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

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EXPLORING THE BARRIERS AND CHALLENGES TO BREASTFEEDING IN THE CARDIFF AND VALE OF GLAMORGAN AREA

EXECUTIVE SUMMARY

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 (C&VUHB). The Public Health team at C&VUHB sought to learn more about the barriers and challenges to breastfeeding in Cardiff and the Vale of Glamorgan. This was to better understand the local context and culture underpinning breastfeeding to inform future work in the areas relating to the promotion of breastfeeding.

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).

To meet these aims the CAWR team, working with the C&VUHB Public Health team, adopted a mixed method approach using an e-survey and interviews. The e-survey aimed to capture 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. A total of n=48 responses were 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 (sd 4.3). A total of n=6 interviews were conducted. Interviews took place face to face (at three different public sites within Cardiff and the Vale of Glamorgan), and online via Microsoft Teams.

Results indicated that of the 33 respondents, 45% of respondents 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 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.

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The main challenges were around how mothers access information in the locality, for example accessing support groups and the perception of what the groups aims are. Many of the mothers in this study noted that various social media platforms had been a support resource and should perhaps be considered when signposting to services in the region. Responses provided in this study have also highlighted the greater need for emotional support for those that did not have a natural birth (e.g. c-section) or experienced other complications.

Nationally the largest population of those not breastfeeding are a younger demographic (under 19 years old) than those represented within this report. Further work focussing on ascertaining the views and lived experience of these mothers would be of benefit to further understanding the barriers and challenges to breastfeeding in Cardiff and the Vale of Glamorgan. In addition, targeting information and support tailored to both younger and older mothers given the negative relationship demonstrated between increased age and the reduction in helpfulness of support, would be advantageous.

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Introduction

This report presents the findings from a project developed in collaboration with, and commissioned by, the Cardiff and Vale University Health Board (C&VUHB). The Centre for Health, Activity and Wellbeing Research (CAWR) at Cardiff Metropolitan University were commissioned to undertake the project. The project sought to explore 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.

Aims and Objectives

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

In order to meet these aims the CAWR team working with C&VUHB Public Health Team designed, developed and distributed an e-survey, which was then followed up with a series of interviews 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 findings of both the e-survey and interviews in addressing both these objectives, and the overall aims.

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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 interviews 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 more specifically to target 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).

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 C&VUHB Public Health commissioning team networks. The survey was also shared through social media to various local groups and pages linked to C&VUHB Public Health and Health Visiting teams. With regard to inclusion for the study participants were invited to complete the e-survey based on the following criteria;

- a. That they were over 18 years old;
- b. a parent living in the Cardiff and Vale of Glamorgan Area, and;
- c. had a child under the age of 12 months (at the time of completion).

Interviews

Recruitment

Participants were invited to take part in interviews via an 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 interview, and as such agree to receive further details regarding times and locations via e-mail. Participants were also recruited via opportunistic recruitment through direct contact, from the primary researcher (Dickson) with community groups in the Cardiff and the Vale of Glamorgan area

Interview format

Interviews were conducted with a self-selected set of participants. Interviews were audio-recorded 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

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Table 1. Topics and questions used to inform the interview schedule.

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

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 emerging themes and sub-themes. These are presented in the results alongside quotations (taken from open text responses) from respondents.

Interviews

The recorded interviews were transcribed verbatim where possible, or extensive notes taken where recording was not possible (for example due to location, noise etc) which provided descriptive scripts for the purpose of thematic analysis. The interviews and notes were analysed using thematic analysis (Clarke & Braun, 2013). The emerging themes and sub-themes are presented in the results, including quotations from respondents.

Results

Survey

Responses

A total of n=48 responses were received via the online survey. Of these responses 12 indicated that they had a baby over the age of 12 months and so did not continue to complete the survey in full owing to the criteria as set out in the methods. Three responses were also excluded due to being incomplete. As such a total of n=33 survey responses were included in the final analysis.

Demographic characteristics of the sample

Of the n=33 women who responded to the survey n= † identified as white, n=* as Asian, and n=* preferred not to say. Their age, number of children, age of baby and duration of pregnancy are listed below in Table 2. Of the n=33 respondents, 45% had breastfed before (n=15). Twenty-

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seven (82%) of the women who participated in the survey indicated that they had planned to breastfeed, n=* (%) women planned to combination feed, n=* (%) 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, n=* (%) were combination feeding, n=21 (64%) were exclusively breastfeeding, and n=7 (21%) had breastfed but stopped. Of the respondents 54% (n=18) attended an Antenatal group. The antenatal class with the greatest attendance was the NHS which accounted for 37% of all classes attended.

Table 2. Demographic information of respondents (n=33).

	Mean	SD
Age (yrs)	33.73	4.3
Number of children	1.42	0.56
Age of baby (months)	6.27	3.65
Pregnancy duration (weeks)	39.28	1.56

Locality

The 33 responses received were distributed across thirteen different postcode areas; CF3, CF5, CF10, CF14, CF15, CF23, CF24, CF36, CF45, CF62, CF63, CF64, CF71 (grouped by main area, i.e. first section of postcode) with only one non-valid postcode given. All but one of these areas denoted by postcode have less than five data points. As such the dataset was not sufficient for robust analysis grouped either by postcode or area (Vale of Glamorgan/Cardiff). However, it should also be noted here that these postcodes include highly divergent areas.

Qualitative findings

Feeding choices

Participants were asked 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 of women varied widely. Regarding discussions about feeding in general there were four emerging main themes;

1) helpful and informative discussions, however reference to these were not very common within the responses received.

'I was aware of the benefits of breastfeeding by reading up on it and discussing with my midwife' (P45)

'I knew I wanted to breast feed [...] The benefits my midwife told me made me definitely want to feed him' (P28)

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2) **Non-existent or minimal discussion** was described and relatively common among respondents, describing that they had either minimal or no discussion around feeding their baby.

'Not really discussed with midwife' (P8)

'I didn't have this conversation' (P10)

'No discussions with any professionals' (P11)

'Breastfeeding wasn't mentioned in any of my antenatal appointments' (P36)

'I don't recall having a discussion, I was just asked how I intended to feed.' (P42)

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;

'There wasn't really a choice, breastfeeding was presented as the best option' (P14)

'I was given very little information, an A4 piece of paper about feeding.' (P24)

'No advice or info given regarding formula feeding.' (P25)

(ii) intention to breastfeed and a lack of further discussion;

'I didn't have a discussion. They asked me how I planned to feed and I said breastfeed hopefully.' (P6)

'There was little conversation on feeding choices, as I said I was wanting to breastfeed.' (P16)

'We had no discussion as I said I had previously breastfed my first and intended to with my second.' (P19)

(iii) Strong promoting of breastfeeding

'I felt they were very pushy towards breast feeding' (P13)

'Breastfeeding was aggressively pushed' (P25)

'heavy emphasis on breastfeeding being promoted as the only way to feed' (P44)

Lastly the fourth sub-theme to be identified was

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(iv) Negative perceptions linked with the promotion of breastfeeding

'I almost felt like I was being judged for not being enthusiastic about breastfeeding' (P13)

'I had difficulty in establishing breastfeeding due to a painful labour and recovery. This then left me feeling like I had failed partly due to the heavy emphasis on breastfeeding being promoted as the only way to feed' (P44)

'irritated me how they kept confirming my wish to mix feed at nearly every appointment given it was documented in my notes.' (P48)

4)The fourth and final main theme to emerge from the responses to this question was the overall **lack of impact** these discussions had on feeding choices.

'didn't impact my decision' (P12)

'no as I had an idea about what I was going to do' (P38)

'my decision was made prior to the conversation' (P45)

'There wasn't really a choice, breastfeeding was presented as the best option' (P14)

'The benefits my midwife told me made me definitely want to feed him but I knew I wanted to already' (P28)

Continuation of breastfeeding

Survey participants were asked to indicate whether they were currently breastfeeding. Of the n = 33 that responded *% (n=*) had never breastfed, †% (n = †) were combination feeding, 64% (n = 21) were exclusively breastfeeding, †% (n = †) had breastfed but stopped. Following on from this those who indicated that they were no longer breastfeeding were also asked the following question.

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

From the reasons that women gave for stopping breastfeeding, three main themes emerged:

1) Challenges establishing or maintaining breastfeeding

These included factors such as;

- (i) challenges in establishing or restarting breastfeeding in general; *'I was given formula in hospital because the midwife states "she just might not want to breastfeed" so when I came home I found it very difficult to go back on that'* (P2) and *'I could not establish breastfeeding.'* (P44).

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- (ii) Issues with latching were also given as a reason; '*after a break] I tried to offer the breast again but could not [get baby to latch]*' (P7); '*there were issues with latching*' (P24) and; '*could not get baby to latch*' (P7).
 - (iii) keeping up with demand appeared to emerge as a challenging factor; '*could not feed at the rate that my son wanted to be fed - he is 96th percentile for weight and very hungry!*' (P14) and '*my supply never came in*' (P44).

2) Lack of support

'was given formula in hospital because the midwife stated "she just might not want to breastfeed"' (P2)

'No support from health visitor or midwife just told to keep on' (P25)

3) Discomfort

Discomfort of breastfeeding in general and in different contexts was an apparent sub-theme here; '*it never clicked for me and baby*' (P24) and '*didn't feel comfortable feeding in public*' (P25). Alongside the arduousness of pumping to ensure supply '*I pumped to get milk but in the end stopped as it was too much*' (P24) and '*it was a lot of work sterilising the pumping equipment alongside also sterilising all the equipment for bottle feeding*' (P44). In addition, a small number of physiological issues were also cited (tongue tie and reflux (P7)).

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Table 3. Summary of Themes (barriers and facilitators) in decision to breastfeed or not.

Theme	Sub-Theme	Example Quotes
Facilitators/ enablers to breastfeeding	➤ Understanding the benefits	P1; ' <i>I knew the health benefits for both of us & also the importance of bonding</i> ' P18; ' <i>also have the very special bond</i> ' P5 ' <i>I am aware of [...] the benefits of breastfeeding to the baby by passing on my antibodies</i> ' P34; ' <i>benefits to our child, especially reduced likelihood of ear infection and glue ear (which are more common in babies with cleft)</i> ' P5; ' <i>the milk is tailor made to my baby</i> ' P15; ' <i>Nutritionally superior</i> '
	➤ Convenience and cost	P1; ' <i>don't need to pack bottles and can feed on the go</i> ' P16; ' <i>less stress/expense with bottles, formula, sterilising etc</i> '
	➤ Own attitudes and stress-free approach	P6; ' <i>I feel it is part of motherhood/womanhood</i> ' P11; ' <i>because it was [...] natural.</i> ' P34; ' <i>I wanted to and felt a strong drive to do so</i> ' P38; ' <i>I [...] kept an open mind about the whole thing. No stress</i> '
	➤ External Support	P36; ' <i>I am only able to breastfeed because of the excellent support I have had from [...] breastfeeding group [...] made me feel empowered to make decisions rather than forced to do things that didn't suit my situation. She really took the pressure and stress out of decisions about feeding</i> ' P45; ' <i>Family influenced my decision</i> '.
Barriers or challenges to breastfeeding	➤ Establishing or maintaining breastfeeding	P14; ' <i>it was simply not possible given the amount of milk my son required</i> ' P44; ' <i>I struggled with breastfeeding [...] my supply did not come in.</i> '
	➤ Inadequate Support	P36; ' <i>they gave me some really poor advice [...] and didn't seem to understand the psychological impact [...] I was really concerned about seeing anyone for breastfeeding support because it was so detrimental to my post-partum experience last time</i> '
	➤ Care-related practical Issues	P13; ' <i>[formula feeding] also would be much easier for me and my partner especially once back in work and having family members help support with looking after [the baby], I would not be taking a whole year off due to not being able to afford it</i> '

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 two main themes **barriers** and **facilitators**, and associated sub-themes are presented in Table 3 alongside supporting example quotes.

1) Facilitators

There were two sub-themes with respect to facilitators that were found to be particularly prevalent among the responses (i) Understanding of the benefits of breastfeeding and (ii) Convenience and cost. In the case of the former, knowledge of the benefits was described as a reason to breastfeed by a number of participants and included aspects such as bonding, health/immunity and nutrition. In addition, prior experience of the benefits of breastfeeding was noted here. A further two sub-themes for facilitators emerged around (iii) Attitudes and stress-free approach and (iv) External support.

2) Barriers

Within the main theme of barriers to breastfeeding three sub-themes were identified; (i) establishing or maintaining breastfeeding, (ii) inadequate support and lastly (iii) care-related practical issues.

Services and support

Respondents were asked to indicate which services (if any) they had accessed for breastfeeding support.

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 results indicated that midwives were the most cited source of support with n = 25 of the 33 respondents in the survey indicating as such, followed closely by health visitors (n= 19). Almost half (n = 16) of the 33 women that responded to the survey said that they had received support from an infant feeding specialist. Whilst n = 7 also reported having received support from Maternity Care Assistants. * respondents stated that they did not seek or receive support for feeding from any of the services listed.

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Perceptions of helpfulness

Following on from **Q17** respondents were asked to indicate whether the support they had received, or service accessed was 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.

The perceptions and experiences detailed by respondents varied widely. Overall, the following percentages of participants indicated that one or more of the specified types of support they had received was: Helpful / supportive: 67%; Somewhat helpful: 18%; Not helpful or lacking 30%. In general, 49% of the participants indicated some experience of inadequate support, whether the provider was specified or not. A significant relationship revealed that older mothers had a lower perceived helpfulness of support (Spearman $r_{(29)} = 0.397$, $p = 0.027$). Table 4 provides a summary of the type of support received by women and indications of how helpful they found it based on their text response.

Table 4. Type of support and perceived helpfulness

Support/Service	Helpful/Supportive % (n)	Somewhat helpful % (n)	Inadequate % (n)
Midwives (n = 25)	56 (14)	*	†
Health visitors (n = 19)	47 (9)	*	†
Infant feeding specialist clinics (n = 16)	63 (10)	*	*
Maternity care assistants (n = 7)	*	*	*

The two main themes to emerge from responses to this question were **helpfulness** or **unhelpfulness** of support across the different providers.

1) Helpful Factors

In general, 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* had also been experienced.

2) Unhelpful Factors

The most frequent sub-theme behind the perception of unhelpfulness was, accordingly, *inadequate emotional support*, followed by *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 cited by respondents.

Factors by support provider

Helpful support from *midwives* was most frequently associated with *information* and *support with technique*, while with *infant feeding specialist clinics*, *emotional support* was frequently

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indicated. *Health visitors* were associated with different types of support in a more balanced way.

With unhelpful factors, data was scarcer regarding specific providers, with comparable quantities of data only around the support from midwives. In this case, the unhelpful factors were distributed relatively evenly across the sub-themes.

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 n=27 respondents who gave an answer for this question, n=23 indicated that they had received other useful information or support while n=* had not, and for n=* the question was not applicable. There were four emerging themes from these responses.

1) Source

Responses given indicated that the most common sources for other useful support or information were *peers*, and *social media*. The most commonly mentioned social media source was Instagram, while Facebook, Mumsnet, Reddit, TikTok, and YouTube were referenced less frequently. In addition, breastfeeding support groups, helpline, or network were noted by participants. Both professional, and self-research or own experiences were described as sources of information by respondents. Family was also mentioned as source of support by participants.

2) Topics

Topics varied, but *expressing milk* and the *mechanisms of breastfeeding* were indicated on several occasions.

3) Type

Most commonly the type of other support was *information*. *Shared (and own) experiences* were also indicated as well as *emotional support*.

4) Challenges

The final emerging theme was challenges in finding/receiving the required type of support or information.

'they continued to push that she needed to be on [additional formula] even with normal blood sugars and minimal weight loss. I'm glad I stuck my ground and said no as I knew she was absolutely fine and thriving' (P12).

'research [...] Mainly around the use of nipple shields as I find the NHS very dismissive of them but they've saved my breastfeeding journey so far.' (P32).

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'couldn't find much in the way of research around exclusively expressing' (P34).

'wanted advice on how to safely stop BF but most advice was trying to find a solution to my challenges so that I'd continue' (P42).

Overall, the majority (70%) of the participants indicated that they had received other useful information or support, most commonly from online sources and peers.

Additional comments

The last question on the survey invited participants to provide any final comments. Fifteen participants gave further comments with varied responses. The most prominent of these featured recommendations, details of positive and negative experiences and further challenges associated with accessing support services, or the support that was offered.

1) Recommendations

Wishes for increased or better support regarding infant feeding were identified by participants that opted to provide additional comments.

'I feel that my breastfeeding journey could have been better supported by the NHS and I would love to see some positive changes implemented.' (P7).

'If breastfeeding rates are to be increased parents need to be looked after as well.' (P23).

'possibly because I was consultant led antenatally, I didn't have any conversations about [breastfeeding] at all, these conversations should happen before the baby is here.' (P36).

'More groups before birth to discuss things/questions/that mums have.' (P38).

'hope this service continues (and grows) for future mums' (P42).

'there also needs to be more information and support for those who for whatever reason are unable to or do not wish to breastfeed' (P44).

2) Positive and Negative experiences

Positive experiences of support noted;

'[Breastfeeding] support group so vital to my [breastfeeding] journey' (P35).

'I'm grateful for the support received' (P42).

'I was impressed by the amount of support available for breastfeeding.' (P44).

Along with negative experiences within which there appeared to be two sub-themes:

(i) The support had to be actively sought, and it was not guaranteed to be useful:

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'Had loads of support once I asked for it. But felt like I had to ask for the support.' (P11).

'I sought a lot of help and it was provided but wasn't particularly helpful.' (P32).

'I sometimes felt it was hard to get a straight answer/advice. Whilst I understand professionals need to remain impartial, sometimes a practical/realistic view is needed rather than what the textbook says.' (P42).

(ii) Lack of support and flexibility of the system under special circumstances:

'When unwell with sepsis I was admitted as an emergency to [the hospital] - there was no consideration of how to manage my exclusively breastfed baby. [...] there is little advice around the approach to breastfeeding and breast cancer surgery.' (P8).

'my son being in neonatal [...] I felt like I had to fight to breastfeed him. [...] the main way to breastfeed is to be with the baby and yet after a c section no bed is provided only a seat [...] After 3 nights of this [...] we were put in a room a 1-minute walk from neonatal which would have prevented me sleeping on a chair if it had been offered sooner.' (P23).

'Someone (I think this was a doctor) told me on the labour recovery unit that if I didn't feed my [baby] formula it would be "a welfare issue". This was within two hours of the birth. This was harmful - [...] I felt scared, pressurised and rushed' (P34).

I feel let down by the lack of tongue tie support in the area. Being told to pump and stop feeding entirely directly from the breast for 48hrs to [heal from] the damage caused from the tongue tie which wasn't being addressed as the root cause issue was unhelpful and also [...] unrealistic as I had no time to pump when baby was feeding for 40mins to 1hr every 1.5 to 2 hrs. There was no time to pump. I then felt like a double failure for being in pain and getting upset when feeding my baby via a way that was meant to be 'natural' and also not being able to pump and do what I had been advised. [...]' (P48);

'I also had a retained placenta that wasn't identified until [...] at 6weeks +1 day. [After this] my milk supply seemed to massively increase and feeds went from 40mins to 10 within space of 1 week. Again, I feel if my concerns around bleeding and clots were listened to (especially given I had a c-section and have since been advised how rare heavy bleeding for 6 weeks is for c-sections) maybe it would have been resolved sooner and my milk would have come in sooner making the Breastfeeding journey easier for me and baby' (P48).

3) Further Challenges

Further consequences of the *challenges with support* included missing opportunities for advice due to long distance, reliance on own research in later pregnancy, and inability to make an informed choice about feeding due to pressure.

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'would have been beneficial [...] to have a breastfeeding group closer to my area rather than having to travel 10+ miles which was a barrier to receiving support some days.' (P42).

'As a result I've not sought out much help this time and used my own research online instead.' (P32).

'because I felt scared, pressurised and rushed I did not feel able to take the time to make an informed choice.' (P34).

Interviews

To better understand the barriers and challenges of breastfeeding through gaining more in-depth perspectives from women a total of six interviews were conducted. Interviews took place both online and face-to-face. The interviews lasted between 9 and 48 minutes (mean time = 32 minutes).

Thematic analysis was used to identify themes from the interview data, on views and experiences of breastfeeding. The main emerging themes included **(1) considering themselves to be lucky if aspects related to breastfeeding were successful**, **(2) Lack of information** on breastfeeding experiences, **(3) unexpected aspects** experienced by respondents including a *lack of information*, **(4) different types of pressure**, and **(5) lack of knowledge of the purpose of the support groups**.

1) A perception emerged of the mothers **considering themselves to be lucky if aspects related to breastfeeding were successful**. This could be due to various factors such as a *lack of pressure* to breastfeed, a *lack of health challenges* such as a tongue tie, a good latch, *access to positive, encouraging source of support*, or *living in an area with good support services*.

'in my experience it wasn't pushed "breast is best" ... 'maybe the nurses who were in that day were just different' (P1).

'If it hadn't worked out, I just felt confident telling them as well, which I think is a big a big positive too, that I was very lucky with.' (P6).

'I think I was lucky that [baby] didn't have a tongue tie and she latched on perfectly first time round and my supply was good' (P6).

'very lucky to have been able to [breastfeed]' (P6).

'amazing [support professional] ... she was really good honestly, I hope everyone who has problems has her' (P4).

'I feel very lucky to be within Cardiff and Vale. Knowing [other people's experiences] it seems like the support that we have here is so much more than support in some other areas' (P6).

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2) A Lack of information on the range of breastfeeding experiences emerged as an important aspect that had potential to influence the mothers' confidence and trust. With a number of the participants noting that breastfeeding was much harder than expected.

'it was much harder than I thought it was gonna be' (P3).

'I thought it was gonna be hard.....but I didn't know it was gonna be that hard to begin with' (P4).

'my expectation was it was going to be a natural thing, the reality was it's been the hardest thing I've ever done' (P5).

Breastfeeding experiences of mothers appeared to be so different from each other, indeed, one participant suspected that the mothers who describe positive breastfeeding experiences might be *'hiding the reality of what it is'* (P5).

'I think sometimes mums hide the reality of what it is because they don't want to tell people it's horrible.' (P5)

3) Other types of unexpected aspects of feeding that were described by participants, or where it was felt there was a lack of information included:

(i) Popularity and prevalence of breastfeeding; *'I don't think I ever really considered not doing it and then 'cause I think that's always been like my go to like that's what you do and it wasn't until I started speaking to some of my friends or like my husband's sister that they were very much. No, I don't want to do it at all. And it I was like, oh, there's people that that isn't their default setting. So yeah, it was kind of something I'd always, always planned to do, but then became as I got older and got close to having children was made more aware of the fact that perhaps it doesn't work out for people.'*(P6)

(ii) Varying amounts of colostrum and milk at different stages, overwhelmingly high intensity of cluster feeding, and strange and potentially worrying sensations related to milk coming in.

'coming off that regimented feeding I felt quite anxious about her going on within three hours, how long, 'can she go through the night', 'should I wake her...' (P2).

'...feeding colostrum...I didn't know any of that until she was actually here. I didn't realise it was going to be such a small amount and in the first days the amount they need changes every day. I found that hard to get my head around.'(P3).

'the cluster feeding is a lot, like it's a lot to manage and that's something I didn't expect' (P4).

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'and then your milk sort of comes in that was an experience, that was kind of really odd cause I didn't know what was going on [...] and no one had prepared me for that' (P4).

'I read about cluster feeding before it started "a few hours every night" - mm, no!' (P5).

- (iii) Difficulties of breastfeeding *'and then I had [challenges], supply not enough, baby not settling well [...] that was causing a lot of distress and I couldn't feed as I wanted to as it was so painful' (P5).*
- (iv) Feeling so strongly about breastfeeding; *'...and you know it's just an amazing experience, I wasn't expecting to feel so strongly about it' (P4).*
- (v) Reality of life and low opportunities for self-care during breastfeeding; *'the reality was I'd spent half a day in my pyjamas, if not longer' (P5).*
- (vi) Lack of embarrassment of breastfeeding in public; *'went into it thinking I would be embarrassed to feed in public turns out I wasn't at all' (P4).*
- (vii) Difficulty of going out with a cluster feeding baby; *'I haven't felt confident leaving the house because [baby] is a cluster feeder, a chronic cluster feeder, he will eat all day long' (P5).*
- (viii) Not much talk about breastfeeding compared to birth.

'I was completely oblivious to... I was actually more apprehensive about breastfeeding. I mean, I was about birth because I knew less about breastfeeding than I did about birth, and I think that was something that I realised that no one really ever talks about breastfeeding.' (P6).

- (ix) Availability of feeding places in public.

'I think they probably go hand in hand with what I've really found helpful, but also what's been difficult is I've been pleasantly surprised by actually how many feeding friendly places there are around and about. I think it's one of those things where until you need them, you don't even know they exist.' (P6).

4) The prevalence of **pressure related to breastfeeding** in various forms were described. This included *pushing breastfeeding* (P2), the *mother putting pressure on herself* (P3, P5), and the *pressure of being the only one to soothe the baby and stop them crying, by breastfeeding* (P4, P5). The latter pressure could be so powerful that it made the mother feel *'like a feeding machine'* while *'everyone else gets to love him and cuddle him'* (P4). Feeling watched and questioned *'this paranoia that everyone's watching you, thinking why can't you stop him crying, you're his mum'* (P5). Lastly, doubt about bonding with the baby *'the first few weeks I was*

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worried that I was not forming the bond with him, because I felt so, like I had only one purpose' (P4).

5) Lastly, participants raised an issue around **lacking knowledge of the purpose of the support groups** available to them in their locality. This had likely influenced their attendance or accessing the services either at all, or sooner.

'they told me about this [support group] but I didn't feel like I needed the support like that ... I didn't realise it was kind of like this where you can just have a coffee and stuff, I thought it was just like you can go if you have a problem, so I didn't go ... and then I did have an issue, so I came, and I've come ever since' (P4).

'Yeah. I thought, oh, I don't have any issues. So I don't need to go. But if I'd known that it was more of like, a oh, well, this is just a group where mums that are breastfeeding go. And even if you just want to have, like, a bit of a network of people for support, then I probably would have gone [...]it would have been nice in those early days.' (P6).

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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.

Thirty-three women from Cardiff and Vale engaged with the project by completing an anonymous online survey. Of these women, the majority were white with an average age of 34 years, and lived in CF71, 63, 64, 62, & 10. Forty-five percent had previously breastfed, and 82% had planned to breastfeed their current child, which is marginally higher than the average 2011-2023 data for Cardiff and Vale (69.6% [statswales, 2024](#)). Fifty-two percent of respondents attended an antenatal class, with the NHS group being the most common (37 % of women). Only * of women who responded to the survey indicated that they attended a Flying Start Programme.

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

Both the questionnaire responses and interviews demonstrated that women who could breastfeed considered themselves lucky to be able to do so, even though it was found to be more challenging than they had previously thought, suggesting considerable positive messaging about breastfeeding prior to and following birth.

Women reported that discussions with midwives surrounding feeding choices were not very common. However, it does appear that when midwives had these discussions with mothers, they were helpful and informative. This was particularly with respect to the benefits of breastfeeding. Whilst the reportedly limited discussions between health practitioners and mothers surrounding the benefits of breastfeeding were useful, and often gave confirmatory information to mothers. It was noted by some that there was very little advice given about other feeding choices though. Further, many women perceived health practitioners to have overly strong prompting towards breastfeeding which was at times considered aggressive and judgemental if breastfeeding was not the preferred choice of feeding. When women who wanted to breastfeed could not, they were left feeling judged, and like they had failed due to the emphasis placed upon them regarding the importance of breastfeeding. As such, for women who may not have been able to breastfeed, or produce enough milk for their child, they were left without knowledge of what the next best option may be for mother and baby.

Of interest, this study found that the decision to, or not to breastfeed appeared to be made prior to the meeting with the midwives, and that when discussions took place with a midwife, it did not influence their original preference or choice. Some women suggested that a wider range of support groups or opportunities to discuss breastfeeding and help for mothers where they have platform to ask questions, would be of use to them. This is important given the number of respondents who highlighted that they sought additional support on social media platforms, which are not regulated and could provide misinformation. This is of concern given that the 'younger generation' have previously been found to search social media for advice,

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rather than asking health practitioners (Gupta & Dhingra, 2018), and no young mothers (under 19 years old- the least likely group to breastfeed in Wales ([statswales, 2024](#)) chose to take part in the current survey or the interviews. Further research to access this hard-to-reach age group is important in better understanding the barriers, challenges and facilitators of breastfeeding.

For mothers who did choose to breastfeed, there were two commonly reported enablers 1) they understood the health benefits of breastfeeding for both mother and baby, and 2) it was convenient and cost effective. In addition to these, external support from peers, family and midwives was reported to have helped with adherence to breastfeeding. This useful external support is evident as 37% of women sought support from midwives, 28% from health visitors and 24% from specialist clinics. It is worthy to note here that the percentages of those receiving information is arguably low, and less than 40% of those surveyed. When mothers sought support about breastfeeding their child from the clinicians, many women found the discussions to be helpful/supportive, or somewhat helpful. Maternity care assistants were considered the most helpful and supportive, and this may be due to the commonly cited emotional support, and useful information they provided. This may be of use in the future when designing packages or programmes for supporting mothers who encounter difficulties breastfeeding.

In addition to the support offered by antenatal groups and clinicians, women who were breastfeeding commonly (70% of respondents) looked to other sources of information. Almost half of the women surveyed looked for information via peers, and social media. Social media came from a range of outlets, most commonly Instagram, Facebook, Mumsnet, Reddit and Tiktok. Given the sensitivity of the topics that women looked to social media for support, and the lack of easily accessible research informed information on these platforms, it could potentially pose as a misinformation threat for women seeking support. However, if conducted in the right way, previous research has shown that social media can be used to improve health care professional and patient relationships, and thus knowledge (Benetoli et al., 2018). A review of how mothers and local healthcare professionals could engage with this, could be of use in the healthy promotion of breastfeeding and breastfeeding adherence.

When women were asked whether they had any further comments, the overwhelming response was surrounding the lack of support and lack of flexibility in that support. However, these were almost exclusively from women who had not had a natural birth, i.e. they had required some level of clinical intervention due to c-section, sepsis, tongue tie etc.. These women felt that the discussion of breastfeeding was limited, and they were often left feeling scared or rushed into a decision after a traumatic birth.

Objective 2 – Participant informed recommendations

The questionnaire and interviews conducted for this research project revealed several insightful experiences and opinions from women in Cardiff and Vale. The analyses of these have revealed several useful recommendations for the future practice regarding the healthy promotion and practice of breastfeeding.

The target population, i.e. those who do and do not breastfeed, are difficult to access. The average age of mothers in this project was 34 years. However, in Wales, only 37.5% of mothers

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under 16 years old breastfeed, 44% of mothers aged 16-19 years old breastfeed, and the highest percentage breastfeeding mothers is those in this study who are aged 35-39 years at 74.8% ([statswales, 2024](#)). As such, the views of the biggest populations of women who do not breastfeed are not captured within this study (under 16 and 16-19 years old). In addition, almost all women in this project were white, and predominantly from regional postcode areas within Cardiff and Vale. Future co-collaborative research needs to be conducted to access these hard-to-reach populations to better understand their barriers, challenges, and potential facilitators to breastfeeding. Whilst this is difficult and likely time consuming, it is important as they represent most of the non-breast-feeding population in Wales.

Whilst there was much recognition of the support and advice offered from midwives, health visitors, maternity care assistants, and infant feeding specialists, it was suggested that there is a lack of support and advice for those who could not breastfeed, could not keep up with demand, or those that had an clinical intervention such as a c-section. It appears that this group of women require additional emotional support, and advice to enable them to be able to breastfeed or make the best decision for them and their baby.

The advice and support offered for those women who chose to breastfeed prior to birth was highlighted as being very good, especially emotional support from the infant feeding specialists. There was also good support and advice for those women who actively sought to get help with their breastfeeding journey when they encountered challenges. However, many women felt that this advice had to be actively sought and that unless they asked for specific guidance or advice, then it was not given, even early in their journey. Several respondents noted the use of social media platforms for advice and guidance, which, as noted earlier in this discussion is not regulated, and finding research informed information can be difficult. This lack of guidance may be related to the suggested lack of attendance at support groups highlighted earlier in this report, and potentially the messaging surrounding the 'purpose' of these groups. Respondents noted that they believed local breastfeeding support groups were only accessible to those who had problems breastfeeding and did not realise that they could attend the groups even if they were able to successfully breastfeed at that time. Women did not realise they could just engage in conversation and gain emotional support from others at these groups. Improving the clarity and messaging around the purpose of these groups could lead to improved visibility and attendance and reduce the number of women stopping breastfeeding when they encounter difficulties.

As cited within the report, a common reason women breastfed, or wanted to breastfeed was due to the known health benefits for both mother and baby. Mothers in the report suggested that it was very useful to have this affirmed by the discussions they had with their midwife or health visitor/professional. However, for those women who chose not to breastfeed, they felt intimidated or that they were being judged. It would be useful for health promotion messaging surrounding breastfeeding to be disseminated to mothers in a way which allows them to make informed choices without feeling like their decision is the incorrect one.

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Conclusions

Most breastfeeding enablers were related to health benefits to baby followed by cost and convenience. Overall respondents indicated that the formal help they received within Cardiff and Vale was largely supportive when actively sought. The responses given via both survey and interviews highlighted the need to ensure all practitioners present the topic of breastfeeding and feeding choices in general for discussion in a non-judgemental way, whilst maintaining the healthy promotion of breastfeeding.

The main challenges were around how mothers access information in the locality, for example accessing support groups and the perception of what the groups aims are. Many of the mothers in this study noted that various social media platforms had been a support resource and should perhaps be considered when signposting to services in the region. Responses provided in this study have also highlighted the greater need for emotional support for those that did not have a natural birth (i.e. c-section) or experienced other complications.

Nationally the largest population of those not breastfeeding are a younger demographic than those represented within this report. Further work focussing on ascertaining the views and lived experience of these mothers would be of benefit to further understanding the barriers, challenges and facilitators to breastfeeding in Cardiff and Vale. In addition, targeting information and support tailored to older mothers given the negative relationship demonstrated between age and helpfulness of support, would be advantageous.

It should also be noted that data in this study is limited by the respondents who came forward and were willing to participate, or perhaps have some existing connection to services or support group. The study was also conducted during the summer school holidays and to a relatively short timescale (June to August). The experiences of mothers outside of this demographic could differ from the current sample, and indeed numbers of respondents could be higher if this was conducted over a longer timeline and outside of summer school holidays. Further, willingness to participate in research could be heightened in cases where mothers have experienced challenges with breastfeeding.

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