TreasureChest
BREASTFEEDING SUPPORT

Treasure Chest Research 2021–2022
Report of findings

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Acknowledgements

Treasure Chest would like to thank all those who helped to make this research possible.

First of all, we are indebted to the many York parents who gave their time to take part in interviews or to complete the online survey. Thank you for sharing your experiences with us.

A number of Peer Supporters helped to steer the aims of the research, to facilitate the recruitment of participants, and to conduct the research, analysis and reporting – thank you for your valuable input and time spent on this project.

Finally, thank you to the various York parent groups who helped to promote the research and to attract participants.

Glossary and abbreviations

Combination feeding (or combi-feeding)	Offering baby bottles of expressed milk or formula alongside breastfeeding.
Doula	A person employed to support families through pregnancy, birth and the early days of parenthood.
Forceps	Smooth metal instruments that look like large spoons or tongs, which are curved to fit around the baby's head. They are used to help deliver the baby.
IBCLC	International Board Certified Lactation Consultant. All IBCLCs are accredited by the International Board of Lactation Consultant Examiners which is the governing regulatory body for IBCLCs.
La Leche League	Voluntary organisation of breastfeeding counsellors who provide a network of support including local calls, a national helpline, emails and social media.
Meptid	The brand name for meptazinol, a synthetic opioid used for pain relief in labour.
National Breastfeeding Helpline	A national helpline, open every day of the year, offering independent, evidence-based breastfeeding support and information to anyone in the UK. The helpline is provided by the Breastfeeding Network and the Association of Breastfeeding Mothers.
NCT	National Childbirth Trust. A national charity for pregnancy, birth and early parenthood.
NICE guidelines	National Institute for Health and Care Excellence. An executive, non-departmental public body of the Department of Health and Social Care that publishes guidelines, or evidence-based recommendations, developed by independent committees of professionals and lay members, after consultation with stakeholders.
Pethidine	Opioid pain relief used during labour.
SCBU	Special Care Baby Unit. A specialist hospital ward or department for the care and treatment of newborn babies who are ill or premature.
Ventouse	Also known as a 'vacuum cup', a ventouse can be attached to a baby's head by suction to assist delivery.
WHO	World Health Organisation.
Zoom	An online facility enabling video communication, which became popular during the Covid-19 pandemic.

For information about a variety of breastfeeding topics, visit the following websites:

https://treasurechest.org.uk/resources/

https://breastfeeding.support/

https://abm.me.uk/breastfeeding-information/

https://www.breastfeedingnetwork.org.uk/breastfeeding-help/

1 Introduction

Treasure Chest is a not-for-profit organisation that promotes, supports and encourages breastfeeding in the York area. Established in 2005, Treasure Chest is run entirely by volunteers and funded by donations. Our trained Peer Supporters and Breastfeeding Counsellors are all local parents with at least six months' breastfeeding experience. More information about the work of Treasure Chest can be found at: **www.treasurechest.org.uk**. For the purposes of this report, the term 'breastfeeding' is to be read inclusively to also include 'chest feeding'.

Arising from a desire to better understand families' experiences of breastfeeding and local service provision, Treasure Chest undertook a small-scale research study in 2021.

1.1 Research aims

The main aims of the research were to:

- explore families' experiences of breastfeeding and the support available to them in York;
- understand the barriers faced by local families in reaching their breastfeeding goals;
- identify good practice in local services or organisations;
- investigate families' concerns about local service provision.

The expectation was that research findings would be used to shape future Peer Supporter training and strategic planning for Treasure Chest services. In addition, the findings will be shared with local services (York Hospital, community midwives, GPs, health visiting teams) with the aim of informing practice and ultimately improving breastfeeding experiences and outcomes.

1.2 Research design

To achieve the research aims, the project was designed with two strands of data collection:

1. Five in-depth qualitative interviews
Qualitative interviews provide a rich source of data as interviewees typically give more time to the data collection process and the interviewer is involved in probing specific areas of enquiry. As a result, a more comprehensive account of the participant's experiences and views are achieved. However, such interviews are costly in time, not only in conducting the interview, but also in analysing and reporting the resulting data. Therefore, only five interviews were carried out. The interviews were conducted as a first step in data collection, as a scoping exercise to understand the kinds of experiences and perceptions within the study population. This then informed the lines of questioning in the survey (see step 2 below).

Interviewees were recruited either through their association with Treasure Chest or through the York Home Birth Group. The study was advertised within a small group and potential participants were invited to get in touch with the research team. Each participant was sent an information sheet and consent form prior to the interview.

As the research commenced during the Covid-19 pandemic, when restrictions were still in place in the UK, the interviews were conducted online via Zoom. This enabled the interviewer and interviewee to see and hear each other, though they were not face-to-face in the same physical space. All the interviews were audio-recorded by the interviewer, then transcribed, after which recordings were destroyed.

The information sheet, consent form and interview topic guide can be found at Annex A.

2. An online survey

Following preliminary analysis of the five qualitative interviews, and using the main research aims, an online survey was designed. The survey contained a mix of open-ended questions and questions asking participants to select from a pre-defined list or to show their views on a Likert scale. This mixed approach enabled both basic, descriptive quantitative analysis and limited qualitative analysis. The research team decided to use Google Forms as the survey tool, as it is free of charge and easy to use.

As introduction to the survey, potential participants were given the following information:

- The survey was aimed at breastfeeding families who live in and around York, who experienced their first breastfeeding journey within the last 3 years.
- Questions would be focused on families' first breastfeeding journey only, which may have been with a first child, or with subsequent children if the first child was not breastfed.
- Completion was expected to take approximately 10-20 minutes.
- Background information about Treasure Chest and its Peer Supporters.
- The main aims of the research (as set out in section 1.1).
- The expectations for using the research findings (also set out in 1.1).
- Information about who was carrying out the research, how data would be kept in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act, ensuring that research findings would include participants' views, but not identify individuals and that identifiable survey data would be deleted upon publication of the findings, or by the end of 2023, whichever is earliest.
- An invitation to ask questions or to find out more about Treasure Chest and the contact details to do so.

The survey opened for responses in early August 2021 and closed in mid-October 2021. During this time, 126 responses were received. The survey was advertised on various websites and social media apps – Facebook and Instagram – on pages linked to York parent groups including:

- Treasure Chest
- York Mumbler
- York & Scarborough Bumps 2 Babies
- NCT York Bumps and Babies York City Centre
- Positive Birth Group York
- York Natural Nurturing Network (NNN)
- Stables Yoga Mamas
- Pregnant during the Covid-19: York and Surrounding Areas Support Group
- Birth Workers in York
- For Modern Mothers

The survey questions can be found at Annex B.

1.3 Reporting

This report contains findings from both the survey and the five qualitative interviews. Findings from the in-depth qualitative interviews is presented separately where it further explains or provides additional insights into the survey findings and is presented in grey boxes. Anonymous quotations have been included to enhance the reader's understanding. Only those who gave permission for their words to be quoted have been included; permission was obtained during the consent process for both the qualitative interviews and survey.

2 Participant background information

This chapter provides background information about the parents who took part in the qualitative interviews or completed the online survey. The answers given provide context about participants' characteristics such as age, ethnicity and highest level of education, as well as general information about their first breastfeeding journey.

2.1 Participant characteristics

2.1.1 Interviewee characteristics

The five interviewees were aged between 28 and 37 and all considered their ethnicity as White British. All but one had professional occupations requiring education at degree level. All lived with their partner and child/children. Three of the parents had one child; two parents had two children. The length of time since their first breastfeeding experiences ranged from five months to three years.

2.1.2 Survey participant characteristics

Figure 2.1 Survey participant characteristics

		Number	Percentage
Age	20-24	1	0.8%
	25-29	16	12.7%
	30-34	57	45.2%
	35-39	44	34.9%
	40+	7	5.6%
	Undisclosed	1	0.8%
Ethnicity	White British	116	92.0%
	White other	7	5.6%
	Mixed ethnic background	1	0.8%
	Asian	0	0
	Asian British	1	0.8%
	Black African	0	0
	Black Caribbean	0	0
	Back British	0	0
	European	1	0.8%
Household	Partner + 1 child	86	68.2%
	Partner + 2 or more children	33	26.2%
	Single parent of 1 child	2	1.6%
	Single parent of 2 or more children	1	0.8%
	Partner, child + extended family	4	3.2%
Highest level of education	Doctorate/PhD	6	4.8%
	Degree + professional qualification	3	2.4%
	Postgraduate degree	49	38.9%
	Undergraduate degree (honours or foundation)	48	38.1%
	NVQs/Diplomas/Higher National Certificate	13	10.3%
	A Levels	4	3.2%
	GCSEs	3	2.4%

The majority of survey participants were aged 30 or over (85.7%), of White British ethnicity (92%), living with a partner and a child or children (94.4%) and educated to degree level or higher (84.2%). Although this is not necessarily representative of the UK population of (female) parents, it does have some commonalities with what is known about the breastfeeding population. The Infant Feeding Survey of 2010 (which is the most recent survey of its kind) found the highest incidences of initiating breastfeeding were among mothers aged 30 or over (87%), those who left education aged over 18 (91%) and those in managerial or professional occupations (90%). Although the 2010 Infant Feeding Survey observed that minority ethnic groups had higher rates of breastfeeding (97% for Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group) the ethnic backgrounds of the survey respondents do fit with the York population, which is overwhelmingly White British (94% White according to the 2011 Census).

2.2 Breastfeeding journeys

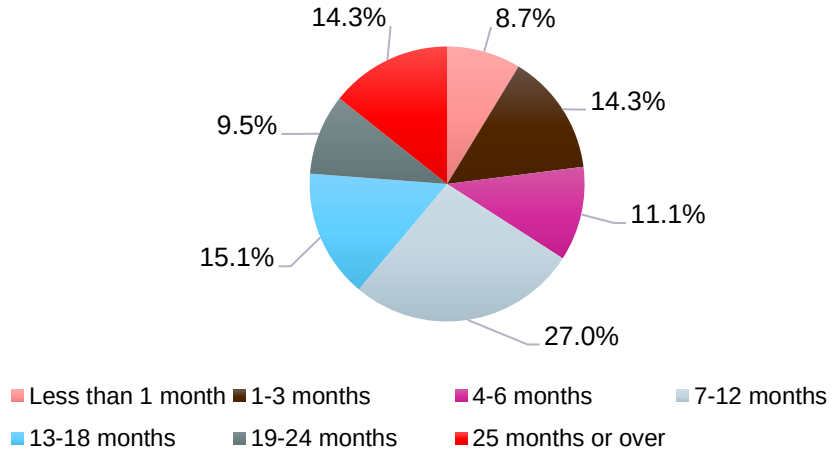
Anticipating that parents might have experienced more than one breastfeeding journey, the survey asked participants to provide data about their first breastfeeding journey only. Three of the 126 respondents suggested that their first breastfeeding journey was not with their first child.

Participants were asked to give the length of their breastfeeding journey, in months, at the time of the survey. Some respondents were reflecting on a breastfeeding journey that had now ended, while others were reporting an ongoing breastfeeding relationship. Figures 2.2 and 2.3 summarise the breastfeeding durations of the study group.

Figure 2.2 Breastfeeding duration at the time of the survey

Breastfeeding duration	Number	Percentage
Less than 1 month	11	8.7%
1-3 months	18	14.3%
4-6 months	14	11.1%
7 – 12 months	34	27.0%
13 – 18 months	19	15.1%
19 – 24 months	12	9.5%
25 months or over	18	14.3%
Total	**126**	

Figure 2.3 Breastfeeding duration, in percentages

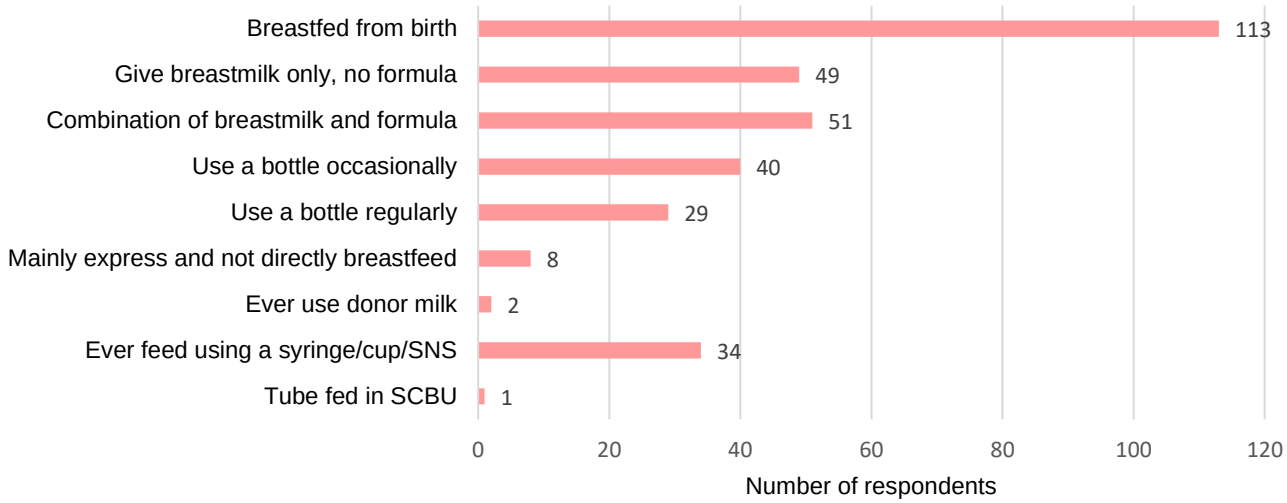


Figures 2.2 and 2.3 show that 65.9% of the study group had breastfed for seven months or longer. Those who had breastfed less than one month represented 8.7% of participants, with 14.3% breastfeeding for between one and three months, and 11.1% for between four and six months, at the time of the survey.

For context, we know from national statistics that breastfeeding rates in the UK tail off over time, such that although 81% initiate breastfeeding (2010 infant feeding survey), the aggregate breastfeeding rate (of any breastfeeding) at six to eight weeks (for England in 2020/2021) drops to 47.6%[1]. Further findings suggest that exclusive breastfeeding in the UK at three months dips further to just 17%, and by six months (recommended by the World Health Organisation) to just 1%[2]. This study's participants were expected to buck this trend because of the way they were recruited (as contacts of Treasure Chest in large part) and because people were aware they were being asked about their experiences of breastfeeding, which might have deterred participation from people with limited breastfeeding experience.

To achieve a general impression of breastfeeding experiences, participants were asked to tick any or all of the features that are listed in figure 2.4 below. This approach enables the collection of a lot of data in one question, but can mean people do not tick all the experiences that apply, leaving only a partial picture.

Figure 2.4 First breastfeeding journey experiences



In large part, participants had breastfed from birth. It is possible that there was some participant error here, such that some people did not tick this if they believed it meant breastfed continuously from birth until completing the survey. Alternatively, it may not have been ticked if babies had not been breastfed initially because of problems latching or prematurity. Forty-nine of the respondents (38.9%) indicated that they had breastfed exclusively, with 40.5% giving a combination of breastmilk and formula. The assumption is that the remaining 20.6% of respondents either did not choose to tick the experiences that applied to them, or felt that they had not breastfed for long enough to fit in either category. Where people used a bottle, more did so occasionally (31.7%) than those who did so regularly (23%). Roughly a quarter of the survey participants (27%) had experience of using a syringe or cup or supplementary

[1] Office for Health Improvement & Disparities (2021) Breastfeeding prevalence at 6 to 8 weeks after birth (Experimental Statistics): 2020/2021 Annual Data Statistical Commentary (November 2021); https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033313/2020-21_Annual_-_Breastfeeding_Statistical_Commentary-FINAL_3.pdf

[2] See 2010 Infant Feeding Survey and Unicef (UK) Breastfeeding in the UK: https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/

nursing system (SNS), presumably during the early hours, days and weeks after their baby's birth. Few people had used donor milk (1.6%) or mostly expressed their feeds (6.3%).

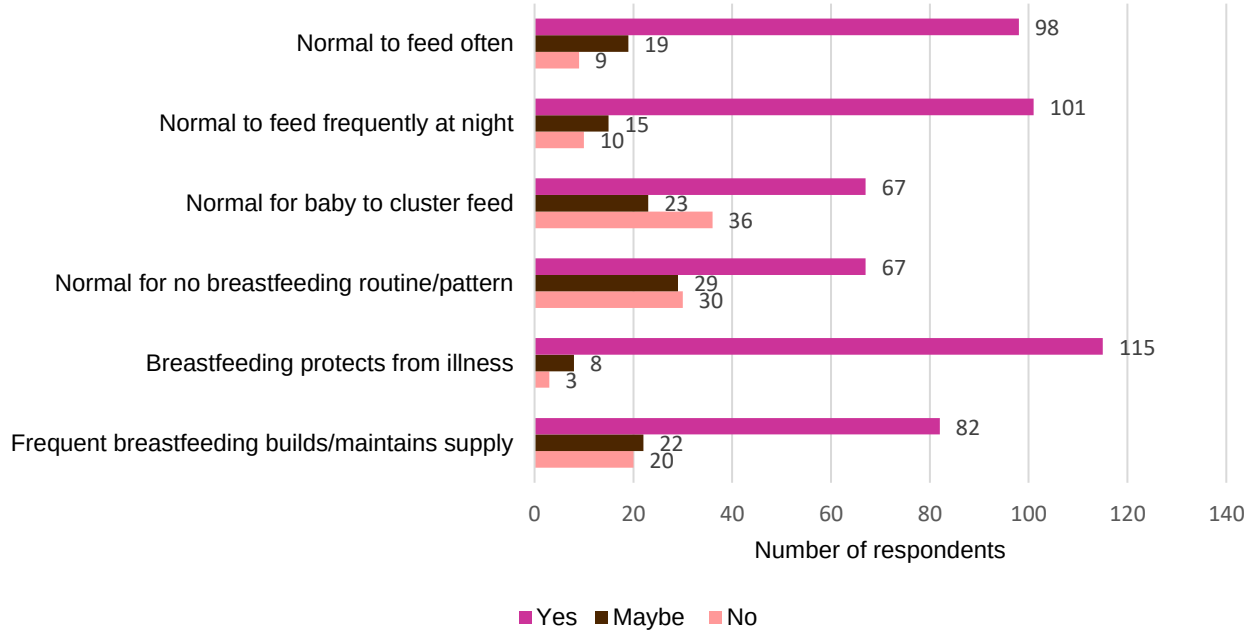
3 Antenatal experiences

This chapter examines participants' antenatal breastfeeding awareness, knowledge and expectations. The findings represent the views of people **looking back** on their pre-birth experiences, having gone through birth and the initiation of breastfeeding. It is worth noting that recollections are not always accurate, or the same as if the participant had been asked these questions at the time. However, the data is still useful for understanding parents' early understanding about breastfeeding.

3.1 Antenatal breastfeeding knowledge

The survey asked respondents to show whether or not they knew, before the birth of their baby, about certain common aspects of infant feeding behaviour. This data gives some indication about the effectiveness of pre-birth breastfeeding information and education, in whatever form it takes.

Figure 3.1 Antenatal breastfeeding knowledge

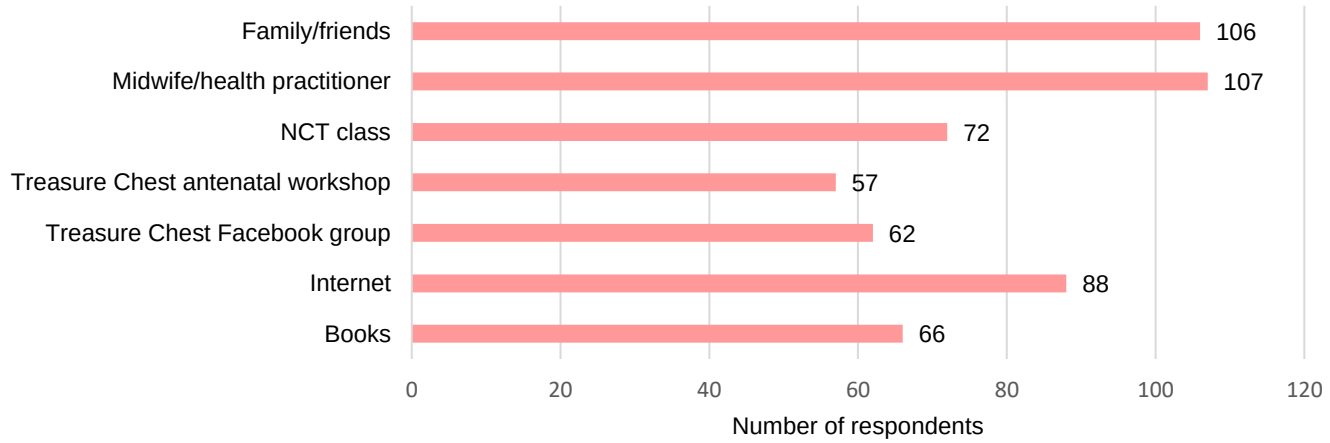


The first point to note from figure 3.1 above is that for all of these aspects of knowledge more people felt they had been aware than those who were not sure or had not been. The knowledge most commonly known in advance was that breastfeeding can protect from illness (91.2% aware), and that babies feed often (77.7% aware) and frequently at night (80.1% aware). Least well known, from the options in the survey question, was that it is normal for there to be no routine or pattern to breastfeeds (53.1% aware, 23.8% unaware), or for babies to cluster feed (53.1% aware, 28.5% unaware).

3.2 Sources of antenatal information about breastfeeding

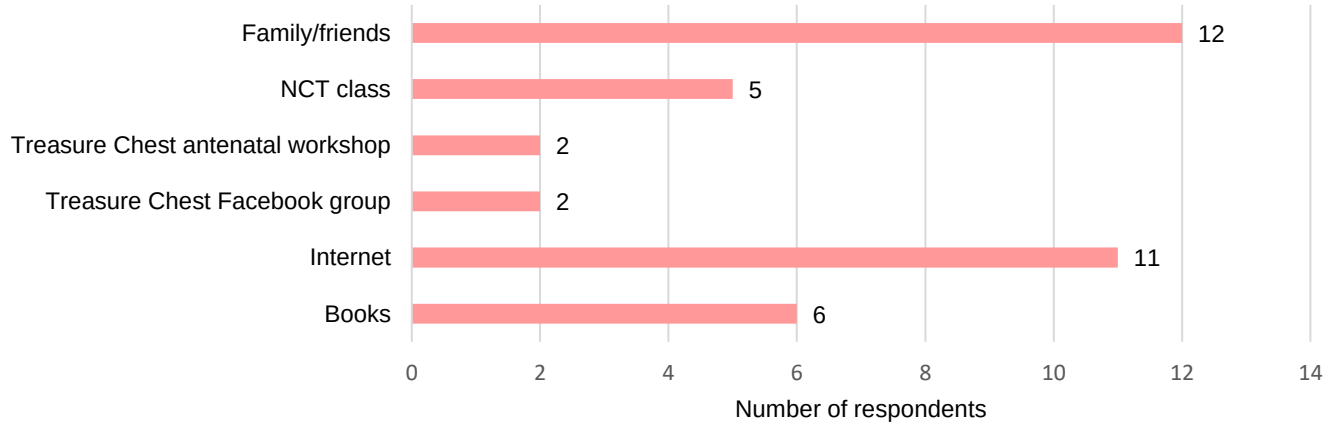
In all but two cases, people indicated receiving antenatal information about breastfeeding from more than one source (see figure 3.2 below). One person remembered receiving information only from the Treasure Chest antenatal workshop and one person did not select any information sources, possibly suggesting that they could not remember or that they had received no breastfeeding information antenatally.

Figure 3.2 Antenatal sources of breastfeeding information



As all pregnant women are expected to meet with a community midwife before birth, it might be supposed that this is an opportunity to pass on breastfeeding information to all parents-to-be. An interesting finding from the survey data is that not all participants indicated that their midwife had provided information about breastfeeding, with only 84.9% doing so. This could be explained by participants not remembering, or midwives not passing on information because they were aware that the parent had received information elsewhere. Where parents did not get information from their midwife, they had received it from the sources outlined in figure 3.3.

Figure 3.3 Antenatal sources of breastfeeding information, where not received from a midwife



Findings from the qualitative interviews suggest that, for some, midwife discussion of breastfeeding with parents could be limited to handing over a leaflet, which might explain why some parents did not perceive their midwife as a source of breastfeeding information.

> *…the information I got about breastfeeding was 'here's a leaflet on breastfeeding, if you want to do it fine, if you don't you don't'. And that was the end of it.* (Interviewee 1)

However, there was also experience of a 'fantastic' in-depth discussion with a community midwife (encompassing switching sides, and expressing using a pump) who also demonstrated positioning and attachment using a dummy doll.

3.3 Views about antenatal sources of information

This section looks at people's perceptions of whether the information received antenatally was helpful or not. Figure 3.4 shows that neutral views – finding the information neither helpful or unhelpful – were most prominent for most sources, except the Treasure Chest workshop and the internet, which were more often found to be either 'very helpful', or 'helpful', respectively.

Figure 3.4 Views about antenatal information sources

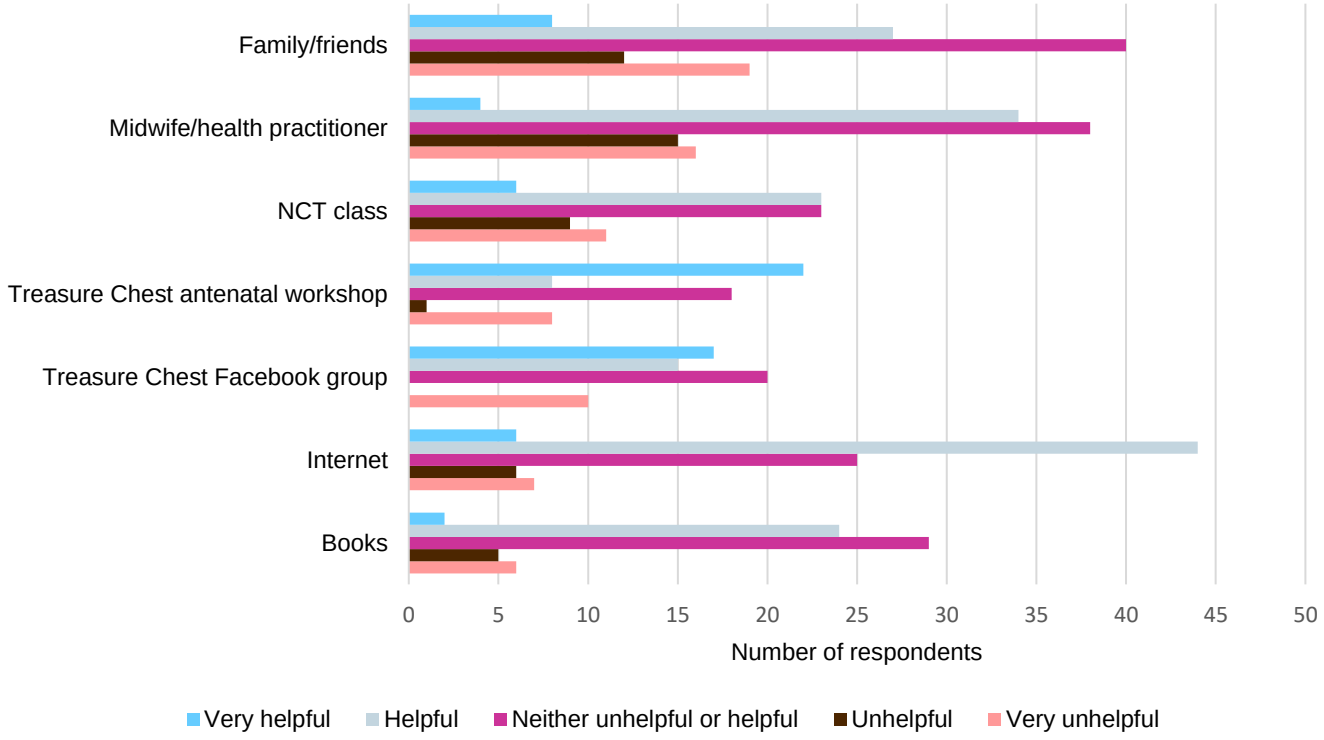


Figure 3.5 below shows the proportion of those who received information from each source who had positive views (i.e. found the information helpful or very helpful), the proportion who had neutral views, and the proportion who had negative views (i.e. found the information unhelpful or very unhelpful).

Figure 3.5 Views about antenatal information sources, in proportions

	V helpful + helpful	V unhelpful + unhelpful	Neither helpful or unhelpful	Total
Family/friends	8 + 27 = 35 **(33%)**	19 + 12 = 31 **(29.2%)**	40 **(37.7%)**	106
Midwife/health practitioners	4 + 34 = 38 **(35.5%)**	16 + 15 = 31 **(28.9%)**	38 **(35.5%)**	107
NCT antenatal class	6 + 23 = 29 **(40.2%)**	11 + 9 = 20 **(27.7%)**	23 **(31.9%)**	72
Treasure Chest antenatal workshop	22 + 8 = 30 **(52.6%)**	8 + 1 = 9 **(15.7%)**	18 **(31.5%)**	57
Treasure Chest Facebook group	17 + 15 = 32 **(51.6%)**	10 + 0 = 10 **(16.1%)**	20 **(32.2%)**	62
Internet	6 + 44 = 50 **(56.8%)**	7 + 6 = 13 **(14.7%)**	25 **(28.4%)**	88
Books	2 + 24 = 26 **(39.3%)**	6 + 5 = 11 **(16.6%)**	29 **(43.9%)**	66

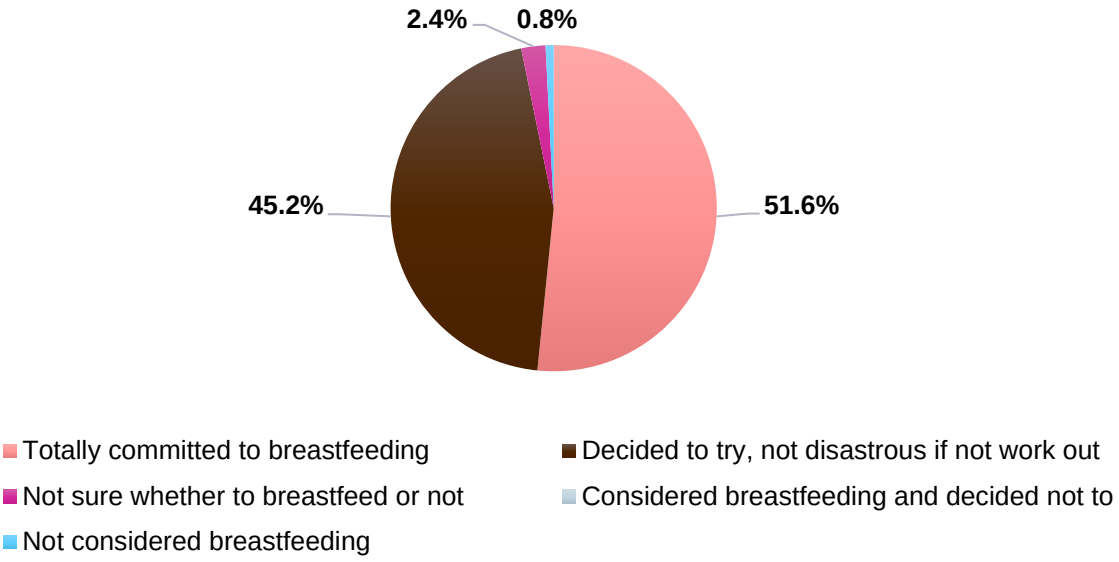
The most positive views were in relation to information received via the internet (56.8% positive views) or from Treasure Chest – both the workshop (52.6%) and the Facebook group (51.6% positive views). The information sources that were less likely to be rated as helpful, and more likely to be rated unhelpful, were family/friends and midwives/health practitioners. Interestingly, family/friends and midwives/health practitioners were the two sources of information that were most commonly cited (see figure 3.2). It is worth noting that no one source was overwhelmingly rated highly, suggesting either that all sources of information are in some way deficient (i.e. not passing on essential information that could be shared), or perhaps that it is hard to convey in advance all the information a breastfeeding parent may need. It is worth considering whether more could be done in the Treasure Chest antenatal workshop to fill gaps in knowledge and awareness, so that parents look back and feel they were adequately prepared (views about Treasure Chest antenatal workshops are explored more in Chapter 6).

3.4 Deciding to breastfeed or not

3.4.1 Attachment to the idea of breastfeeding

One of the survey questions asked parents how attached they were to the idea of breastfeeding prior to the birth of their baby (see figure 3.6 below).

Figure 3.6 Antenatal attachment to the idea of breastfeeding



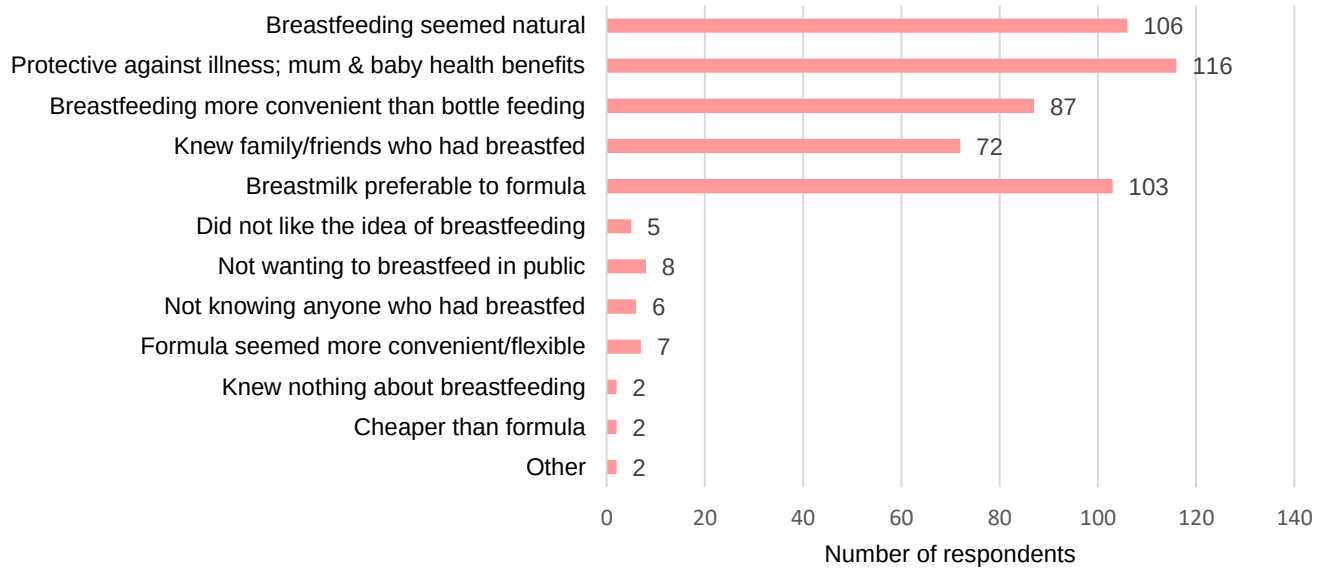
More than 95% of respondents had decided to breastfeed before the birth, with 51.2% being totally committed and 45.2% deciding to try though perceiving it would not be disastrous if it did not work out. Only three people were unsure whether to breastfeed and one had not considered breastfeeding, though went on to breastfeed after the birth. Given that the survey respondents were a cohort of parents who had some experience of breastfeeding, it is perhaps unsurprising that the large majority had decided to breastfeed in advance of trying. What is more note-worthy perhaps, is the strength of feeling towards the intention to breastfeed. This suggests that, at the very least, information received antenatally served to encourage breastfeeding. This suggestion is supported by findings below (sections 3.4.2 and 3.4.3) about influences on decisions to breastfeed and whether parents felt pressure to breastfeed.

3.4.2 Influential factors in deciding to breastfeed or not

Figure 3.7 below shows that the most influential factors for this group of parents in deciding to breastfeed were the potential protection from illness or health benefits to parent and baby (92%), and perceiving that breastfeeding seemed natural (84.1%) and preferable to formula (81.7%). This suggests that, for this cohort at least, the public health messages about breastfeeding being a natural way of conferring

health benefits had been heard and digested and were persuasive. Many parents were also influenced by the prospective convenience of breastfeeding compared to bottle-feeding (69%), and by knowing that family members or friends had breastfed (57.1%). The factors listed as 'other' in figure 3.7 were: wanting to try because it was the parent's last baby and last chance; and feeling that there was no choice because there was no formula in the shops after panic-buying during the Covid-19 pandemic. It is worth noting that some of the factors that are anti-breastfeeding (such as not liking the idea of breastfeeding, or bottle-feeding formula seeming more flexible and convenient) were weighed up as part of the decision-making process by some people who ultimately decided to breastfeed.

Figure 3.7 Influential factors in decision to breastfeed or not



From the qualitative interviews, there were suggestions that having family members who were passionate about breastfeeding, or who were health professionals, was a powerful influence in understanding the importance of breastfeeding for a healthy start. Literature read online could be persuasive to the extent that parents were not just keen to breastfeed but also against the use of formula.

> *I think I was even a bit anti-formula the more I'd read, I'd become so like against the idea of not giving him something natural*. (Interviewee 1)

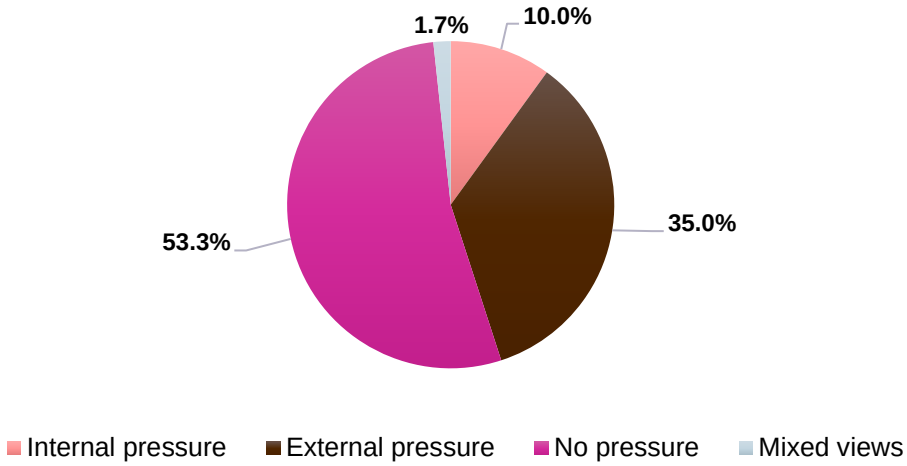
It was also clear that factors could combine to be persuasive, such as feeling a general affinity to 'natural' ways of doing things, **and** liking that the mother's body would be making the right amount of milk and producing antibodies, **and** that this seemed less of a 'faff' than using bottles and sterilising. Information about breastmilk providing antibodies had also seemed more pertinent to some because of the Covid-19 pandemic.

> *I knew that I wanted to make sure to protect [the baby] as much as possible [from Covid-19].* (Interviewee 4)

3.4.3 Perceptions of antenatal pressure to breastfeed

Whether parents felt pressure or not to breastfeed was explored in the survey (see figure 3.8 below).

Figure 3.8 Perceptions of antenatal pressure to breastfeed



Just over half of the 120 people who answered the question said that they had felt no pressure. Some of these people explained that their own desire to breastfeed was so strong that external influences were not part of the equation. There was also recognition that wanting to breastfeed meant that they had approached sources of information that were biased towards breastfeeding, which only supported their pre-existing views. One reflection was that they may have felt under pressure if they had not already decided to breastfeed. Contrastingly, some people felt there had been more pressure to consider bottle-feeding formula. These people had been given the impression that breastfeeding 'wasn't really that necessary', or that formula might be more appropriate for them (because of their need to take medication, or awareness of baby's potential weight gain problems, or because they were expecting twins).

However, among people who had perceived some pressure antenatally, there was a difference between whether people felt the pressure had come from an external source, or whether they had put pressure on themselves. Some people felt that the health system in general was geared towards promoting breastfeeding, at the exclusion of other ways of infant feeding. In particular, there was a perception that the public health message that 'breast is best' puts pressure on parents to breastfeed, and can result in parents feeling that they have 'failed' if they do not successfully breastfeed.

> *I did feel a lot of pressure to breastfeed and a lot of the antenatal literature I received was geared heavily towards it. I suppose I'm lucky that I wanted to breastfeed but I couldn't help but feel annoyed at the lack of information on bottles and formula feeding – what if I hadn't wanted to? It felt so rammed down my throat that it was quite off-putting at times!*

Some people had felt pressure from particular practitioners or family members. Thus, there were people who felt that community midwives had expected parents to breastfeed, only discussing breastfeeding and not alternatives; or who thought that midwives would only support them postnatally if they breastfed. Pressure to breastfeed was also felt by someone attending an NCT antenatal class. In some cases, pressure had been felt from family members and friends who had breastfed themselves and 'expected it'.

Internal pressure, or pressure put on themselves, was described by people who said that they had learned about the health benefits of breastfeeding and felt it was important to succeed. This was different

to feeling a general external pressure because they specifically stated that they had exerted pressure on themselves. Indeed, one view was that there was no pressure externally:

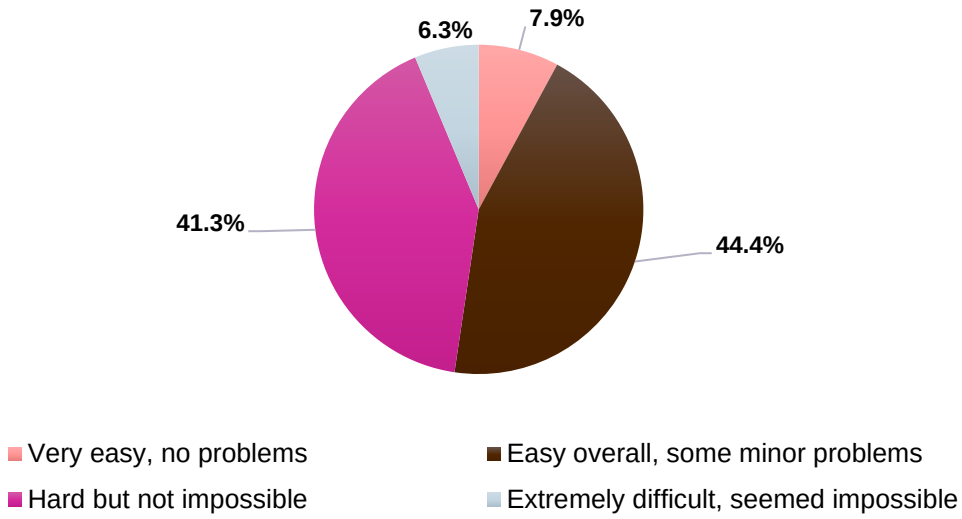
> *…it came from myself, everyone or everything I read said it's ok if breastfeeding isn't for you etc you can always formula feed but I felt a great pressure to nutritiously deliver what baby needed.*

Finally, there were also people who described mixed views about feeling under pressure. These people felt there had been only a 'little bit' of pressure, or had found differing approaches at NHS and NCT antenatal classes, with the former applying pressure and the latter not doing so.

3.4.4 Expectations about the ease or difficulty of breastfeeding

It might be assumed that people's perceptions of how easy or hard breastfeeding would be might influence their decision to try it. Figure 3.9 below shows participants' expectations about how easy, or otherwise, breastfeeding would be.

Figure 3.9 Expectations about the ease/difficulty of breastfeeding

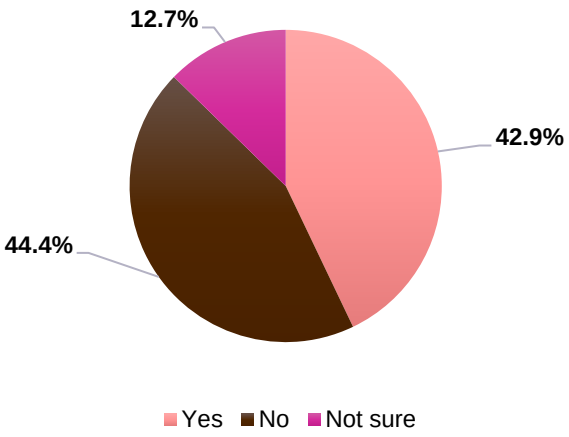


Over 85% of respondents believed that there would be some degree of difficulty, with 44.4% expecting the problems to be relatively minor and 41.3% thinking it would be hard overall but not impossible. This suggests that most people possessed a degree of 'reality' about breastfeeding and did not expect it all to be plain-sailing. Eight people were more pessimistic, believing breastfeeding to be extremely difficult and seemingly impossible, though were still willing to try. We see with this study group that knowing it may be hard, but ultimately worthwhile, did not put people off wanting to try breastfeeding; this may assist with planning antenatal education, allowing for deeper discussion of the potential problems in order to adequately prepare parents. Data comparing expectations with experiences of breastfeeding are presented in Chapter 7.

3.4.5 Antenatal awareness of breastfeeding support

Alongside any antenatal discussion of potential challenges, it would be important to provide information about how to tackle such problems, or where to go for support. One finding from this dataset is that not all prospective parents knew where to go for breastfeeding support. Figure 3.10 below shows that fewer than half of the survey respondents (42.9%) were confident about accessing support, should they need it.

Figure 3.10 Antenatal awareness of breastfeeding support



3.4.6 Deciding not to breastfeed

The survey was aimed at people who had some experience of breastfeeding, so does not have data from parents who decided, prior to the birth, not to breastfeed and did not try it. However, five people suggested that they had originally decided not to breastfeed, or had not been sure, but had changed their minds. For two people their minds were changed antenatally, in one case because of a vivid and very positive dream, and in another because of attendance at an NCT antenatal class. Two people had been unsure until after their baby was born, when they had been inspired to try it because of the perceived health benefits, particularly for one parent of a premature baby. One person explained that she had decided to breastfeed after the birth because she was told she could leave hospital quicker if she was breastfeeding.

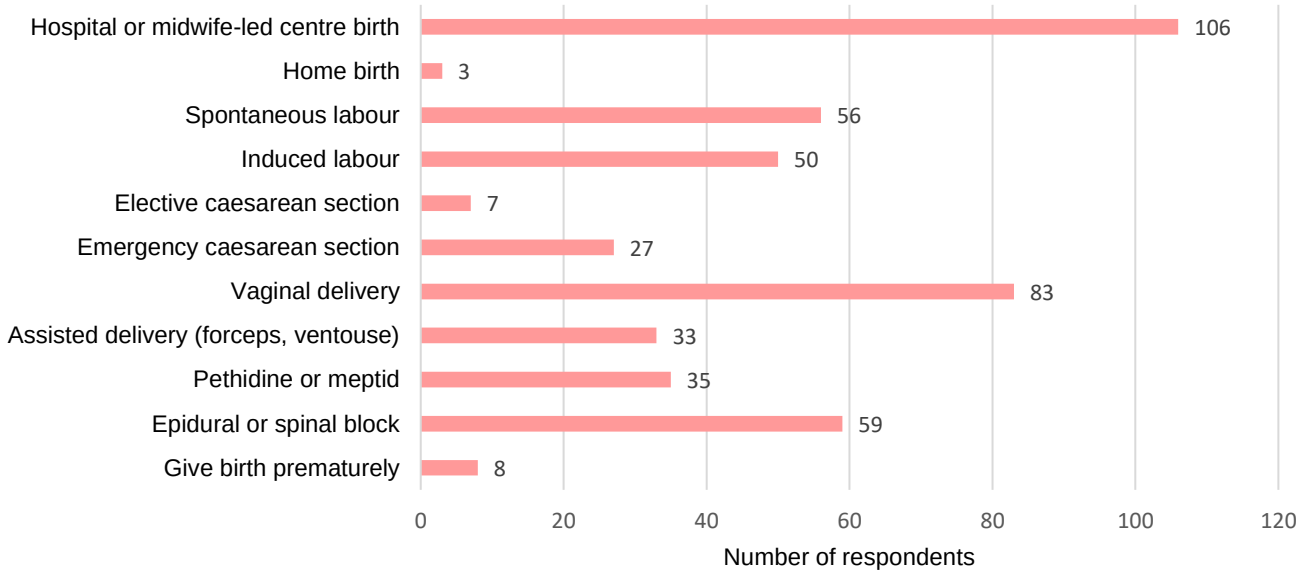
4 Birth and postnatal experiences

Chapter 4 examines participants' experiences of birth, early attempts at breastfeeding, breastfeeding problems, and information and support provided in the first four weeks after birth and subsequently.

4.1 Birth experiences

To add context to breastfeeding stories, survey respondents were asked about the circumstances of their baby's birth. Perceptions of whether and how the birth made an impact on breastfeeding is looked at in detail in section 4.3.

Figure 4.1 Birth experiences



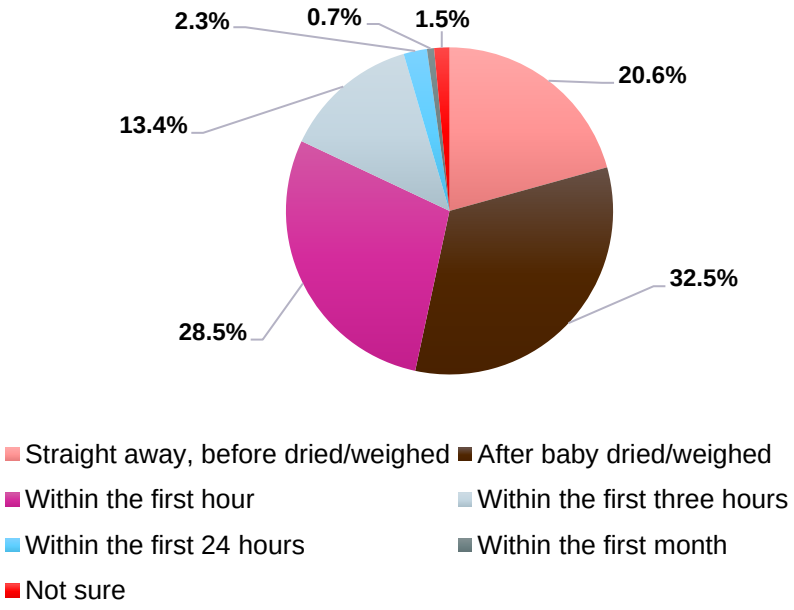
Participants were asked to indicate which of the experiences listed in figure 4.1 were part of their birth story. Asking the question in this way attempted to yield a large amount of data quickly, to ensure focus in the survey was kept on breastfeeding. One downside of this approach, however, was that some birth stories seemed to be partially missing, perhaps where respondents did not tick all the boxes that applied.

Of the data we do have, the large majority (106 people) gave birth either at hospital or in a midwife-led centre, rather than at home (3 people). Seven of the 126 respondents signalled that they had had an **elective** caesarean section, while 106 people experienced labour. Almost the same number of parents reported an induced labour as those whose labour was spontaneous. Three times as many people had a vaginal delivery as those who underwent an emergency caesarean section. An assisted delivery, using either forceps or ventouse, was reported in 33 cases (26.2%). Almost half (46.8%) of the whole study group were given an epidural or spinal block, and pethidine or meptid were administered to 35 people (27.7%) to help manage pain.

4.2 First attempt at breastfeeding

The survey asked questions about parents' first attempt at breastfeeding, including how soon the attempt was made after birth, whether assistance was provided and, if so, who provided help and in what ways. Figure 4.2 shows how quickly first attempts at breastfeeding were made after birth.

Figure 4.2 How soon was the first attempt at breasfeeding?



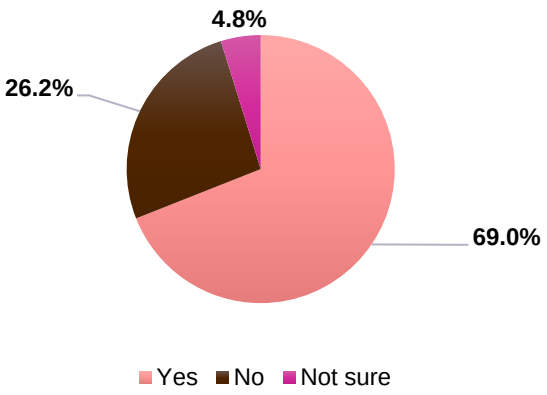
In 81.6% of cases the first attempt was made within the first hour, with 20.6% occurring immediately before anything else, and a further 32.5% after the baby had been dried and weighed.

The delay of breastfeeding **beyond** the first **three** hours was linked, in this small sub-set of the study group, to premature birth. Of the three people who indicated the first attempt was within the first 24 hours but no earlier, two people had experienced a caesarean section (one of which was elective) and had given birth prematurely (before 37 weeks). Another person whose first attempt at breastfeeding was within the first month had given birth prematurely.

Some parents explained that they were not sure when the first feed was because their memory was hazy (linked by some to the drugs they had been given), or because they had been unconscious after birth for some time having lost a large volume of blood.

Figure 4.3 below shows that almost 70% of respondents had some help at their first breastfeeding attempt. Not all those who attempted breastfeeding within the first hour (and who might be assumed to have had a more straightforward initial post-birth period) said that they had help to do so. It is not clear from the data whether it was parents' preference to have no assistance, or whether this would have been welcomed if offered.

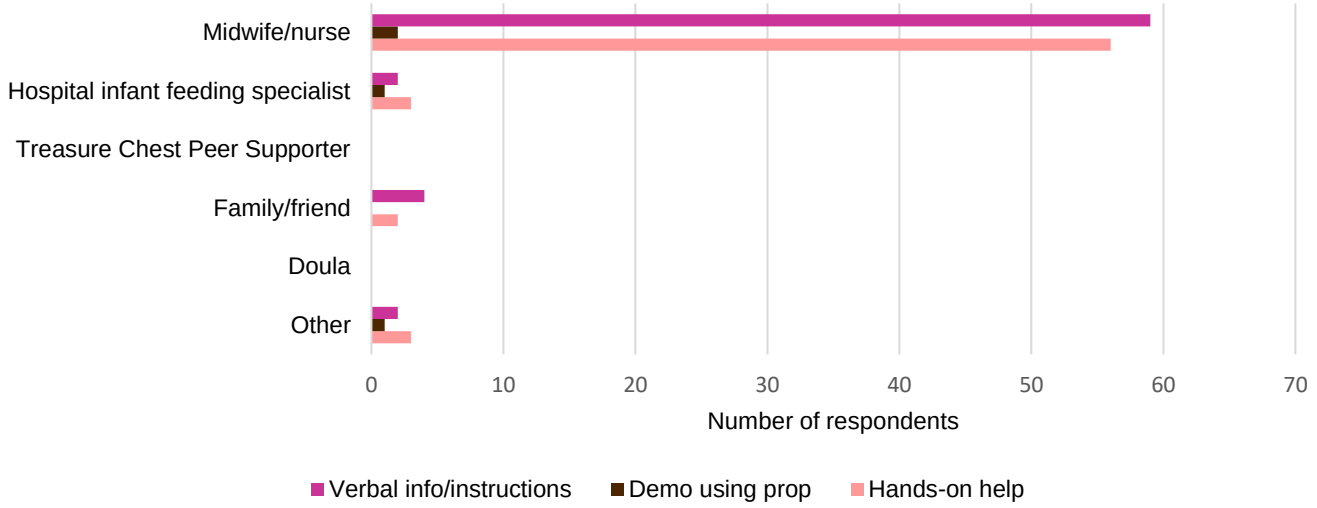
Figure 4.3 Help received at first breastfeeding attempt



Those who recalled having help, plus some of those who were not sure, went on to give information about who had helped them and how (see figure 4.4 below). Of these 90 people, all but three indicated that a midwife had helped, highlighting the importance of their role in helping to initiate breastfeeding.

For one of the three people who did not have help from a midwife, a family member or friend had assisted them; and in two cases the source of help was selected as 'other' with no further data about their identify. All three of these cases had their baby in hospital or a midwife-led centre.

Figure 4.4 Source and type of help received at first breastfeeding attempt



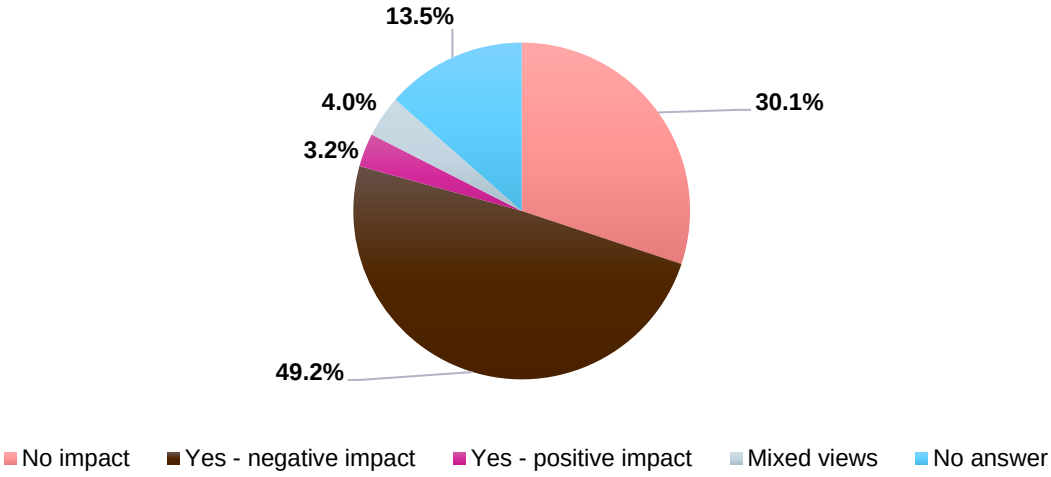
Most of the 90 people who identified assistance at this first attempt singled out one source of help. However, eight people indicated that more than one source had provided assistance, most often suggesting that a midwife and infant feeding specialist had together provided help, or that a family member or friend had been helpful as well as their midwife. Because the data was collected through an online survey, rather than talking to a researcher, it is possible that this data is misleading if the survey question was not understood correctly in all cases. The question referred to assistance available at the **first** breastfeeding attempt only, but may instead have been interpreted as the first few times, or the first successful attempt.

In the 87 cases where a midwife was said to have assisted, 61 people described one kind of help (verbal instruction in 31 cases, hands-on assistance in 29 cases, demonstration using a prop in 1 case). Twenty-six people indicated that a midwife had given both verbal instructions and hands-on assistance. Respondents' views about hands-on assistance are reported in Chapter 5.

4.3 Circumstances of the birth and its impact on initial breastfeeding

After supplying data about the birth and first attempt at feeding, survey respondents were asked if they felt the circumstances of the birth affected breastfeeding at the beginning. This was an open question, inviting people to provide as much detail as they wished. It has been possible to show the data simply, in proportional terms, in figure 4.5. However, there is also rich, qualitative data which will be discussed thematically below.

Figure 4.5 Whether birth affected initial breastfeeding



The largest proportion of participants held the view that the circumstances of their baby's birth had made a negative impact on the start of their breastfeeding journey (49.2%). Four people (3.2%) agreed that the birth had impacted on initial breastfeeding, but in a positive way. Perceiving no impact on breastfeeding was the view of 38 people (30.1%). Five people (4%) gave views which were mixed. Finally, seventeen people (13.5%) gave no response.

4.3.1 No impact

There is limited data about why people felt there had been no impact, with most people simply answering the question 'no'. However, one view was that the birth had been straightforward and 'natural', or that pain had been well managed with an epidural, and therefore not created any barriers to breastfeeding. Another view was that despite there being difficulties during the birth (for example, induced labour, losing the baby's heart rate) these had not stood in the way of successfully starting breastfeeding.

4.3.2 Making a negative impact

The following factors were described as having had negative impacts on early breastfeeding:

- **Exhaustion in parent and/or baby:** Long labours and/or traumatic births could lead to exhaustion in parents and affect their ability to cope with the demands of learning the new skill of breastfeeding. Some babies were also said to be too tired after the birth to try feeding (for example, where there had been an assisted delivery, where induction had lasted for several days, where the pushing stage was protracted). Some parents discussed the impact on their newborn of drugs they had been given pre-birth, such as pethidine, which they felt had made their baby drowsy and unable to latch at all or unable to feed for long enough.
- **Illness and pain:** There were examples of parents being too unwell to hold their baby and attempt feeding in the first few hours, such as suffering with bad side-effects of painkilling drugs given during labour, or needing surgery for a haematoma. One parent who described the onset of back pain following labour where the baby had been in a 'back-to-back' position, felt that back pain and discomfort had affected feeds in the first week. Caesarean section wounds could also make breastfeeding uncomfortable in the early days.
- **Physical barriers:** An experience often related to having had a caesarean section was that parents were less able to feed responsively in the first day because they were physically limited. Having needed anaesthesia for the operation, they were unable to walk or lift their baby and, with partners unable to support on the postnatal ward due to Covid-19 restrictions, they were reliant on busy hospital staff to help bring their baby to them for feeds.
- **Breastmilk delay:** Some people who lost a lot of blood postnatally felt this had delayed their breastmilk supply.
- **Post-birth interventions:** Parents who had been keen to have skin-to-skin and breastfeed straight away, and had undergone a caesarean section, were disappointed that they had needed time apart

from their newborn to finish their operation. Another parent felt that the 'talking' and emphasis on trying breastfeeding by hospital staff had been distracting when she would have preferred time alone to 'cuddle' her baby.

- **SCBU:** Babies who had needed care in SCBU had been syringe- or tube-fed initially, with one parent explaining that direct breastfeeding in SCBU had been prevented because feeds were being scheduled in order to monitor the baby's blood sugar.
- **Birth trauma affecting confidence:** Some parents felt that the trauma they associated with their baby's birth had knocked their confidence in their body, thereby impacting on their perceptions of their ability to breastfeed initially.

  My traumatic birth experience definitely negatively affected breastfeeding in the beginning, I already felt like I'd failed by not having the birth I had wanted.

  …midwives didn't believe I was in labour so [I was] repeatedly sent home. Really made me question my instincts and my body – if I was wrong to think I was in labour then I must be wrong with my instincts with a newborn.

In some cases, help from hospital staff with initial breastfeeding was highlighted as a mitigating factor, limiting the negative impact of the birth. For example, a health care worker had helped one parent to collect colostrum and syringe feed, where the baby was too sleepy to latch; and a midwife was said to have helped one parent to feed lying down when she was unable to sit up.

One of the interviewees was grateful to doctors who agreed that she could feed her baby while stitches for a tear were applied in theatre:

> *...the midwife put him on me…I think if that hadn't happened, that critical period of time might have been a different story maybe…* (Interviewee 5)

4.3.3 Making a positive impact

People who described the birth of their baby as 'calm', 'relaxed', 'positive', or 'ideal', or as being 'uncomplicated, drug-free, fast delivery' felt that this had contributed to their successful or 'easy' start to breastfeeding.

4.3.4 Mixed views

There were people who felt that the birth had been troublesome or difficult, but had not affected the onset of breastfeeding. Thus, one person described milk being delayed after a lengthy labour, but that their baby was nonetheless alert and had latched well from day one. Another was unable to feed for hours because of a severe postpartum haemorrhage, but felt this has not negatively affected breastfeeding.

It appears, in part, that parents' perceptions of whether birth affected breastfeeding was linked to their expectations. Success in breastfeeding, at some stage, was not the only consideration here; whether or not breastfeeding began in the way they had hoped was also important (for example, those who were disappointed they could not immediately feed while completing a caesarean section). Perhaps those with more mixed views were more concerned about their ultimate breastfeeding success rather than the manner in which it was achieved. This is an area that could be explored in greater depth.

4.4 Breastfeeding support in the first four weeks

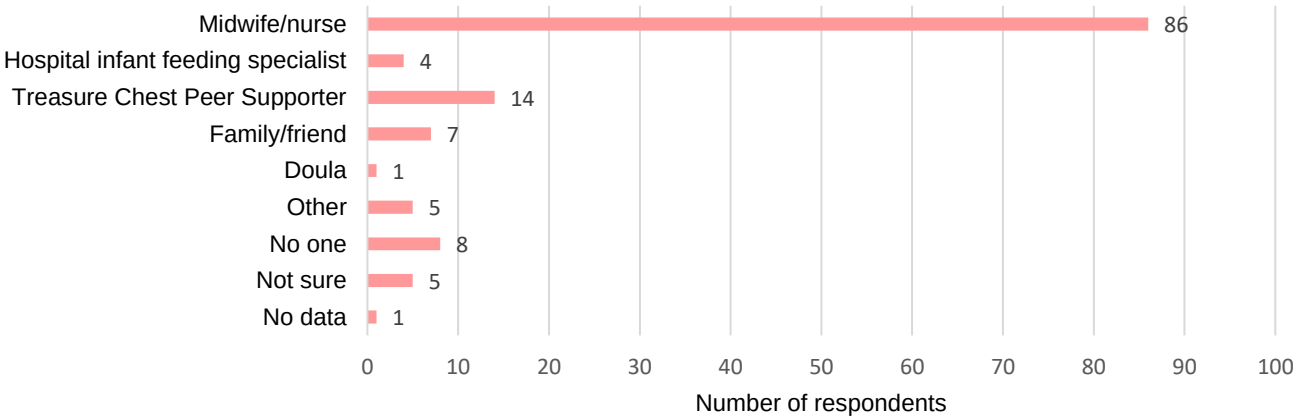
4.4.1 Encouragement to hold baby skin-to-skin

The survey posed a question asking parents if anyone had encouraged them to hold their baby skin-to-skin, within the first four weeks of the birth. The way that this question was asked in Google Forms

prevented participants from selecting more than one source of support, unless they selected 'other' and were able to add their own text. Consequently there may be data missing here.

Figure 4.6 shows that over two-thirds of the study group recalled midwives or hospital nurses encouraging them to hold their baby skin-to-skin (68.2%), suggesting that this is part of their regular practice, even if not universally remembered or experienced. Fourteen people (11.1%) thought that Treasure Chest Peer Supporters had suggested skin-to-skin with their babies. Others who had encouraged it at an early stage were a hospital infant feeding specialist, family members or friends and a doula. Where respondents used the 'other' category they indicated that skin-to-skin had been encouraged by hospital health care assistants, an NCT lactation specialist, or from information they had read on the internet or from a book. Thirteen people (10.4%) either had received no encouragement or were not sure if they had.

Figure 4.6 Encouragement to hold baby skin-to-skin, first four weeks



Two of the interviewees gave accounts of being given time and space for skin-to-skin immediately after having their babies.

> *[The hospital staff] totally respected our wishes for lots of skin-to-skin. And so I had about an hour in the labour room feeding, cuddling, skin-to-skin… they let me have a big chunk of time before they took her away and rubbed her down and dried her off… and weighed her, but I was really insistent at that point that I wanted skin-to-skin and that was how it would be and it was a really lovely time.* (Interviewee 2)

4.4.2 Interventions experienced in the first four weeks after birth

The survey asked participants if they had experienced any early breastfeeding interventions, inviting people to choose all that applied from a list of options, and to rate their helpfulness. See figures 4.7 and 4.8 below.

The most **commonly tried** interventions among the study group, each with over 40 people reporting them, were: 'instructions on hand expressing', 'syringe feeding', 'nipple shields' and a 'feeding plan with formula top-ups'. The most **highly valued** breastfeeding interventions were 'syringe feeding' (70.5% rating it either helpful or very helpful) and 'instruction on hand expression' (62.6% helpful or very helpful). More than half of those who received them found 'tongue function assessments/division', and 'nipple shields', to be either helpful or very helpful. The intervention with the greatest number of 'unhelpful' or 'very unhelpful' ratings was 'a feeding plan with formula top-ups'. Parents' views about feeding plans are discussed in more detail in chapter 5.

Figure 4.7 Helpfulness of interventions in first four weeks

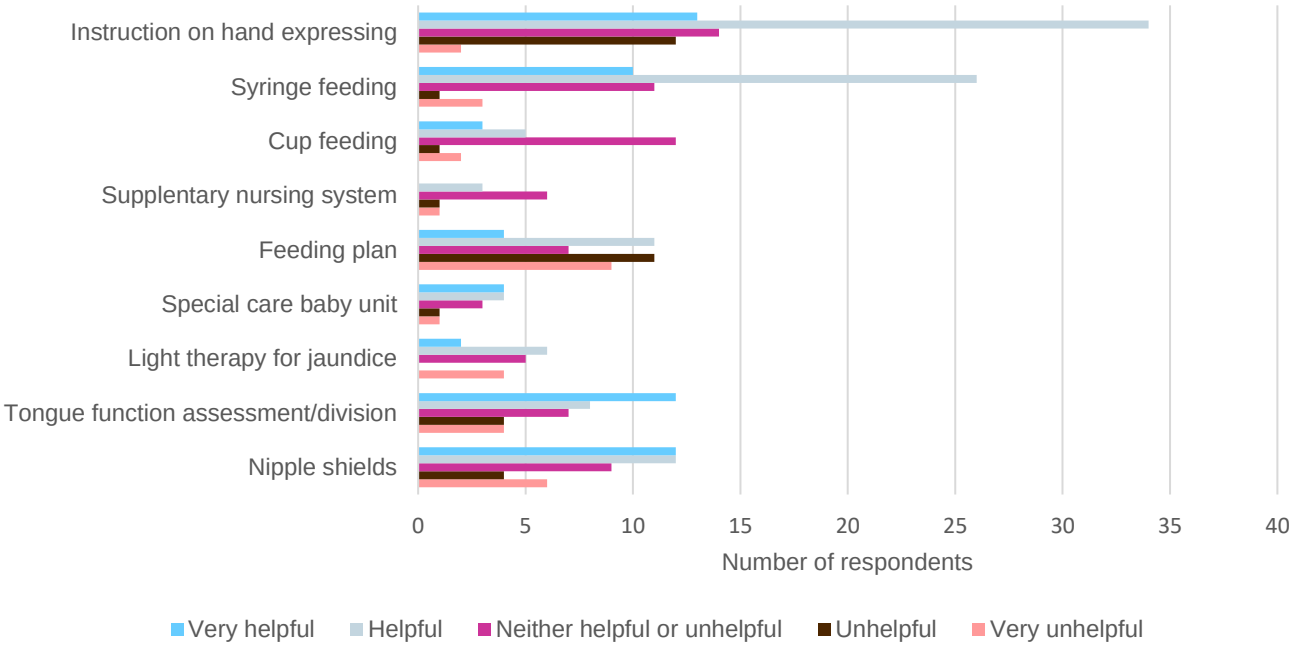


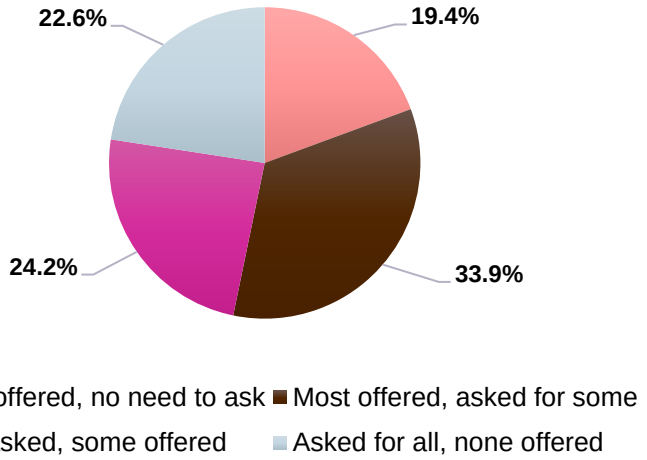
Figure 4.8 Helpfulness of interventions, in proportions

	V helpful + helpful	V unhelpful + unhelpful	Neither helpful or unhelpful	Total (of row)
Hand expressing instruction	13 + 34 = 47 **(62.6%)**	2 + 12 = 14 **(18.6%)**	14 **(18.6%)**	75
Syringe feeding	10 + 26 = 36 **(70.5%)**	3 + 1 = 4 **(7.8%)**	11 **(21.5%)**	51
Cup feeding	3 + 5 = 8 **(34.7%)**	2 + 1 = 3 **(13%)**	12 **(52.1%)**	23
Supplementary nursing system	0+ 3 = 3 **(27.2%)**	1 + 1 = 2 **(18.1%)**	6 **(54.5%)**	11
Feeding plan	4 + 11 = 15 **(35.7%)**	9 + 11 = 20 **(47.6%)**	7 **(16.6%)**	42
Special care baby unit	4 + 4 = 8 **(61.5%)**	1 + 1 = 2 **(15.3%)**	3 **(23%)**	13
Light therapy for jaundice	2 + 6 = 8 **(47%)**	4 + 0 = 4 **(23.5%)**	5 **(29.4%)**	17
Tongue function assessment/division	12 + 8 = 20 **(57.1%)**	4 + 4 = 8 **(22.8%)**	7 **(20%)**	35
Nipple shields	12 + 12 = 24 **(55.8%)**	6 + 4 = 10 **(23.2%)**	9 **(20.9%)**	43

4.4.3 The offer of support v. asking for support

One question in the survey asked people if they felt they had been offered breastfeeding support or if they had needed to ask for support. Propensity to ask for support can depend on various factors, such as personality and confidence, perception of need, and knowledge of specific support. We also see in chapter 7 that appropriate support can make a big difference to breastfeeding experiences, and a lack of support can be detrimental to breastfeeding progress. Thus, in an ideal world, the right support would be offered at the right time, without the parent first needing to know what to ask for. Figure 4.9 below shows that almost 20% (of the 124 people who answered the question) were offered support in the first four weeks without needing to ask. A similar number of respondents reported needing to ask for all the support they needed, with none being offered first. The remainder of the study group indicated that their experience was mixed, with some being offered and some being asked for. There is no data from the survey about whether people felt confident to ask for help.

Figure 4.9 Whether support was offered or needed to be asked for



Both reluctance to ask for help, and willingness to do so, were evident in the qualitative interview data. One parent had been reticent to ask for help (when she had noticed feeding was easier on one side compared to the other) because she was keen to get home and did not want to look like she did not know what she was doing. She also said she does not like asking for help in general. Another interviewee explained that she had received plenty of assistance from hospital midwives because she had been advised by a friend to ask for help and felt she knew what to ask for.

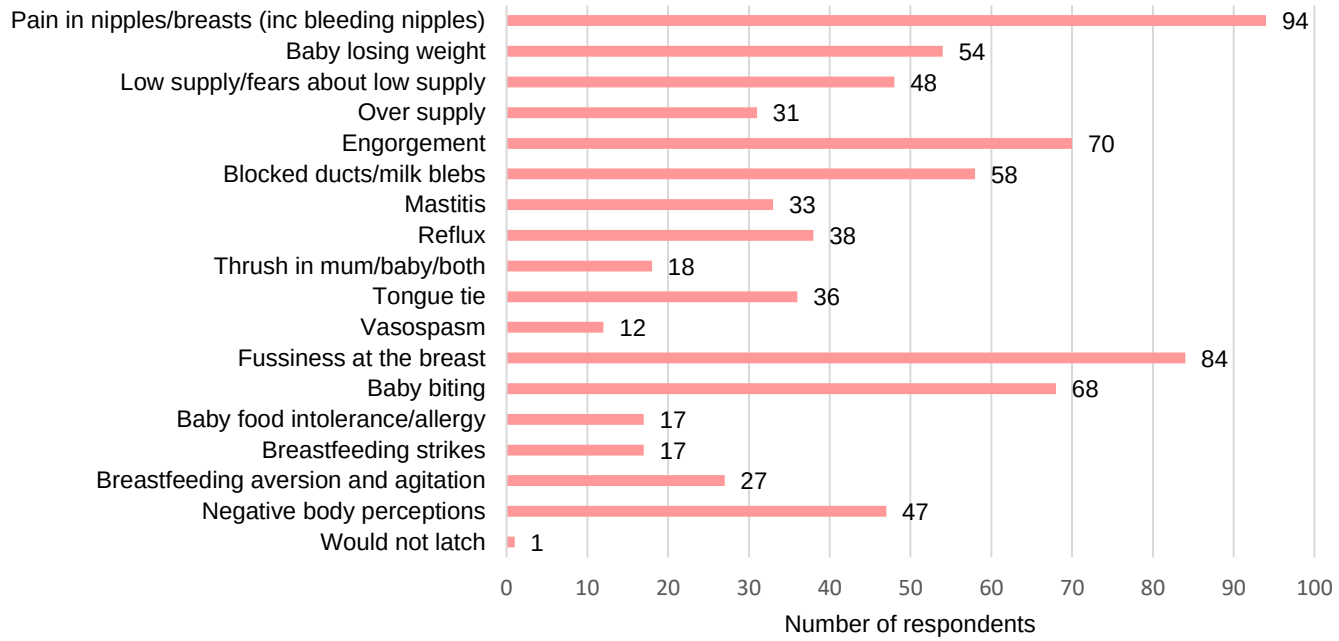
> *A friend had said… 'just make a nuisance out of yourself and just buzz every time.' So every time I fed I was buzzing the midwife saying 'can you check, can you check, can you check?'. And it was so lovely, so lovely...the midwives were totally brilliant and respected what I asked for. I think had I not had the input of perhaps my parents who had got the medical background, so I knew what to ask for 'cause they'd been through it all with me, if I hadn't have had that it wouldn't necessarily have been as successful an experience as I did have. I knew what to push for and I knew what to ask for.* (Interviewee 2)

Chapter 7 touches on the related question of whether there was further help parents would have liked but did not receive.

4.5 Breastfeeding problems

Figure 4.10 below sets out experiences of breastfeeding problems across the duration of breastfeeding journeys. The list of problems is not exhaustive, but captures the main problems with which Treasure Chest helps families; the category of 'other' was available for people to add significant problems not already listed. One hundred and twenty-one people acknowledged at least one of the breastfeeding problems. Five people did not select any, which may mean that they did not experience any breastfeeding problems, or that they chose not to answer the question. Three of these five people breastfed for over 12 months and only one person did not reach one month.

Figure 4.10 Breastfeeding problems



The most commonly experienced problems were 'pain in the nipples or breasts', experienced by 74.6%[3] of the study group, and 'fussiness at the breast', perceived by 66.6%. Over half of the study group experienced 'engorgement' (55.5%) and 'baby biting' (53.9%).

The topic of 'negative body perceptions' is not often discussed by Treasure Chest Peer Supporters, in training or in meetings with families. However, the data suggests that such perceptions were a problem for just over a third of this study group (37.3%), which is similar to those who recorded experience of 'low supply/fears about low supply' (38%) – a topic that **is** commonly discussed at group sessions. It is possible that parents are reluctant to mention negative body perceptions as a problem when meeting with Peer Supporters, given that it is not a functional breastfeeding challenge in the way that, for example, the effects of tongue tie or over-supply are.

The experiences of one interviewee shed a little light here, demonstrating how negative body perceptions can affect postnatal mental health:

> *I struggled a lot with body perception...and I think this is part of why I felt so low at four months, was I really struggled to comprehend my new body, in that it's gone from this body that, I was really active, like I was running until 30 weeks pregnant, I was doing workouts in my front room the day before I gave birth…to this body that is oozing out of every orifice…I'm leaking, I feel sore, it's not just gone from my body that I keep nice for me and my husband, but it's gone to a body that is providing for a child. And I really struggled with that…that was an ongoing battle.* (Interviewee 2)

This parent also struggled with breastfeeding aversion and explained that prior knowledge and stubbornness had prevented her from seeking help for it:

> *…sometimes I would get a bit of feeding aversion. I didn't really speak to anyone about it because I knew what it was and because I'm stubborn I pushed on through. And I don't think that was the right thing to do necessarily, but it's what happened. And I'd sometimes think, I don't want to breastfeed because I don't want my boobs to be out all the time.* (Interviewee 2)

[3] Proportions take into account the whole study group (126 respondents).

Similarly, breastfeeding aversion and agitation may be under-reported in group situations because of parental guilt[4] (21.4% of the study group identified having experienced this at some time). This is perhaps an area where Treasure Chest Peer Supporters could be trained to be more alert to how parents feel about themselves while breastfeeding and to provide support, or to signpost to appropriate services.

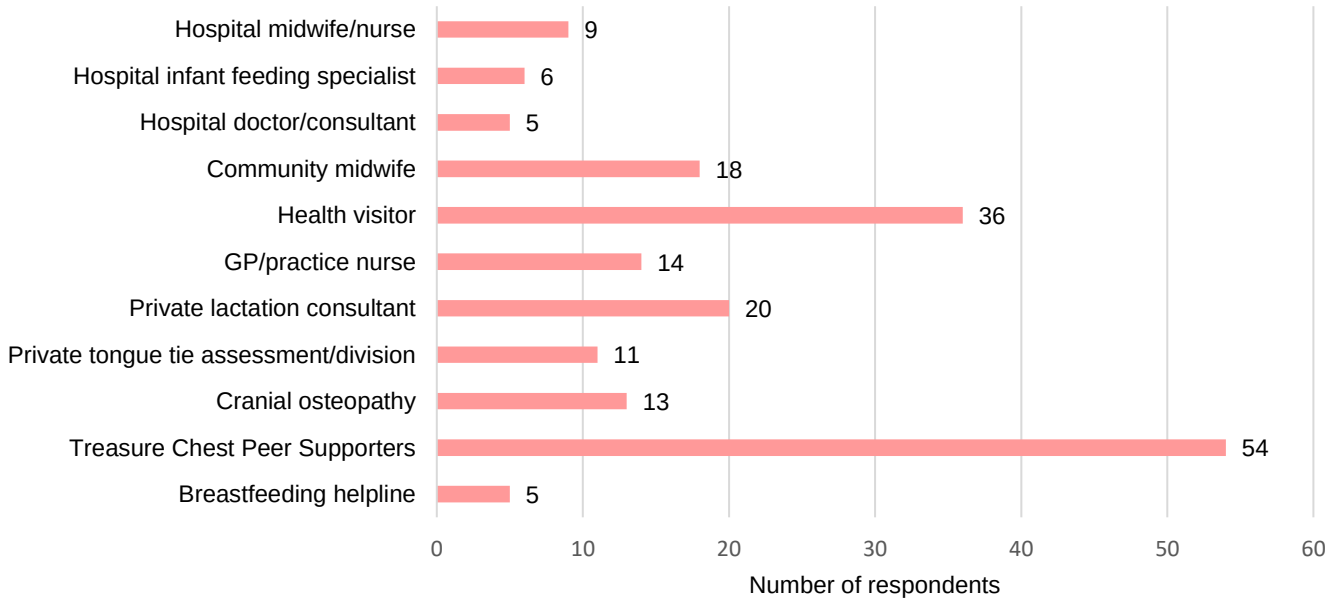
Eighty-six people (68.2%) experienced five or more problems during their breastfeeding journey. It might be assumed that the longer the journey the more problems experienced, or that those who stopped breastfeeding sooner had done so because of a greater number of problems. However, the data does not indicate breastfeeding duration as a factor in the number of problems experienced. What is worth noting is that the **number** of problems, in itself, is unlikely to derail breastfeeding journeys. Of the 49 people who breastfed for over 12 months, 35 people (71.4%) experienced five or more problems, six of which experienced 10 or more problems. Instead, it is likely that the intensity or duration of problems, and awareness and use of knowledge and support, are more influential in whether families can overcome breastfeeding challenges or not (see section 7.2.3 for more discussion of influential factors in achieving breastfeeding goals).

4.6 Postnatal information and support

4.6.1 Postnatal sources of support after the first four weeks

The survey asked parents if they had received breastfeeding support, since the first four weeks, from a list of possible services. The question did not ask how many times sources of support were approached, or gave support, but which had provided support. All but 11 parents breastfed for longer than four weeks; figure 4.11 below shows data from the remaining 115 parents.

Figure 4.11 Contact with breastfeeding support after four weeks



Unsurprisingly, the statutory sources of support which tend to transfer responsibility to other services by four weeks (i.e. hospital and community midwives) were approached or used less often than those they transfer responsibility to (i.e. health visitors, GPs). However, there may be some participant error here with higher than expected numbers for contact with midwives, possibly because respondents missed the 'after 4 weeks' instruction in the question, or misremembered the duration of their contact with midwives.

[4] See chapter 7 for more data about breastfeeding aversion and agitation.

Figure 4.12 below shows the same data as figure 4.11 but with the sources of support collated according to whether they are statutory, private or voluntary services.

Figure 4.12 Contact with support after four weeks, per type of service

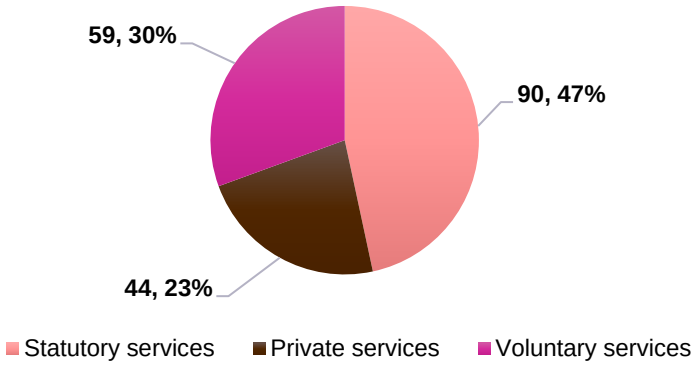


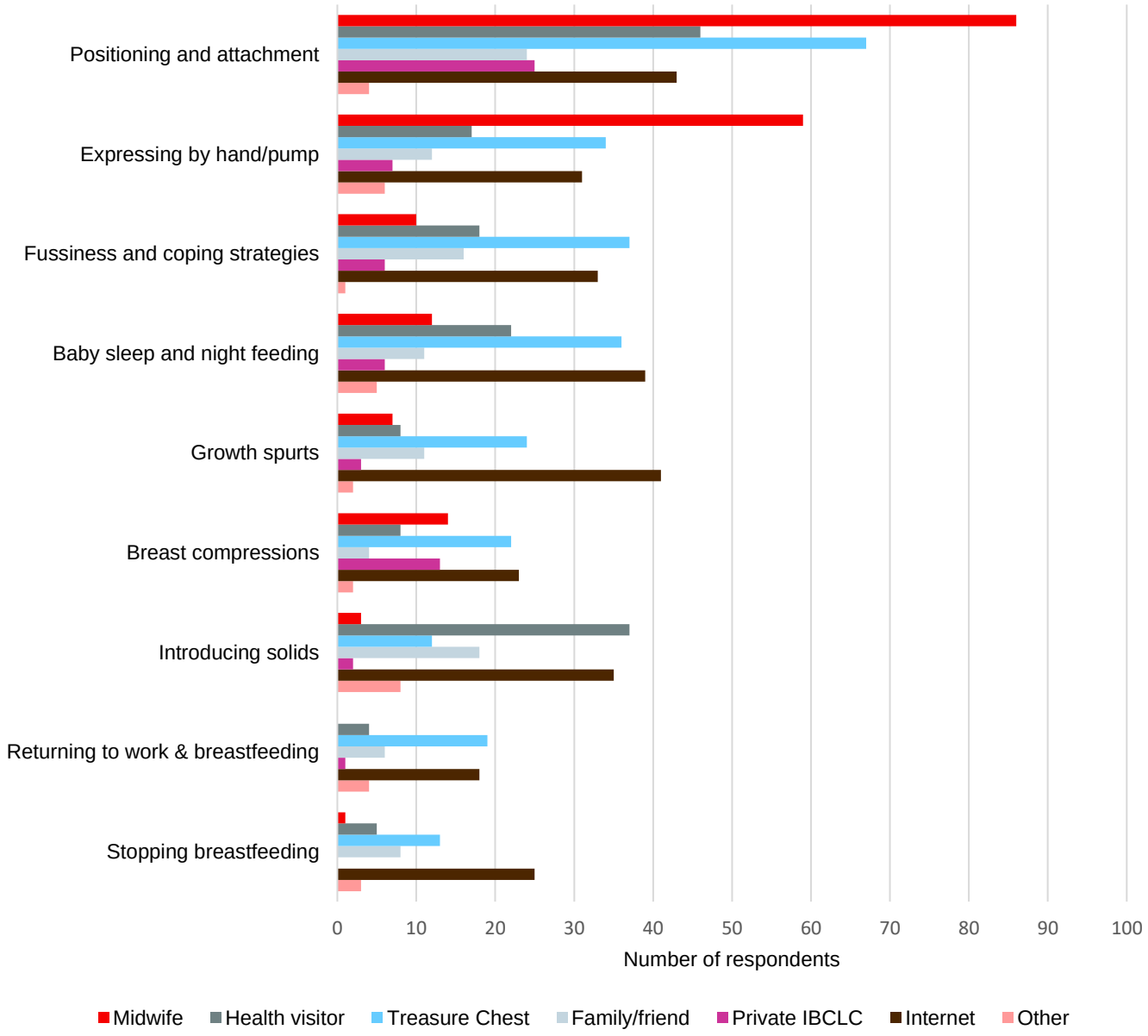
Figure 4.12 shows that contact with statutory services after four weeks accounted for just under half of all the breastfeeding support sought (90 of 193 reports of support; 46.6%), with the remainder for voluntary (n = 59, 30.5%) and private services (n = 44, 22.8%). Of the statutory services, health visitors were the most involved, with 38 of the 90 reports (42.2%). Almost half of the reports of using private services were for IBCLCs (45.4%). Finally, use of Treasure Chest accounted for 91.5% of the study group's approaches to voluntary services. Comparing all the services on an individual basis, Treasure Chest had the greatest number of reports of use, after four weeks (n = 54; 28%).

4.6.2 Breastfeeding topics: sources of information and support

Another way of understanding how breastfeeding families are supported is to investigate where they gained knowledge of common breastfeeding topics. Survey respondents were asked if they had received information or support from any source about certain breastfeeding topics, from a pre-defined list. These topics are routinely discussed at both Treasure Chest support groups and on the Facebook group.

Figure 4.13 below highlights how both Treasure Chest and the internet were important sources of information and support across the topics, showing the breadth of expertise and support available. The similar level of use may in part be related to Peer Supporters signposting parents to further information on trusted websites. There were topics where Treasure Chest was relied upon to a lesser extent than other sources: the primary sources of information on 'introducing solids' were health visitors and the internet; and the internet was used almost twice as much as Treasure Chest regarding 'growth spurts' and 'stopping breastfeeding'. Stopping breastfeeding was highlighted by participants as an area where they felt support was lacking, and is perhaps an area where Treasure Chest could focus attention.

Figure 4.13 Breastfeeding topics: source of information and support



Midwives are typically only involved with parents for the first few weeks post-birth, with the main focus of any breastfeeding support on its successful initiation. This tends to rule out their involvement in breastfeeding topics that naturally occur later (for example, introducing solids, returning to work). Figure 4.13 shows that midwives were the most commonly used source of information or support on 'positioning and attachment', and 'expressing by hand or pump', both of which are typically addressed at the outset of breastfeeding. However, for other topics that affect parents in the early weeks (for example, 'fussiness', 'night feeding', 'growth spurts'), midwives were, at best, the fourth most commonly cited source of information and support. To some extent the other statutory provider of breastfeeding support – health visitors – filled this gap, but more people in this study group relied on Treasure Chest and the internet.

5 Views of postnatal breastfeeding service provision

Chapter 5 complements the preceding chapter by also referring to the postnatal period. Here, the focus is on participants' **views** of the breastfeeding support services they came into contact with. Thus, findings indicate which services were perceived to be more helpful than others, and pinpoint particularly helpful and unhelpful aspects of services.

5.1 Views of breastfeeding support services within four weeks of birth

To understand the value of breastfeeding support received in the early stages, survey participants were asked to rate the helpfulness of a number of services which they may have come into contact with. Figure 5.1 sets out the perceived helpfulness of various statutory, private and voluntary services in the first four weeks after birth. To aid understanding, figure 5.2 shows these same views proportionally.

Figure 5.1 Perceptions of helpfulness of breastfeeding support, first four weeks

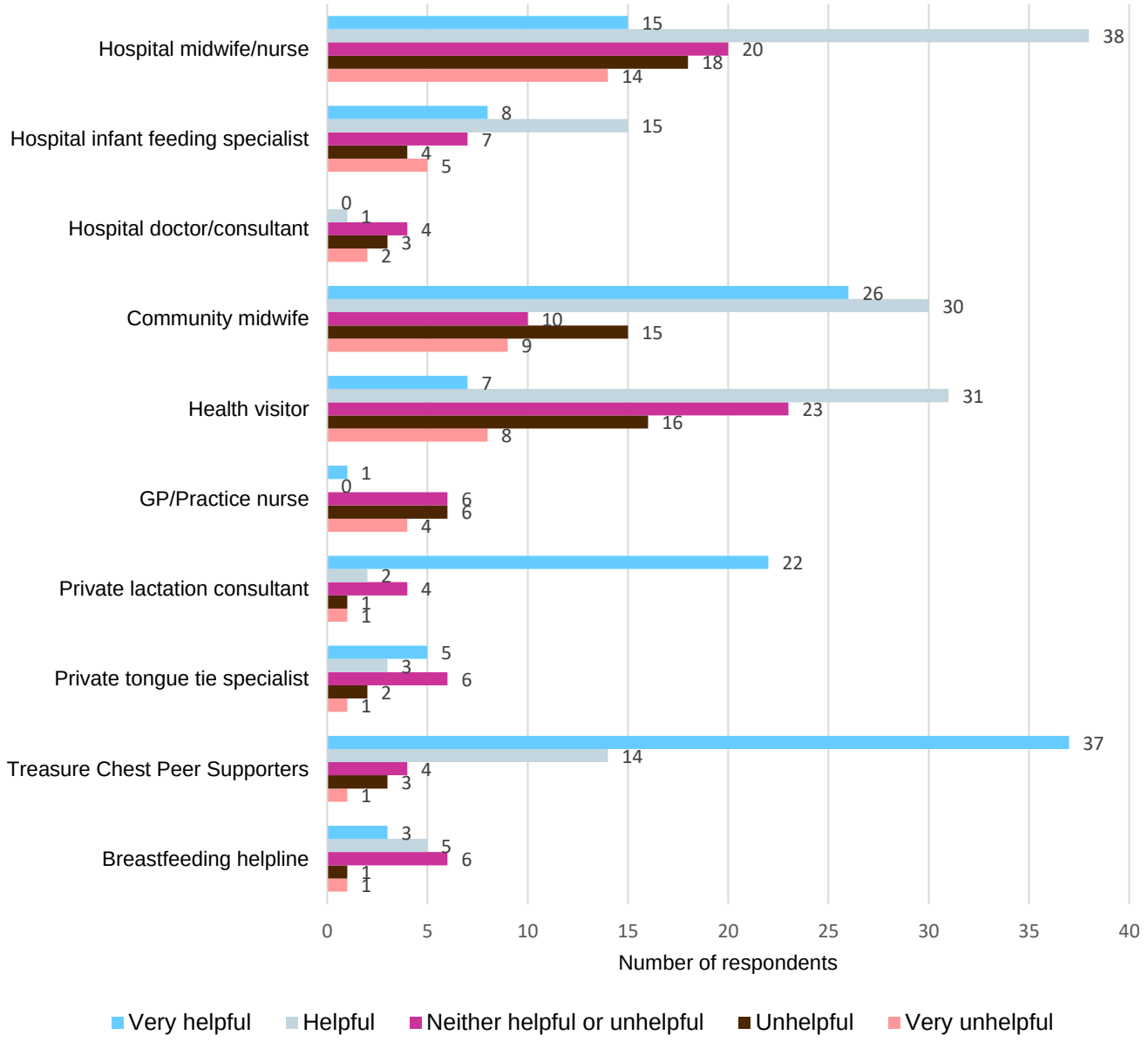


Figure 5.2 Perceptions of helpfulness of breastfeeding support (first four weeks), in proportions

	V helpful + helpful	V unhelpful + unhelpful	Neither helpful or unhelpful	Total (per service)
Hospital midwife	38 + 15 = 53 **(50.4%)**	14 + 18 = 32 **(30.4%)**	20 **(19%)**	105
Hospital infant feeding specialist	8 + 15 = 23 **(58.9%)**	5 + 4 = 9 **(23%)**	7 **(17.9%)**	39
Community midwife	26 + 30 = 56 **(62.2%)**	9 + 15 = 24 **(26.7%)**	10 **(11.1%)**	90
Health visitor	7 + 31 = 38 **(44.7%)**	8 + 16 = 24 **(28.2%)**	23 **(27%)**	85
GP/Practice nurse	1 + 0 = 1 **(5.8%)**	4 + 6 = 10 **(58.8%)**	6 **(35.2%)**	17
Private lactation consultant	22 + 2 = 24 **(80%)**	1 + 1 = 2 **(6.7%)**	4 **(13.3%)**	30
Private tongue-tie specialist	5 + 3 = 8 **(47%)**	1 + 2 = 3 **(17.6%)**	6 **(35.2%)**	17
Treasure Chest Peer Supporters	37 + 14 = 51 **(86.4%)**	1 + 3 = 4 **(6.7%)**	4 **(6.7%)**	59
Hospital doctor/consultant	0 + 1 = 1 **(10%)**	2 + 3 = 5 **(50%)**	4 **(40%)**	10
Breastfeeding helpline	3 + 5 = 8 **(50%)**	1 + 1 = 2 **(12.5%)**	6 **(37.5%)**	16

Of all the services providing breastfeeding support within four weeks of birth, the service with the highest proportion of positive views was Treasure Chest, with 86.4% regarding the peer support as helpful or very helpful. Not far behind were private lactation consultants, with 80% of those who used them viewing them as helpful or very helpful. Of the statutory services, community midwives were the most positively perceived (62.2% helpful or very helpful), though over a quarter (26.7%) of those who had been supported by them found them to be unhelpful or very unhelpful regarding breastfeeding. The most unhelpful services for breastfeeding support were GPs/practice nurses and hospital doctors/consultants, with 58.8% and 50% respectively deeming them unhelpful or very unhelpful. The most mixed views – where the difference between the proportion of positive and negative views was smallest – related to support from health visitors and hospital midwives. This perhaps suggests that the perceived level and quality of support can vary between individual health visitors and between hospital midwives.

5.1.1 Particularly helpful aspects of service provision in the first four weeks

All of the services listed in figure 5.1, plus others, were singled out by some participants as having provided particularly helpful breastfeeding support in the first four weeks. Other services which were highlighted were SCBU nurses, a doula, an NCT breastfeeding specialist and the local La Leche League group.

Looking across all of the comments about what had been particularly helpful, the following aspects of service provision had been valued:

- **Availability and accessibility**

Parents were happy with services that had been in frequent contact, had responded quickly when problems arose, or had patiently spent time with them and had therefore seemed accessible and available for support. Mentioned here were SCBU nurses, hospital midwives, a GP, and IBCLCs.

> *The midwives at the hospital made a lot of effort to make sure we had the initial hang of feeding and checked our latch etc before we were discharged.*

…the midwives, certainly in the hospital, they were blooming brilliant. So, when we were re-admitted, … we were put on a paediatric unit. But they came up to see me every time I fed or tried to feed, they came up to help me, they helped me with different positions…they really, really supported me. (Interviewee 2)

- **Face-to-face contact and familiarity**

An aspect of service provision that was highlighted by some people as important was being seen in person. For parents who gave birth during the Covid-19 pandemic 'lockdowns', contact in 'real life' – rather than virtually or on the phone – was more limited, so it was highly valued when it was experienced. Face-to-face contact enabled observation of feeds, which parents found reasssuring. Parents were especially appreciative where they were seen at home by the same community midwife every time, or the same midwife they had seen antenatally. Being seen at home was thought to be helpful too, as midwives or health visitors were better able to advise knowing the parent's surroundings and circumstances.

My community midwife was brilliant especially when I was given appointments with the midwives that had seen me prior to birth.

It was helpful to have my familiar named community midwife giving frequent in person contact.

One interviewee spoke positively about the 'continuity of care midwife team', which is part of a government pilot. She had met all eight of the midwives on the team, having been invited to 'coffee and chat' every week online via Zoom and thought it was brilliant to have the opportunity to get to know all the midwives before the birth of her baby.

- **Practical support**

Parents had welcomed practical support from midwives, health visitors and IBCLCs where they had modelled different feeding positions and holds, had shown how to express colostrum and collect in a syringe, had helped with formula top-ups and expressing with a pump, or had suggested ways of using pillows to feed in a more comfortable position. Being shown what to do, rather than just being told, had made a difference to parents' confidence that they were doing the right thing.

I certainly found the help of the Maternity Care Assistant on the postnatal ward helpful in order to help me to hand express colostrum into a syringe to feed my baby with. She used a model to show me how to do it which definitely helped me understand the correct technique.

- **Emotional support, reassurance and encouragement**

Feeling encouraged and reassured and that confidence had been boosted by support services was important and made a difference for some parents and their breastfeeding journeys. Some people had welcomed verbal support and encouragement from hospital midwives or nurses, particularly when they were struggling or had faced a setback. Being praised, or told they were doing the right thing, or encouraged to follow their instincts to feed responsively – by midwives or health visitors – had encouraged some parents to persevere when they had faced problems establishing breastfeeding. SCBU nurses were singled out by some people who had found them 'excellent and incredibly supportive' of breastfeeding multiple babies, or had felt supported by them to make their own breastfeeding decisions when they had otherwise felt pressured by staff on the maternity ward to use formula. Feeling reassured by a hospital midwife that using formula (in part) was not the end of breastfeeding and exclusive breastfeeding could still be achieved, was another experience.

A midwife at York Hospital…was fantastic and incredibly encouraging. If it hadn't been for her at my daughter's day five appointment we wouldn't have had a breastfeeding journey at all!

Encouragement from midwives that I was doing the right thing and to persevere when having difficulties establishing feeding… (26)

Positive impressions of health visitors by some of the interviewees point to the reassurance and encouragement given, emotional support provided and the manner in which health visitors spoke to them. One person described the health visitor as having a 'cheerleader role'.

Without my health visitor I would have stopped breastfeeding I think…without that emotional support those first couple of weeks I would honestly have stopped it, I think. (Interviewee 4)

[*The health visitor] was really nice and she just treated me like a human being and, um she was really encouraging how, she just wanted me to reach my goals and she knew how hard I was trying and it was just nice to hear someone talking positively.* (Interviewee 1)

[The health visitor] did a lot of talking about how I felt and about how I was coping and how I felt it was going, which I think was useful to articulate. (Interviewee 2)

Reassurance could also come from consultations with an IBCLC, where it was explained why formula might be helpful initially:

[The IBCLC] spent two hours with me and…I just felt so much better just knowing that what I was doing was just the right thing to do…she said keep on with the formula because… it will help get her energy up so she can feed properly…And it also made me feel better about formula feeding like I wasn't doing something terrible because a lactation consultant had said it, um, so it took away like a lot of the negative feelings I had about being on a feeding plan again because I saw it as like more of a medicine to help her rather than me failing. (Interviewee 1)

- **Tailoring support and information to needs**

Contact with support had been viewed positively where the practitioner had assessed needs and tailored information and support accordingly. For some people this was presented as having identified a problem and provided a solution. For example, a community midwife observing that a latch was not deep enough and modelling how to achieve a better latch, or, in a number of cases, various hospital practitioners taking action when tongue tie was suspected by arranging for formal diagnosis and treatment.

Hospital care assistant who suspected tongue tie on day three, who then got us seen immediately by the infant feeding midwife for diagnosis and then division on day five.

Some parents recalled midwives or SCBU nurses suggesting nipple shields, which had been a 'game changer' after all other attempts to establish a good latch had failed. Learning new information that could lead to greater understanding of their breastfeeding experience was also deemed to be helpful, such as where a call to the La Leche League had supplied information about forceful let-downs. Support that was comprehensive was praised too, for example where an IBCLC had given information about achieving a good latch, how to wean off nipple shields after a tongue tie division, and provided reassurance about dispensing with top-ups. Tailored support also took the form of understanding the parent's emotional needs, such as where a community midwife had 'saved' one breastfeeding journey by advising different feeding positions and validating 'any feeding journey' (including using bottles occasionally) rather than an exclusively breastfed journey.

- **Signposting to valued support**

One, final, way that parents found support particularly helpful was where practitioners signposted them to other helpful services. For example, community midwives or health visitors had given information about the Treasure Chest website or Facebook group.

5.1.2 Particularly unhelpful aspects of service provision in the first four weeks

Although not everyone had negative comments, unhelpful aspects of service provision were reported by more people than those who had reported helpful ones. Also notable was that the data about unhelpful contact related almost exclusively to statutory services. Four areas of unhelpful practice have been drawn from the data and are discussed below:

- Services or practitioners perceived as pushing their own agenda or rules
- Practitioners' manner inducing negative feelings in parents
- Insufficient or inadquate support
- Deficiencies or inconsistencies in breastfeeding knowledge

- **Services or practitioners perceived as pushing their own agenda or rules**

Some parents identified ways in which practitioners appeared to push an agenda, or the service's agenda, which was at odds with their own expectations and wishes. On one hand, there were people who felt encouraged or 'forced' into using formula by midwives or doctors, but there were also people who had felt pressure from midwives to breastfeed or to breastfeed exclusively.

It is not clear in all cases why formula was suggested, but there were indications that this had happened where breastfeeding was not immediately successful or where practitioners were concerned about babies not gaining weight sufficiently. One person explained they had been told not to try breastfeeding because they had a history of mental ill health, though they were continuing to breastfeed past two years at the time of the survey.

> *Being told I shouldn't try due to my mental health issues, being forced to use formula…*

> *[There were] frequent suggestion[s] of formula instead of actual breastfeeding support.*

Feeling pressure to carry on breastfeeding, or to do so exclusively, was described where people were struggling, or had expected to combination feed, or who had been 'made to hand express', or, in one case, where they felt it was obvious that a community midwife was against the use of any formula.

> *Community midwife. She was against nipple shields, any formula. She was very unhelpful and rude.*

Perhaps more alarmingly, there were examples of practitioners taking action directly against the wishes of parents, such as where babies had been bottle-fed formula.

> *One health worker in hospital… bottle fed [my] baby without my consent when I went to the toilet.*

> *I was sent to the feeding clinic in the hospital and I wouldn't allow them to latch my baby on for me and wanted to do it myself because I was afraid it would hurt. They wouldn't allow this so they topped my baby up with formula against my wishes and put me on a pumping, breastfeeding and formula feeding schedule. I was sent home without any support for reducing the formula and returning to breastfeeding. It was very traumatic and is an experience that I still find very difficult to think about now.*

The above quotation highlights a number of important points. First, that there is a power imbalance weighted towards hospital health professionals who are perceived as the 'experts' and thus appear to impose rules about baby feeding. Second, parental wishes can be overridden by health practitioners. Third, that the imposition of rules and overriding of parental wishes can be experienced as traumatic.

This was not the only case where perceived 'rules' had affected parents. There were examples of rules leaving parents feeling:

- daunted and unsupported, such as where one parent was forbidden to take syringes home even though this had been a successful way of feeding and they had ongoing problems getting baby to latch;

- stressed and worried about their baby not getting enough milk because they had to attend extra weighing sessions, despite the baby's weight being within the normal range;
- forced into taking action they had not chosen, such as where parents unwillingly gave formula to their babies because they were repeatedly told by community midwives the baby would be hospitalised if they did not gain weight.
- admonished by hospital midwives for not keeping a feeding record, such as where a parent had been told to document each feed in writing but had struggled to hold baby, time feeds and write it down.

Midwife visiting on day three and telling me that she would hospitalise my baby if I didn't get a breast pump or give formula by the following day. It was a Sunday night and there was nowhere open to get a pump. She was coming back at 11am the following morning so I felt [there was] no option but to top up.

The imposition of feeding plans or schedules involving 'top-ups' were criticised by a number of parents who had found them 'unworkable', 'exhausting', 'unnecessary' and that they did not fit with their baby's natural feed/sleep pattern. There was also an absence of support for transitioning off the schedule for parents who wanted to breastfeed exclusively.

The qualitative interviews also highlighted examples of parents feeling at odds with the agenda of hospital staff. This was particularly felt in regard to the use of monitoring and the use of formula as a 'simple fix' to hit weight gain targets.

So there's immediately that monitoring. You need to meet a certain number of feeds in a certain number of hours otherwise you're in trouble. And it needs to be for a certain length. (Interviewee 3)

…we were in for a week and I actually felt like it was an inconvenience for me to breastfeed because it meant his weight was going up slower and they couldn't tick off the paperwork quicker. (Interviewee 1)

The power of hospital professionals was again noted, with some parents having felt able to stand up to that and exert their own power, and some having felt powerless.

No [regrets about going against the doctor's advice]. I don't know why but I think by that point I was just so determined. I was Googling and looking up NICE guidelines, I was looking up other Trust policies about it, I raised it with the sister and said 'look, this is the national guidance that you're going against, these are options and you're declining them for me'. And I just, I don't know why, I felt really secure in my knowledge...I felt strong in my convictions. (Interviewee 3)

I felt like I couldn't produce enough for him, and that I'd gone for like six days trying to and in the end I just gave in, because I also felt that if I couldn't prove myself I wouldn't be allowed out of hospital…, I was just fed up by then and I just wanted to go home and in the end I just did what I could to get out of there. Um and I'd had a paediatrician suggest formula as well 'cause [the baby] was getting so distressed. And I'd had three people stood around me and watch me try and feed him while he was distressed and it was just really degrading…I suppose I thought I would be trusted more and… people would trust my own instincts and it's like they put their qualifications first, which I now know aren't even up to standard for breastfeeding support anyway. (Interviewee 1)

- **Practitioners' manner inducing negative feelings in parents**

The data from some parents suggests that the manner in which practitioners spoke to parents had a negative impact. Encounters with some hospital or community midwives or health visitors had left

parents with feelings of failure or guilt because they could not get their baby to latch and feed effectively, and that consequently they were starving their newborns.

> *The midwives in the ward after birth made me feel terrible as I couldn't get him to feed and they made me think he would starve but I didn't know what to do. I was so exhausted and they just said keep holding him on the breast but he was asleep and I couldn't wake him or get him to latch at all. I felt like they didn't believe me when I told them I had been trying. Eventually one helped me express some colostrum into a syringe.*

There were occasions where meetings with health visitors or midwives had induced anxiety (following conversations about interventions which were not applicable, such as feeding plans), or led to 'unnecessary pressure and stress' because of the emphasis placed on the baby's weight, or created self-doubt about their ability to do a good job.

> *I had a very negative experience with my health visitor which left me feeling like I wasn't doing a good job and very unsure of myself, even though my son was healthy, putting on weight and latching well. She was very matter of fact and didn't really listen to me or make me feel like I could ask any questions.*

A lack of empathy for feeling unwell post-birth or for finding breastfeeding painful also added pressure and was 'upsetting and totally unhelpful'. Being abrupt or seemingly unprofessional in words spoken or general manner, could also feel unhelpful or distressing.

> *In hospital in the first few days, when one midwife would not help with the latch because 'you'll have to do it by yourself at home'. I was very emotionally vulnerable at the time and felt embarrassed for asking for help when given this response. All the other midwives had been willing to help.*

> *…one hospital midwife telling me 'he's not latched on you know' and then walking off.* (39)

> *Other midwives openly discussed how much my baby was crying in front of other patients/staff loudly and took my baby away to soothe them.*

> *I had a couple of very distressing encounters with midwives, one of whom told me to 'just give the baby a bottle of cow and gate and then you can go and pretend to breastfeed in cafés with your friends if that's what you want to do'.*

Contact with an IBCLC had been 'awful' for one parent, though it was not clear why:

> *[The IBCLC] was absolutely horrid to me and my baby, unhelpful and left us both stressed and in tears, and none the wiser*.

The data here suggests that **the way** parents are spoken to about breastfeeding matters and can easily cause offence. Breastfeeding can be an emotive topic, particularly where parents have felt pressure to do it successfully and support is often given at a time when parents feel vulnerable physically, mentally and emotionally having just given birth. This therefore suggests a need for the utmost sensitivity in approaching breastfeeding topics with new parents.

Further data from the qualitative interviews supports findings about the negative impact on parents of practitioners' manner. A hospital healthcare assistant and a number of hospital and community midwives were said to have: been unsupportive; made parents feel 'stupid', that they were being told off, or that they were failing; or not dealt with concerns sensitively.

> *I got comments from a healthcare assistant who came in and she said 'are you going to bother breastfeeding, 'cause it's hard isn't it?' And I did put a complaint in, like verbally, to one of the midwives about how unsupportive she was.* (Interviewee 1)

> *…they weighed him at 24 hours because he kept crying and he was a bit shaky so, I'd asked the midwife to hold him while I went to the toilet and she took him off and rang the paediatrician and decided he was shaky and they started asking me if I'd been taking drugs…*(Interviewee 1)

> *I had to sit and watch people feeding him formula and saying things like 'you poor baby you're starving aren't you?' and it was just so disheartening to hear that, like I wasn't enough for him.* (Interviewee 1)

> (Asked how she felt after a midwife had told her she should feed her baby): *Like I didn't know anything. Her tone made me feel like I was stupid.* (Interviewee 3)

> *Even though I kept saying there is something more here, because the same information was repeated to me over and over and over again it made me feel like I wasn't doing it right…I constantly felt like I was failing, and that it was my fault and that I was a bad mum because I wasn't giving her more milk from formula or a bottle…The paediatric consultant suggested that my breastmilk was not good enough…and that formula would have more calories.* (Interviewee 3)

> *I remember being mortified when the midwife came to visit me at home and she said 'why are you still using those [nipple shields]? You shouldn't be using those by now.' And I remember thinking, but if I don't use them I'm going to stop and cry. So neither of which are good. So I was mortified at that because I felt like I was being told off.* (Interviewee 2)

- **Insufficient or inadequate support**

Perceiving **no or little help** with breastfeeding from statutory services were views found among some participants. One impression was that hospital midwives had provided general support about looking after a newborn, but not about breastfeeding. In part, parents felt that the lack of support was a symptom of staff being too busy, or, in some cases, a result of the reduction of support due to Covid-19 measures. People described needing to ask 'constantly' for help in hospital and waiting to be seen; thinking that breastfeeding had not been explained well to first-time parents; receiving no or little help and leaving hospital before breastfeeding was established, sometimes after voicing concerns; perceiving a lack of practical help, such as not being shown how to hand express having been told to try it; and being 'left to it' in the hospital because breastfeeding did not appear to be problematic.

> *It seems that, unless you are obviously struggling, you just get left to sort yourself out. After the initial latch and feed, I thought that, because no one is checking us, then we must be doing it right! Less than 24 hours after discharge from hospital we were admitted to the paediatric ward as my daughter hadn't fed in 16 hours and had developed jaundice.*

> *I felt thoroughly let down especially in [the] postnatal [ward] where help was not given and you were seen as a burden when asking for help.*

Once at home, parents could also perceive an absence of breastfeeding support. Community midwife and health visitor services appeared strained at times, such that it was difficult to access their support (one parent said they had not had any face-to-face support in the community until their baby was three months old). One person found that their health visitor was unable to help with their request to be signposted to an IBCLC.

On a related theme, there were parents who described having contact with support services but felt that the support **did not go deep enough or did not last long enough** to ensure problems were resolved. Examples here were:

- speaking with health visitors (one of whom was described as a breastfeeding specialist) who signposted to breastfeeding helplines rather than provide any support themselves;
- being discharged without information for reducing formula top-ups and increasing breastfeeding;
- feeling that the support from hospital midwives was rushed;
- finding that breastfeeding support stopped once milk 'came in' and the parent was discharged from hospital, leading to feelings of 'isolation' and being 'alone' at home;
- failing to investigate fully parents' concerns, such as perceived low supply (after which one person introduced formula top-ups) or a problematic, painful latch;
- being told repeatedly to try the rugby ball hold, rather than addresssing the problems experienced;
- tongue tie being queried at an early stage but no action taken, resulting in parents accessing private assessment and treatment later on (because they were no longer eligible for NHS support), or the baby being readmitted due to poor feeding and eventually having the tongue tie divided.

My son's tongue tie was noted at birth but it took being readmitted to hospital to get an appointment. I don't understand why there is a need to wait to have proof of feeding issues to get tongue tie sorted. It is a very simple and quick procedure that can have long lasting impact if not rectified early on.

…I remember everyone telling me his latch was perfect but it hurt so much I was in tears. I felt no one was listening to me.

As with the survey respondents, there were also interviewees who talked about inadequate support. These views were couched around perceptions that hospital staff did not listen; that hospital staff made assumptions about breastfeeding going well after one feed; that parents who have breastfed before do not need help; and that community midwives do not have time to sit down with breastfeeding parents.

…'but it's hurting, like it's really hurting, it feels like I'm being stabbed in my breast'. And they were like 'no, no, just count to 10, just breathe through it and then it will stop.' I couldn't get her on properly for love nor money and nobody would listen to me that it wasn't right…I was just in such a state, because I felt like no one was listening. (Interviewee 3)

…they sign you off straightaway basically, if they can see them latching and feeding, they assume everything is fine. And for me, personally, they were very good at the home birth but when I got transferred to hospital and that's when I had to feed again and I didn't really get a second looking to really, I think it was 'sign you off, that's it, see you later'. So in that sense, I was a bit, a bit nervous really, I suppose because I only got one opportunity and I wasn't staying in hospital where midwives can constantly look at you and see how you're feeding. I literally had one chance and that was it. (Interviewee 4)

- **Deficiencies or inconsistencies in breastfeeding knowledge**

In response to the question about unhelpful aspects of service provision, complaints were made about health pracitioners' breastfeeding knowledge being deficient in some way, or that it had been inconsistent between practitioners, leading to confusion.

Deficiencies in knowledge were expressed as failing to provide information about breastfeeding basics (such as deciding when to change sides) or normal infant behaviour (such as cluster feeding); or a midwife failing to understand commonly used breastfeeding terminology, such as the 'c shape' when hand expressing; or a GP being 'baffled' about thrush and how to treat it.

Receiving outdated or incorrect information was perceived by a number of people, including times where:

- a GP suggested formula feeding and resting as a way to improve breastmilk supply for an unsettled and apparently hungry baby;
- a midwife suggested (to a parent whose milk had not yet come in and whose baby had lost over 10% of birth weight) to limit baby to 20 minutes per breast, though the parent felt the baby needed to stay on longer to encourage the milk to come in;
- a health visitor encouraged a breastfeeding schedule and putting baby down to nap somewhere with minimal distractions, after which the baby lost more than 10% of their birth weight;
- (when a baby was admitted for light therapy for jaundice) a hospital 'nurse' mistook cluster feeding as a sign of low supply and said the baby would have to be given formula.

Further examples from the qualitative interviews included:

- a hospital midwife telling a parent not to breastfeed because she had only just expressed and would not have any milk left;
- a GP telling a parent that breastfeeding hurts and it is normal for it to hurt;
- health visitors checking for tongue tie by holding the baby up to the light and looking in the baby's mouth:

I believed that that was how you checked for tongue tie. So, it's never been investigated properly...I was told that it was the professionals who knew. I didn't think they would diagnose something that they weren't qualified to do so. (Interviewee 1)

A number of survey respondents reported that they had received contradictory breastfeeding information from different midwives, or that the information from midwives was inconsistent with what they had received from SCBU. Not everyone gave details about how and why the information conflicted, but some highlighted differences in views about how to breastfeed, why a baby would not feed initially, differing feeding plans, and different tongue-tie assessment outcomes (which delayed treatment causing further problems later). In general, inconsistent information was perceived as unhelpful and confusing.

The mix of differing, unhelpful advice from midwives at the hospital…really muddied the waters.

However, another view (from the qualitative interviews) was that having multiple sources of help suggesting different options to try was empowering as a way to build knowledge:

I think at that point I was just pleased for all the help I could get and I was willing to try anything and everything. So even if it was a different midwife who came up and tried something different that was fine because I wanted a load of things in my toolkit to take home with me and try if that happened again. (Interviewee 2)

5.1.3 Views of hands-on assistance

One aspect of breastfeeding support of which this research sought to gain a deeper understanding is hands-on assistance, whether by touching the parent or baby. Survey participants were asked how hands-on assistance felt, with the options shown in figure 5.3. These options were selected following the data emerging from the scoping in-depth interviews prior to the survey.

Figure 5.3 Views of hands-on assistance

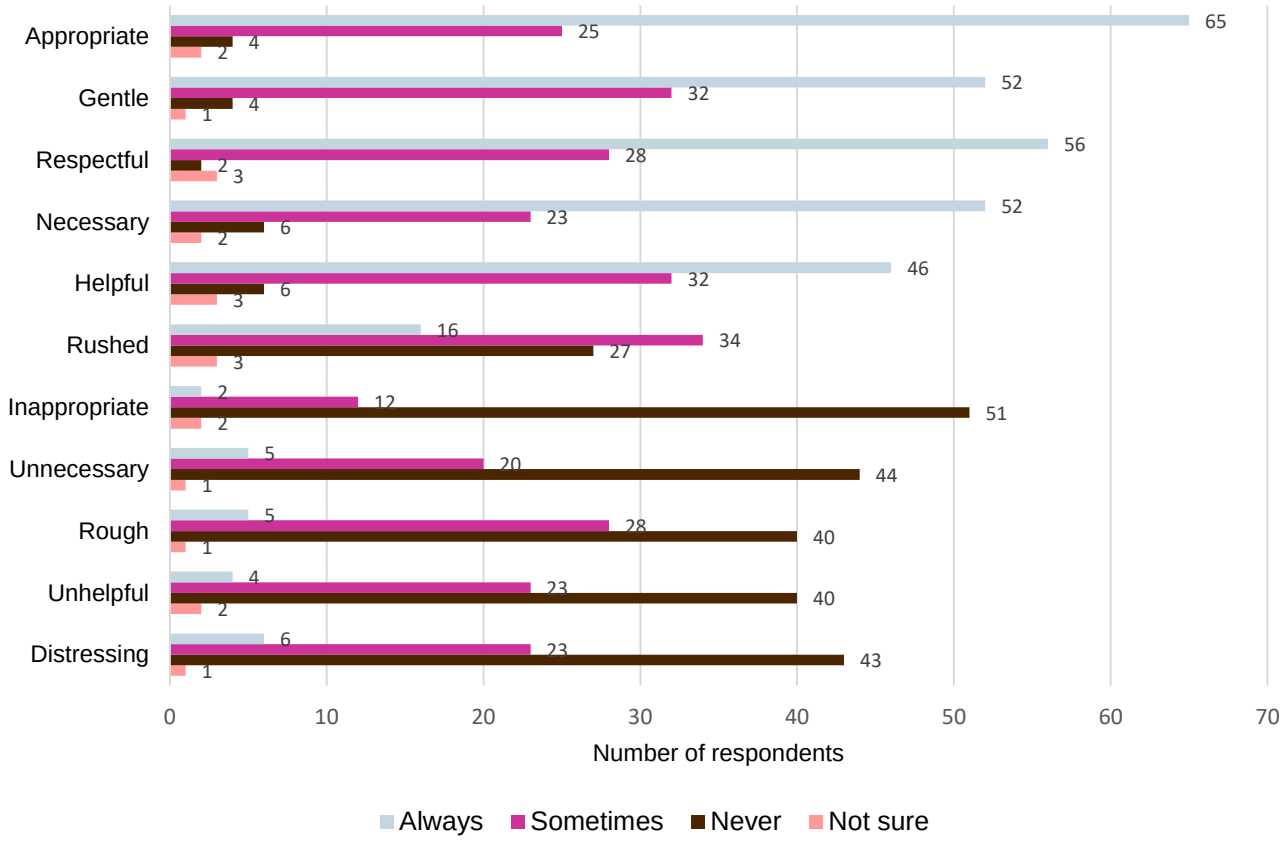


Figure 5.3 captures the responses of 107 people[5]; 19 people did not answer the question, perhaps because they had no experience of hands-on assistance. Figure 5.4 shows that for the positive statements – that the assistance was ‘apropriate’, ‘gentle’, ‘respectful’ and ‘necessary’ – the most common answer was ‘always'. To a large extent this was mirrored in responses to the more negative statements, where the most common response was to say it had ‘never’ been ‘inappropriate’, ‘unnecessary’, ‘rough’, ‘unhelpful’ or ‘distressing’. Although at first glance this could be interpreted as a good outcome, it is perhaps concerning that the numbers for the ‘sometimes’ response are as high as they are. Selecting ‘sometimes’ suggests there were occasions when hands-on assistance had felt ‘unnecessary’, ‘rough’, ‘unhelpful’ and ‘distressing’ even if this was not every time; and, in the same way, that there were times when it was not ‘appropriate’, ‘gentle’, ‘respectful’, ‘necessary’ and ‘helpful’. Therefore, if respondents had been asked more direct questions – ‘Was hands-on assistance **always** appropriate/gentle/respectful/necessary/helpful?’ and ‘Was hands-on assistance **ever** rushed/ inappropriate/unnecessary/rough/unhelpful/distressing?’ – we might suppose an alternative representation of the data, as shown in figures 5.4 and 5.5.

[5] Not all 107 people entered a response to each statement.

Figure 5.4 Was hands-on assistance always…?

	Yes ('Always')	No ('Sometimes' + 'Never')	Not sure	Total (per response)
Appropriate	65 **(67.7%)**	25 + 4 = 29 **(30.2%)**	2 **(2.1%)**	96
Gentle	52 **(58.4%)**	32 + 4 = 36 **(40.4%)**	1 **(1.1%)**	89
Respectful	56 **(62.9%)**	28 + 2 = 30 **(33.7%)**	3 **(3.4%)**	89
Necessary	52 **(62.6%)**	23 + 6 = 29 **(34.9%)**	2 **(2.4%)**	83
Helpful	46 **(52.9%)**	32 + 6 = 38 **(43.7%)**	3 **(3.4%)**	87

Figure 5.5 Was hands-on assistance ever…?

	Yes ('Always' + 'Sometimes')	No ('Never')	Not sure	Total (per response)
Rushed	16 + 34 = 50 **(62.5%)**	27 **(33.7%)**	3 **(3.7%)**	80
Inappropriate	2 + 12 = 14 **(20.9%)**	51 **(76.1%)**	2 **(3%)**	67
Unnecessary	5 + 20 = 25 **(35.7%)**	44 **(62.8%)**	1 **(1.4%)**	70
Rough	5 + 28 = 33 **(44.6%)**	40 **(54%)**	1 **(1.3%)**	74
Unhelpful	4 + 23 = 27 **(39.1%)**	40 **(58%)**	2 **(2.9%)**	69
Distressing	6 + 23 = 29 **(39.7%)**	43 **(58.9%)**	1 **(1.3%)**	73

Looking at the data this way, we can see that perceptions of whether hands-on assistance was **always helpful** are more finely balanced, with 52.9% (of those who answered the question) agreeing and 43.7% disagreeing. Comparing answers to whether assistance was **always gentle**, those agreeing made up 58.4% of those who answered, with those who disagreed representing 40.4%. This is augmented by the finding in figure 5.5 that just under half of those who answered (44.6%) thought the hands-on help was **rough** at some time, with just over half (54%) thinking that it had never been rough. This finding is perhaps surprising given that these responses relate to support for newborn babies to breastfeed, something intended to be nurturing and loving; we would therefore expect the data to be more heavily weighted towards always being gentle and never being rough. The findings for whether the help had ever been **rushed** are interesting, given that this is the only 'negative' statement that more people agreed with (62.5%) than disagreed (33.7%). Feeling that the hands-on assistance was rushed may in part help to explain the findings for the support feeling rough, as someone trying to help quickly may not always be the most gentle.

Although the survey did not include an open-ended question about hands-on assistance, some parents chose to voice their views when asked what had been partciularly helpful or unhelpful about breastfeeding support in the first four weeks. There were some favourable reports offered, such as where a hospital midwife was described as being 'gentle' and 'helpful' when touching the parent and baby. Hands-on help was also perceived positively sometimes where midwives or health visitors provided practical support with positioning. However, for the most part where parents chose to give more detail about their experiences of hands-on assistance, they gave negative views. Several people described how hospital practitioners had 'forced' or 'pushed' their baby onto their breast, which they perceived to be harmful, upsetting or traumatising for the baby, or could leave them feeling stressed.

[The] hospital [staff were unhelpful] when they were almost trying to force the feeding. My baby was too small and he just got very traumatised being pushed to the breast.

The midwife I saw kept trying to force baby on to latch which resulted in her crying.

One health worker in hospital was totally inappropriate grabbing my breast and attempting to force it in [the] mouth of [my] baby.

Midwife in hospital – …gave hands-on assistance which made me uncomfortable/stressed.

Another view was that having hands-on assistance to latch baby to the breast had not helped the parent learn what to do.

…[some midwives] would grab my baby's head and put him on my boob themselves which didn't help me learn.

Midwives mostly just pushed the baby onto my breast for me rather than showing me how to do it myself.

Experiences of hands-on assistance were also discussed in the qualitative interviews, with mixed responses. Two interviewees remembered this assistance as functional, necessary, appropriate and without force.

So they were hands-on in helping me get myself positioned and yeah, they touched my boob, but at that point I was sat there with two boobs out, still bleeding, it was the least of my worries to be honest. I know some people would probably feel differently but it wasn't really an issue for me. They always asked if it was ok, so I always gave consent and that was fine… yes guiding them, but at no point did they push her on. (Interviewee 2)

However, two interviewees held very different opinions, perceiving the hands-on assistance they received as forceful, unhelpful and unnecessary. In one case this related to touching the baby and touching the parent.

[The midwives] would hold her and literally force, like ram her head onto my boob. (Interviewee 3)

(At a meeting with the infant feeding specialist): …*she basically started grabbing my hand and putting it around my breast, and I just slapped it off and was like 'I can move my own hand'.* (Interviewee 3)

…having [the community midwife] just push his head towards me and it felt like she'd just assaulted him and then she saw how instantly shocked I was, so she smiled and did it again, to the point it looked like…she was getting enjoyment out of it…And it was just such a strange experience that I actually got no help from it but she seemed to think it was great thing to do. (Interviewee 1)

5.2 Views of breastfeeding support services after four weeks and overall impressions

Figure 5.6 sets out perceptions of helpfulness of any **breastfeeding** support received from a range of statutory, priviate and voluntary services, after four weeks. The number of reports of contacts match those presented in Figure 4.11 in chapter 4.

Figure 5.6 Perceptions of breastfeeding support since the first four weeks

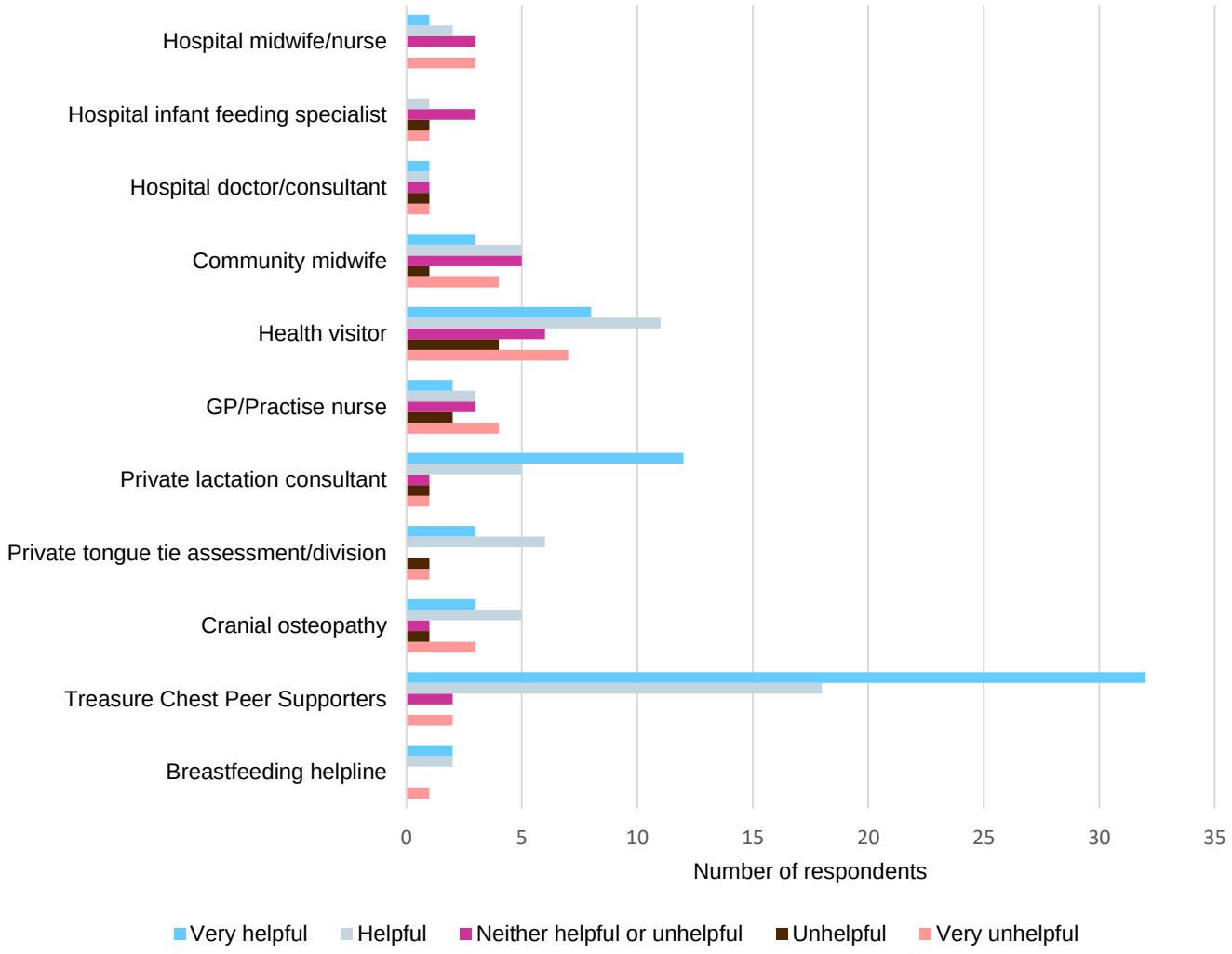


Figure 5.7 Perceptions of helpfulness of support after four weeks, in proportions

	V helpful + helpful	V unhelpful + unhelpful	Neither helpful or unhelpful	Total (per service)
Hospital midwife	1 + 2 = 3 **(33.3%)**	3 + 0 = 3 **(33.3%)**	3 **(33.3%)**	9
Hospital infant feeding specialist	0 + 1 = 1 **(16.6%)**	1 + 1 = 2 **(33.3%)**	3 **(50%)**	6
Hospital doctor/consultant	1 + 1 = 2 **(40%)**	1 + 1 = 2 **(40%)**	1 **(20%)**	5
Community midwife	3 + 5 = 8 **(44.4%)**	4 + 1 = 5 **(27.8%)**	5 **(27.8%)**	18
Health visitor	8 + 11 = 19 **(52.8%)**	7 + 4 = 11 **(30.5%)**	6 **(16.7%)**	36
GP/Practice nurse	2 + 3 = 5 **(35.7%)**	4 + 2 = 6 **(42.8%)**	3 **(21.4%)**	14
Private lactation consultant	12 + 5 = 17 **(85%)**	1 + 1 = 2 **(10%)**	1 **(5%)**	20
Private tongue-tie specialist	3 + 6 = 9 **(81.8%)**	1 + 1 = 2 **(18.1%)**	0 **(0%)**	11
Cranial osteopathy	3 + 5 = 8 **(61.5%)**	3 + 1 = 4 **(30.7%)**	1 **(7.7%)**	13
Treasure Chest Peer Supporters	32 + 18 = 50 **(92.5%)**	2 + 0 = 2 **(3.7%)**	2 **(3.7%)**	54
Breastfeeding helpline	2 + 2 = 4 **(80%)**	1 + 0 = 1 **(20%)**	0 **(0%)**	5

Figures 5.6 and 5.7 show that parents were overwhelming positive about the support received from private lactation consultants, private tongue-tie specialists, breastfeeding helplines and from Treasure Chest Peer Supporters, with at least 80% of respondents who had used them finding them helpful or very helpful. Fifty of 54 people (92.5%) who had been supported by Treasure Chest Peer Supporters after four weeks perceived this support as helpful or very helpful.

As reported in 4.6.1, contacts after four weeks with hospital services (hospital midwife, infant feeding specialist, doctor/consultant) were low which is to be expected, and thus it is not possible to draw robust conclusions about the helpfulness of this support. Looking at other statutory support after four weeks, the findings show that opinions were mixed. Just under half (44.4%) of those who had breastfeeding support from a community midwife had found this helpful to some degree. Although just over half (52.8%) of those who were supported by a health visitor had found this helpful or very helpful, almost a third had opposing views (30.5% unhelpful or very unhelpful). More people found their GP/practice nurse unhelpful or very unhelpful (42.8%) than those who gave favourable views (35.7% helpful or very helpful).

In addition to the findings above, survey respondents were also asked for their overall impressions of a number of services which offer support to breastfeeding families. Figure 5.8 sets out the numbers of people who found these services excellent, satisfactory, fairly unsatisfactory or poor/inadequate, as well as those who were not sure or who had mixed views. The same data is presented in proportions in figure 5.9.

Figure 5.8 Overall impressions of breastfeeding support services

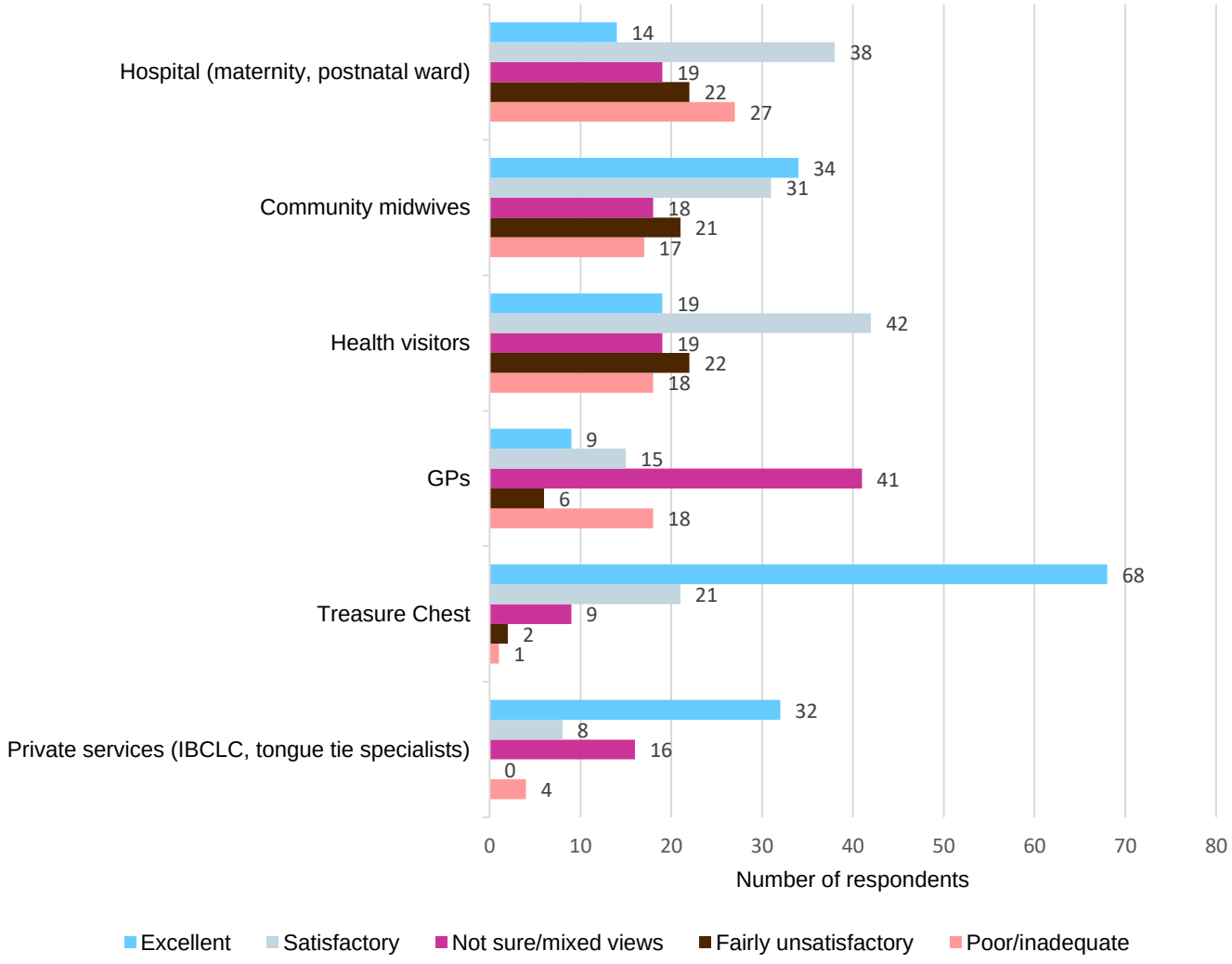


Figure 5.9 Overall impressions of breastfeeding support services, in proportions

	Excellent + Satisfactory	Fairly unsatisfactory + Poor/inadequate	Not sure/ mixed views	Total (per service)
Hospital services	14 + 38 = 52 **(43.3%)**	22 + 27 = 49 **(40.8%)**	19 **(15.8%)**	120
Community midwives	34 + 31 = 65 **(53.7%)**	21 + 17 = 38 **(31.4%)**	18 **(14.9%)**	121
Health visitors	19 + 42 = 61 **(50.8%)**	22 + 18 = 40 **(33.3%)**	19 **(15.8%)**	120
GPs	9 + 15 = 24 **(27%)**	6 + 18 = 24 **(27%)**	41 **(46%)**	89
Treasure Chest	68 + 21 = 89 **(88.1%)**	2 + 1 = 3 **(3%)**	9 **(8.9%)**	101
Private services	32 + 8 = 40 **(66.7%)**	0 + 4 = 4 **(6.7%)**	16 **(26.7%)**	60

In all cases, except GPs and hospital services, more than half of those who answered had positive impressions of the breastfeeding support services. The service with the highest proportion of favourable impressions was Treasure Chest, with 88.1% of those who answered perceiving the service as excellent or satisfactory. Almost the same proportion of respondents had negative impressions of hospital breastfeeding support as those who had positive views. Of the statutory services listed, more people had found the support from community midwives to be excellent or satisfactory (53.7%) compared to that from the hospital (43.3%), from health visitors (50.8%), or from GPs (27%). Regarding GPs, more people were not sure or had mixed views rather than definitively positive or negative impressions, perhaps reflecting how GPs are not considered a first port of call when seeking breastfeeding support.

Some survey respondents gave detailed explanations for their overall impressions of breastfeeding services. Some used this opportunity to give general feedback, which was usually negative in tone. Complaints here touched on the limited support available from over-stretched statutory services, especially during the Covid-19 pandemic; that staff of statutory services lacked up-to-date breastfeeding knowledge (for example a health visitor suggesting stopping night time feeds because of concerns for tooth decay in a baby getting its first teeth); that there is pressure to 'breastfeed at all costs'; and that the NHS has a 'poor view' of breastfeeding beyond six months, evidenced by the perceived expectation among health visitors and GPs that parents should stop feeding or be feeding less.

> *I feel the whole healthcare sector needs to be updated to actually support breastfeeding to the WHO guidelines, rather than just paying lip service until the baby is six months old*.

> *It baffles and infuriates me how there are so many HCPs [health care practitioners] such as midwives and paediatricians lacking so much in essential breastfeeding information and understanding!*

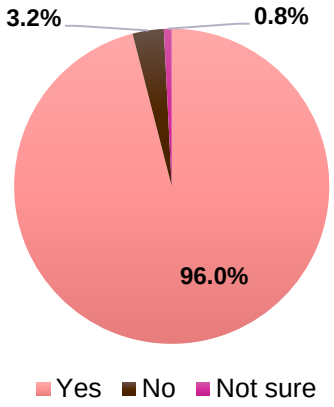
6 Experiences and views of Treasure Chest

Chapter six is focused on findings from the survey and qualitative interviews that shed light on families' experiences and views of Treasure Chest. It looks in detail at the way Treasure Chest reaches families, which services are accessed, the helpful and unhelpful aspects of the services provided, the barriers to using Treasure Chest, and suggestions for improvements.

6.1 Reaching families

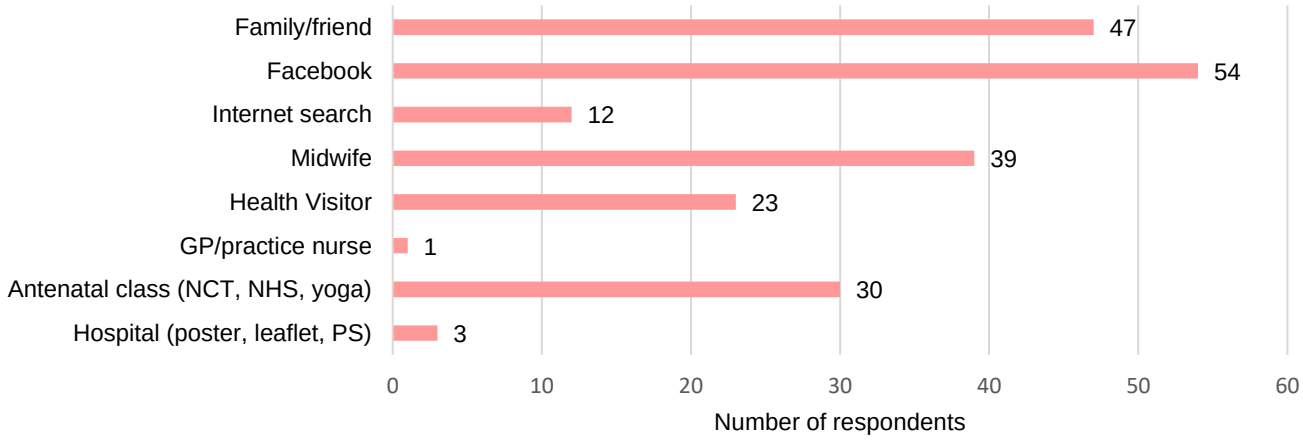
As this research was conducted by Treasure Chest, and recruitment to the survey was largely through channels belonging to, or connected with, Treasure Chest, it was expected that a large majority of the respondents would have prior awareness of the group. Figure 6.1 below shows that 96% had heard of Treasure Chest.

Figure 6.1 Awareness of Treasure Chest



Many people reported hearing about Treasure Chest from multiple sources, suggesting some success in raising awareness among various services and across social media. Figure 6.2 below indicates how Facebook (n = 54, 44.2%) and family/friends (n = 47, 38.5%) were important sources of information, although midwives, health visitors and antenatal classes were also routes in. Although the presence of Treasure Chest Peer Supporters at York Hospital, and details of the service on information leaflets and posters at the hospital, was acknowledged by three people, this is perhaps an area where promotion could be improved given that most new parents visit the postnatal ward at York Hospital.

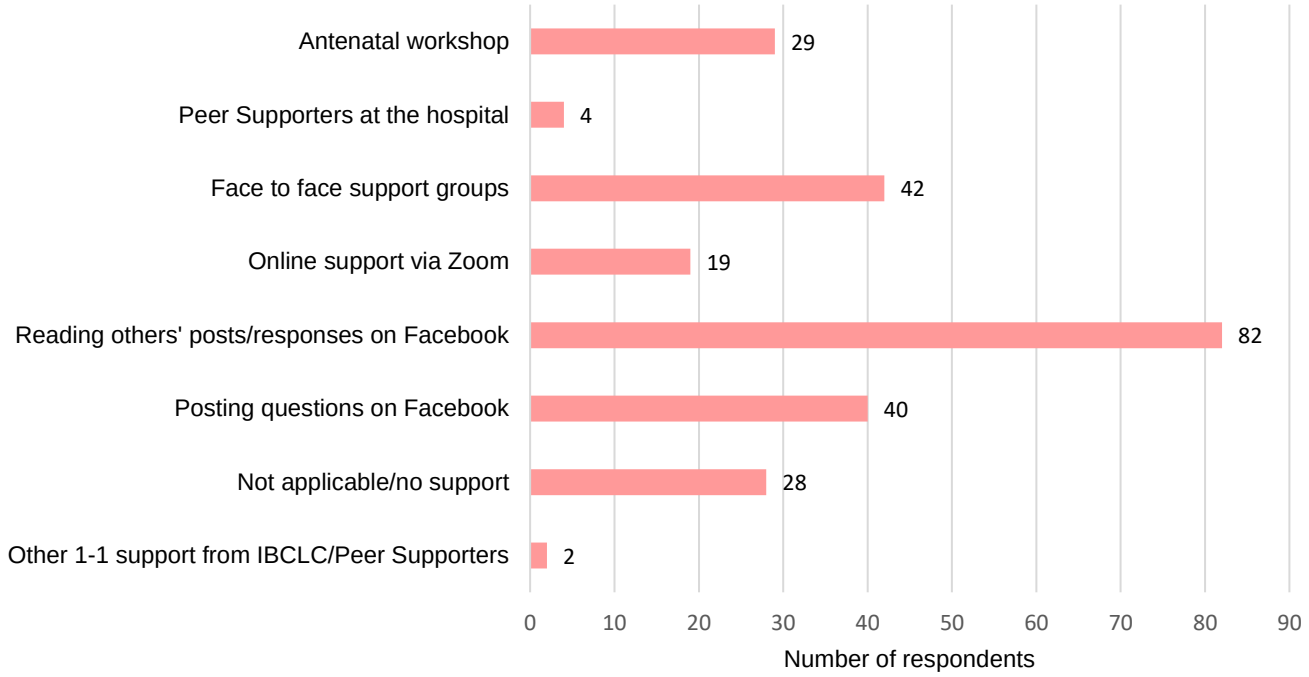
Figure 6.2 Sources of information about Treasure Chest



6.2 Experiences and views of Treasure Chest

6.2.1 Treasure Chest services accessed

Figure 6.3 Support received from Treasure Chest



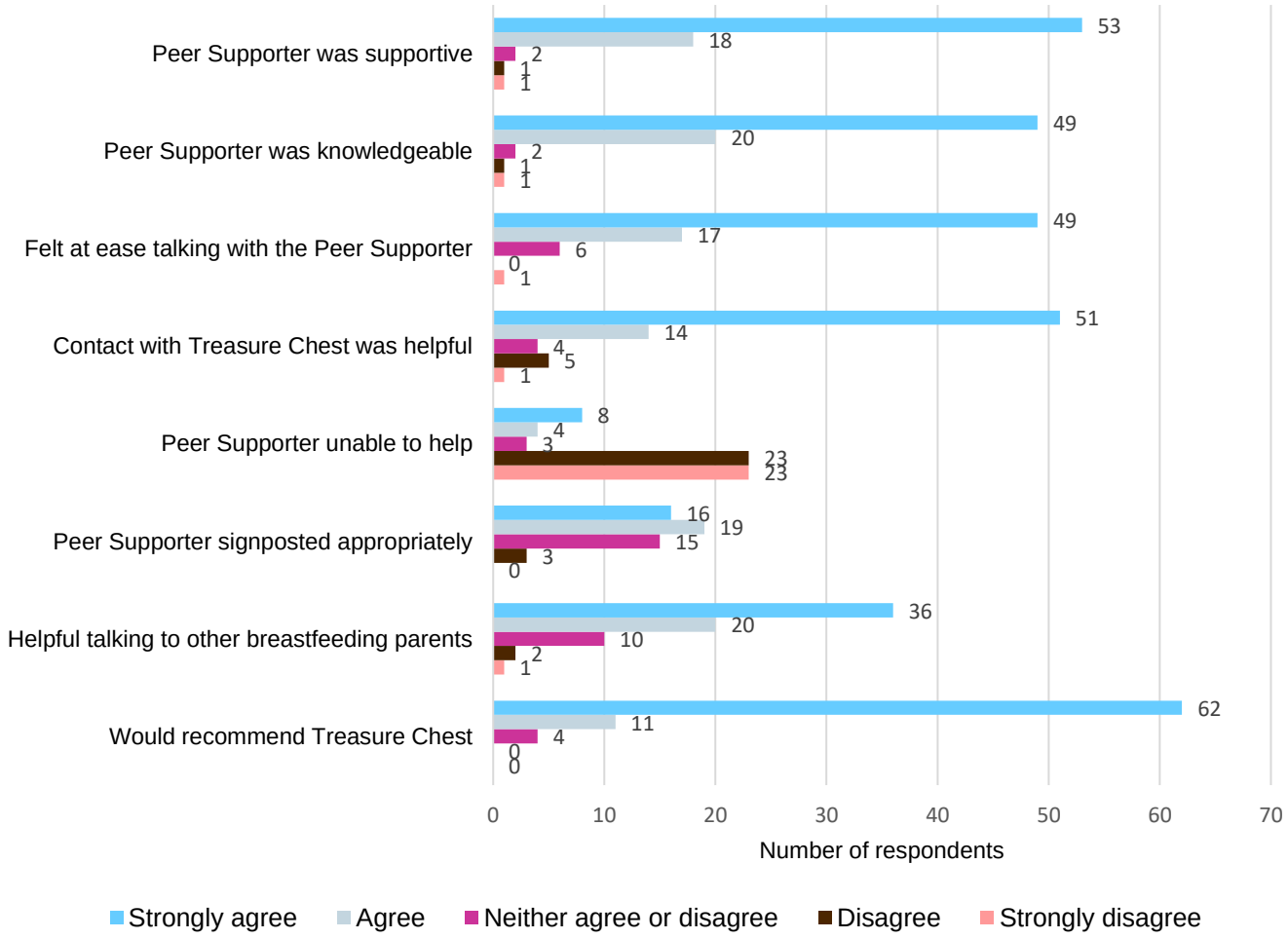
As shown in figure 6.3 above, the most common way of receiving support from Treasure Chest among survey participants – experienced by 82 people (65%) – was by reading other people's posts and responses on the Facebook group. In addition, using the Facebook group to post questions and read responses from other families and Peer Supporters was experienced by 40 people (31.7%). Forty-two people, or a third of the survey respondents, indicated they had attended a face-to-face support group, with 19 people (15%) attending an online Zoom group. The numbers experiencing support from Peer Supporters in hospital is comparatively low, reflecting that Treasure Chest's presence on the postnatal ward is currently occasional and few Peer Supporters have received the extra training required to attend the ward. It may also reflect that the survey has gathered data from many people whose first breastfeeding experiences coincided with the Covid-19 pandemic, during which time there were lengthy periods when Peer Supporters were unable to visit the hospital.

There is a discrepancy in the data about how many respondents attended a Treasure Chest antenatal workshop. When answering survey Q5.3, 29 people said they had attended the workshop (see figure 6.3 above). However, in Q2.3, people were invited to rate the helpfulness of antenatal sources of information, with Treasure Chest's workshop being one of them. Fifty-seven people opted to rate this workshop. It is possible that, when answering Q2.3, there was some confusion between the Treasure Chest workshop and other antenatal classes people may have attended.

6.2.2 Views about the support received from Treasure Chest – helpful aspects

Figure 6.4 below shows responses to a number of attitudinal statements about contact with Treasure Chest.

Figure 6.4 Views about support received from Treasure Chest



A large majority of people who had used Treasure Chest thought it had been helpful to them (65 of 75 people, 86.6%), with only 8% disagreeing. The success of the service is also shown in the number of people who said they would recommend Treasure Chest to others (73 of 77 people, 94.8%).

York is lucky to have Treasure Chest.

I think Treasure Chest are invaluable really and would recommend to any new parents in York.

When reviewing the data about **what** people thought was helpful, there were common, stand-out themes across the different kinds of services offered. In addition, helpful aspects of individual services were also highlighted.

- ***Peer Supporter attitudes***

Figure 6.4 above shows how most people who answered the question (n = 73) agreed that they had felt at ease talking to a Peer Supporter (67.1% strongly agreed; 23.2% agreed). Peer Supporters were variously described as welcoming, kind, warm, friendly, caring, understanding and respectful. They offered a non-judgmental, gentle and calming presence. Some people compared Peer Supporters favourably to hospital staff when they said Peer Supporters had provided support with empathy and compassion.

- ***Knowledge***

Question 5.5 in the survey asked for views about whether Peer Supporters seemed knowledgeable. Ninety-four percent of the people who answered the question (69 of 73 responses) agreed with this statement, with 67.1% strongly agreeing. Furthermore, when invited to say what was helpful about Treasure Chest, some people explained how Peer Supporters had provided information they were previously unaware of, such as suck-swallow patterns, or seemed more knowledgeable than staff at the hospital. Particularly valued was information about normal baby behaviour, such as cluster feeding and fussiness, and numerous practical tips. It had seemed important to some people that the information was based on research and that they had 'felt safe in [the Peer Supporter's] hands'.

- ***Support and reassurance***

Seventy-one of the 75 people who answered question 5.5(i) (94.6%) agreed or strongly agreed that Peer Supporters had been supportive. Further data suggested Peer Supporters had supported parents by helping them to feel more confident about breastfeeding and that they were 'doing a good job'. Being listened to in an unpressured environment and reassured about what they were doing, were highlighted as important. One person felt that Treasure Chest was the only place where they had felt supported. Meeting other breastfeeding families and sharing experiences, or observing other parents with older children, was also helpful and supportive, especially where parents did not know many other local people. Fifty-six of 69 respondents (81.1%) agreed or strongly agreed that it had been helpful talking to other parents.

> *I felt so supported by Treasure Chest to achieve what I wanted to achieve.*

- ***Availability/accessibility***

A number of parents drew attention to the accessibility of the service – as a free, drop-in service – as a plus point. Not only was having regular groups welcome, but so too was Peer Supporters giving adequate time within a group to discuss concerns. People who had used the Zoom groups praised the support for being available when nothing else was during the early stages of the Covid-19 pandemic. Being made to feel welcome, despite repeated visits, was another valued aspect of the face-to-face groups.

> *So I certainly think the time to sit with people [by midwives and health visitors] is lacking, which is why I came to Treasure Chest because you've got that time to sit with people.* (Interviewee 2)

- ***Meeting needs/making a difference***

Not everyone who was generally positive about Treasure Chest thought that the Peer Supporters had been able to help them. Figure 6.4 above shows that although only 8% (6 people) disagreed that Treasure Chest was helpful, a larger proportion – 12 of the 61 people who answered the question, 19.6% – felt that Peer Supporters were unable to help them. This perhaps demonstrates that, even when a problem remains unresolved or needs unmet, families can still appreciate the value of a service like Treasure Chest and take away something helpful.

There were, however, some people who described how Treasure Chest had made a big impact on their breastfeeding journey, such as crediting the service as the reason they had stayed motivated to breastfed, had enjoyed breastfeeding, had breastfed for so long, or had been able to continue feeding after struggling in the early weeks.

> *Without Treasure Chest and [the IBCLC] I would not have been able to continue with breastfeeding at all. They were essential to me having some success with feeding and helped my mental health a lot.*

> *If I hadn't gone to a Treasure Chest support group when I was at the end of my tether then I would have stopped and moved to formula.*

Tips like trying the laid-back feeding position had made a difference to latch, and reducing expressing when struggling with over-supply had made 'everything easier'. Information, such as understanding why things happen, had helped one person to keep going. Emotional support, or the reassurance that what they were doing was right, was so important to some.

> *[Treasure Chest] changed my life. They taught me that as long as I was feeding him there was no right or wrong way and to do what I was comfortable with. I felt so much better after this.*

- ***Helpful aspects of individual services***

While the sections above highlight general positives across Treasure Chest provision, there was also data that showed particularly helpful aspects of individual services.

- **Antenatal workshop**: The workshop was valued for being very informative (for example, showing how to latch a baby to breast), providing opportunities to practise with a doll, and being a forum for partners to talk together. One person also described it as 'pivotal' in their successful breastfeeding journey, having provided invaluable information.

  Three of the five parents who took part in an in-depth interview had attended a Treasure Chest antenatal workshop. All had found it informative, helpful and reassuring. It was praised in particular for covering the basics of breastfeeding and infant behaviour (such as frequency of feeds, night feeding, poo colours), for being 'realistic' and for discussing potential problems, and for validating information gleaned from internet sources:

  Honestly it was fantastic that I knew that information when she was born, because she was my first child so I had no clue at all about what was going on…very reassuring actually. (Interviewee 4)

  It just seemed more…realistic…I think they pitched it quite well and I'm pleased I had that…(Interviewee 5)

  I remember someone briefly talking about tongue tie, so I think one of the other people had asked a question…and obviously they could also signpost back to the groups if that was appropriate, so I guess [the workshop leader was] more comfortable talking about problems. (Interviewee 1)

- **Facebook group**: This was perceived as providing a wealth of information and experience on which to draw because of the access to others' posts and responses. A search of others' posts could provide instant reassurance, highlighting the immediacy of this support. In addition, one person was particularly impressed with the quick Peer Supporter response to posts.

  Rapid help with an urgent problem was also highlighted by an interviewee who turned to the Treasure Chest Facebook group for information to deal with a blocked duct. The Facebook group was also commended by interviewees for: facilitating connection with other breastfeeding parents; for being a long-term source of support on a variety of topics; for normalising baby behaviour; and for providing a combination of support from trained Peer Supporters and parents:

  I like having both options for advice [from Peer Supporters and other parents]…it's all in one place that you get like different things to try, which is helpful. (Interviewee 5)

- **Face-to-face groups**: Positive comments highlighted that there was no need to commit to an appointment, and that there was coffee available.

One of the interviewees saw advantages to holding groups in cafés and Children's Centres:

I love the format of the Costa [café] situation where you can go and get a cup of tea and that's lovely. But again, at the Avenues [Children's Centre], I really liked that there was a health visitor there and you could get baby weighed and that was a bonus because then you're not going out to do that during the week. And that partners could come along, that was really lovely. I think it's a credit to [Treasure Chest] really that it's such a welcoming format. (Interviewee 2)

- **Funded sessions with an IBCLC**: Treasure Chest offered funded access to an IBCLC for a limited period in 2020, following a grant awarded to Treasure Chest. One person commented that this support was 'amazing' and important emotionally as well as for building knowledge and confidence.

One survey respondent who used both the in-person groups and the Facebook group was complimentary about the way the two services had interacted, when a Peer Supporter had recognised them from their post.

I felt as though I was going somewhere vaguely familiar, not completely unknown.

6.2.3 Views about the support received from Treasure Chest – unhelpful aspects

Only 13 of the 98 people who said they had experienced a Treasure Chest service answered the question: was anything unhelpful about your contact?

Some of the more negative comments related to specific service provision:

- **Antenatal workshop**: One criticism was that the workshop was too long (as a Zoom group), and that the Peer Supporter had appeared to apply pressure when she was perceived as having said that people who are not successful at breastfeeding are not determined.
- **Facebook group**: Comments made by parents are not censored and can therefore create confusion, Parents can also feel judged by others or find the group 'overbearing'.

The qualitative data suggests a possible reason why the group could be perceived as 'overbearing'. One interviewee explained that the group could be 'overwhelming' to those who are already anxious (such as pregnant women) because it illustrates a range of potential breastfeeding problems that could be encountered.

- **Face-to-face groups**: The groups were not always accessible to people who do not drive, and it was possible to feel 'useless' watching other parents breastfeed apparently without difficulty.
- **Zoom groups**: Some people commented that not being able to have hands-on or face-to-face support during the Covid-19 pandemic had been disappointing, but that this was nobody's fault.

More general negative comments related to finding that needs had not been met, for example where problems had not been 'fixed' or the information sought had not been given; where the parent left feeling they were not as reassured as they had needed, or that they had not been 'heard'; or, for the parent of multiple babies, finding that Peer Supporters did not have the specialist knowledge to help. There were some people who felt Treasure Chest pushed or pressured parents towards breastfeeding or exclusive breastfeeding, when they felt this 'isn't always the right answer,' or where they would have liked information about alternatives. In addition, one person felt they had been given conflicting 'advice' at a face-to-face group.

6.3 Barriers to using Treasure Chest

Of the 126 respondents, 28 people (22%) said they had not used a Treasure Chest service (see figure 6.4 above). This group provide insights into the potential barriers to using the service. One such barrier

is not being aware of the availability of Treasure Chest, and four people had not heard, or were not sure they had heard, of Treasure Chest before taking part in the survey.

The responses of just over two-thirds of the people who had not used Treasure Chest (19 of 28 people, 67.8%) suggested that they had not needed support from Treasure Chest, or that nothing had held them back from seeking support from the service. The little data available here suggested that some people had not needed support because they had either found breastfeeding easy, or had found that any queries or problems were dealt with quickly by midwives or health visitors, who they were already in touch with.

The data from people who did not use Treasure Chest, but who would have welcomed support, is more illuminating about where Treasure Chest could target future efforts. Some people simply had not heard about Treasure Chest early enough for it to be useful or to have made a difference to their breastfeeding experiences. One person who described multiple difficulties explained there was not enough time to access support before their breastfeeding journey came to an end. This data suggests a need to raise awareness of the availability of support antenatally, before problems arise and when people may feel less pressured. People's perceptions of the service and expectations of what might happen at face-to-face groups could also be off-putting. For example, one person felt their problems were not serious enough and that they could be managed at home. In addition, there were views that the 'advice' given at the groups would be 'unrealistic' having heard this from a third party, or that problems would be 'brushed aside' as had been the case when speaking to a GP and health visitor. Feeling nervous about attending alone was also a barrier. There were also practical boundaries, such as being unable to drive to a group, or finding that the times were unsuitable as they were too early. This data suggests work could be done to clarify, and disseminate more widely, information about the services provided by Treasure Chest, to avoid the generation of misconceptions and to encourage attendance by people who may otherwise have misgivings or feel uncomfortable. Specifically, this information could emphasise those aspects of the service people find helpful, such as the warm welcome offered by Peer Supporters and the time available to listen and assist individuals (see section 6.2.2).

Of those who used at least one of Treasure Chest's services, 36 people (36.8%) gave reasons for not seeking **more** help from the service. The reasons fell into the following categories:

- ***No need***

These people were satisfied with the support derived through the Facebook group or were well supported by other services, such as a private tongue-tie practitioner.

- ***Lack of awareness***

Not knowing about Treasure Chest, or aspects of the provision, had limited some people's use. For example, one person had only used the Facebook discussion group because they had found Treasure Chest 'too late' into their breastfeeding journey. Another person learned about the antenatal workshop after having attended face-to-face groups postnatally and would have liked to have attended if they had been aware earlier.

- ***Restrictions caused by the Covid-19 pandemic***

Drop-in face-to-face groups ceased to meet between March 2020 – June 2021 and, from May 2020, were replaced with online Zoom groups[6]. People wanting to attend needed to pre-book and an attendee limit was set for some groups. Some survey respondents who only received support via the Facebook group said they would have liked to have attended face-to-face groups if these had not been closed, with one person seeking the paid services of an IBCLC as an alternative. The offer of Zoom groups as a substitute was unappealing to some who were seeking personalised help, or where the evening slot did not suit their family routine.

[6] Initially, Zoom groups were offered on Wednesday evenings, with sessions on Monday mornings and Thursday mornings added at a later date.

- ***Practical or technical boundaries***

The practical boundaries mentioned included:

  - finding it hard to leave the house, or to get to a group, with a small baby;
  - perceiving that daytime face-to-face groups are less accessible to parents who have returned to work;
  - the location of groups;
  - feeling nervous about feeding in public;
  - the lack of anonymity on Facebook posts, which could make it feel uncomfortable discussing matters that could be viewed by friends or acquaintances.

- ***Negative perceptions about the type or level of support provided***

Although few in number, there were people who were discouraged from seeking further support because they had negative experiences. One such view was that Peer Supporters had not been able, over a number of occasions, to adequately grasp the problem and meet needs:

> *It seemed impossible to get any response that was more helpful and valuable than 'try harder' or 'all babies can breastfeed' or 'low supply is a myth'.*

Having a premature baby was one situation where a parent felt different from the norm and, therefore, that no one understood the challenges faced. Some people felt that support was lacking where they described sessions as busy, or where they had wanted medical advice which had not been forthcoming (as per Treasure Chest policy). A user of the Facebook group was put off by Peer Supporter responses which did not answer the poster's question but only suggested attending a face-to-face group. This person felt a more comprehensive answer would have benefited not only the original poster, but also other readers who would not have been party to the information provided at a group.

This view highlights the importance of respecting people's decisions to use Facebook to contact Peer Supporters, rather than a face-to-face group. There may be various reasons why this route is preferable to the parent, such as convenience, social anxiety, or illness. It also has the potential to reach more parents, who can read the public conversation. Bearing this in mind, Peer Supporters could be encouraged to always try to answer the question or provide relevant information, even if they also suggest attending a group.

- ***Misconceptions about accessibility or the kinds of support offered***

A number of people perceived, incorrectly, that their situation excluded them from support, or that the kind of help they wanted was not offered by Treasure Chest. One perception was that Treasure Chest was for people who were exclusively breastfeeding (possibly perpetuated by posts on Facebook 'dominated' by exclusively breastfeeding parents), which had limited the contact of someone who was exclusively expressing breastmilk initially, and another parent who was combi-feeding breastmilk and formula. Another parent who felt excluded described perceiving breastfeeding groups as 'for the older working mums' and, as a young parent, felt 'anxious' and 'out of depth'.

Being unaware of the wide-ranging nature of support available had prevented contact from some parents too. For example, some people had not asked for help about stopping breastfeeding because they had either assumed it would not be supported or that they would be judged for asking about it. Expecting to feel judged or being anxious about others' perceptions was also related to enquiries about feeding an older child, or partially using formula. In addition, one person had felt concerned that people would make wrong assumptions about her, that she had not been feeding enough when she had struggled with low supply, and would only tell her to feed more.

Although the data shows that some people later came to realise that they had misconceptions about Treasure Chest, it also suggests that more could be done at initial contact with the service to set out more clearly the accessibility of support and kinds of support offered.

- ***Ill health***

For example, feeling too unwell with postnatal depression to engage with services.

Barriers to using Treasure Chest services were also perceived by three of the interviewees. They talked about: feeling awkward about friends and colleagues seeing posts on Facebook or being at the same Zoom group; perceiving their problem to be not 'as bad' as other people's and not wanting to 'hog' the group discussion on Zoom for a problem that might not be relevant for others (such as reflux); feeling guilt and embarrassment regarding their breastfeeding situation and not wanting to share with a group; and their reluctance to breastfeed in front of other people in person or on Zoom, especially in the early days and weeks;.

> *I also felt really uncomfortable being in the groups back then…Feeding in front of people and just, um, I was really anxious about going out of the house and big groups so I found it really difficult. Especially 'cause it was my first baby, um, so I didn't particularly like going.* (Interviewee 1)

6.4 Suggestions for improvements

Respondents' suggestions for improvements to the service offered by Treasure Chest fell into three categories.

- **Raising awareness of Treasure Chest**

People who felt they had missed out on services when they had learnt about them too late, thought that these could be known more widely. This included the antenatal workshop and hospital support. One person explained that not being on social media was a disadvantage to learning about support. Another person felt that Treasure Chest as a whole could be advertised more widely and was aware that friends, who had not known about the service, might not have stopped breastfeeding as early as they did if they had known about the support. One suggestion was that families could be informed about Treasure Chest at the hospital.

One view from the qualitative interviews was that, on its own, a leaflet advertising Treasure Chest may not do enough to attract people and that recommendation from another source can be more influential:

> *…had I not been to yoga, the Stables yoga…, and heard about it so much I probably wouldn't have accessed that support. Because if I hadn't had that experience at the Stables, in the best sense, you'd have been a leaflet in my pack and that would have been it.* (Interviewee 2)

This was supported by another interviewee who suggested applying a Treasure Chest sticker to all 'maternity books' alongside midwives 'emphasising' it more. Another interviewee felt that Treasure Chest might be more attractive to a broader user group if it was clear that all are welcome and there is no restriction on the kinds of problems discussed.

- **Supplementing information offered by Peer Supporters**

Some ideas centred on the kinds of information Peer Supporters could offer. These included: strategies for reducing the pressure parents put on themselves to breastfeed; providing information about what support can be expected or accessed at the hospital (such as an infant feeding specialist); and tips for how others can step in to calm baby when the breastfeeding parent needs a break. One view was that Peer Supporters could be more supportive when parents struggle with low supply and/or getting baby to latch. A parent who had visited Treasure Chest at a Children's Centre had found it useful to use the weighing scales and suggested providing a set of scales at each Treasure Chest group.

- **Additional service provision**

Suggested here were more face-to-face groups, or a breastfeeding café providing a safe space to feed in public, perhaps accommodating some of the outlying rural villages. Support on the postnatal ward, and also in SCBU, was mentioned as desirable, perhaps by people who were not aware that Peer Supporters already visit the hospital postnatal ward on occasion. Another suggestion was to provide a home visiting service, though it was recognised that this was a 'long-shot request', or only possible if people paid for the service.

One interviewee who had not felt comfortable attending a Zoom group would have welcomed one-to-one time with a Peer Supporter online, particularly during the early weeks.

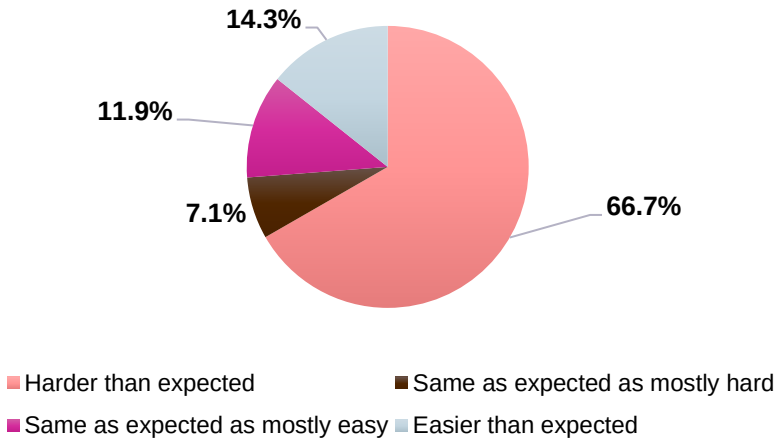
7 Overall views

This chapter presents findings about overarching views. It encompasses how experiences matched with expectations, whether or not breastfeeding goals were achieved and why, experiences of stopping breastfeeding, and any unmet support needs.

7.1 Matching experiences with expectations

Survey respondents were asked whether their experiences of breastfeeding had matched their antenatal expectations. This data – summarised in figure 7.1 below – sheds light on whether and how preparation can be a factor in mitigating difficult breastfeeding experiences.

Figure 7.1 Experiences matched with expectations



7.1.1 Finding breastfeeding harder than expected

Two-thirds of respondents (84 people) thought that their experiences of breastfeeding were harder than they had expected. Added with those who also found it hard, but had been expecting it to be so, the survey found that 74.6% of parents found breastfeeding hard. However, finding it hard did not necessarily mean it was an entirely negative experience:

> *It was a hard one to answer because it was/is sometimes harder than I thought it would be and sometimes easier than I expected. Breastfeeding is just wonderful and it's the hardest moments that make breastfeeding so much more rewarding!*

Of those who found it harder than expected, almost half (38 people) suggested they had attended the Treasure Chest antenatal workshop (though see chapter 6 for discrepancy in data about numbers attending the workshop). A further 23 people indicated that they had attended another antenatal class (NHS, NCT, yoga). Therefore, 72.6% of those who had found breastfeeding harder than expected had attended some kind of antenatal class. One interpretation of this finding is that there may be a deficiency in antenatal education in preparing parents for the realities of breastfeeding.

The survey collected open text data about why breastfeeding was harder than expected, which helps to explain the gap between expectation and experience. The data highlighted the following perceptions:

- **Unexpected intensity and emotional labour**: Parents had not been prepared for how intensive, relentless, lonely and emotionally challenging breastfeeding could feel, particularly when exclusively breastfeeding and unable to leave their baby, or feeling they were the only person who could comfort their baby.

Breastfeeding my daughter was simple in that she latched well, but I was unprepared for how tying and how much pressure it puts on the mum. I struggled with having to be available 24/7.

Some people referenced effects on their mental health, particularly if they had experienced feeding aversion.

- **Unexpected physical toll**: Breastfeeding could be initially physically painful. It was also linked to physical exhaustion in the early months and by a parent of a toddler who felt drained and underweight having breastfed for a long time.

  I thought that I would either be able to breastfeed or not. I wasn't expecting that it would be possible but nearly impossibly hard. I had terrible pain in my nipples which were bleeding and basically shredded for months.

- **Lack of support**: Some found it harder than expected because they felt unsupported by services, particularly a lack of support in hospital when they felt they needed it most, or not being aware of Treasure Chest early enough to seek help.

- **Complications**: Breastfeeding was found to be harder than expected where there were feeding problems to overcome, such as difficulty latching, fussiness at the breast, tongue tie, low weight and formula top-ups, reflux, vasospasm, and a breast abscess.

- **Antenatal information was lacking**: Feeling unprepared for normal baby behaviour, or that antenatal information had been insufficient, was blamed by some for finding breastfeeding harder than expected. For example, not knowing in advance about frequent feeding, cluster feeding, how often babies wake and feed at night, or when to change sides in a feed.

  I wasn't prepared for how often babies need to feed as the NHS antenatal class I attended only talked about latching and didn't cover frequency of feeds and cluster feeds at all. I didn't know that nipples could crack and bleed from a bad latch. I had never heard of tongue tie.

  Some explained that no breastfeeding knowledge had been shared by family, friends or their midwife. There was a feeling that parents should be told that breastfeeding is hard to start with but gets easier. On the other hand, some people felt that despite having attended antenatal classes, nothing could have prepared them for the first few weeks of their breastfeeding journey.

- **Expectation of breastfeeding being natural**: Here, the expectation had been that breastfeeding would come naturally, and therefore, there was surprise when they and the baby did not know what to do and needed time to work it out.

  I wasn't knowledgeable on breastfeeding before having my baby and no one ever said it might be difficult so I assumed it would be easy. I just assumed the baby would know what to do which seems silly saying now.

7.1.2 Finding experiences matched expectations

Twenty-four people felt that their experiences had matched their expectations, either because they had expected it to be easy (15 people), or that it would be hard (nine people).

There is little data to explain why those who found it hard had expected it to be so, but their data suggests they had been told by others, or had read about it beforehand, and had gleaned that breastfeeding would be hard but worthwhile. Four of these nine people had attended a Treasure Chest antenatal workshop. The data of those who found it as easy as expected is reported in the next section.

7.1.3 Finding breastfeeding as easy as expected or easier than expected

Much of the data from people who found breastfeeding as easy or easier than expected was similar. The following themes were highlighted:

- **Feeling well prepared**, having attended antenatal classes and having family who had breastfed. Armed with knowledge about normal baby behaviour, they felt able to 'go with the flow' through growth spurts or periods of cluster feeding.

  > *I think attending the Treasure Chest antenatal class prepared my expectations for what was to come which made my breastfeeding journey easier than I expected.*

- **Expecting significant barriers that did not arise**: having heard from friends or family, or from reading online about possible problems, but finding that their baby latched well, or that they had no severe pain, or that they did not develop mastitis.

- **Experiencing no complications, or experiencing challenges perceived to be minor and short-lived**, such as difficulties latching in the first few weeks, a tongue tie that was divided early on, feeding strikes and biting.

- **Responding well to challenges or complications**, such as seeking support when needed (from online forums, Treasure Chest, an IBCLC, midwife or health visitor), understanding that challenges were likely to be short-lived (such as latch problems in the early days), or having a 'relaxed attitude' when problems arose (such as being prepared to bottle-feed expressed milk or formula if the breastfeeding parent needed a break).

- **Being able to see the advantages of breastfeeding**, such as being more convenient than bottle-feeding and enabling bonding time with their child, despite also finding it challenging at times (for example, because of a lack of sleep).

More detailed data emerged from the qualitative interviews. One person felt they had been 'naïve to equate 'natural' with 'easy'':

> *I knew I wanted to breastfeed, no matter what I was determined to feed. I thought it would be easy. It just seemed so natural, everyone kept saying it's natural.* (Interviewee 3)

Another person had found it harder than expected because it was challenging in multiple ways and for her partner too:

> *I don't think I appreciated how hard it would be. For me physically, mentally, emotionally, everything else, but also for my husband. 'Cause he'll admit it now that in the early days it was really hard for him because it might just be that she needed boobs and he can't give her that!* (Interviewee 2)

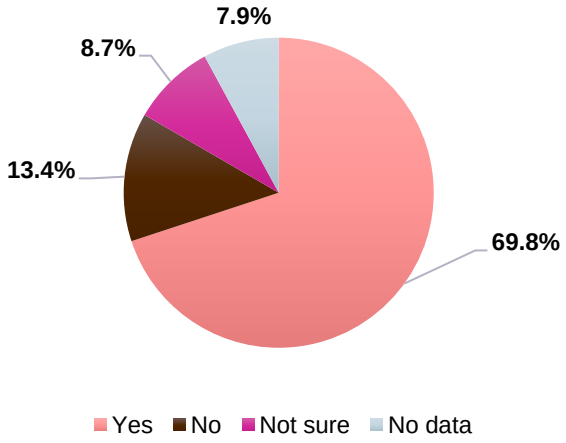
A more mixed view was held where a parent had felt pre-warned about difficulties in the first few weeks, but then not prepared for challenges later on, such as mastitis and sleep deprivation:

> *…they do say the first week or two it's not that great, and then I persevered because I knew from the [Treasure Chest antenatal workshop] that…the first week or two it might not be great…Recently she has been waking up a lot and the tiredness aspect of things really does get you down. And that was briefly covered, but I think I was still oblivious to it to some extent.* (Interviewee 4)

7.2 Achieving breastfeeding goals

From answers to the open text survey question 'Have you achieved some/all of your breastfeeding goals?', it has been possible to create Figure 7.2 below. Almost 70% felt positive that they had achieved at least some goals, with 13.4% saying outright that they had not achieved their aims.

Figure 7.2 Achieving breastfeeding goals



7.2.1 Goals achieved

Where goals had been achieved, the goals most often related to the duration of the breastfeeding journey, whether it be three months, six months, one year or at least two years. Many people talked about how they had surpassed their goals, suggesting that people tend to set lower goals for breastfeeding journeys, at least initially. Thus, some people who were aware of the WHO guidance to feed until two years, only set this as an aim having already fed for one year. Parents feeding toddlers over two or three years explained that they had not intended to feed for so long.

For some parents the goal had been just to try breastfeeding. This meant there were people who had ultimately been disappointed to end their journey prematurely, but who still felt they had achieved the goal of trying their best and giving their baby the best start possible by breastfeeding in the first few days or weeks. Just being able to continue breastfeeding felt like a significant achievement for some people who had faced initial problems. There were examples of people successfully breastfeeding after initially combi-feeding, after weaning off nipple shields, post tongue-tie diagnosis and division, and after their baby started life in SCBU being tube-fed.

For some people, achievement was also couched around the idea of breastfeeding exclusively and to avoid formula, or to use as little formula as possible. This could also extend to the aim of feeding directly from the breast and avoiding bottles. Other goals mentioned were feeding until their child naturally weaned, becoming confident about feeding in public, educating family and friends and generally normalising breastfeeding.

7.2.2 Goals not achieved, or mixed experience

Where people felt goals **had not** been achieved, they had either been unable to establish breastfeeding, or had established feeding but were disappointed it had not lasted longer. Those unable to establish breastfeeding described feeling that they had failed and that none of their goals had been achieved (see section 7.3 below for more information). Some of these people went on to have successful experiences with subsequent babies. Those who had wanted breastfeeding to last longer described their journey ending just before their target of one year because of the pain of vasospasm, breastfeeding aversion, their child seeming to lose interest, or struggling to maintain supply and express milk after returning to work.

The ‘not sure’ category in figure 7.2 includes people whose answers suggested a mix of perceived success and failure. Examples included breastfeeding alongside formula bottle-feeds and being unsure how much breastmilk is taken; being proud of breastfeeding for three days but also regretful about stopping; and feeding a baby for 12 months but finding it a ‘forced and stressful’ experience. This category also includes people who were at an early stage of their breastfeeding journey and unable to say if their goals had been met, as well as people who had deliberately not set goals to avoid pressure and upset if they had failed.

7.2.3 Essential and important factors in achieving breastfeeding goals

Figure 7.3 Essential and important factors in achieving goals

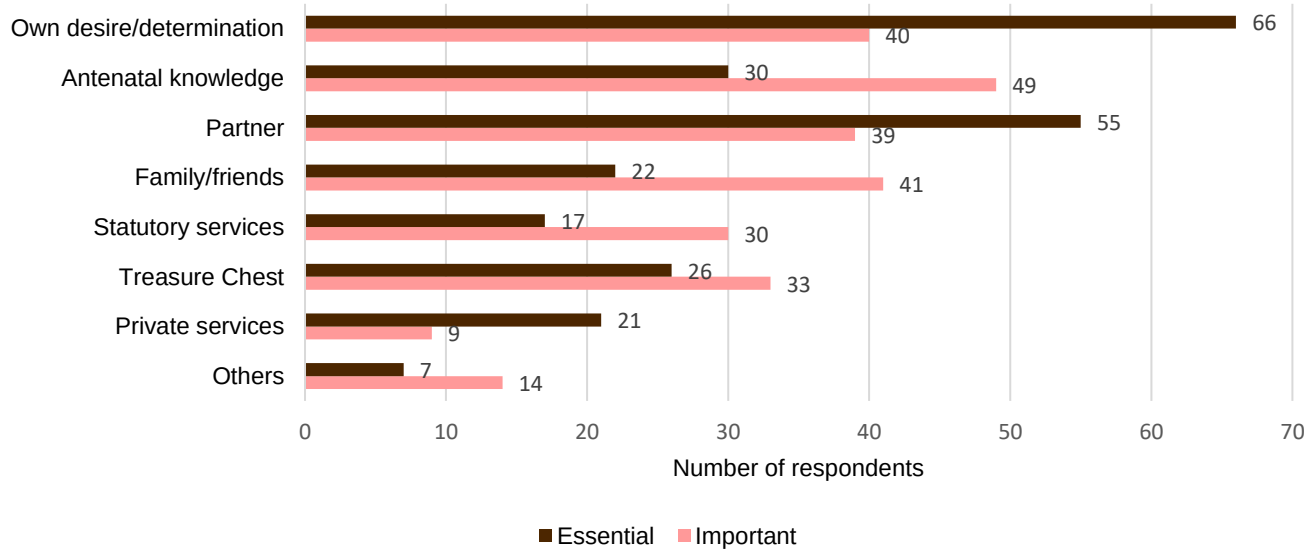


Figure 7.3 above shows which factors were considered essential or important in achieving breastfeeding goals. All of the 106 participants who answered this question felt that their own desire or determination to succeed had played either an essential or important role. Determination, stubbornness and reluctance to give up were all cited as reasons why parents had got through challenges and continued breastfeeding, especially when others (such as GPs, health visitors, or well-meaning family members) had suggested they may want to stop.

The support of those nearest to them, both partners and other family and friends, was also significant, with almost 90% of those answering the question perceiving their partner to have provided essential or important support towards achieving their aims. Providing support by accompanying them to breastfeeding groups, physically assisting with latching baby, or supporting their desire to breastfeed against negative opinions from other family members, were all ways that partners were important. Friends who had specialist breastfeeding knowledge, or who had recent experience of similar breastfeeding challenges, were helpful in providing reassurance and practical tips.

Antenatal knowledge was considered, overall, to be more important than the support of any service, perhaps highlighting an area to direct attention. Of the three types of service provision – statutory services (encompassing midwives, health visitors, GPs), Treasure Chest, and private services (IBCLCs, tongue-tie specialists, cranial osteopaths) – more people felt Treasure Chest had either been an essential or important factor in achieving their goals than statutory or private services. Treasure Chest was described as having supported parents to reach their breastfeeding goals by providing prompt support and accurate information at a critical time. People who had found statutory services essential or important highlighted health visitors who had provided reassurance, or midwives who had made helpful suggestions when they had been struggling to latch their baby. Support from a private IBCLC was a turning point for some, such as one person who had needed information and reassurance and had no experienced family members, and another who had been severely engorged, in pain and on the cusp of

giving up. IBCLCs were also important for making breastfeeding seem possible and for explaining it in an accessible way.

Other factors that had helped people reach their goals were the information available from La Leche League and other new parents who were described as providing much of the emotional support that was needed.

The qualitative interviews confirmed the importance of breastfeeding support in overcoming seemingly insurmountable problems (such as tongue-tie assessment and division after five months of painful feeding), and also highlighted how firm belief in breastfeeding and determination to continue can be decisive.

> *I think [I didn't stop breastfeeding] because I put so much pressure on myself that this was going to happen, I then couldn't turn around and say 'I've stopped'. I didn't want to. Do you know I just think it was pure stubbornness? More than anything else.* (Interviewee 2)

> *It is the most difficult thing I have ever done in my life. And because I'm so stubborn and determined I think that's the only reason we're still doing it now. And my partner you know he's so supportive.* (Interviewee 3)

Breastfeeding as an act of selflessness was articulated too in one parent's determination to breastfeed despite the pain it inflicted on them:

> *I think when I was in so much pain people were telling me to stop and I felt like I couldn't put my own needs before my baby's.* (Interviewee 1)

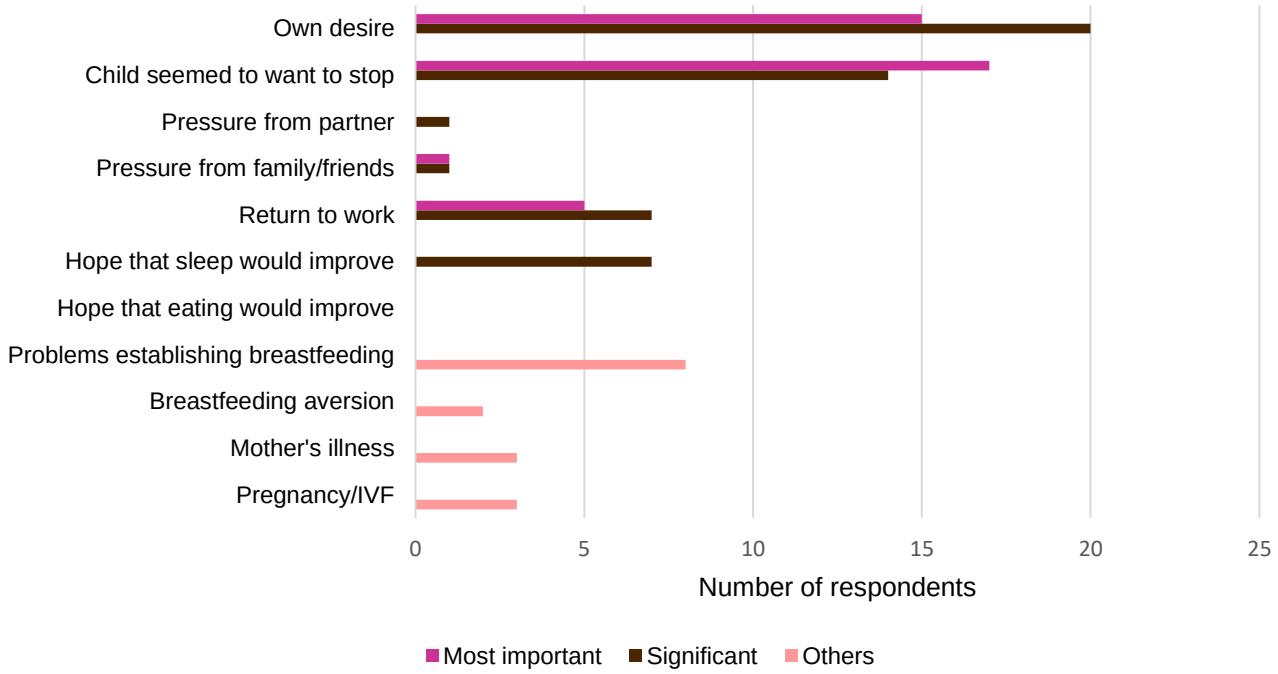
Having support from partners, and both parents being prepared with realistic expectations, were also thought to be important factors.

> *I kind of had it in my head that if I just fed and fed and fed for like the first two weeks, that would set out our stall and we'd be ok…I gathered that information that I would be feeding a lot but I really did offer it all the time and they never refused and I think that's helped everything with like my supply…* (Interviewee 5)

7.3 Stopping breastfeeding

Fifty-seven parents gave some information about why they had stopped breastfeeding. This included parents who had stopped before they had wanted to, as well as parents who were happy about coming to the end of their breastfeeding journey. Figure 7.4 shows which factors were considered to be the most important, alongside those considered a significant factor. The factors identified as 'others' were given by the participants themselves, rather than selecting from a pre-defined list.

Figure 7.4 Reasons for stopping breastfeeding



Rather than external factors, parents most commonly perceived that their own desire, or that of their child, were the main driving factors in ceasing breastfeeding. Where participants had provided more detail, their own choice to stop was linked to achieving a goal, feeling that their journey had reached a natural conclusion, or wanting to become pregnant or being pregnant. Where parents had been pregnant, they described finding breastfeeding uncomfortable, or feeling concerned about the prospect of tandem feeding or stoking sibling jealousy. Some parents perceived that their child had self-weaned having fed on demand and seen their child lose interest, though one person did suggest they could have mistaken a 'feeding strike' for the end of their journey.

Parents who described coming to the end of their breastfeeding journey before they had wanted to mainly drew attention to problems establishing breastfeeding. These included:

- **Perceived low supply**: there were examples of babies losing weight or not gaining sufficiently; of babies seeming unsettled and hungry; of there not being enough milk despite trying all suggestions to boost supply (a 'gruelling' pumping schedule, supplements, medication, supplementary nursing system); and of not being able to manage the complexities of combi-feeding with expressed milk or formula. These experiences could affect parents' mental health and bond with baby, which were also drivers in deciding to stop breastfeeding.
- **Latch problems**: for example, the inability to latch baby at all, or to achieve a pain-free latch. Some parents explained how there were delays in diagnosing or treating tongue tie, which affected their ability to breastfeed at all or to breastfeed exclusively.
- **Insufficient support**: support in the early days to establish a good latch was felt to be minimal or insufficient, prompting one person to switch from breastfeeding to using formula.

  I felt I could have breastfed if I received more support in hospital. As the support was minimal, I moved to ready-made formula bottles in my hospital bag.

Further reasons for prematurely ending breastfeeding included breastfeeding aversion (which could bring feelings of guilt) and illness (such as mastitis or postnatal depression). Stopping breastfeeding before being ready to was described as difficult, upsetting and, for some, a devastating loss.

I never expected (to have to give up). It was like a grieving process for the loss of a breastfeeding experience.

7.4 Support needs

Survey participants were asked if there was any support that they did not receive that they would have liked. The following kinds of support were identified:

- **Antenatal information**, specifically information about the benefits and demands of breastfeeding, and about expressing and combi-feeding.

  I wish I had been informed about the benefits of breastfeeding and the realities of it (cluster feeding etc) BEFORE giving birth. Having to learn on the job was hard. (Respondent's own emphasis)

- **Early postnatal support**, particularly more support while still in hospital (to model how to latch baby and feeding positions) to aid confidence in breastfeeding before going home; tongue-tie checks soon after birth; in person support at home in first few weeks or progress check-ups; and 'honesty' about the challenges of breastfeeding from day one.

  …earlier support would have saved a lot of tears, anxiety and self-doubt.

- **One-to-one tailored support or support targeted at specific breastfeeding issues**: This need encompassed the general idea of one-to-one support that is thorough and tailored to individuals (preferably through home visits), as well as support for specific breastfeeding problems (such as hand harvesting, stopping using nipple shields, breastfeeding babies on SCBU, cluster feeding, the impact of drugs on baby, and breastfeeding aversion), and the use of specific breastfeeding tools (such as breastfeeding cups, supplementary nursing systems, donor milk).

  I think [breastfeeding aversion] needs to be something people talk more about because it really came as a shock to me, I didn't know it was a thing and was very guilty for feeling that way.

- **Improved support from health practitioners**, specifically midwives, health visitors and GPs being trained in up-to-date information; providing support to link up to more specialist breastfeeding support if necessary (for example, tongue-tie assessment); being generally more supportive of breastfeeding, acknowledging parents' achievements and respecting parents' wishes; considering parents' wellbeing and not just the needs of the baby; and GPs taking thrush seriously.

  Some of the interviewees spoke about the importance of considering parents' wellbeing in giving breastfeeding support. There was particular frustration at how parents are made to feel guilty or failing when babies are not gaining weight, or that tongue tie does not appear to be taken seriously if the baby's weight gain is normal but the parent is struggling.

  …do something about [the tongue tie]. Rather than 'your child is still gaining weight, so it's not a problem'. Well, it is a problem because it's a problem for me and therefore my baby. Please take me seriously. (Interviewee 2)

- **Breastfeeding social groups**, such as a breastfeeding café or social groups for feeding older babies.

- **Support for stopping breastfeeding**: Suggested here was support to manage all aspects of stopping feeding (including managing transitions during subsequent pregnancy), including the physical and emotional impacts, and factors such as sleep, food and relationships; and also support to deal with the grief of being unable to breastfeed or to give up breastfeeding before wanting to.

  Support for dealing with the grief of being unable to breastfeed. I realise this is uncommon but for me it was very real and affected my early experience with my baby.

Chapter 8 Discussion

This report has provided up-to-date information about York families' experiences of breastfeeding and the support available to them. In doing so, it has explored the barriers faced by families in reaching breastfeeding goals, has identified good practice in local services and outlined concerns about breastfeeding support provision. This final chapter draws together messages from the research for Treasure Chest and messages for other services.

8.1 Messages for Treasure Chest

This study has looked in detail at the services offered by Treasure Chest and highlighted the following areas for consideration or action:

- **Raising greater awareness of Treasure Chest**

Although there are various channels through which York families become aware of Treasure Chest, awareness is not always sufficiently early to make the most impact. The findings suggest more could be done to promote Treasure Chest in pregnancy, not only to ensure more people benefit from the antenatal workshop, but also to raise awareness of the availability of support before problems arise. The first days and weeks of parenthood can be overwhelming, so already knowing of the availability of support and how to access it is one less burden. There were suggestions in the data that having Treasure Chest endorsed by someone – such as a yoga instructor, midwife or friend – was a more powerful influence on making contact than just seeing a Treasure Chest leaflet or poster. This suggests the need to continue building relationships with practitioners who come into contact with pregnant women and new parents in order to open avenues for promotion of Treasure Chest services at an early stage.

- **Greater explanation of access to support and the kinds of support offered**

Among the barriers to using Treasure Chest were misunderstandings about who could access support and the kinds of support offered. There is perhaps a need to set out more clearly that Treasure Chest is open to all breastfeeding families, no matter how far along they are in their breastfeeding journey and no matter how much or little breastfeeding has been achieved. In addition, the range of topics Treasure Chest tackles could be promoted, focusing especially on topics about which parents may feel reticent to seek support (such as breastfeeding aversion and agitation) or which parents can assume are not covered (such as stopping breastfeeding, combination feeding, or feeding an older baby or toddler).

- **Antenatal education**

There were signs in the data that antenatal information about breastfeeding could be better, though it was not entirely clear how. There were suggestions that more could be done to prepare for the 'realities', or the difficulties, of breastfeeding and its impact on parents. Expecting breastfeeding to be hard had not put people off trying, since they also perceived it would be worthwhile. Knowing this may give antenatal educators more confidence in discussing some of the potential pitfalls or problems in greater depth, so that parents are fully armed with knowledge about what to expect and who can support them. The findings also suggest a need to forewarn about the possible impacts of the birth on initial breastfeeding, highlighting in particular that breastfeeding can still be successful in the long-term despite difficulties during the birth or early feeding attempts.

- **Hospital support**

More breastfeeding support in the first hours and days was a call made repeatedly by the research participants. We know that the first few days are critical for initiating breastfeeding and they are a time when many parents struggle and are therefore at risk of stopping breastfeeding. It was also clear from the perspective of parents that busy hospital staff are not always able to devote the time needed to support breastfeeding. This is therefore an opportunity for Treasure Chest to fill a gap in provision. There are already some Peer Supporters who visit the postnatal ward and a good relationship with ward staff has facilitated this role. However, the strength of views found in this study suggest there is good reason

to expand this provision to have a bigger team of Peer Supporters regularly supporting at the hospital. Not only is this an opportunity to positively impact breastfeeding journeys at their outset, but a larger presence on the postnatal ward would also serve to promote Treasure Chest services to a wider range of families and likely affect their willingness to reach out to Treasure Chest again.

- **Provision of more individualised support**

Families prized in-depth, tailored support on a one-to-one basis, particularly where they faced significant challenges, challenges affecting them emotionally, or problems which they felt were uncommon. Not all parents felt confident to attend a group session, particularly where they felt they would not fit in. On occasions where extra funding has been granted, Treasure Chest has provided a limited number of one-to-one sessions with an IBCLC free of charge. However, this is not the norm, and most support is delivered through drop-in group sessions, or groups online, or posted messages on Facebook. One-to-one sessions in person have the potential to be resource intensive, particularly on volunteer time, and can risk volunteers acting outside their level of competence or being called upon excessively by parents. There are also insurance and safety concerns about Peer Supporters meeting parents in their homes. However, consideration could be given to the idea of virtual individualised meetings. Peer supporters could work in pairs, as they do now, to deliver support to individual families who have pre-booked an online session. Limiting the length of the appointment could enable Peer Supporters to 'meet' with several families sequentially. Although this would require a greater administrative effort, this approach would not require training for Peer Supporters beyond that which they already undertake.

- **Peer Supporter training**

The research findings suggest some areas for Peer Supporter training. Negative body perceptions were reported by a similar number of parents as those who experienced low supply or perceived low supply. However, this topic has not been studied by Peer Supporters and is not often discussed in group sessions, possibly because parents carry guilt or shame about these feelings. Similarly, parents associated guilt with experiencing breastfeeding aversion and agitation (which is another topic that may be under-reported) and with stopping breastfeeding. Therefore, future Peer Supporter training could look in more depth at being alert to how parents feel about themselves while breastfeeding, and strategies for managing these feelings. Peer Supporters could also be trained to spot the signs of parental guilt or regret about breastfeeding decisions, and feelings of loss, and know who to signpost to for appropriate support.

One further training need relates to Facebook responses. Posting information on Facebook has the potential to help far more people than just the original poster, as this study has shown that parents search for topics when they face a particular need. It also serves people who do not want to attend a group or who are unable to. It would be worth reminding Peer Supporters of the advantages of disseminating information through Facebook posts and that questions should be answered where possible, or information given, rather than just suggesting attendance at a group.

8.2 Messages for other services

Findings from this research study also concern the provision of breastfeeding support through statutory and other services. Particular messages for these services are as follows:

- **Greater sensitivity towards new parents**

There were a number of ways in which parents were unhappy with the way they were dealt with by practitioners. As health professionals, perceived as possessing a wealth of expertise, practitioners hold a powerful position in influencing parents and decisions about their child/children. This power imbalance was not always positively viewed, particularly where parents had strong opinions about their child's care, and conflicts of opinion could be perceived as traumatic. Added to this, the language or tone used when talking to parents about feeding their child could be experienced as hurtful or unhelpful. These findings suggest the need for greater sensitivity on the part of health professionals in approaching difficult decisions with parents, who may be feeling vulnerable and who may be emotionally tied to the prospect of breastfeeding.

- **Unhelpful agendas or rules perceived by parents**

A point related to the message above concerns parents' perceptions of practitioners having their own agendas or setting rules which negatively impact on families. Significant emphasis on baby weight gain, teamed with staff being overburdened (and therefore not having enough time for each family), could exclude other considerations and endorse the use of formula as a fast fix. Not every breastfeeding family objected to the use of formula, especially if only a temporary measure. However, the use of feeding plans using formula top-ups was perceived negatively where formula was promoted at the expense of resolving problems to enable continued breastfeeding; where the plan seemed unworkable alongside breastfeeding; and where no help was offered to wean off formula. Various 'rules' cited by participants also served to strain relationships with practitioners and had not supported their breastfeeding experience. Greater consideration could be given to how breastfeeding can be supported alongside measures to improve baby weight gain, looking in particular at providing information about weaning off feeding plans and signposting to in-depth breastfeeding support.

- **Consideration of how breastfeeding information is presented**

In large part, conflicting breastfeeding information from different practitioners was perceived as unhelpful. However, a contrasting view was that different information could form a 'toolkit' of tips to try. This could, therefore, be a matter of perception of whether the information is presented as 'the answer' or the 'only way', or instead as a 'suggestion to try'. Practitioners could consider an approach that aims to empower parents with information – suggestions to try – rather than giving advice which is seen as 'the answer'. The problem of contradictory information could also be a symptom of deficient or out-of-date practitioner knowledge about breastfeeding.

- **Focus on gentle hands-on assistance**

An emotive topic, which drew some strong negative opinions from the study participants, was hands-on assistance. Although hands-on help was perceived as gentle and helpful in the majority of cases, a substantial minority had experienced times when it was not. Furthermore, a negative experience of hands-on help could be perceived as harmful, stressful, upsetting or traumatising. The findings suggest review of practice, particularly by midwives, to ensure that all hands-on assistance is gentle, nurturing and supportive, rather than forced and rushed.

- **Signposting to other services**

It was clear in the findings that the services parents come into contact with the most – statutory services such as midwives, health visitors and GPs – do not always have sufficient time or depth of breastfeeding knowledge to adequately support parents. There were examples not only of people being left without support, but also being given out-of-date information, or information not based in research evidence, all of which could hinder or damage breastfeeding journeys. One possible measure to counter this problem is to encourage greater signposting to Treasure Chest, to the National Breastfeeding Helpline, or to evidenced-based resources online. A single promotional campaign, perhaps led by Treasure Chest, could highlight all of these free services to York practitioners.

Appendix A

Qualitative interviews: information sheet, consent form, interview topic guide

Researching breastfeeding experiences and support received by families in York

Information Sheet

Treasure Chest is a not-for-profit organisation, which promotes, supports and encourages breastfeeding in the York area. Established in 2005, Treasure Chest is run entirely by volunteers and funded by donations. Our trained Peer Supporters and Breastfeeding Counsellors are all local parents with at least six months' breastfeeding experience.

Arising from a desire to better understand families' experiences of breastfeeding and local service provision, Treasure Chest is now undertaking a small-scale research study. The main aims of the research are to:

- explore families' experiences of breastfeeding and the support available to them in York;
- understand the barriers faced by local families in reaching their breastfeeding goals;
- identify good practice in local services or organisations;
- investigate families' concerns about local service provision.

It is hoped that the research findings will be used to shape future Peer Supporter training. In addition, the findings will be shared with local services (York Hospital, community midwives, GPs, health visiting teams) with the aim of informing practice and ultimately improving breastfeeding experiences and outcomes.

The initial stage of the research involves a small number of one-to-one interviews. The interview data will feed into the design of a survey which will be launched later this year to greater numbers of York families. All parts of the research will be carried out by Treasure Chest volunteers.

You have been invited to take part in a one-to-one interview. We are interested in hearing about your experiences of breastfeeding and, in particular, your views of the services or organisations or individuals who have provided information and support to you.

The interview will take place virtually (most likely using Zoom) at a time that is convenient to you. It will take around one hour and will be in the form of a discussion. Your participation is voluntary: you can refuse to answer questions or withdraw from the research at any time. The researcher will ask for permission to audio-record the interview. This is to ensure that all the information collected remains accurate. The recording will be transcribed as text, after which the recording will be deleted. Transcribed data will be encrypted and kept separately from your personal data (e.g. your name).

Everything you tell us during the interview will be dealt with in strict confidence, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act. This means that the research findings will include your views along with the views of other people, but you will not be identified; and any personal information that can identify you will not be shared beyond the research team. Your name,

contact information and interview data will be deleted when the findings are published, or by the end of 2022, whichever is earliest.

If you would like to contact us or have any questions about taking part in the research, please email: **enquiries@treasurechest.org.uk**

You can find out more about Treasure Chest at: **www.treasurechest.org.uk**.

Researching breastfeeding experiences and support received by families in York

Consent Form

Please circle as appropriate:

- I have read the information sheet, I have been able to ask questions and I understand the purpose of the research and what it involves. **YES / NO**
- I consent voluntarily to take part in this study and understand that I can refuse to answer questions and I can withdraw from the research at any time, without giving a reason. **YES / NO**
- I understand that taking part in the study involves an interview with a researcher that will be audio-recorded; that the recording will be transcribed as text; and that the recording will be deleted after it has been transcribed. Transcribed data will be encrypted. **YES / NO**
- I understand that the research findings will include my views along with the views of other people and be reported in written format, but I will not be identified. **YES / NO**
- I agree that my information can be quoted anonymously in research outputs. **YES / NO**
- I understand that personal information collected that can identify me, such as my name, will be kept separate from interview data and will not be shared beyond the research team. **YES / NO**

Name ……

Signature ……...

Date ……..

Researching breastfeeding experiences and support received by families in York

Topic Guide for qualitative scoping interviews

Introduction

- Explain that this research is being carried out by members of Treasure Chest.

- The main aims of the research are to:
  - explore families' experiences of breastfeeding and support available in York;
  - understand the barriers faced by families in reaching their breastfeeding goals;
  - identify good practice in local services or organisations;
  - investigate families' concerns about local service provision.

- It is hoped that the research findings will be used to shape peer supporter training in the future. In addition, the findings will be shared with local services with the aim that they inform practice and ultimately improve breastfeeding experiences and outcomes.

- We are conducting a small number of interviews initially to gain insights into the kinds of experiences families have in York. The interview data will help us to design a survey which we expect to launch later this year to greater numbers of York families.

- In this interview I would like to ask you about your experiences of breastfeeding and, in particular, your views of the services/organisations/individuals who have provided information and support around breastfeeding.

- The interview will take around one hour, and will be in the form of a discussion.

- Read through consent form together. In particular, reiterate that:
  - taking part is completely voluntary and they can withdraw at any time
  - the interview will be audio-recorded and the recording deleted after transcription
  - their involvement in the study will be kept confidential
  - research results will include their views, but remain anonymous

- Check informed consent and ask to sign.

A. Background information

- Age, ethnicity, occupation
- Family, support at home; any changes since the pre-natal period
- When baby born; age of baby now
- Can you give me a brief description of your breastfeeding story so far?
    - e.g. whether breastfed from birth; exclusive or combination fed; outline of any difficulties; how long breastfed for

B. Ante-natal experiences

1. What did you know about breastfeeding before you had your baby?
    - Understanding of normal baby behaviour
        - Baby feeding often; does not mean demanding
        - No routine; this is normal
        - Feeding lots at night
    - Expectations about whether it would be easy/difficult/natural

2. From which sources did you find out about breastfeeding?
   (Prompt for awareness of available support from list below)
    - Family/friends
    - Midwife/health care practitioners;
    - NHS/NCT ante-natal classes
    - Knowledge of Treasure Chest; antenatal workshops

3. Which of these source(s) did you find most valuable? Why?
    - Did the information help you make decisions about breastfeeding? Why/why not?
    - Perceptions of bias, pressure, conflict between information/advice given

4. Had you decided to breastfeed before your baby was born?
    - Why/why not?

5. How attached to the idea of breastfeeding were you?
    - What were the main factors that formed your view at the time?

6. Did you feel you knew where to go for support if you needed it?

C. Birth experiences

7. Can you briefly describe your experiences of your baby's birth?
    - Induced/spontaneous labour, elective c-section
    - Length of labour;
    - Vaginal delivery/assisted delivery/c-section

8. Can you tell me what you remember about feeding your baby for the first time?
    - How soon (approx) after baby was born; whether baby taken away before/after first feed to be dried/weighed
    - Information/instruction/hands-on help received by midwives; whether this felt appropriate/gentle/rough
    - Whether skin-to-skin was encouraged
    - Did your experience of this first feed affect whether and how you went on to breastfeed your baby?

9. Can you tell me about your other experiences of feeding your baby that first day or while you were still in hospital?
    - Any difficulties/concerns

- Interventions: e.g. hand expressing, syringe feeding, feeding plan, formula top-ups, SCBU, light therapy for jaundice
- Any help that was particularly valuable

10. In those early days after your baby was born, did you have any contact with Treasure Chest, either at the hospital or after you went home?
- If yes, what happened during the contact; kind of info/support given
- Views about that contact; anything particularly helpful/unhelpful

11. Did your first experiences of breastfeeding match your expectations?
- Why/why not?

12. Would you say that at that time you felt confident in feeding your baby?
- Why/why not?

D. Postnatal experiences

13. Since those first few days, how has breastfeeding gone for you and your baby?
- Ups and downs
- Particular problems/barriers

14. Have you received any information and support?
- Description of info/support received
- Source:
  - From health/breastfeeding professionals: midwife, health visitor, GP, hospital feeding specialists; lactation consultants; tongue-tie assessment
  - From Treasure Chest: peer support in person, support over phone/text, Facebook Beyond group, Zoom/virtual support

15. What did you think of this info/support?
(Repeat for each source of support)
- Perception of difference made by support, e.g. whether felt empowered
- Any concerns about support received

16. Can I ask if you have received any information and support about the following areas?
- Positioning and attaching baby at the breast
- Expressing by hand or by pump
- Baby fussiness and coping strategies
- Baby sleep and breastfeeding at night; whether told baby should sleep through from a certain age; whether told baby should not need breastfeed at night at certain age
- Growth spurts
- Breast compressions
- Introducing solids, including knowing the signs of readiness
- Managing a return to work alongside breastfeeding
- How to wean from the breast when the time is right for you

(For each, find out source of info and perception of value/helpfulness of info)

E. Treasure Chest

FOR PARENTS WHO HAVE HAD NO CONTACT WITH TREASURE CHEST

17. Have you heard of Treasure Chest?
- How did you hear about Treasure Chest?
- Has anything held you back from contacting Treasure Chest?

FOR PARENTS WHO HAVE HAD CONTACT WITH TREASURE CHEST

18. How did you hear about Treasure Chest?
    - Do you remember if your midwife mentioned Treasure Chest?

19. Are there any other ways/times that you have been in touch with Treasure Chest that we haven't yet discussed?

20. Overall, what do you think about the service provided by Treasure Chest?
    - Would you recommend Treasure Chest? Why/why not?

21. Do you have any suggestions for improving the service offered by Treasure Chest?

F. Conclusion

22. Looking back over your breastfeeding journey up till now, how have your experiences of breastfeeding compared with your expectations?

23. If some/all breastfeeding goals achieved, what was important in achieving your goals?
    - Perception of relative importance of:
        - own desire/will
        - support from family/friends
        - support from health services
        - support from Treasure Chest

24. Were there any barriers to achieving your breastfeeding goals which were not overcome?
    - (If appropriate) Can I ask if you felt you stopped breastfeeding before you wanted to? Why?

25. Is there any support you would have liked, either in the past or now, that you have not received?

Appendix B

Survey questions

Treasure Chest Survey 2021

This survey is for breastfeeding families who live in and around York, who experienced their first breastfeeding journey within the last 3 years. For the purposes of this survey, the term 'breastfeeding' is to be read inclusively to also include 'chest feeding'.

We are interested to learn about your first breastfeeding journey. This may have been with your first child, or with subsequent children if you did not breastfeed your first.

The survey takes approximately 10-20 minutes to complete.

Information about Treasure Chest and the research we are conducting is set out below.

To start the survey, click on 'Next' below.

Treasure Chest is a not-for-profit organisation, which promotes, supports and encourages breastfeeding in the York area. Our trained Peer Supporters are all volunteers with at least six months' breastfeeding experience.

Arising from a desire to better understand families' experiences of breastfeeding and local service provision, Treasure Chest is undertaking a small-scale research study. The main aims of the research are to:

- explore families' experiences of breastfeeding and the support available to them in York;
- understand the barriers faced by local families in reaching their breastfeeding goals;
- identify good practice in local services or organisations;
- investigate families' concerns about local service provision.

It is hoped that the research findings will be used to shape future Peer Supporter training. In addition, the findings will be shared with local services (York Hospital, community midwives, GPs, health visiting teams) with the aim of informing practice and ultimately improving breastfeeding experiences and outcomes.

All parts of the research will be carried out by Treasure Chest volunteers. All the information you provide will be dealt with in strict confidence, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act. This means that the research findings will include your views along with the views of other people, but you will not be identified; and any personal information that can identify you will not be shared beyond the research team. Any identifiable survey data will be deleted when the findings are published, or by the end of 2023, whichever is earliest.

If you would like to contact us or have any questions about taking part in the research, please email: enquiries@treasurechest.org.uk
You can find out more about Treasure Chest at: www.treasurechest.org.uk.

Consent to take part in the survey
Before we start the survey questions, we would like to check we have your consent to use the data you give. Although we are not asking for your name, some of the information you give may be sensitive and personal and, in exceptional cases, could possibly identify you.

Please tick your understanding of the following (Yes/No)
- I understand that the purpose of the research is to explore what helps and hinders breastfeeding; and to improve local service provision.
- I understand that the survey questions will explore my experiences of breastfeeding and any support I have received; and explore my views of local service provision.
- I understand that the research findings will include my views along with the views of other people, but I will not be identified.
- I understand that if I give any personal information that can identify me, this will be kept separate from my other data and will not be shared beyond the research team.

Would you be happy for us to quote anonymously any comments you make in our research outputs, publicity and funding applications?
(For each of research outputs, publicity, funding applications)
- Yes, I am happy for you to use my comments anonymously.
- No, sorry I would not like you to use my comments.

Do you consent to take part in this survey carried out by Treasure Chest Breastfeeding Group?
- Yes, I am happy to take part in this survey.
- No, I do not want to complete the survey.

Section 1: Background information about you and your household

1.1 What is your age?
Open text

1.2 How would you describe your ethnicity? – choose from options
- White British
- White other
- Mixed ethnic background
- Asian
- Asian British
- Black African
- Black Caribbean
- Black British
- Other (please specify)

1.3 What is your current occupation?
Open text

1.4 What was your occupation before your first child's birth (if different)?
Open text

1.5 What is your highest level of education?
- GCSE
- A Level
- NVQs/Diplomas
- Undergraduate degree
- Postgraduate degree
- Doctorate/PhD
- Other (please specify)

1.6 Who lives with you? (Please list household members without giving names and giving the current age of any children. E.g. partner; step-daughter aged 5; son aged 3 months.)
Open text

1.7 Thinking about your first breastfeeding journey, what is the current age of your child? (Please give age in months if under 2 years, or in years if over 2 years old.)
Open text

1.8 Thinking about your first breastfeeding journey, where did you live when your baby was born? We do not need your full address, just the first part of the postcode, e.g. YO1.
Open text

1.9 If you have moved since then, please provide the first part of the postcode of your current address and the age of your child when you moved.
Open text

1.10 We'd like to get a general understanding of your breastfeeding journey. Please tick all that apply. Did you…
(Tick all that apply)

- Breastfeed from birth
- Give breastmilk only and no formula
- Give a combination of breastmilk and formula
- Use a bottle occasionally to feed expressed breastmilk or formula
- Use a bottle regularly to feed expressed breastmilk or formula
- Mainly express and not feed breastmilk directly from the breast
- Ever use donor breastmilk
- Ever feed your baby breastmilk or formula using a syringe, cup or supplementary nursing system (SNS) (before the age of 5 months)?
- Other information you feel is important (please specify)

1.11 Thinking of your first breastfeeding journey, how long did you breastfeed / have you breastfed for (approximately, in months)?
Open text

Section 2: Antenatal experiences

These questions relate to your ante-natal experiences before the birth of the baby with whom you shared the first significant breastfeeding journey. This may or may not have been your first baby.

2.1 Which of the following statements about breastfeeding did you understand **before** you had your baby? Tick all that apply

- It is normal for the baby to feed often
- It is normal for the baby to feed at night
- It is normal for the baby to cluster feed
- It is normal for there to be no routine/pattern for feeding
- Breastfeeding helps to protect from illness
- Frequent breastfeeding helps to build and maintain supply of breastmilk

2.2 How easy did you **expect** breastfeeding to be? (Please choose the statement that most closely matches your experience.)
(Tick one)

- Very easy, no problems
- Easy overall, but with some minor problems
- Hard but not impossible
- Extremely difficult; it seemed impossible

- Not sure

2.3 From which source(s) did you receive information about breastfeeding before your baby was born? Grid with perception of value (5 = Extremely helpful, helpful, not helpful or unhelpful, unhelpful, 1= extremely unhelpful)
Tick all that apply
- Family/friends
- Midwife/health care practitioners
- NCT/NHS ante-natal class
- Treasure Chest: ante-natal workshop;
- Treasure Chest Facebook group
- Internet search
- Books

2.4 From the information you received, did you feel any pressure to breastfeed?
Open text

2.5 Before your baby was born, how attached to the idea of breastfeeding were you?
(Please choose the statement that most closely matches your experience.)
- I was totally committed to breastfeeding and had not considered anything else
- I had decided to try breastfeeding, but thought it would not be disastrous if it did not work out
- I was not sure whether to breastfeed or not
- I had considered breastfeeding, but decided against it
- I had not considered breastfeeding

2.6 Which of the following factors were influential in your thinking about whether to breastfeed or not? (Please tick all that apply.)
- It seemed natural
- It would provide protection from illness
- It seemed more convenient than bottle-feeding
- I knew family / friends who had breastfed
- I thought breastmilk was preferable to formula
- I did not like the idea of breastfeeding
- I did not want to breastfeed in public
- I didn't know anyone who had breastfed
- Bottle-feeding formula seemed more convenient or flexible
- I didn't know anything about breastfeeding
- Other

2.7 If you had not considered breastfeeding or had decided against it before the birth, what was important in your decision to try breastfeeding once your baby was born? (Put 'n/a' if not applicable.)
Open text

2.8 Before your baby was born, did you know where to go for breastfeeding support if you needed it?
Yes/No/Not sure

Section 3: Birth experiences

These questions relate to your experiences of the birth of the baby with whom you shared your first breastfeeding journey. This may or may not have been your first baby.

3.1 We'd like to get a general understanding of your baby's birth. Please tick all that apply. Did you…
- Have your baby in hospital or a midwife led centre?
- Have your baby at home?
- Experience spontaneous labour?

- Experience induced labour?
- Experience a spontaneous labour?
- Experience an induced labour?
- Have an elective caesarean section?
- Have an emergency caesarean section?
- Have a vaginal delivery?
- Have an assisted delivery using forceps or ventouse?
- Take pethidine or meptid?
- Have an epidural or spinal block?
- Give birth prematurely (i.e. before 37 weeks)

3.2 How soon after your baby was born did you attempt to feed your baby at the breast?
Choose one
- Straight away - before my baby was dried/weighed
- Soon after – after my baby was dried/weighed
- Within the first hour
- Within the first 3 hours
- Within the first 24 hours
- Within the first 7 days
- Within the first month
- Other (please state)

3.3 At this first attempt, did you receive any help from anyone?
Yes/No/not sure

3.4 If yes, who provided the help and what did they do?
(Grid with suggested sources and what they did, tick all that apply)
Midwife/nurse, Treasure Chest Peer Supporter, hospital infant feeding specialist, family/friend, doula, other
- Give verbal information/instructions
- Demonstrate using a prop
- Give hands-on assistance (i.e. touch you or your baby)

3.5 Within the first four weeks after your baby was born, did anyone encourage you / your partner to hold your baby skin-to-skin?
- Midwife / nurse
- Hospital infant feeding specialist
- Treasure Chest Peer Supporters
- Family/friend
- Doula
- No one
- Not sure
- Other

3.6 Did you feel that the circumstances of the birth (e.g. c-section, painkillers taken) affected breastfeeding at the beginning? (Please explain your answer.)
Open text

3.7 After the first attempt at breastfeeding, but within the first four weeks after your baby was born, did you receive any breastfeeding help from anyone? Please tick to show who gave support and perception of value of support.
(Grid with perception of value of support (Extremely helpful, helpful, not helpful or unhelpful, unhelpful, extremely unhelpful))
(Leave blank to show no help received.)
Tick all that apply

- Hospital midwife
- Hospital infant feeding specialist
- Community midwife
- Health visitor
- GP/practice nurse
- Private lactation consultant
- Private tongue-tie assessor
- Treasure Chest Peer Supporters/breastfeeding counsellors
- Hospital doctor / consultant
- National Breastfeeding Helpline

3.8 Was this support offered to you or did you ask for it / seek it out?
- All was offered without me needing to ask
- Most was offered, but I needed to ask for some help
- Mostly I had to ask for help, but some was offered without asking first
- I asked for all of it; none was offered without asking first

3.9 In the first four weeks after your baby was born, did you experience any of the following interventions:
Please tick to show who gave support and perception of value of support.
(Grid with perception of value of support (Extremely helpful, helpful, not helpful or unhelpful, unhelpful, extremely unhelpful))
Tick all that apply
- Information/instruction on hand-expressing
- Syringe feeding
- Cup feeding
- Feeding using a supplementary nursing system
- A feeding plan with formula top-ups
- SCBU
- Light therapy for jaundice
- A tongue function assessment and/or division
- Nipple shields

3.10 Thinking of your contact with services in the first four weeks after your baby's birth, was anything particularly helpful? (Please explain your answer.)
Open text

3.11 Thinking of your contact with services in the first four weeks after your baby was born, was anything particularly unhelpful? (Please explain your answer.)
Open text

3.12 If you were given hands-on assistance (i.e. touching you and/or your baby) at any time, how did this feel?
Tick all that apply
- Appropriate
- Gentle
- Respectful
- Necessary
- Helpful
- Rushed
- Inappropriate
- Unnecessary
- Rough
- Unhelpful
- Distressing

Section 4: Postnatal experiences

4.1 Have you / your baby experienced any of the following at any stage while breastfeeding?
Tick all that apply

- Pain in nipples/breast
- Baby losing weight
- Low supply / fears about low supply
- Over supply
- Engorgement
- Blocked ducts/milk blebs
- Mastitis
- Reflux
- Thrush in mum or baby or both
- Tongue tie
- Vasospasm
- Fussiness at the breast
- Biting
- Baby's food intolerance/allergy
- Breastfeeding strikes
- Breastfeeding aversion and agitation
- Negative perceptions of your body
- Other (please specify)

4.2 Has anyone provided breastfeeding support since the first four weeks after your baby was born? (Please leave blank to indicate no support received/needed.)
Grid with perception of value of support (Extremely helpful, helpful, not helpful or unhelpful, unhelpful, extremely unhelpful)
Tick all that apply

- Hospital midwife / nurse
- Hospital infant feeding specialist
- Hospital doctor / consultant
- Community midwife
- Health visitor
- GP/practice nurse
- Private lactation consultant
- Private tongue-tie assessment and/or division
- Cranial osteopathy
- Treasure Chest Peer Supporters/breastfeeding counsellors
- National Breastfeeding Helpline

4.3 At any time, have you received information and/or support about the following topics and from which source? (Please leave blank to indicate no information received.)
Grid with source of support along top (midwife, health visitor, Treasure Chest, family/friend, private lactation consultant, internet, other)

- Positioning and attaching baby at the breast
- Expressing by hand or by pump
- Baby fussiness and coping strategies
- Baby sleep and breastfeeding at night
- Growth spurts
- Breast compressions
- Introducing solids
- Managing a return to work alongside breastfeeding

- Stopping breastfeeding

Section 5: Treasure Chest

5.1 Had you heard of Treasure Chest before today?
Yes/No/not sure

5.2 If yes, how did you find out about Treasure Chest?
Tick all that apply
- Family/friend
- Facebook
- Internet search
- Midwife
- Health visitor
- GP/practice nurse
- Ante-natal class (e.g. NHS, NCT, yoga)
- Other (please specify)

5.3 Have you received any support from Treasure Chest?
- Ante-natal workshop
- Support from Peer Supporters at the hospital
- Support from Peer Supporters at a face-to-face support group
- Support from Peer Supporters online via a Zoom group
- Reading others' posts and responses on the Facebook 'Treasure Chest & Beyond' group
- Posting questions and receiving responses from other families and Peer Supporters on the Facebook 'Treasure Chest & Beyond' group
- Not applicable – no support

5.4 Has anything held you back from seeking (more) help from Treasure Chest?
Open text

IF NO CONTACT WITH TREASURE CHEST, PLEASE MOVE ON TO SECTION 6

5.5 Thinking about the contact you have had with Treasure Chest Peer Supporters, please indicate your views on the following statements:
Scale of 1-5 (1 being strongly disagree; 5 being strongly agree)
- The peer supporter was supportive
- The peer supporter seemed knowledgeable
- I felt at ease talking with the peer supporter
- My contact with Treasure Chest was helpful
- The peer supporter was unable to help me
- The peer supporter was able to signpost me appropriately to another source of support
- Being able to talk to other breastfeeding parents was helpful
- I would recommend Treasure Chest to others

5.6 Was anything particularly helpful about your contact with Treasure Chest?
(open text)

5.7 Was anything unhelpful about your contact with Treasure Chest?
(open text)

5.8 Do you have any suggestions for improving the service offered by Treasure Chest?
(open text)

Section 6: Overall views

6.1 Thinking about your breastfeeding journey up till now, have your experiences…
(Tick one)

- been harder than expected
- been about the same as you expected because it has been mostly hard
- been about the same as you expected because it has been mostly easy
- been easier than expected

6.2 Please can you explain the answer given above?
(open text)

6.3 Have you achieved some/all of your breastfeeding goals? Please can you explain which.
(Open text)

6.4 If you have achieved some/all of your breastfeeding goals, what was important in achieving these goals?
(list with scale of relative importance)
1 = not important at all; 5 = essential, could not have achieved goals without it

- own desire/determination
- knowledge developed antenatally
- support from partner
- support from other family/friends
- support from statutory services (e.g. midwives, Health Visitor, GP)
- support from Treasure Chest
- support from private (i.e. paid-for) service e.g. IBCLC, tongue-tie specialists, cranial osteopath
- support from others

6.5 If you would like to add more detail to explain your answers above, please do so here:

6.6 If you have **not** been able to achieve some/all of your breastfeeding goals (e.g. stopped breastfeeding before you wanted to), can you say why?
(open text)

6.7 Overall, what are your impressions of the following services regarding their support for breastfeeding in York?
(Grid with 5 point scale: 1: Poor/inadequate; 2: Fairly unsatisfactory; 3: Not sure/mixed views; 4: Satisfactory; 5: Excellent)

- Hospital: maternity and postnatal wards
- Community midwives
- Health Visitors
- GP
- Treasure Chest
- Private services, e.g. lactation consultant, tongue-tie assessment/division

6.8 If you would like to give more detail about your answers above (Q6.7) please do so here.
Open text

6.9 Is there any support you would have liked, either in the past or now, that you have not received?
Open text

6.8 If you have stopped breastfeeding, please can you indicate the importance of the following factors in your decision to stop:
1-4 scale, from ‘not important at all’ to ‘the most important factor’

- Own desire to stop
- Child seemed to want to stop
- Pressure from partner
- Pressure from other family / friends
- Return to work
- Hope that stopping would help my child eat more solid food
- Hope that stopping would help my child sleep more at night

6.11 If you have stopped breastfeeding for a reason which is not listed above, please can you explain here.
Open text

Section 7: Conclusion

7.1 If there are details you would like to share from your experiences of breastfeeding subsequent babies, please add them here.
Open text

7.2 We may carry out in-depth interviews with breastfeeding families in the near future. If you are interested in being contacted by a researcher to take part in an interview about your experiences, please leave your email address here:

Many thanks for taking the time to complete our survey!