrition 16(3): e12970	*References checked and no eligible studies identified for inclusion. Articles in systematic review published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Quinn, Elizabeth McCarthy; Gallagher, Louise; de Vries, Jan (2019) A qualitative exploration of breastfeeding support groups in Ireland from the women's perspectives. Midwifery 78: 71-77	- Ineligible country *Non-UK study. Study conducted in Ireland.*
Rojas-Garcia, Antonio; Lingeman, Sabrina; Kassianos, Angelos P (2023) Attitudes of mothers and health care providers towards behavioural interventions promoting breastfeeding uptake: A systematic review of qualitative and mixed-method studies. British journal of health psychology	- Systematic review *References checked and no eligible studies found. 1 article conducted in a non-UK country. 5 articles ineligible and sifted out at title and abstract stage. 10 articles published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Simmons, Helen (2021) Surveillance of modern motherhood: An exploration of the experiences of mothers that have attended a universal parenting course. Dissertation Abstracts International Section A: Humanities and Social Sciences 82(10a): No-Specified	- Ineligible phenomenon of interest *Study investigates what motivates mothers to attend a universal parenting course and to explore the wider experiences of early modern motherhood in the UK.*
Sl, T.; Clark-Carter, D.; Dean, S. E. (2022) An online questionnaire study investigating the impact of psychosocial factors on the duration of breastfeeding. Midwifery 109: 103314	- Ineligible study design *Retrospective survey*
Thomson, G., Dykes, F., Women's sense of coherence related to their infant feeding experiences, Maternal & Child Nutrition, 7, 160-74, 2011	- Study conducted before 2019 *Article published before 27th March 2018 (date when the search for evidence review Q in the postnatal care guideline was run).*
Turner, Sarah E, Brockway, Meredith, Azad, Meghan B et al. (2023) Breastfeeding in the pandemic: A qualitative analysis of breastfeeding experiences among mothers from Canada and the United Kingdom. Women and birth : journal of the Australian College of Midwives 36(4): e388-e396	- Ineligible country *Mixed population from Canada and the UK. Majority of participants from Canada.*
Wong, Mei Sze and Chien, Wai Tong (2023) A Pilot Randomized Controlled Trial of an Online Educational Program for Primiparous Women to Improve Breastfeeding. Journal of human	- Ineligible study design *Randomised controlled trial*

Study	Code [Reason]
lactation : official journal of International Lactation Consultant Association 39(1): 107-118	

Excluded economic studies

This was a qualitative review question, therefore economic evidence was not relevant.

Appendix J Research recommendations – full details

Research recommendations for review question: What do parents perceive to be facilitators and barriers for maintaining breastfeeding beyond 8 weeks after birth?

No research recommendations were made for this review question.