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Exploring the barriers and challenges to breastfeeding in the Cardiff and Vale of Glamorgan area – Project 2 Report

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EXPLORING THE BARRIERS AND CHALLENGES TO BREASTFEEDING IN THE CARDIFF AND VALE OF GLAMORGAN AREA – PROJECT 2 FINAL REPORT

EXECUTIVE SUMMARY

This report presents the findings of a second project (Project 2) exploring the barriers and challenges to breastfeeding in the Cardiff and Vale of Glamorgan Area. The project sought to build upon the findings of an initial project (Project 1) published in September 2024. The second project provided the opportunity for a successive round of data collection using the same mixed method approach as Project 1. This was in order to capture multiple views on breastfeeding, linked to the known barriers and challenges from the published literature and those presented in the Project 1 report. The project undertaken by the Centre for Health, Activity and Wellbeing Research (CAWR) at Cardiff Metropolitan University, was commissioned by the Cardiff and Vale University Health Board (CAV UHB).

The aims of this exploration were twofold:

1. To explore how women in the Cardiff and Vale area perceive the known barriers and challenges to breastfeeding; and
2. To explore potential recommendations for future practice regarding the promotion and practice of breastfeeding from the perspectives of women who have had children (who may or may not have breastfed their child/ren).

The focus of this second project was on further targeted distribution of the e-survey to capture a greater number of responses from a wider demographic and obtaining the views and experiences of mothers who did not/do not choose to breastfeed as well as those who do/did. In addition, the criteria for inclusion were revised in the second project to include women with children under 24 months (previously under 12 months in Project 1).

The CAWR team, working with CAV UHB Public Health Team designed, developed and distributed an e-survey, which was then followed up with a series of focus groups. A total of n=110 complete responses were received via the online survey. Of these responses n = 4 indicated that they did not have a child under the age of 2 (24 months) and so did not continue to complete the survey in full owing to the criteria as set out in the methods. As such a total of n=106 survey responses were included in the final analysis. A total of four focus groups with 10 participants in total were conducted online using Microsoft Teams

The mean age of the participants was 34.8 years (std = 4.1) with a range of 22-44 years. The mean length of the pregnancy reported by those that completed the survey was 39.4 weeks (std 1.5) and it was found that 95% of the women that completed the survey had a pregnancy that was between 39.3 and 39.8 weeks in duration. The mean baby age at the time of completing the survey was 9.4 (std 6.9) months. Notably 95% of women included in the survey had a baby between the ages of 8 and 10.7 months old. A majority of 60% of women in this survey had only 1 child and 15% were taking part in the flying start programme. Of those that responded to the survey * (*%) were not breastfeeding at all, n=† (†%) were combination feeding, n=27 (26%) had breastfed but stopped and 64 women (60%) were exclusively breastfeeding.

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The most cited enablers to breastfeeding in this project were known benefits, health, bonding, convenience and attitude. The most prominent themes with respect to breastfeeding barriers were challenges establishing or maintaining breastfeeding, lack of support, and discomfort. Women in both the survey and focus groups detailed a distinct feeling of overwhelm and lack of preparation with respect to the demands placed upon them by breastfeeding. Many noted the significance of the emotional demands and commented that a more 'realistic' promotion and expectation of breastfeeding and the potential difficulties was needed. Furthermore, women that exclusively breastfed felt that they were fortunate in doing so, and that breastfeeding was not the 'norm'.

Helpful factors in terms of the support received included *emotional support, information, and support with breastfeeding technique*. *Help toward further support* was indicated as a factor and *recognition and support with a specific condition* were also prevalent themes. In contrast unhelpful factors included reference to *inadequate advice, and overall inadequate support and pressure* (for example, towards breastfeeding or regarding baby's weight). In addition, *lack of consideration of specific needs* was frequently cited by many respondents and some commented upon the *inadequate emotional support* they received. Overall participants felt that once they accessed support it was generally helpful and supportive, but stressed the need for more consistency and understanding, particularly with respect to listening to individual wishes and needs.

The women in this survey commonly use multiple services to support them with their breastfeeding journey, over a range of different time periods. In addition to these services, over 40% of women sought out and used a range of informal support groups. Participants suggested that that improved and early signposting to the various services and support available to them, alongside approved resources or networks would be beneficial in engaging with support. Furthermore, the use of online resources such as social media platforms, websites, forums and messaging services for seeking support and information were extremely common. As such, providing recognised and reputable channels of information where 'fact checking' and 'misinformation' are of particular concern may be helpful.

The questionnaire was widely disseminated, and response rates were considerably higher than those in Project 1. Focus groups were successful and important evidence and themes emerged. The women who participated in all components of the study represented a good range of deciles, had multiple children who were a range of ages, and had engaged with multiple support services offered within the locality. However, further research is required to reach younger (<20 years) mothers, mothers from a variety of ethnic groups, and mothers who did not chose to breastfeed from the outset.

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Introduction

The Centre for Health, Activity and Wellbeing Research (CAWR) at Cardiff Metropolitan University has undertaken two projects, commissioned by the Cardiff and Vale University Health Board (CAV UHB) focussed on understanding more about the barriers and challenges to breastfeeding. The first project was undertaken in the summer of 2024, and the second, a follow-up was undertaken between December 2024 and March 2025. This report firstly summarises Project 1 and then presents the findings from project 2. There is a full report for Project 1 available [here](#).

Project 1

For both projects, the Public Health team at CAV UHB sought to learn more about the barriers and challenges to breastfeeding in Cardiff and the Vale of Glamorgan, to better understand the local context and culture underpinning breastfeeding to inform future work in the areas relating to the promotion of breastfeeding. The first project, which was completed in September 2024 (Dickson et al., 2024) sought to explore the following:

- (i) how women in the Cardiff and Vale area perceive the known barriers and challenges to breastfeeding; and
- (ii) potential recommendations for future practice regarding the promotion and practice of breastfeeding from the perspectives of women who have had children (who may or may not have breastfed their child/ren).

To meet these aims the CAWR team, working with the CAV UHB Public Health team, adopted a mixed method approach using an e-survey and interviews. The e-survey captured multiple views on breastfeeding, linked to the known barriers and challenges from the published literature. Interviews with women complemented this survey and sought to further explore the barriers and challenges to breastfeeding, and seek to identify, from their perspectives, recommendations for future practice regarding breastfeeding. Following ethical approval from Cardiff Metropolitan University (Sta-9368) the project was carried between April and September 2024.

The results from the first project, included n=48 responses received via the e-survey with a total of n=33 responses included in the final analysis. n=15 responses were not included due to n=12 indicated that they had a baby over the age of 12 months and so did not continue to complete the survey in full, and n=3 responses were excluded due to being incomplete. Of the n=33 the mean age of the e-survey respondents was 33.7 years (std 4.3). A total of n=6 interviews were conducted.

Results indicated that of the 33 respondents, 45% had breastfed before. Twenty-seven (82%) of the women who participated in the survey indicated that they had planned to breastfeed, * (*%) women planned to combination feed, and * women planned to use formula, or had no plan. In response to a question which asked if they were currently breastfeeding their baby, * (*%) had not breastfed at all, * (*%) were combination feeding, 21 (64%) were exclusively breastfeeding, and 7 (21%) had breastfed but stopped.

The enablers to breastfeeding were health benefits to baby, cost, and convenience. Overall respondents indicated that the formal help they received within Cardiff and Vale was largely supportive when they needed or sought it out. The responses given via both survey and

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interviews highlighted the need to ensure all practitioners present the topic of breastfeeding and general feeding choices, in a non-judgemental way, whilst maintaining the healthy promotion of breastfeeding.

The project concluded that there was a dearth of responses from younger women (nationally the largest population that do not breastfeed). It was therefore recommended that further work focussing on ascertaining the views and lived experience of mothers who had not breastfed and a wider cohort than had participated in the first project would be beneficial. This would enable a fuller understanding of the barriers, challenges and facilitators to breastfeeding in Cardiff and the Vale.

It was also noted that data in the project were limited by the respondents who came forward and were willing to participate or perhaps have some existing connection to services or support groups in the area. The study was also conducted during the summer school holidays and to a relatively short timescale (June to August) which may have impacted the number of responses collected. The experiences of mothers outside of this demographic could differ from the small sample obtained in the initial survey, and indeed numbers of respondents could be higher if this was conducted over a longer and perhaps more convenient timeline. These limitations were then converted into the focus of project 2.

Project 2

This report presents the findings Project 2, which seeks to build upon the findings of Project 1 published in September 2024. The second project provided the opportunity for a successive round of data collection using the same mixed method approach as Project 1 to capture multiple views on breastfeeding, linked to the known barriers and challenges from the published literature and those presented in the Project 1 report. This was again complemented with a qualitative element, where focus groups with women were undertaken to further explore the barriers and challenges and seek to identify, from their perspectives, recommendations for future practice regarding breastfeeding.

Whilst the overall aims of the project remained the same as those in Project 1, the focus of this second project was on further targeted distribution of the e-survey in order to capture a greater number of responses from a wider demographic, and obtaining the views and experiences of mothers who did not/do not choose to breastfeed as well as those who do/did. In addition, the criteria for inclusion was revised in the second project to include women with children under 24 months (previously under 12 months in Project 1).

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Aims and Objectives of project 2

A re-cap of the aims and objectives of the project are presented below.

Aims

The aims of this exploration were twofold.

1. To explore how women in the Cardiff and Vale area perceive the known barriers and challenges to breastfeeding; and
2. To explore potential recommendations for future practice regarding the promotion and practice of breastfeeding from the perspectives of women who have had children (who may or may not have breastfed their child/ren).

Objectives

To meet these aims the CAWR team working with CAV UHB Public Health Team designed, developed and distributed an e-survey, which was then followed up with a series of focus groups to address two key objectives.

- (i) *To investigate, using an e-survey, the extent to which the known barriers and challenges (from previously published literature) exist within the Cardiff and Vale of Glamorgan area, for women with children.*
- (i) *To explore, using interviews, the in-depth perspectives of women to barriers and challenges of breastfeeding and to develop, through their experiences, potential recommendations for future practice in this area, related to its promotion.*

This report presents the results of Project 2 in addressing both these objectives, and the overall aims with respect to both the e-survey and focus groups.

Method

The project adopted a mixed method approach using an e-survey to capture multiple views on breastfeeding, linked to the known barriers and challenges from the published literature. This was complemented by an additional qualitative element, where online focus groups with women were undertaken to further explore the barriers and challenges and seek to identify, from their perspectives, recommendations for future practice regarding breastfeeding.

Survey

Development of the online survey

The e-survey for this project was developed and informed by the current published literature on known barriers and challenges to breastfeeding (Grant et al., 2018; Grant et al., 2022; Patil et al., 2020; Tomori, 2022). In addition, and for application in a local context, the survey included some specific questions which were related to areas in the Cardiff and Vale of Glamorgan Health Board area. The e-survey was developed and distributed using the Qualtrics software package (Qualtrics, Provo, UT). The full survey questionnaire can be found in Appendix 1.

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Recruitment

Distribution of the e-survey included the use of both opportunistic and snowball strategies. Details of the survey links and QR codes were sent via email by both CAWR and the CAV UHB Public Health commissioning team networks. The survey was also shared through social media to various local groups and pages linked to CAV UHB Public Health and Health Visiting teams i.e. Stay and Play, Flying Start, Breastfeeding Support. The survey was also advertised using physical promotion in the form of flyers and posters in community settings with permission (i.e Library hubs, community groups/facilities)

Study participants were invited to complete the e-survey based on the following criteria.

- a. Participants over 18 years old.
- b. Participants were a parent living in the Cardiff and Vale of Glamorgan Area.
- c. Participants had a child under the age of 24 months (at the time of completion).

Focus Groups

Recruitment

Participants were invited to take part in online focus groups via an 'opt-in' option to provide contact details at the end of the e-survey. The question asked if they would be interested in taking part in an online group discussion, and as such agree to receive further details regarding times and dates via email.

Focus group format

Focus groups were conducted with a self-selected set of participants. These were recorded and transcribed for the purpose of subsequent analysis. Participants were invited to discuss their experiences and were asked questions on various topics as presented in Table 1.

Table 1. Topics and questions used to inform the online focus groups.

Topic	
Feeding Choices	<ul style="list-style-type: none">➤ Personal reasons for/not deciding to breastfeed➤ Specific plans or ideas around feeding
Information Experiences (Barriers and Facilitators)	<ul style="list-style-type: none">➤ Information sought or received during pregnancy➤ Things they found difficult➤ Things that helped➤ Expectation versus reality
Support	<ul style="list-style-type: none">➤ Did they receive support/feel supported➤ How/where to access support➤ Services
Additional Comments	<ul style="list-style-type: none">➤ Any other thoughts or recommendations to share

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This schedule was largely like that used in the Interviews in Project 1 (as above). However, to help address and further understand of some of the challenges and recommendations identified previously, a series of new questions were included which were informed by and linked to the findings from the Project 1 report. These included the following.

- (i) Impact and prevalence of discussion around feeding choices and advice given.
- (ii) The use and impact of social media.
- (iii) Engagement with services and professionals.
- (iv) Recommendations or improvements to local support.

Data Analysis

Survey

Respondents were asked a series of both closed and open ended (text) questions. Analysis of these involved the extraction, sorting and prioritisation of key themes shared by participants. The responses were reviewed and analysed which resulted in identifying any novel emerging themes and sub-themes that had not been highlighted in the first project.

Focus Groups

The online focus groups were recorded and transcribed using Microsoft Teams with the consent of participants. Transcriptions were checked for accuracy and provided descriptive scripts (verbatim) for the purpose of thematic analysis. These were analysed using thematic analysis (Clarke & Braun, 2013). The emerging themes and sub-themes are presented in the results.

Results

Survey

Responses

A total of n=110 complete responses were received via the online survey. Of these responses n = 4 indicated that they did not have a child under the age of 2 (24 months) and so did not continue to complete the survey in full owing to the criteria as set out in the methods. As such a total of n=106 survey responses were included in the final analysis. When participants did not respond to individual questions in the survey, the total number who did complete each question is presented in the text.

Demographic characteristics of the sample

Of those that gave an answer to a question relating to ethnicity n=96 (91.4%) were white, n=* (*%) were Mixed – White and Asian, n=* (*%) were Mixed – White and Black Caribbean, n = * (*%) were Asian or Asian British – Indian, n = * (*%) Asian or Asian British – Pakistani, n = * (*%) were Asian or Asian British-Bangladeshi.

The mean age of the 105 participants was 34.8 years (std = 4.1) with a range of 22-44 years.

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Participants were asked about, the length of their pregnancy, the age of their baby at the time of completing the survey, and the number of children they had. The mean length of the pregnancy reported by those that completed the survey was 39.4 weeks (std 1.5) and it was found that 95% of the women that completed the survey had a pregnancy that was between 39.3 and 39.8 weeks in duration. The mean baby age at the time of completing the survey was 9.4 (std 6.9) months. Notably 95% of women included in the survey had a baby between the ages of 8 and 10.7 months old.

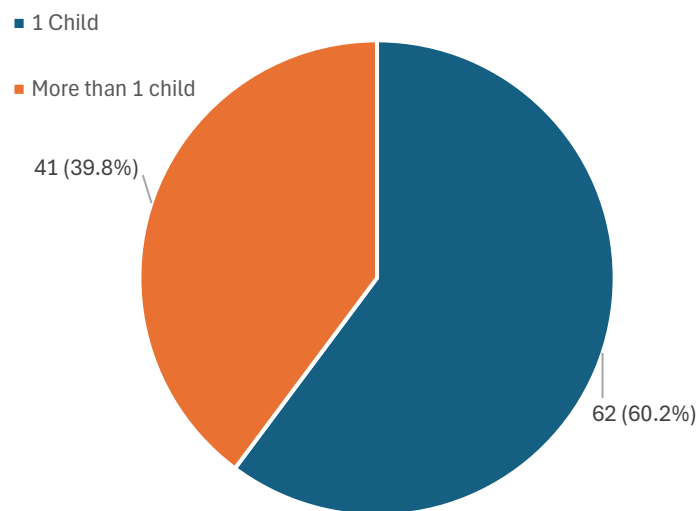


Figure 1. Number of children reported by participants (n = 103).

Figure 1 shows 60.2% (n = 62) of women had one child and 39.8% (n = 41) that had more than one child. 30.2% (n = 32) had 2 children, †% (n = †) had 3 children, and *% (n = *) had 4 children.

Locality

The distribution of respondents by postcode (grouped by district, i.e. first section of postcode) is presented in Table 2.

Table 2. Distribution of respondents (n=104) by postcode district.

Postcode District	Participants	
	n	%
CF3	8	7.7
CF5	9	8.7
CF10	*	*
CF11	7	6.7
CF14	25	24.0
CF15	*	*
CF23	10	9.6
CF24	8	7.7
CF35	*	*
CF61	*	*
CF62	7	6.7
CF63	5	4.8
CF64	13	12.5
CF71	*	*

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Of these, 75 participants gave a full postcode which could be used to identify corresponding Local Authority area (Cardiff or Vale of Glamorgan) as well as Lower Layer Super Output Areas (LSOAs) and their Welsh Index of Multiple Deprivation (WIMD) Rank. The deciles are ranked 1 to 10. Within these, 1 is the most deprived group and 10 are the least deprived (see Appendix 2 for the ranking table). There was no significant association between decile and the number of feeding services used, or the number of months a mother breastfed for.

The 75 full post code responses were found to correspond with 62 different LSOA's within Cardiff and the Vale of Glamorgan (a full list is given in Appendix 2), representing 21% of the total (n = 293) LSOA's within the Health Board. A breakdown of the number of responses per WIMD19 Decile (where a full postcode was given) is shown in Table 3. The greatest number of responses (28.9%) were received from participants within Decile 10 LSOAs – the least deprived. Note that total number of full postcode responses was 75. As such thirty-one did not provide a full postcode and had the potential to alter the distribution of participants with respect to WIMD decile.

Table 3. A breakdown of the number, and corresponding % of responses presented by WIMD19 Decile (n=75)

Decile	Participants	
	n	%
1	6	7.9
2	5	6.6
3	6	7.9
4	*	*
5	9	11.8
6	*	*
7	*	*
8	10	13.2
9	12	15.8
10	22	28.9

Services and support

Antenatal

Of the 105 women that answered, 36 (34.3%) reported not attending any antenatal classes at all. Of those that did, 38 (36.2%) and 23 (21.9%) attended National Health Service (NHS) and National Childbirth Trust (NCT) classes respectively. Thirty-six had attended alternative antenatal classes, which when asked to give details cited providers such as Nurture, Flying Start, Baby Academy, Honest Midwife and Hypnobirthing courses.

Support services

Of the respondents who gave an answer as to whether they were part of the Flying Start programme 15% (n=16) were and 85% (n=89) were not.

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Of the 106 respondents that completed the survey, 91 (85.8%) reported using, seeking or receiving breastfeeding support from at least one of the following professionals/services.

- (i) Midwives
- (ii) Health Visitors
- (iii) Specialist Feeding Clinics
- (iv) Maternity Care Assistants

The most common number of these support services accessed was two, with 32 (30.2%) people stating they had used this number of different services, this was followed closely by 31 people seeking support from 3 of the services (29.2%). Only 15 people (14.2%) reported seeking or receiving support from all 4 (14.2%) services. Lastly, 12 people (11.3%) reported that they had accessed only one service.

Support groups

Of the 106 people that answered, forty-three women (40.6%) reported attending a baby/family group of some description, 63 (59.4%) did not. Nine women (8.6%) attended the breastfeeding support groups at Dinas Powys, and * (*%) at the equivalent based at Cardiff St Marks. * (*%) attended the Vale Flying Start Barry Stay and Play. However, a majority of 31 (29.5%) women said that they accessed 'other' support groups available locally to them. These included various private or paid classes such as baby yoga, sensory classes, post-natal groups, community groups, baby massage and Hub (library) groups.

Feeding choices

Ninety-two (87%) of the 106 women that completed the survey stated that they planned to breastfeed, n=10 (9%) women planned to combination feed, n=* (*%) planned to use formula, * had no plan. In terms of mothers reported current feeding choice * (*%) were not breastfeeding at all, n=† (†%) were combination feeding, n=27 (26%) had breastfed but stopped and 64 women (60%) were exclusively breastfeeding.

Qualitative findings

Feeding choices

Participants were asked a series of open-ended questions to provide an insight into the support they may or may not have received about feeding choices and breastfeeding. In the first of these questions, they were asked to comment on the following.

Q13. *Was the feeding choices discussion with the midwife during your pregnancy helpful, and did this have an impact on your decision?*

The experiences the women reported around feeding choice discussion presented as four main themes. These were **1) Helpful and informative discussions, 2) Non-existent or minimal**

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discussion, 3) Discussions promoted breastfeeding and 4) Lack of impact. From the 106 responses, the emerging themes in Project 2 are detailed below.

1) Helpful and informative discussions. A relatively small number of participants indicated that they had experienced helpful, useful, or informative discussions. However, a sub-theme to emerge was the benefit of having attended a C&V feeding online seminar during their pregnancy, or as a useful addition.

'Discussed with my community midwife and attended an online breastfeeding course with the CAV breastfeeding team. (P81)'

'I attended the information talk on breastfeeding virtually (P83)'

'We attended the CAV online breastfeeding workshop and found this helpful (P139)'

2) Non-existent or minimal discussion was described and relatively common among respondents, noting that they had either minimal or no discussion around feeding their baby. Two sub-themes were identified from Project 2 responses.

- (i) Issues around staffing specifically; a number of participants noted that they did not have any feeding discussions owing to lack of consistency in the midwives they saw, or midwife absences.

'Didn't have a feeding choice discussion as my midwife went off sick and they forgot to replace her '(P49)

'I had several different midwives as mine was on long term sickness absence. I don't think I ever had a conversation around my feeding choices' (P78)

'Unfortunately, I had a different midwife every week in the final two months of my pregnancy which was not so helpful as I didn't build a rapport in the same way which may have helped generate more discussion about breastfeeding.' (P86)

'There wasn't much discussion with the Community Midwife - She was rarely there so there was a lack of consistency with our care in the Community' (P69)

- (ii) Previous experience; participants cited the lack of need for any real discussion around feeding choices owing to personal experience in it not being their first baby, or having a good level of knowledge and confidence.

'Second time around no discussion as was confident breast feeder.' (P106)

'I had experience and understanding prior due to my job so limited discussion.'(107)

'having previously breastfed the midwife did not really go through it again' (P135)

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'Not particularly, I know it is generally encouraged but I'd managed to breastfeed successfully with my first child so wasn't as nervous to do it again as I knew what to expect. '(66)

3) It was felt that **discussions promoted breastfeeding**. Here a number of sub-themes were identified in participant responses;

- (i) Lack of information of alternatives.
- (ii) Intention to breastfeed and a lack of further discussion.
- (iii) Strong promoting of breastfeeding.
- (iv) Negative perceptions linked with the promotion of breastfeeding.

4) The fourth and final theme to emerge from the responses was the overall **lack of impact** these discussions had on feeding choices. Many participants specifically indicated that they had a definitive prior intention to breastfeed, and many stated that their choice was already clear before any discussion during pregnancy.

'I'd already decided due to previous positive experiences with 2 other children. '(P112)

'This was baby number 4 (all exclusively breastfed) so my decision was to exclusively breastfeed from the start' (P118)

Continuation of breastfeeding

As detailed earlier n=27 (26%) women had breastfed but stopped. Following on from this those who indicated that they were no longer breastfeeding were also asked the following open text question around their experiences.

Q15. *Can you tell us more about how long you breastfed for (age of your baby when you stopped), and your reasons for stopping?*

Responses indicated that the average baby age when stopping breastfeeding was 6.3 months (std 5.6 months) with some mothers stopping at 1-month and others at 18 months. 95% of women included in the survey stopped breastfeeding between 3.7 and 8.9 months. There was an association between the age of mother and the age at which they stopped feeding (-0.413) suggesting that the older the women were at the time of the birth, the shorter the period they breastfed for was. There was no relationship, or association between the age that a baby stopped being breastfed and the number of support services that were accessed by the mother.

The reasons that women gave for stopping breastfeeding were largely in support and agreement with those identified in Project 1, with three main themes of **1) Challenges establishing or maintaining breastfeeding, 2) Lack of support** and **3) Discomfort**. A fourth main theme emerged;

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4) Changes in feeding circumstances. Sub-themes are detailed below including supporting quotes where applicable.

1) Challenges establishing or maintaining breastfeeding

These included factors such as:

- (i) Challenges in establishing or restarting breastfeeding in general;
- (ii) Issues with latching
- (iii) Keeping up with demand and,
- (iv) Baby not gaining weight specifically was cited a number of times by participants as a challenging factor which led to stopping breastfeeding.

'Breastfed for 9 months my baby was not putting on enough weight' (P63)

'I breastfed for three weeks, however the baby was not gaining weight' (P94)

'He had issues gaining weight so had top up with high calorie milk and I feel the introduction of this reduced the amount he wanted to feed' (P99)

'The baby had lost over 12% of his birthweight and I was placed on a feeding plan' (P119)

2) Lack of support

As well as (i) general lack of support, a sub theme to emerge in the current survey responses was (ii) inadequate or poor advice.

'I exclusively breast fed until 5.5months. I was then put of a prescription by a GP that dropped my supply (I was told it wouldn't),' (P70)

'I stopped because, for me, it was the most challenging thing about becoming a mum for the first time. This was completely unexpected - I had been to the breastfeeding antenatal classes, at no point are you told "This may be hard"' (P62)

'It was strongly advised that he had formula in hospital, and I do not feel I had adequate information about the importance of pumping to help milk come in.' (P132)

'I breastfed unilaterally until 14 months and then stopped as my consultant has been advising me to stop for some time as my condition wouldn't improve without stopping, since stopping my condition hasn't improved and I am very sad that I stopped. I feel like with the right advice and support I could have continued my unilateral breastfeeding journey' (P138)

3) Discomfort

As well as sub themes of (i) *discomfort of breastfeeding in general* and in different contexts, (ii) *the arduousness of pumping* and (iii) *physiological issues* (e.g tongue tie and reflux) a fourth sub theme relating to discomfort emerged amongst responses in the form of (iv) *emotional*

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discomfort. This became apparent with a number of participants giving insight into how they felt emotionally and its role in their decision regarding stopping breastfeeding.

'I continued trying to breastfeed in combination with pumping and top ups of formula for another 3 weeks but it became painful due to infections and cracked nipples, and I felt it began effecting my relationship with him. He was getting frustrated that he wasn't getting enough milk and I dreaded him showing hunger cues' (P104)

'I was placed on a feeding plan. The plan was too rigorous for me. It involved pumping after every feed, and as each feed was 1hr, it was eating up so much of my time. My mental and physical health were poorly impacted therefore I decided to switch to formula and felt so much more able to be a good parent' (P119)

'I struggled to hold my baby to breast feed due to severe carpal tunnel syndrome pain in both hands, I also had very little milk when expressing and reynauds in both nipples. It was affecting my mental health so I stopped' (P153)

'Those first few weeks were emotionally traumatic. I, needlessly, felt so much guilt about not providing breast milk, so it took me a while to come to terms with stopping. As soon as I did, I wished I had stopped sooner... I did not start bonding properly with my baby and enjoying being a mum until I exclusively formula fed' (P62).

4) Changes in feeding circumstances

A fourth main theme encompassing changes in feeding circumstances leading to breastfeeding stopping emerged amongst responses. Furthermore, two sub themes were apparent within this in the form of *'self weaning'* (i.e. breastfeeding naturally coming to an end and led by baby) and changing feeding method owing to being able to receive *additional support*;

(i) Self-weaning.

'As I combi fed, the amount of formula he was having gradually increased as he got older, and we naturally dropped to just breast feeding during the night by about 5 months. Within a month he had entirely stopped feeding overnight and our breastfeeding journey naturally came to an end.' (P122)

'He had issues gaining weight so had top up with high calorie milk and I feel the introduction of this reduced the amount he wanted to feed.'(P99)

'I exclusively breastfed both of my babies until they decided they didn't want it anymore which for both of them was the week of their first birthday.' (P127)

'I stopped as I had returned to work where I was working shifts. I was on day shifts so she no longer fed in the day as was in childcare but then I had to start working nights. This was then 3 nights in a row and upon the 4th night she had no interest as she slept through'(P97)

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'Stopped at 16 months when 18 weeks pregnant and toddler self weaned. Was happy to continue or stop as he wanted. Was still feeding on demand at this point.' (P73)

(ii) For feeding support.

'I stopped and exclusively formula fed so my husband and family could help.' (P153)

'I stopped as my baby was getting more distracted while feeding so it was becoming difficult to feed him, I especially felt this way when we went out. I also wanted to start sharing the feeding with my partner.' (P136)

Facilitators and barriers

To gain an understanding of the perceived barriers and facilitators when choosing to breastfeed participants were asked:

Q16. *Following on from Q13, can you tell us a little more about why you did/didn't decide to breastfeed?*

A summary of the sub themes for both the **facilitators** and **barriers** identified from the survey responses are presented in Figure 2 and Figure 3, respectively. These include frequency counts given alongside example quotes to illustrate the prevalence and nature of responses and first-hand experiences detailed.

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Facilitators to Breastfeeding

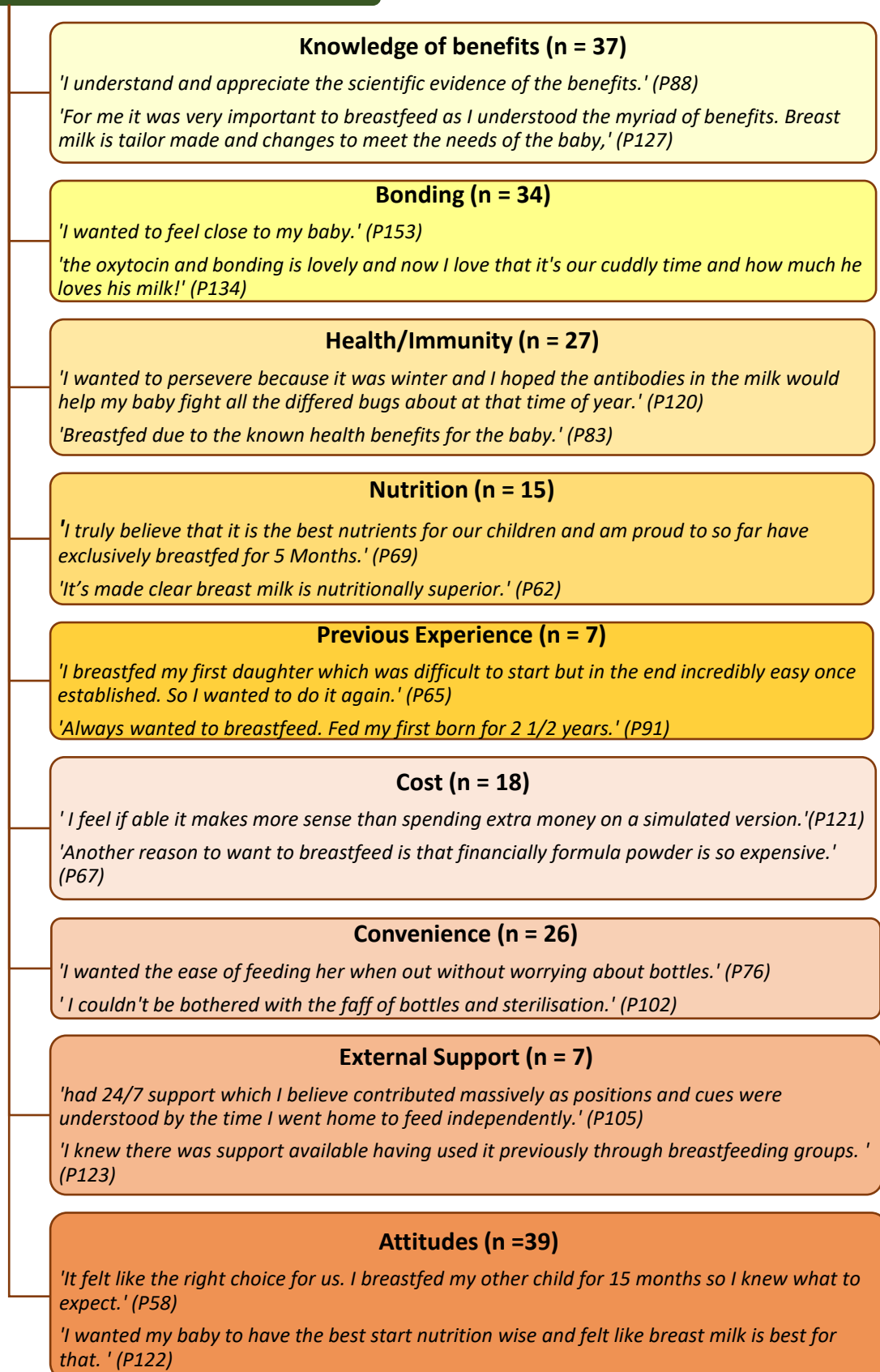


Figure 2. Sub themes identified within the main theme of 'facilitators' to breastfeeding.

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Barriers to Breastfeeding

Inadequate support (n = 8)

'I exclusively breast fed to 4.5 months but had many challenges with multiple nursing strikes.' (P85)
'I was told multiple times that he needed more and more formula. Trying to breastfeed, followed by giving formula and then pumping was very time consuming and I felt like a failure as my supply was low. After three months of pumping, my nipples were very sore, I felt trapped inside and following mastitis twice my supply was even lower. At that point I decided to formula feed.' (P132)

Challenges establishing/maintaining breastfeeding (n = 16)

'I had already overcome severely damaged and bleeding nipples but when I became ill with mastitis I knew for my own wellbeing it was time to finish.' (P81)
'I really struggled with breastfeeding so had to exclusively pump for around 8 weeks.' (P120)
'Baby was readmitted to hospital 2 days post caesarean section and I had to pump whilst they weren't feeding then latch when they were, I was exhausted and my milk supply wasn't good due to this.' (P116)

Shared care of baby (n = 4)

'I felt I didn't have time to wash/perform self care and after such a tough pregnancy and birth journey I needed time to properly heal and also share the feeding equally with my husband using bottles.' (P119)
'so my husband could also feed the baby.' (P122)

Lack of knowledge/expectations (n = 7)

'I was pretty clueless and thought you only did it for 6 months.' (P53)
'Pain due to lack of awareness right at the start about how to secure a good latch.' (P140)

Emotionally challenging (n = 9)

'I stopped as I felt our bond was being adversely affected by failed attempts to breastfeed and gave him expressed milk.' (P104)
'I found it incredibly stressful and it took a real toll on my mental health.' (P100)
'I feel if I had tried to continue breastfeeding at that point it would have been at the detriment of my mental health.' (P81)

Figure 3. Sub themes identified within the main theme of 'barriers' to breastfeeding.

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Services and support

Respondents were asked to indicate what type of professional support or services (if any) they had accessed for breastfeeding.

Q17. Did you seek or receive support from any of the following people and/or services?

Please select all that apply.

- Midwife
- Health visitor
- Infant feeding specialist clinic
- Maternity care assistants
- None of the above

The overall response results in Figure 4 show that midwives were the most frequently cited source of support with 85.3% (n = 81) of the 95 respondents that answered the question indicating they sought or received support from midwives. This was followed by health visitors with 62.1% (n=59). Just over half (51.6%, n = 49) of the 95 women that provided a response to question 17 said that they had received support from an infant feeding specialist clinic. Lastly 42.1% (n = 40) reported having received support from Maternity Care Assistants, and only 5.3% (n = 5) said they didn't access support from any of the sources listed.

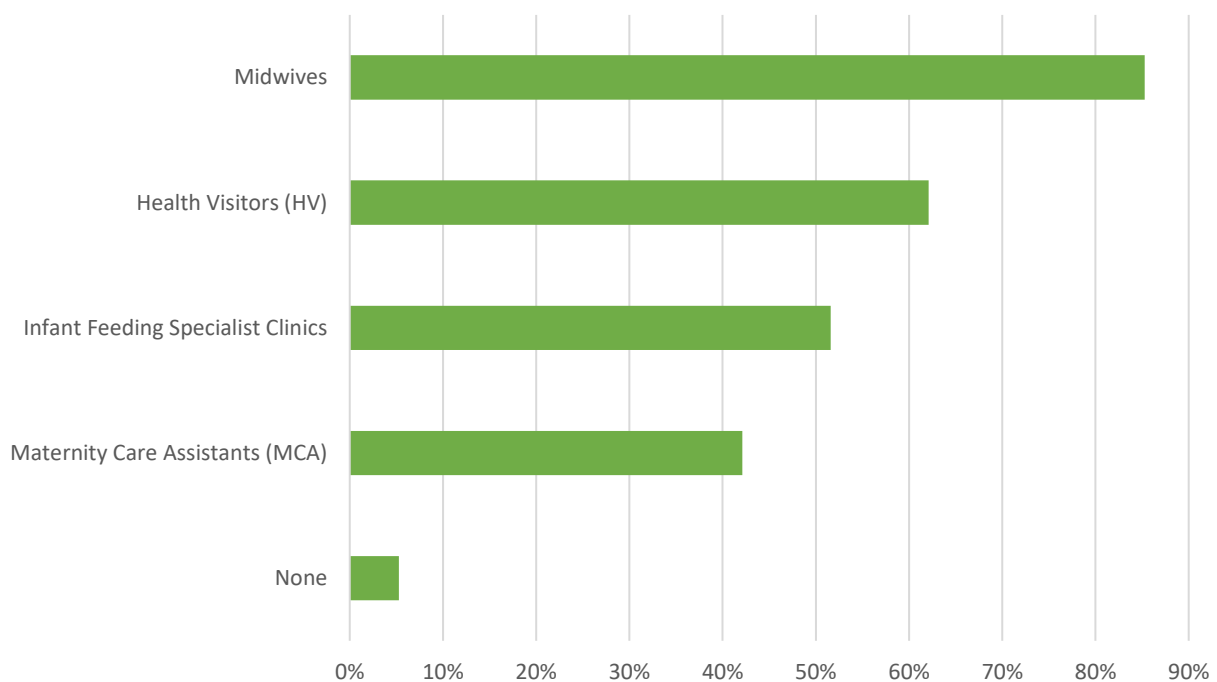


Figure 4. Professional Support services accessed (received or sought) by respondents (n = 95).

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Perceptions of helpfulness

Following on from **Q17** respondents who indicated that they had accessed some sort of professional support or service were asked to provide further details as to whether it had been helpful.

Q18. *Was the support you received from the [Q17 responses] helpful? Please explain why/why not.*

We understand that there may be differences in what was /wasn't helpful if you used more than one service. Please give details of the type of support or service in your answer so we know which you are commenting on.

A total of seventy-eight responses were received for this question. The perceptions and experiences detailed by respondents varied widely. Overall, the following percentages of participants indicated that the support they had received was: Helpful / supportive: 71.8% (n = 56); Somewhat helpful: 39.7% (n=31); Not helpful 26.9% (n=21). Overall, 56.4% (n = 44) of the seventy-eight participants that provided comments said they had experienced some degree of inadequate support from the professionals and/or services they used (having been either only somewhat or not helpful). Figure 5 provides a summary of the support received grouped by the provider, and perceptions of helpfulness based on analysis of their open text responses.

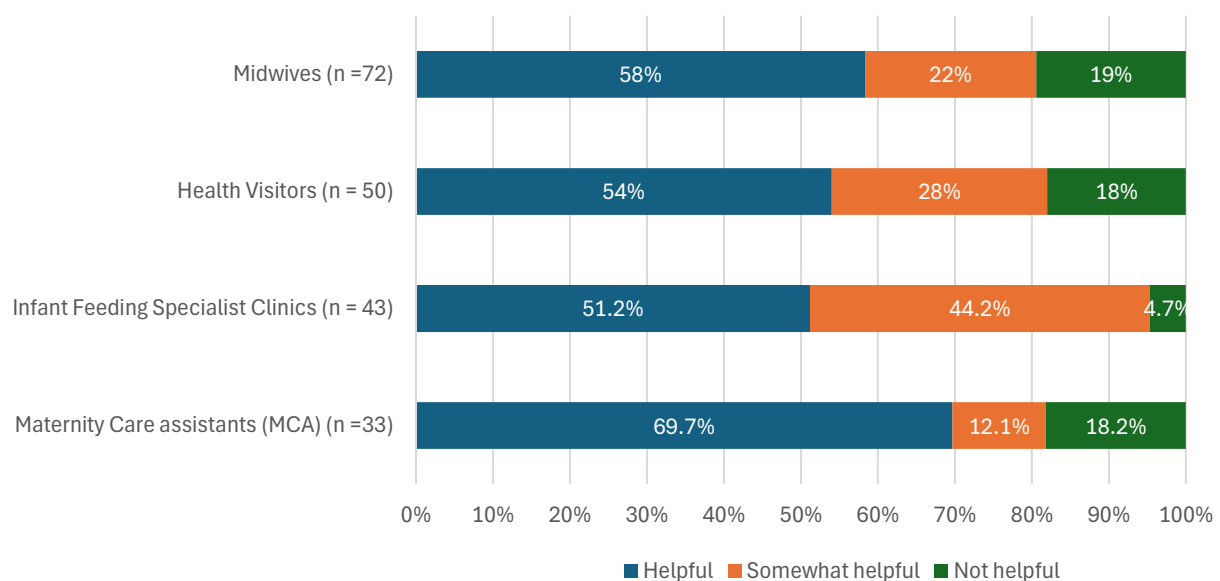


Figure 5. Type of support and perceived helpfulness.

The responses to this question resulted in participants providing comments as to both the **helpfulness** or **unhelpfulness** of support they had accessed across different providers. These comments were analysed further to identify any novel sub themes, building upon those presented in the initial report (Project 1).

1) Helpful Factors

As identified in the first report, the sub-themes associated with the perception of helpfulness were *emotional support*, *information*, and *support with breastfeeding technique*. *Help toward further support* was indicated as a factor and *recognition and support with a specific condition*

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were also prevalent themes within perceptions of helpfulness in the current project responses. Overall, consistent and frequent reference to *support in general* was the most prevalent amongst responses.

'I received help at the hospital after birth from the feeding team and midwives. The feeding team was really helpful. I also had help from midwives when they visited the house after the birth. All really supportive.' (P71)

'Yes, absolutely. We had a difficult start to feeding and needed lots of support. Lots of people gave lots of helpful support that allowed me to continue. Without this I probably would have had to formula feed.' (P55)

'Everything was helpful.' (P92)

'I had support from the infant feeding team nursery nurse, I can honestly say without this support at home where she visited, I would have formula fed.'(P99)

'They were very helpful and offered continuous support for myself and the baby to be comfortable with breastfeeding.' (P74)

1) Unhelpful Factors

The most frequent sub-theme behind the perception of unhelpfulness was, accordingly, *inadequate advice*, and *overall inadequate support and pressure* (for example, towards breastfeeding or regarding baby's weight). In addition, *lack of consideration of specific needs* was frequently cited by many respondents and many commented upon the *inadequate emotional support*, they received from providers. Further to these sub themes already identified previously, *lack of knowledge* and *lack of consistency* was also experienced.

'My daughter didn't regain birth weight until 6 weeks old which meant we had a lot of visits and weigh-ins as well as a stay in hospital. The hospital stay confirmed that she was a perfectly healthy baby, so in hindsight it felt like a lot of added stress from the constant visits that didn't help or feeding journey (Seren team and health visitor). I should add that the other Seren team visitors we had were all very pro-breastfeeding and did their best to help us. Unfortunately, they all had different opinions and would question the advice I'd received the day before which was infuriating considering what an important period it was.' (P103)

'I found the information given to me by the midwives confusing. One would say one thing, and another would say something different. I found doing my own research online to be more helpful.' (P64)

'In short, everyone wanted to help and do their best. But only two people out of the many I saw for help stood out as being expert. It was demoralising as I kept on thinking "when I see so and so on Thursday they're going to give me the help which fixes this and makes it easier." The day would come and nothing would change and I'd be broken again.' (P62)

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'Midwife and assistant support was always helpful, however there are still many mixed methods to breastfeeding. We found for both children that advice has been sometimes different depending on who you see.' (P67)

'Conflicting advice given about pumping (as baby not feeding well) resulting in delayed start in pumping and days missed in the first week as no pump available to me.' (P132)

'I struggled to find guidance online about oversupply and fast let down and what is available including some guidance I received from the teams contradicts each other. Whilst my baby is gaining weight well, feeding has been very stressful.' (P145)

Other support

Continuing on the theme of services and support **Q19** asked respondents to list any other forms of information or support they accessed.

Q19. *Have you received any other useful information or support for infant feeding?*

This does not have to be a specific service or organisation - it could be through friends or family etc. If so, please provide some details here about the information you had and from whom.

Of the 73 participants that gave an answer to this question, 63 participants indicated that they had received, sought out or accessed other useful information or support, while only three commented that they had not, and one participant said that the question was not applicable. When considering the main themes **1) Sources**, **2) Topics**, and **3) Type of support** and **4) Challenges**, the following novel sub themes were identified:

1) Sources

As identified in Project 1, among the most common sources participants used for other useful support or information were;

- (i) peers; This included friends, other mums and family members - with participant's mothers support frequently referenced.

'Had really good advice and support from my mum who has had 5 kids all with different feeding experiences so I didn't feel like I had failed.' (P106)

'My mum has been really helpful throughout the process and I've also done a lot of reading around the subject.' (P61)

'My mum gave me a huge amount of support just in terms of telling me about what was normal and what to expect.' (P66)

- (ii) social media, specific sources most commonly mentioned were Instagram, Facebook, websites (official, reputable organizations largely), and online forums. A novel

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addition to these types of sources was the emerging use of messaging groups (WhatsApp/chat functions);

'La Leche League on what's app has been useful for ongoing questions and other mum friends who have breastfed.' (P82)

'La leche league -online course and associated peer WhatsApp group.' (P103)

'I used the social media chat service by The Breastfeeding Network several times, to discuss supply and soreness which was so useful, without feeling like I was taking a midwives or doctors time up.' (P87)

- (iii) breastfeeding support groups and networks were commonly mentioned as sources of support by participants, and reference to peer supporters was also made.

'The group at St Marks was a staple in my maternity leave. I loved my Monday morning coffee. Nat, Laura and everyone else are such pillars and so wonderful. They tailored meetings and made everything so fun. I don't think they know how much their support was appreciated.' (P56)

'I met many friends and acquaintances through the Grangetown Breastfeeding group which has resulted in me feeding for as long as I have.' (P68)

'I have a friend who solely breastfed and trained to help others struggling with breastfeeding. She was a huge help in my journey.' (P151)

- (iv) professionals in various capacities were referred to, notably with regards to the responses obtained in this survey was that a number of women had sought support from *lactation specialists* in particular, either via media sources or privately.

'I saw an International Board-Certified Lactation Consultant [IBCLC] for further support. I had my baby's tongue tie cut and was given lots of exercises to help her move her tongue more as it wasn't moving effectively and causing a shallow latch.' (P97)

'Follow some IBCLC on Instagram who are amazing at debunking myths.' (P49)

'I follow a lot of lactation consultants on Instagram, e.g. Lucy Webber. Her content is amazing!' (P58)

'Private lactation consultant: didn't tell me much I didn't already know from my research, but I wanted to exhaust every avenue.' (P62)

'We had support from a Lactation Consultant.' (P69)

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'Yes, I think my breastfeeding was ultimately saved from an IBCLC that I paid privately for. I was lucky to be able to afford this, they supported with my attachment and positioning, which had previously been told was 'perfect'. There was such conflicting advice prior to this and I found having one clear person to help was incredibly supportive.' (P139)

2) Topics

Having identified 'expressing' and 'mechanisms of breastfeeding' as sub themes previously a further three sub themes emerged as particular topics of support from the survey responses on this occasion. These were 'expectations' 'issues' and 'technique'. With women commenting on receiving support on what to expect and what was 'normal' as well as help or advice with common issues and practical advice.

'Gave advice on feeding positions, how to aid latch. Cluster feeding, when to expect it and that it is normal.' (P88)

'I have followed a lactation consultant on Instagram - this has been helpful for common issues. Useful to understand what is 'normal'. (P71)

'I have two other friends who tandem feed/fed, they have been supportive and helped with practical advice. (P129)

'I have done a lot of reading from books and online. This provided some interesting information on how breastmilk is actually created and gave an instructional direction for achieving a good latch and feeding well as well as maintaining supply. I have also turned to YouTube to try and solve latch issues and positional ideas.' (P121)

3) Type

The sub themes for type of support were consistent with those identified previously in Project 1. Most commonly the type of other support referenced was *information*, alongside *emotional support* and learning or advice from *shared 'experiences'*.

4) Challenges

Challenges in finding/receiving the required support or information continued to be a theme amongst the second project survey responses.

'Talking to friends was very helpful to hear different experiences and things they had tried. I also looked at different websites, social media groups, contacted the Breastfeeding Network for guidance with issues. I also talked to a GP during one of baby's check-ups. There is so much emphasis on breast is best, which I completely agree with but only if it's the right choice for mum and baby. Yet even though I'd tell myself, it doesn't matter (breast or bottle) as long as baby is fed and happy, I had this overwhelming pressure to breastfeed.' (P147)

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'None of my family or friends have breastfed so I did feel isolated on times.' (P87)

'NCT breastfeeding class was good, but it was difficult to take in this information antenatally and in s group setting. More information that could be given in 3 hours!' (P53)

Overall, 63 participants gave comments for question 19 which indicated that they had received other useful information or support from varied sources or providers. Additional support was most commonly sought from peers, online sources, support groups and professionals.

Additional comments

The final question on the survey invited participants to provide any further comments that they felt had not been previously covered by the survey. As such forty-one participants gave comments with detailed and varied content. These were analysed and formed three main themes; recommendations, personal experiences (positive and negative) and consequences of the support they did or didn't receive. A summary of these themes, their sub themes and quotations are presented in Table 4.

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Table 4. A summary of the additional comment responses presented as main themes, sub themes and example quotes.

Theme and sub themes	Example Quotes
Support recommendations (n=23)	
➤ More information	<p><i>'Not enough information and evidence is given to women during their pregnancy if not attending antenatal classes, or by midwives. It is pot luck whether you get a midwife or HV with proper up to date evidence-based knowledge.'</i> (P50)</p> <p><i>'We need to talk about breastfeeding more. There needs to be more support for women who are really struggling but don't want to give up.'</i> (P58)</p> <p><i>'I found the UHB breastfeeding prenatal class excellent. Please can they include some evidence-based information on challenges with breastfeeding.'</i> (P86)</p> <p><i>'I believe preparing for breastfeeding during pregnancy is one of the keys to success but knowing where to look for accurate and consistent information can be tricky. I did a lot of research myself, but I think not everyone has the ability to do this. Better signposting and support could help others have the same success I had.'</i> (P127)</p>
➤ Increased informal support	<p><i>'The breastfeeding group in Grangetown was closed without consultation or prior warning in June 2024. There is no support in this area for breastfeeding parents, and this is a stark difference when compared to affluent areas such as Penarth and Dinas Powys who have regularly groups.'</i> (P68)</p> <p><i>'I believe an informal stay and play breastfeeding type flying start style (but not as I'm not in an area) would be good to maintain numbers of feeders as time goes on. I don't know anyone that breastfeeds, and it is daunting to do in public for some so having a group of likeminded women who don't have feeding issues (the only groups I know are for those with issues or need support) would be beneficial.'</i> (P105)</p> <p><i>'I believe breast feeding in public is very difficult and can be embarrassing and overwhelming and there needs to be more feeding facilities around Cardiff.'</i> (P74)</p>
➤ Increased support on wards	<p><i>'I feel that if the Seren team were available on the wards i would have left feeling more confident with my breastfeeding journey.'</i> (P84)</p> <p><i>'Perhaps if baby had struggled, I may have moved to formula quickly. This is due to the limited amount of time midwives and staff have to assist you on the wards, how quickly you're sent home etc. I'm aware of the Seren team now so I appreciate they can support. I would love to have had someone knowledgeable with me for a few feeds in hospital.'</i> (P87)</p>
Personal Experiences (n = 39)	
➤ Positive	<p><i>'I felt it was helpful that I was supported in wanting to give bottle feeds also early on as it reduced the pressure on me and made me feel I wasn't failing for wanting my partner to also give a bottle feed once a day.'</i> (P107)</p> <p><i>'I think the feeding support from the midwives in hospital after birth was amazing, and the help and advice from the feeding support team and health visitor when at home was invaluable.'</i> (P122)</p> <p><i>'The Seren team allowed me to give my daughter 9 weeks of breast milk. Without their help she would not have that and I will always be extremely grateful.'</i> (P81)</p> <p><i>'With my first baby breast feeding was more difficult and there was less support due to Covid and I feel this could have been a barrier potentially if not determined to continue. However, with my current baby there was more support, and it has been very helpful.'</i> (P83)</p>

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Table 4. Continued

Theme and sub themes	Example Quotes
➤ Negative	<p><i>'I was constantly told that due to the postpartum memory I had lost too much blood and my body would be trying to heal itself instead of focusing on milk supply which wasn't helpful. I was also told later on that actually if I had pumped more often than that would've helped with supply this kind of information would've been useful to know.'</i> (P94)</p> <p><i>'My milk did not come in as expected and I struggled with any supply from day one which left me feeling upset and confused despite having done plenty of reading and preparing for breastfeeding. Upon doing some research I found that having induction, any intervention, high blood loss and c sections can all impact on milk coming in and feeding success. To know this would have been helpful instead of me feeling lost and confused.'</i> (P86)</p>
Consequences (n=25)	
➤ Confidence	<p><i>'Having the support from my HV and Lisa Parry for example have given me the confidence to know that I'm not a failure for moving to more bottle feeds and it's what is best for both me and baby moving forward.'</i> (P85)</p>
➤ Pressure	<p><i>'I have not felt nurtured by the local health authorities to breastfeed. I've felt I've had to battle against them to keep my daughter off formula. I am incredibly angry that I was advised to give her formula at one day old and think someone titled 'breastfeeding support' should understand what power they hold before advising using only their opinions. The whole process after this felt like people were judging me rather than supporting me and it made the newborn period very stressful even though I had my beautiful and content little daughter.'</i> (P103)</p>
➤ Emotional impact	<p><i>'Overall, I think my mental health was clearly not great, but no one seemed to really take that on board when talking to me about breastfeeding. I broke down in tears to one midwife and they still didn't really listen or help. It was all extremely overwhelming and I can see why a lot of women would stop breastfeeding altogether'</i> (P100)</p> <p><i>'The journey of feeding had a negative impact on my mental health and the nursery nurse from the infant feeding team was the only reason I kept going.'</i> (P99)</p> <p><i>'I feel that formula feeding should also be discussed/taught in antenatal/feeding classes. Also, it should be made clear that there is no shame with formula feeding. In hospital they pushed formula feeds on to us and I was devastated. Women need to know this is a possibility.'</i> (P153)</p> <p><i>'My breastfeeding challenges have continued- I still have anxiety over feeding due to early challenges. However, I am proud to say I am still going strong and feeding my baby successfully.'</i> (P86)</p>

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Focus Groups

To better understand the barriers and challenges of breastfeeding through gaining more in-depth perspectives from women, participants were asked to opt in to be contacted for online focus groups. Of the 106 participants that completed the survey in full 40 provided their contact details and were invited to attend one of four scheduled focus groups. In total 10 women consented and participated across the four scheduled groups.

Thematic analysis was used to identify themes from the focus group data, on views and experiences of breastfeeding. Emergent themes included.

(1) Determination to successfully breastfeed.

(2) Lack of information.

(3) Unexpected aspects.

(4) Knowledge around support.

Mothers that breastfed commented on their **Determination to successfully breastfeed**, both exclusively or when combination feeding. This was represented in their views and experiences both prior to and after the births of their babies. This included the following sub themes

- (i) personal views and plans around breastfeeding, with mothers expressing their strong desire to breastfeed from the outset, prior to birth and in some instances prior to pregnancy. Women also commented that they felt their determination to successfully breastfeed was amplified once their babies had arrived and feeding was being established.

'I was adamant that I wanted to breastfeed and when I was pregnant, people would say like, oh, I tried. And don't worry if you can't do it because there's so many things that can go wrong. And I'd listen to that and think no, but I'm going to. I'm going to feed my child.' (FG7)

'Yeah. Like even before I got pregnant, like, I've just always.... That's what I wanted to do.' (FG8)

'I wanted to breastfeed before, well, since before I got pregnant really. For all the health benefits, both physically but also emotionally, the bonding, attachment and all of that as well.' (FG15)

'My attitude towards it changed after she was born I was definitely more determined afterwards, because I think if you told me while I was pregnant, oh, you know if your milk wasn't coming in, would you just go to formula feed? I'd probably say yeah.' (FG12)

'actually when it came down to it, there was this kind of biological urge to feed him. And yeah, I was quite determined, I guess to kind of carry on.' (FG11)

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- (ii) feeling accomplished or successful in breastfeeding and being fortunate in their success was also cited by mothers. With participants commenting on the support they received, their own perseverance and sometimes a lack of issues meaning they were able to continue.

'I think because there's, quite a lot about breastfeeding of like, yeah, how difficult it is. We should, I think celebrate anyone just get it getting six months. (FG9)

'It was the first eight weeks that were really hard, but I'm really pleased that we persevered.' (FG10)

'Now we're in a place where I've kind of persevered and we're basically pretty much mostly breastfeeding but just doing 1 formula bottle before bed. But that's through my determination that we've got to that stage.' (FG11)

'I understand I had a really privileged position. I think if I was either on my own or I had like, you know, he couldn't work from home, My husband, a lot of the time. You know, if I had someone working really long hours because that was the nature of their job and I had to do that and all the other kind of activities of daily living with the physicality and just the amount of time it took breastfeeding I'm not sure I would have been able to persevere with it to the to the same degree. So for me that that was absolutely massive, and I'm very lucky, but all I had to do was just focus on taking care of her.'(FG16)

'I thought it was never going to end and that in person support I couldn't have done it without that.' (FG8)

2) A Lack of information on varied breastfeeding experiences was an extremely common aspect cited by mothers. A number of the participants noted that breastfeeding was much *harder than expected*, that they felt *underprepared* for the reality of it and in particular that there was a significant *lack of information relating to feeding older babies* and continued feeding.

'I was just sort of hungry for information, but you it's also abstract when you're pregnant and when it's not something you've experienced like it's really hard to like visualise what it's actually going to be like' (FG7).

'As your baby gets older as well, I just feel like it's so much of the support sort of dries up, so it's sort of like nice when like all my yeah, my 10-month-old baby is doing this like is this OK?.' (FG9)

'I didn't feel prepared when it came to like I had no idea what I was doing, but I'd find it hard to see how you could be fully prepared.' (FG7)

'I think the support for the start was very good and I think possibly like later on in people's feeding journeys, it'd be good to have more information about things like when

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your baby starts eating solid food, how that impacts breastfeeding and like night feeds and how long it's normal for night feeds to go on for. And like when the milk you expect your feeding to reduce and that and that kind of thing like that information is harder to find.'(FG7)

3) The types of *unexpected aspects* of feeding that were described by participants in the focus groups included:

- (i) Lack of information during pregnancy, with mothers often referencing a distinct lack of discussion or a very brief question around their feeding choice or intention.

'Yeah, I think my midwife was like, oh, do you know what you're going to do? I Was like I'll probably do that. And she went, oh, OK, tick. And then it wasn't mentioned again.'(FG13)

'My midwife just said to me, what are you gonna do, yeah, breastfeed or formula? And I was like, oh, I'll probably try breastfeeding. She was like, cool. Yeah, that was it then.' (FG12)

'there was not really any discussions about other stuff that could go wrong or could impact you and how you might remedy that, I was like feeding, breastfeeding, formula, feeding and pumping and then somewhere in the middle sleeping as well. But like it was just hell, it was horrible. And yeah, nobody talks. Yeah, nobody mentioned about that nobody mentioned about what might happen if your milk doesn't come in, what that might look like.' (FG11)

'I think the midwife asked me how I wanted to feed and I said breastfeed, but that was it. I wasn't directed to any specific support.' (FG14)

'So part of the antenatal care. The midwife, I remember asking fairly regularly what my plan was, but it just stayed that, oh, you plan to breastfeed? Tick box. That's it.' (FG15)

'Our community midwife engagement around breastfeeding was very much. Are you thinking of doing it great? Tick the box. And I know the appointments are really short, but I think if there was more information about the nuances of breastfeeding and the support that's available before you give birth you might be better prepared for going through the process afterwards.' (FG10)

- (ii) Difficulties of breastfeeding

'Objectively, breastfeeding is what's best for the babies in terms of health,, but I think the problem is that as health professionals, they're so desperate for people to do that because they want to do that health promotion, all that, and that's great. They then don't do the reality of it and I think then when it's really hard, people will give up

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quicker, like I was so close to giving up. Like I was really low, and I think the only reason why baby didn't have a bottle is because she wouldn't take a bottle.' (FG16)

'I had times where I was like, I can see why people, you know, when it was tricky. I was like, I can see why people give up. I can see why people give up and it's not even just that it could be painful. But there's so much to it, you know, sometimes it's just like fatigue from being attached..... there's so many different ways in which breastfeeding can feel challenging.'(FG14)

'It was very challenging. So my daughter, when she was first born, I didn't really know what I was doing and she fed for like the first two hours she was alive pretty much the full time, and she caused a lot of damage and then it was so painful I couldn't latch her after that.' (FG7)

- (iii) Emotional and physical demand, with women noting firsthand the unexpected mental and physical demand breastfeeding imposed upon them

'it's a really difficult and emotional time because you have your heart set on this is how I'm going to feed my child. And then it was so challenging and like I was just in so much pain.' (FG7)

'I think there was a bit of PTSD going on from like the birth and then kind of just in like you just kind of under this fog where everything is really difficult with feeding.' (FG11)

'I didn't think it was going to be as hard as it is like emotionally, physically, just just technically all of it.' (FG16)

'For me, the baby Blues hit badly. I mean the hormonal changes it, you know, lasted the normal amount or whatever, but your emotional state at that point, and then all of that hitting hard, that's another big barrier.'(FG15)

'I didn't expect the physical effort, the breastfeeding at like in terms of like exhaustion, backache, all of that like just the physical like, you know obviously because it's like a huge metabolic process.' (FG16)

'that that was something actually, that my husband was really sort of annoyed by in general in terms of that kind of messaging, was that nobody ever seemed to really care about me and whether it was better for me, mentally or physically.' (FG12)

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(iv) Conflicting or inconsistent advice

'...I felt like some of the information I was getting from the hospital or the breastfeeding support through the Health Board was very contradictory.' (FG14)

'you know, well meaning, but very contradictory advice from in hospitals. You know, I'd have someone different come in and they'd be like, oh, try this, try this and I'd be like, you're all saying really different things. And then that was really inherently, like, quite stressful as well.' (FG16)

'It was a bit awkward because I was like, oh, this is what I've been told by that person over there. But you've now just told me something different.' (FG14)

'We had the weighing every other day and you know, super stressful conflicting information. Midwives coming or even people on the Seren team telling you, oh, it shouldn't hurt and that means she's not latching properly. Oh, no, She has a good latch. All of those conflicting messages coming on the back of your emotional state being the worst it's ever been.' (FG15)

(v) Awareness of others, in particular feelings of isolation or breastfeeding not being the 'norm'. Mothers also spoke of awareness around others breastfeeding experiences and consciously not wanting to be insensitive to those who may have wanted to breastfeed but couldn't.

'You worry about, like, I don't want other people who aren't exclusively breastfeeding. You don't want them to feel that, like, shame. If I'm one to one with someone, I would share my experiences. but sometimes I don't if I'm in a bigger group because I just sort of feel like it's not really the norm.' (FG9).

'I was breastfeeding, and I think sometimes maybe it was just me, but sometimes I found that talking to people who had tried it for whatever reason, they were then 100% formula feeding that it felt like I couldn't share that it was difficult because they had also really wanted to do it, but for whatever reason wasn't happening.' (FG13)

'I have friends who breastfeed as well, but it's like hard because also I think a lot of people obviously have under supply, so also I think in in the early days, it's also hard to talk to people you don't know that well. You know, if they're really struggling with like, milk supplies and it feels sort of like insensitive.' (FG9)

'I think I at the beginning I found it really hard because it felt like all the people around me were bottle feeding and I've got no idea if that was formula or breast milk, but I felt very alone in feeding in public.' (FG10).

Participants differed in terms of their level of **knowledge of the support** available to them in their locality. With a number of the women taking part in the focus groups saying they were not aware

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of the professional support available to them until it was acutely needed. Conversely other women noted a good level of awareness and access to professional support from the outset.

'I didn't have much expectation for much support at all from what I'd kind of read is that breastfeeding support is quite limited.' (FG8)

'When I was in hospital, I do feel like when I asked for support, I did get it. But if I hadn't have known to ask for it, or maybe if I hadn't been so like hot on it..... Well, what about the women who don't know to ask or don't know where to look,' (FG14)

'If I knew that was an option. If I knew that person was there, I would've asked them on day one, you know, like, I was really struggling. Like, I was so depressed about the whole thing. Even in those first, like, immediate few days. It was really affecting me mentally. So yeah, if I'd known that I could have called on a specialist there and then that would have been amazing. So yeah, it was a shame that it took to like day four or whatever it was.' (FG12)

'So I mean before I didn't know about anything, but then afterwards, everything's in the Little Red book. So yeah, ended up basically going to everything, all of the support groups.' (FG7)

'Somebody came and saw us before we went home from the Seren team to let us know that they exist. So it wasn't to come and, like, show us what to do. It was just to tell us that they existed. So we found that really helpful.' (FG10)

Participants also spoke of the range of either **paid (private) support** or more **informal sources** of support that they had sought themselves to help with both knowledge and hands on support.

'Just seeing other mums is helpful and just any baby groups that you go to like sometimes you just get chatting to people about it or just the more you chat, the more you realise, actually, I'm really not alone in this. And actually our stories are not that dissimilar.' (FG11)

'I joined like post natal yoga and stuff and it was actually through doing things that were things that I would have done with or not without a baby I actually end up meeting someone and a friend who was going through similar things at the time. And that, like that, became, you know, the person you chat to.' (FG13)

'I go to baby latte in Penarth and they are pretty good with their Facebook and they'll try and whatever people have sort of been discussing in the session, they'll put resources up in relation to that. So even if people haven't been to the session, they can see. Oh well, I'm going through that as well.' (FG7)

'NCT and National Breastfeeding Helpline that was so good in the wee hours of the morning.' (FG16)

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'We saw a lactation consultant as well. And I think she gave us a massive amount of confidence to keep going.' (FG10)

The focus group responses collated in Project 2 were used in identifying and elaborating upon themes and subthemes on the views and lived experiences of breastfeeding. A series of questions within the focus group schedule were also aimed specifically at addressing future recommendations informed by the survey responses. Many women sought information and support themselves around feeding choices, and in particular breastfeeding, via **social media and other online sources**. Participants were asked about their use of social media and its influence and impact on their feeding experiences. The following sub themes were apparent

(i) Useful online resources

'I spent a lot of time on Instagram. Some of my biggest support is probably from like a few Instagram accounts, if I'm honest. They've been really useful.' (FG8)

'So I have a friend who has a baby who's like three or four months older than mine, and she was breastfeeding and she sent me some Instagram accounts to follow and that that was really helpful.' (FG7)

'I was just really anxious about it. So I never actually went to any groups in person. I just, yeah, like, used various online resources, like the Le Leche Whatsapp group.' (FG12)

'I did use at one point. I think it was the breastfeeding network where you have like a live chat thing where you could actually talk to somebody else. That's trained and stuff, but it's like you're talking to a human. I used that at one point I found that really helpful.' (FG12)

'I fell into a Reddit kind of hole of reading Reddit threads, particularly when it came to combi feeding, because it's such a big thing in the US because they'll go back to work so early that that ended up being these people and threads of loads of information was really useful.' (FG13)

'It wasn't like the foundation, but it did top up my information. Topped up my knowledge and my experience as I was going through it, but I'm not sure I would have found it as useful if I started reading that stuff before I had the baby. It was only once I started putting into practise. I was like right here are the things that I need some help on.' (FG14)

(ii) Misinformation and fact checking

'I started following like some IBCLCS. I'm thinking that there's a midwife called Olivia she's like an NHS midwife who is also an IBCLC. But she will just put out sort of like fact checks, she's really helpful.' (FG9)

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'In general anytime that I tried to look up anything, I always tried to sort of append my Google search with NHS, so at least I was getting consistent information from that point of view.' (FG12)

'I followed one person specifically breastfeeding related, but didn't find it super useful because I found the information quite contradictory to what I'd been told. So that that makes it more difficult to find reliable information.' (FG10)

'Not knowing that the people that are on Instagram or whatever are actually reliable. I think that was my main thing, you know, somebody could say they were lactation consultant. But I'm like, I can't go and actually look up, do they have the credentials, you know? So I just I tried to avoid it really.' (FG12)

When provided with the opportunity, women found it beneficial to be able to engage with health practitioners for successful breastfeeding. It was also suggested that a wider range of support groups or opportunities to discuss breastfeeding would be beneficial. As such women participating in the focus groups were asked what could be done to help mothers **engage better with health practitioners** and the support available. The main theme to emerge here was the suggestion for early and consistent *signposting* to services and *resources*

'Just signposting whilst you're pregnant and have the capacity I think, a lot of it again is troubleshooting when you're doing it but knowing where to go and what is a good resource or high-quality resource or trusted resources that ahead of time would have been really helpful.' (FG16)

'I think signposting. I mean, I don't know, presumably the health board could signpost.' (FG14)

'It was going to groups and seeing other mums breastfeeding as well, that was really encouraging and like not like it's a completely non-verbal kind of I'm not the only one. I found that really helpful, but it would be really good. Like I'd never heard of the peer support groups or the La Leche groups, so it'd be really good to have that information.' (FG10)

'Having maybe information about the options beyond, you know, like, oh, if you can't get to a clinic here are other options as well. So like the breastfeeding network or there's like a group that is local to me, that's called the La Leche League. So you know, just being like if you can't find that, then here are other, reputable places you could go.' (FG12)

'I really had no idea and it would have been just really helpful to be like, OK, you know, there can be some challenges. Here is a list of resources should you need them.' (FG16)

'Signposting and information. I understand why the health board would want to say, OK, this is what we say but honestly a lot of it is not enough.' (FG15)

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Survey responses indicated that Maternity care assistants were considered the most helpful and supportive, possibly due to participants citing the support they provided in the immediate time after birth. Focus group participants were asked about the **time designated to supporting and establishing feeding** and how this impacted their ability to breastfeed or continue breastfeeding. Two sub-themes were identified that were thought to be of particular importance here

(i) Encouraging asking for support

'I would just say to anyone just get all the support you can, just get it like you know, for me like staying in the next day in hospital was invaluable in the end. I decided to stay well, they encouraged me to, but I I wasn't ready to leave because I wanted that extra support. Please just take anything you can get and if they're not offering it to you ask because there is support out there.' (FG11)

'When I was in hospital, I do feel like when I asked for support, I did get it. But if I hadn't have known to ask for it, or maybe if I hadn't have been so like hot on it. And this is what I was saying before about, you know, I was like the worried. Well, if you like, like, what about the women who don't know to ask or don't know where to look, you know?' (FG14)

(ii) Listening and understanding

'For me, I think it was meeting professionals that were really invested in you. So like it kind of varied as to who I met along the journey as to how helpful they were. But I found that if the midwife or member of the Seren Team were quite invested into what my actual goals were and actually listened to me. That that made a real difference. I remember one midwife in particular. I stayed in hospital for quite a few days after giving birth. It must have been like day four and she kind of came into the room and she could see that I was giving, you know, formula and breastfeeding. And she was asking me, well, what, what is it that you actually want? Are you happy?' (FG11)

'I think also them being willing to persevere with you and not to just opt out and be like, oh, well, if it's hard like just give up and try this instead. I think it was really helpful that they asked you, what do you want? And they worked with you to find that, I think the Seren Team were invaluable for us when we first met them. I think I was on the verge of tears and they were like, do you want a cup of tea? And we'll sit down and we'll just go through it.' (FG10)

For women who breastfed, one of the most referenced enablers to breastfeeding in the current project survey was *knowledge of the benefits* of breastfeeding. The focus group participants were asked whether they agreed, or what the most significant **benefits of breastfeeding** were based on their personal experiences and how these could be better communicated. Participants recognised the following as their main drivers for breastfeeding

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(i) Convenience

'For me, and maybe some other, you know, I don't know. I'm. I'm in my bubble. That might just be what me and my close friends will say. But actually one of the biggest, like enablers of sort of continuing breastfeeding like once it going well is just it's so much less faff.' (FG9)

'Straight off the bat, just just from looking into it just for like in terms of health benefits for baby, but also just a part of it was convenience. I didn't think at the time like like initially given birth. I'd have like the mental capacity to be sterilising bottles and doing that kind of thing especially in the night. So it seems at the time the the most sensible option.' (FG16)

'It's just so much easier. So yeah, for me, that was a big part of it. I think was just that I didn't feel like I had the mental capacity to take on anything else. I was just like, this is the one thing that I know will eventually work. And so I'm going to do that.' (FG12)

'Convenience probably is the main reason. Once I'd actually started breastfeeding, it was convenience, especially when you're out of the house.' (FG11)

(ii) Health and other benefits

'I think probably knowing the ongoing health benefits like protecting the immune system is probably what kind of really spurred me on to keep going for so long.' (FG8)

'I think the fact that it's not just food for them was a massive thing for us. So like the fact that it's the comfort and it's the connection that they also get from breastfeeding, not just the nutrients itself. I think that's what made a huge difference in terms of having that determination to keep going.'(FG10)

'I suppose the health benefits probably are at the beginning. You're sort of aware of them but then I think, there was that sort of emotional bond too.'(FG9)

'My husband was very aware of the health benefits of it. And I think that was part of why he was so keen for me to keep going. That helped with him being really supportive when I was finding it really hard and wanted to stop.' (FG7)

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Discussion of results

The aim of this project was two-fold.

- 1) To determine the barriers and challenges to breast feeding in the Cardiff and Vale areas, and
- 2) Explore in further depth barriers and challenges to breastfeeding and seek to develop potential recommendations for future practice regarding the promotion and practice of breastfeeding.

The survey successfully recruited over 100 responses. The outcomes of this report reflect the population which we were able to access, this was mainly (91%) white females with an average age of 35 years who were located across wide range of districts (Table 2.) and deciles (Table 3) within Cardiff and the Vale of Glamorgan. The majority (60%) of mothers had only one child and had planned to breastfeed before the birth of their child.

Objective 1 – Barriers and challenges to breastfeeding in Cardiff and the Vale

In the current project, a relatively common theme was the lack of discussion surrounding feeding choice with mothers during pregnancy. It was frequently mentioned that the feeding discussion either did not happen, or that when staff left or changed, they were not replaced and so any opportunity for discussion was overlooked or missed. This appeared to be an issue mainly for first time mothers as those with multiple children reported a greater confidence second/third time around and thus required less support.

The average age which mothers stopped breastfeeding was 6.3 months. Of interest, this survey also found that there was a significant association between the age of the mother and the length of time they breastfed for. Anecdotally mothers also reported a '*dropping off*' of support at this time, with a lack of formal resources or information relating to navigating weaning and continuing feeding, or issues relating to older babies. Women largely reported that they could not find the information they needed via the official channels, and so self-research and '*fact checking*' was common. This was largely sought through peers and online resources with many women citing the use of platforms such as Instagram, WhatsApp and messaging forums to seek information at a time of specific need.

With respect to reasons for stopping breastfeeding, the most prominent themes were around challenges establishing or maintaining breastfeeding, lack of support, discomfort, and changes in feeding circumstances (see Figure 3 for more). As would be expected midwives were the most recognised and most frequently cited source of support for mothers in this survey (85.3% of women sought help from a midwife) and their helpfulness is ranked second highest after Maternity Care Assistants (see Figure 5). Of interest, whilst Maternity Care Assistants were considered the most helpful (70%) based on personal experiences, they were reportedly the least accessed form of support (Figure 4). As such, Maternity Care Assistants may be an underused or underestimated asset in their role in supporting mothers, particularly in establishing feeding, and the first few days post birth. When addressing this during the focus groups mothers commented

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on the importance of early individualised care, listening and understanding wishes and gave instances where they felt this support had been instrumental in their breastfeeding success.

Women reported a number of unexpected aspects of breastfeeding, presenting barriers that they did not feel prepared for. Included in these were themes such as the *emotional and physical demands, awareness of others, difficulties* encountered and the *lack of consistency* in relation to advice or support. Women in both the survey and focus groups detailed a distinct feeling of overwhelm and lack of preparation with respect to the demands placed upon them. Many paid reference to emotional demands and commented that a more '*realistic*' promotion and expectation of breastfeeding was needed. Furthermore, women that exclusively breastfed felt that they were fortunate in doing so, and that breastfeeding was not the '*norm*'. In fact, a small number of women commented on feeling acutely aware of those that perhaps had not been able to continue, and were mindful about being sensitive to others experiences and wishes. So much so, that some commented that they felt they couldn't discuss certain issues or be vocal about their experience – resulting in a feeling of isolation.

In addition to the perceived barriers to breastfeeding, there is also a need to highlight the many facilitators which many women described in their responses. Most women found that breastfeeding was an attractive option as they believed in the scientific evidence surrounding the many nutritional and thus health benefits to breastfeeding, as well as the special bond that it created between mother and baby. However, of note in both the survey and focus group comments was an overwhelming appreciation of more practical facilitators such as cost saving, the convenience, and the external support through breastfeeding groups and peers. In fact, mothers in the focus groups felt that whilst health benefits were of concern initially, it was convenience of breast feeding that was a driver for continuing. In terms of other facilitators peers and family were the most heavily cited sources of support for mothers, with many women referencing the helpful support from their own mothers as being a pivotal source of information and in guiding expectations.

The breastfeeding services provided in the area are commonly accessed by mothers with a wide range of ages who come from a wide range of deciles. The women in this survey commonly use multiple services to support them with their breastfeeding journey, over a range of different time periods. In addition to these services, over 40% of women sought out and used a range of informal support groups. They often gave praise to these groups and found them useful in supporting their breastfeeding journey. It was suggested these are an excellent addition to the more clinical support network on offer for women and provide support beyond the initial weeks of establishing feeding.

The use of social media alongside other online resources remains a hugely significant cited source of information and support mechanism. Social media including WhatsApp chats, Instagram, Facebook and forums or networks (La Leche League, Breastfeeding Support Network, Peanut) were regularly mentioned along with the specialist feeding clinics and peer support groups facilitated by CAV UHB. Some women went as far as to suggest that some of the external social media outlets accessed and online professionals such as International Board-Certified Lactation Consultants '*saved*' their breastfeeding journey. Many women describe several external social media sites on platforms such as Instagram as being deemed reputable sources of information and organisations. However, few mentions of specific organisations were given and as such, there

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remains concern regarding the efficacy of the information accessed in this manner. Whilst an overwhelming majority of women reported using such sources for guidance a small number did also comment upon their hesitation in consulting social media for advice. These women noted an awareness of the possibility of '*misinformation*' and preferred to seek '*official*' guidance.

Objective 2 – Participant informed recommendations

In the current project the detailed open text responses received from 106 survey participants, alongside 4 focus group discussions (n = 10) have provided a wealth of information regarding personal lived experiences. As such several recommendations for the promotion, practice, and support of breastfeeding are given below.

- Mothers reported the use of the online breastfeeding workshop provided by the breastfeeding team helpful, as well as paid external courses. As such the targeted use and promotion of this with first time mothers, or in addressing potential inconsistencies or missed opportunities could be useful.
- Further work or resource to help support mothers continue with breastfeeding, targeted at the 6-month stage, (the most common age mothers reported stopping) could be beneficial in supporting women further in their feeding choices and extending their feeding journey.
- The barriers and facilitators identified could represent focused educational content that could be created and disseminated, particularly online or via social media which appears to be the preferred mechanism of seeking information. Providing recognised and reputable channels of information where 'fact checking' and 'misinformation' are of particular concern.
- Given some of the positive experiences described by the women who attended support groups, both formal and informal, it would seem logical to try to encourage and promote these opportunities and increase attendance and/or opportunities. Whilst many women found them very beneficial, a significant number of women did not attend any support group outside of the clinical support services, with some suggestion that locality was a key enabler which helped them attend these additional support groups.
- Gaining a better understanding of the specific online sites/ organisations/ platforms women are using would be of use in helping to understand the quality of information they may be being exposed to, and what actions may or may not be needed. This is likely to be of importance given their use appears to be widespread, especially for women who may be struggling with breastfeeding and unaware or unable to access support physically.

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- Mothers also suggested that improved and early signposting to the various services and support available to them, alongside approved resources or networks would be beneficial in engaging with support.

Conclusions

This report sought to understand the barriers and facilitators to breastfeeding in the Cardiff and Vale of Glamorgan and explore potential recommendations for future practice regarding the promotion and practice of breastfeeding from the perspectives of women who have had children. The questionnaire was widely disseminated, and response rates were considerably higher than those in Project 1. Focus groups were successful and important evidence and themes emerged. The women who participated in all components of the study represented a good range of deciles, had multiple children who were a range of ages, and had engaged with multiple support services offered within the locality. However, further research is required to reach younger (<20 years) mothers, mothers from a variety of ethnic groups, and mothers who did not chose to breastfeed from the outset.

Based upon the mothers' lived experiences there were several important facilitators which enabled them to establish and maintain breastfeeding. Some were focused on the baby's health. Specifically, the importance mothers placed upon the scientific evidence surrounding antibodies in the milk, superior nutritional density, and the power of oxytocin and bonding. However, many were based upon the functionalities such as cost and convenience and this appeared to be a driving force in sustaining breastfeeding for many women. Lastly, a common and powerful facilitator was the potential for using online platforms for education and support for mothers who are struggling to either start or maintain breastfeeding. Many mothers leant towards the use of social media for support given its easy access and availability. However, they also questioned whether the information was fact checked and thus could they really rely on it. This often-left women in a quandary at a vulnerable time of their breastfeeding journey. As such, signposting and education around use of online resources by the Cardiff and Vale teams that can be accessed by mothers who are looking for support and guidance, but from a reputable source to ensure support to maintain breastfeeding (particularly beyond 6 months) could be beneficial. However, given the positivity surrounding face-to-face appointments with clinical staff, it would need to be clear that these resources were in addition to, and not instead of engaging with clinicians directly.

Based upon their experiences the women reported several barriers to breastfeeding and these themes came out in both the survey and the focus groups. Establishing and maintaining breastfeeding appears to be an area of difficulty for many women with physical barriers and discomfort (emotional and physical) commonly cited. The adverse effects or pressure placed on mothers by failed attempts, for example the impact the failure had on their mental health was referenced. Adequate support for mothers who present with these challenges early on, and the role of midwives and Maternity Care Assistants in particular is of importance.

As previously mentioned, there is a need to better understand the potentially unique lived experiences of a range of mothers not captured within this report. Specifically, those under 20 years of age who are less likely to breastfeed, and women from ethnic minorities who may have different lived experiences.

*Suppressed due to size (<5 data points)

†Suppressed to protect the values in the primarily suppressed data

References

- Dickson, T., Crone, D., Copeland, L., & Bennett, A. (2024). Exploring the barriers and challenges to breastfeeding in the Cardiff and Vale of Glamorgan area – Final Report, September 2024.
- Clarke, V., & Braun, V. (2013). Successful qualitative research: A practical guide for beginners.
- Grant, A., McEwan, K., Tedstone, S., Greene, G., Copeland, L., Hunter, B., Sanders, J., Phillips, R., Brown, A., & Robling, M. (2018). Availability of breastfeeding peer support in the United Kingdom: A cross-sectional study. *Maternal & Child Nutrition*, 14(1), e12476.
- Grant, A., Pell, B., Copeland, L., Brown, A., Ellis, R., Morris, D., Williams, D., & Phillips, R. (2022). Views and experience of breastfeeding in public: A qualitative systematic review. *Maternal & Child Nutrition*, 18(4), e13407.
- Patil, D. S., Pundir, P., Dhyan, V. S., Krishnan, J. B., Parsekar, S. S., D'Souza, S. M., Ravishankar, N., & Renjith, V. (2020). A mixed-methods systematic review on barriers to exclusive breastfeeding. *Nutrition and Health*, 26(4), 323-346.
- Qualtrics software, Version [July 2024] of Qualtrics. Copyright © [2024] Qualtrics. Qualtrics and all other Qualtrics product or service names are registered trademarks or trademarks of Qualtrics, Provo, UT, USA. <https://www.qualtrics.com>
- Tomori, C. (2022). Overcoming barriers to breastfeeding. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 83, 60-71.

*Suppressed due to size (<5 data points)

†Suppressed to protect the values in the primarily suppressed data

Appendix 1

Exploring the Barriers and Challenges to Breastfeeding in the Cardiff and Vale of Glamorgan area.

(Project reference number: Sta-9368)

Thank you for your interest in taking part in this survey, which will ask about your views and experiences in relation to the barriers and challenges of breastfeeding. **We would like to hear from women with babies under the age of 24 months, and are interested in the views of women who did not choose to breastfeed, women that wanted to but then didn't, and from women who did.** We really value your contribution in helping to explore this topic in the Cardiff and the Vale of Glamorgan area. The survey will only take around 10-15 minutes to complete and is completely voluntary.

You do not have to answer all questions and can skip any questions you want to. Should you wish to withdraw during the survey you can do so by exiting the browser. If you would like a question explained, or to discuss any aspects of the survey, please contact Dr Tabitha Dickson - TGDickson@cardiffmet.ac.uk

A full participant information sheet for this survey is available below.

[Participant information sheet](#)

Privacy and data protection statement

Any information you provide will be treated in accordance with data protection principles for the purposes specified within the Participant Information Sheet. Cardiff Metropolitan University will process your personal data in line with Article 6(1)(a) and Article 9(2)(a) of the General Data Protection Regulation 2018 which specifies that your personal data can only be processed with your explicit consent. Any contact details (email) will NOT be shared with any third parties outside of the programme and will only be used for the purposes of this study. Any personal data will be destroyed following the finalisation of the project. You have the right to withdraw from the survey; access your own data; and request its deletion where identifiable. For information regarding withdrawal of consent please see participant information [insert hyperlink]. By consenting to continue and complete this survey you are confirming that you have understood the reasons for obtaining your data and you are happy for the study to proceed. Please note that you have the right to withdraw consent at any point. Should you wish to invoke that right please contact the Cardiff Metropolitan University ethics board (esshethics@cardiffmet.ac.uk)

Consent to take part in the survey

I confirm I am over the age of 18, have read the privacy statement and participant information sheet and consent to take part in the survey. **[Continue to survey]**

I do not wish to take part in the survey. **[Skip to end]**

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Thank you very much for your contribution. The responses will now be analysed to help to inform the future promotion and support for breastfeeding in the Cardiff and Vale of Glamorgan area. The findings will be used to contribute to a report for the local health board, which may be used in academic journal articles and conference presentations.

Thank you for completing the survey, if you have any further questions, please contact TGDickson@cardiffmet.ac.uk or refer to the Participant Information Sheet.

The focus of this survey is on exploring the barriers and challenges associated with breastfeeding in the Cardiff and Vale of Glamorgan area. By participating, you will have the opportunity to help us to understanding more about what helps or hinders breastfeeding in Cardiff and the Vale of Glamorgan. We will use this information to write a report for the local health board, which will help to inform the future promotion and support for breastfeeding in the area.

Firstly a bit about you:

Q1. Do you have a baby aged between 0-24 months?

Yes [**Continue to survey**] (1)

No [**Skip to end**] (2)

Thank you for your interest in completing this survey.

At present we are only looking to hear from women who currently have a child under the age of 24 months, as you have selected that this is not the case you have reached the end of the survey

Q2. How old are You?

[Validated text response]

Q3. How would you describe your ethnic origin

[Dropdown menu]

Q4. What area do you live in?

Please provide a postcode

[Validated text response]

Q5. How many children do you have?

[Validated text response]

Q6. How old is your baby?

Please give an answer in number of months

[Validated text response]

Q7. How long was your pregnancy?

Please give an answer in number of weeks

[Validated text response]

Q8. Are you taking part in the Flying Start programme?

Yes (1)

No (2)

Q9. Did you attend any Antenatal classes / support?

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-
- Yes national health service (1)
Yes, National Childbirth Trust (2)
Yes, Other (please give details) [Text entry box] (3)
No (4)

Q10. Do you attend any baby/ family groups at these locations or elsewhere?

- Dinas Powys Community Library (1)
Vale Flying Start Barry, Stay and Play (2)
Cardiff St Marks (3)
Cardiff Flying Start Ely, Stay and Play (4)
Other (please give details) [Text entry box] (5)
None (6)

The next set of questions will ask about your feeding choices with your baby

Q11. Have you previously breastfed?

- Yes (1)
No(2)
No, this is my first baby (3)

Q12. Before the arrival of your baby, had you chosen or planned how you would like to feed them?

- I planned / wanted to just breastfeed. (1)
I planned/ wanted to just use formula feeding.(2)
I planned/ wanted to combination feed.(3)
I did not have a plan.(4)

Q13. Was the feeding choices discussion with the midwife during your pregnancy helpful, and did this have an impact on your decision?

[Open text response]

Q14. Are you currently breastfeeding?

- No, I have never breastfed my baby (1)
No, I have done but stopped (2)
Yes, I exclusively breastfeed (3)
Yes, but with mixed (combination) feeding (4)

Display only if Q14 response is “No, I have done but stopped” is selected

Q15. Can you tell us more about how long you breastfed for (age of your baby when you stopped), and your reasons for stopping?

[Open text response]

Q16. Following on from Q13, can you tell us a little more about why you did/didn't decide to breastfeed?

[Open text response]

We will now ask about any infant feeding support you may have received:

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Q17. Did you seek or receive support from any of the following people and/or services?

Please select all that apply.

Midwife (1)

Health visitor (2)

Infant feeding specialist clinic (3)

Maternity care assistants (4)

None of the above (5)

Skip to Q19 if “None of the above selected”

Q18. Was the support you received from the [piped text Q17 responses] helpful? Please explain why/why not.

We understand that there may be differences in what was /wasn't helpful if you used more than one service. Please give details of the type of support or service in your answer so we know which you are commenting on.

[Open text response]

Q19. Have you received any other useful information or support for infant feeding?

This does not have to be a specific service or organisation - it could be through friends or family etc. If so, please provide some details here about the information you had and from whom.

[Open text response]

Q20. Do you have any final comments?

[Open text response]

Q21. Lastly, following on from this survey we plan to hold some small group discussions to talk about the experiences, barriers and challenges associated with breastfeeding. If you would be willing to come along to one of these sessions, then please select yes below and you will be asked to provide some contact details.

(Your responses given in this survey will not be linked in any way to your contact details if you decide to give them and will remain entirely anonymous regardless of whether you select 'yes' or 'no'.)

Please make your selection below and click the right arrow to submit your answers.

Yes, I would like to provide my contact details. **[Link to second survey]**

No, I would like to end the survey. **[End Survey]**

Thank you very much for your contribution. The responses will now be analysed to help to inform the future promotion and support for breastfeeding in the Cardiff and Vale of Glamorgan area. The findings will be used to contribute to a report for the local health board, which may be used in academic journal articles and conference presentations.

Thank you for completing the survey, if you have any further questions, please contact TGDickson@cardiffmet.ac.uk or refer to the Participant Information Sheet.

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Exploring the Barriers and Challenges to Breastfeeding in the Cardiff and Vale of Glamorgan area.

(Project reference number: Sta-9368)

Thank you for your interest in providing your details to take part in a focus group/ discussion.

You do not have to provide any personal details and can skip any questions you want to. Should you wish to withdraw during the survey you can do so by exiting the browser. If you would like an explanation, or to discuss any aspects of the survey, please contact Dr Tabitha Dickson - TGDickson@cardiffmet.ac.uk

A participant information sheet is available below.

[Participant information sheet](#)

Privacy and data protection statement

Any information you provide will be treated in accordance with data protection principles for the purposes specified within the Participant Information Sheet. Cardiff Metropolitan University will process your personal data in line with Article 6(1)(a) and Article 9(2)(a) of the General Data Protection Regulation 2018 which specifies that your personal data can only be processed with your explicit consent. Any contact details (email/name) will NOT be shared with any third parties outside of the programme and will only be used for the purposes of this study. Any personal data will be destroyed following the finalisation of the project. You have the right to withdraw from this survey; access your own data; and request its deletion where identifiable. For information regarding withdrawal of consent please see participant information [insert hyperlink]. By consenting to continue and complete this survey you are confirming that you have understood the reasons for obtaining your data and you are happy for the study to proceed. Please note that you have the right to withdraw consent at any point. Should you wish to invoke that right please contact the Cardiff Metropolitan University ethics board (esshethics@cardiffmet.ac.uk)

Consent to take part in the survey

I confirm I am over the age of 18, have read the privacy statement and participant information sheet and consent to take part in the survey. **[Continue to survey]**

I do not wish to take part in the survey. **[Skip to end]**

Thank you very much for your contribution. The responses will now be analysed to help to inform the future promotion and support for breastfeeding in the Cardiff and Vale of Glamorgan area. The findings will be used to contribute to a report for the local health board, which may be used in academic journal articles and conference presentations.

Thank you for completing the survey, if you have any further questions please contact TGDickson@cardiffmet.ac.uk or refer to the Participant Information Sheet.

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Thank you for registering your interest in being involved in a group discussion. A small number of people who agree to be invited will be asked to discuss the survey topics in more depth, and provide further detail based on their experiences. This will be conducted in person in a small group of approximately 5-10 people, with a duration of 45-60 minutes, and will take place at a location that is convenient and accessible to you within the local area.

Q1. Please provide an email address if you are willing to be contacted to attend a group discussion

(we will only use this email address to contact you about this study)

[Validated text response]

Q2. Please provide your name.

[Open text response]

Q3. Please let us know how you would prefer to attend

If you are willing to attend either in person, or online then please select both

In person (face to face) (1)

Online (Microsoft Teams) (2)

Q4. Please let us know which of the following locations you may be willing to attend

Dinas Powys Community Library (1)

Vale Flying Start, Barry Stay and Play (2)

Cardiff St Marks (3)

Cardiff Flying Start, Ely Stay and Play (4)

None of the above are suitable locations (5)

Thank you very much for your contribution. The responses will now be analysed to help to inform the future promotion and support for breastfeeding in the Cardiff and Vale of Glamorgan area. The findings will be used to contribute to a report for the local health board, which may be used in academic journal articles and conference presentations.

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Appendix 2

The WIMD is the official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several diverse types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived). The small areas are otherwise known as Lower Layer Super Output Areas (LSOAs). This geography is built from census data and represents small areas each with a population of around 1,600 people. Welsh Index of Multiple Deprivation (WIMD) Rank. The deciles are ranked 1 to 10. Within these, 1 is the most deprived group and 10 are the least deprived

WIMD 2019 Rank	Decile
1-191	1
192-382	2
383-573	3
574-764	4
765-955	5
956-1146	6
1147-1337	7
1338-1528	8
1529-1719	9
1720-1909	10

List of the 62 Participant LSOA from survey			
A	Grangetown 11	Llantwit Major 6	Riverside 6
Adamsdown 5	Grangetown 2	P	Rumney 4
B	Grangetown 3	Pentwyn 1	S
Baruc 3	H	Pentwyn 7	Splott 1
Butetown 1	Heath 1	Pentwyn 8	St. Athan 1
Buttrills 3	Heath 5	Pentyrch 1	Stanwell 2
C	Heath 7	Pentyrch 2	T
Cadoc 6	Heath 8	Penylan 4	Trowbridge 3
Castleland 1	I	Penylan 7	Trowbridge 9
Cathays 2	Illtyd 6	Peterston-super-Ely	W
Cornerswell 2	L	Plasnewydd 3	Wenvoe 1
Court 1	Lisvane 1	Plymouth (The Vale of Glamorgan) 2	Whitchurch and Tongwynlais 1
Cowbridge 4	Llandaff 2	Pontprennau/Old St. Mellons 4	Whitchurch and Tongwynlais 2
D	Llandaff 3	Pontprennau/Old St. Mellons 5	
Dinas Powys 2	Llandaff 4	R	
F	Llandaff North 2	Radyr & Morganstown 2	
Fairwater (Cardiff) 3	Llandaff North 4	Rhiwbina 2	
Fairwater (Cardiff) 6	Llanishen 5	Rhiwbina 3	
G	Llanrumney 6	Rhiwbina 5	
Grangetown 4	Llantwit Major 4	Rhose 2	
Grangetown 6	Llantwit Major 5	Rhose 4	

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