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Impact of the Covid-19 pandemic on breastfeeding support

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Ipsos MORI



Contents

1	Executive summary	5
1.1	Introduction	5
1.2	Methodology	5
1.3	Views on breastfeeding	5
1.4	Breastfeeding support in the hospital	6
1.5	Breastfeeding support in the early days	7
1.6	Other sources of support accessed	7
1.7	Issues encountered with breastfeeding during the pandemic	10
	Physical issues	10
	Social support and isolation	10
	Reassurance	10
1.8	Suitability of the platform versus by breastfeeding issue	10
1.9	Suitability of the platform versus stage in the breastfeeding journey	11
1.10	Breastfeeding support in an ideal world	11
2	Introduction and context	13
2.1	Impact of COVID-19 on maternity care and breastfeeding support	13
2.2	Alternative approaches for the delivery of breastfeeding support	13
2.3	Aim and objectives	14
3	Methodology	15
3.2	Group discussions with mothers	15
3.3	Engagement with service providers	16
3.4	Facilitation of group discussions	16
4	Mothers' views on breastfeeding	17
4.1	Initial thoughts on breastfeeding	17
4.2	Impact of the pandemic	18
4.3	Goals and expectations of breastfeeding	20
5	Mothers' views on breastfeeding support	22
5.1	Breastfeeding support in hospital	22
5.2	Breastfeeding support in the early days	25
6	Views on virtual and other sources of support	28
6.1	Video calls (Zoom/Teams)	28
6.2	WhatsApp groups	34
6.3	Facebook groups	36
6.4	Other social media	38
6.5	Socially-distanced, face-to-face groups (outdoor)	38
7	Issues encountered with breastfeeding during the Covid-19 pandemic	40
7.1	Physical issues	40
7.2	Social support and isolation	41

7.3	Reassurance	42
8	Breastfeeding support and the suitability of the platform	43
8.2	Video calls on Zoom or Microsoft Teams	43
8.3	WhatsApp.....	44
8.4	Socially-distanced face-to-face groups.....	45
8.5	Facebook.....	45
8.6	Instagram	46
8.7	Other social media.....	46
9	Suitability of the platform in relation to stage in breastfeeding journey	47
10	Breastfeeding resources used by service providers.....	48
11	Delivering breastfeeding support in an ideal world.....	50
12	Conclusions	52
	Appendices.....	53
	Appendix 1: Discussion guide for mothers	53
	Appendix 2: Discussion guide with service providers.....	58
	Appendix 3: Recruitment criteria	62

List of figures

Figure 4.1:	Thoughts on breastfeeding	18
Figure 4.2:	Thoughts on breastfeeding during the pandemic	19
Figure 9.1:	Indication of the platforms that are suited to breastfeeding issues	43
Figure 11.1:	Resources used by providers.....	48

1 Executive summary

1.1 Introduction

- On the 11 March 2020, the World Health Organisation (WHO) declared the coronavirus SARS-Cov-2 as a pandemic¹. As a result, the UK Government implemented a number of lockdown measures to limit the spread of the virus.
- These measures impacted the lives of all citizens and led to rapid changes to the delivery of health service in Northern Ireland, including maternity and health visiting services. New guidance was created for the care of women during pregnancy, delivery and postnatally during the pandemic, and the changes to guidance have had major impacts on pregnant women, infants and new parents². This resulted in many breastfeeding support services being delivered virtually.
- At the end of 2020, the Public Health Agency (PHA) commissioned Ipsos MORI to explore the experiences of mothers and service providers in accessing and providing breastfeeding support during the COVID-19 pandemic.

1.2 Methodology

- In total, seven group discussions were conducted; five with new mothers and two with service providers. Mothers who were currently breastfeeding or had fed for an extended period of time were included in the groups, along with those who had initially breastfed but stopped. First time and second or subsequent time mothers were recruited from across Northern Ireland, with equal representation in the East and West of the country. In addition, mothers were recruited to ensure a spread of age groups and socio-economic background. Two of the five groups were conducted specifically with mothers who had availed of Sure Start services, but mothers from other groups were not excluded if they had availed of these services.
- Two group discussions were held with service providers, one with those from Health and Social Care (HSC) and another separately with providers working in the community and voluntary sector, achieving representation from all HSC Trust areas.
- Due to COVID-19 restrictions, all focus groups were conducted online, via Microsoft Teams between 9th February and 4th March 2021. Focus groups lasted approximately 90 minutes.

1.3 Views on breastfeeding

- Overall, many mothers who were currently breastfeeding or had breastfed for an extended period of time expressed positive views towards breastfeeding. Although it was an emotional, challenging and tiring experience, many felt proud that they had been able to establish and continue breastfeeding their infant, feeling a sense of achievement and contentment as a result. Mothers also acknowledged the strong bond that they had developed with their newborn infant as a result of breastfeeding.
- Among those mothers who had initially breastfed but stopped, associations with breastfeeding tended to be more negative. Feeding their infant was a more anxious and challenging

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

² <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

experience, which they mainly attributed to lack of support with breastfeeding especially in the early days on the maternity ward.

- For many of the mothers, breastfeeding during the COVID-19 pandemic facilitated uninterrupted time which was particularly important in the early days to establish breastfeeding. New mothers also felt less pressure to entertain family and friends and have had the required time to master the skill of breastfeeding.
- However, mothers also reported feeling lonely and more isolated as a result of the pandemic with many struggling because of the lack of support from family and friends.
- Mothers noted the vast difference between their perceptions of breastfeeding and the reality of feeding their infant. The perception was that breastmilk would come immediately and the baby would latch instantly, but this was not the case for most mothers. However, while second time mothers tended to feel more relaxed and confident in their ability to breastfeed, they reflected the importance of recognising that the breastfeeding journey with each baby is different.
- With regard to breastfeeding goals, those who were breastfeeding at the time of the group or had fed for an extended period of time were more likely to have had tangible goals or milestones in place, while some of those who stopped breastfeeding had a more relaxed attitude to breastfeeding working or not.

1.4 Breastfeeding support in the hospital

- Highly variable experiences of breastfeeding support in hospital, during the COVID-19 pandemic, were reported by mothers. Although some felt they were well supported on the maternity ward, others felt a real lack of support with establishing breastfeeding. A number of contributory issues were identified, however, not all were a direct result of the pandemic.
- Although the general standard of care was described as excellent, many felt that the healthcare professionals were very stretched or 'run ragged' and as a result support was not proactively offered. Instead mothers had to ask, which some did feel they could do.
- Second or subsequent time mothers claimed they received less support, even though every infant is different, and new challenges may have arisen at the start of this breastfeeding journey. A few mothers who received care from student midwives reported that the students appeared less confident about the breastfeeding support they could provide. These mothers viewed this as a contributory factor to why they stopped breastfeeding.
- In some cases, formula was offered straight away by midwives, making it difficult to establish breastfeeding. However, in other cases, mothers wanted formula and had to ask for it, demonstrating the variable needs and expectations of mothers in these scenarios as well as the differing advice and priorities of healthcare professionals.
- Breastfeeding support clearly varied during the pandemic, with those who had given birth towards the start of the pandemic having a starkly different experience from other mothers. Some mentioned that there was less physical support due to COVID-19, which made it difficult to check positioning and attachment (latch) issues. Reports varied on the presence of breastfeeding co-ordinators or support workers on the maternity ward, with some mothers encountering this support, while others did not.

- There was a sense that mothers were discharged from the maternity ward much more quickly than usual, which impacted their ability to access support with establishing breastfeeding. In addition, during the pandemic, restrictions on birth partners visits to maternity wards impacted on the support for new mothers, with those who had medical interventions at birth struggling to establish breastfeeding early on in the absence of partners support³.

1.5 Breastfeeding support in the early days

- The breastfeeding support mothers received in the early days was highly variable, depending on the stage of the pandemic. In many instances, mothers were visited in their homes by community midwives and health visitors following discharge from hospital.
- Where home visits by health professionals took place, these seemed invaluable to new mothers. The support and help received was considered vital and many mothers highlighted how helpful it was to be able to have someone observe them feeding to assess baby's latch and deal with physical issues or diagnosing conditions such as mastitis or tongue ties.
- Second or subsequent time mothers felt that the support from community midwives and health visitors was even more dedicated and sustained, in the context of the pandemic, as they knew that other sources of support for new mothers would be limited.
- For several mothers, home visits did not occur. Instead, these mothers had to travel to their local health centre/GP to receive this support. Mothers, particularly those who had medical interventions during birth, highlighted this as a traumatising experience.
- Mothers who had breastfed their infant but stopped were more likely to report more negative experiences in the early days with community midwives and health visitors. Some mothers found them to be judgemental and critical, which in turn, undermined their confidence.
- Some mothers claimed they received conflicting advice from different community midwives or health visitors, which caused confusion.
- Some mothers highlighted the diagnosis and treatment of tongue tie as a particularly challenging issue during the pandemic. Some had to 'push' to be listened to, while others had to resort to private medical treatment to resolve the issue.
- Several mothers highlighted challenges in accessing support from their local GP surgery or health centre, as appointments were severely restricted.

1.6 Other sources of support accessed

- In addition to the support provided by healthcare professionals in hospitals and the community, mothers sought assistance in a number of other ways throughout their breastfeeding journey:

Video calls

- In March 2020, many existing face-to-face breastfeeding support groups were transitioned to online, mainly to Zoom and Microsoft Teams. For many mothers and service providers this provided an excellent way of continuing with support, both on a one-to-one and group basis.

³ <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-visiting-guidance-full-version.pdf>

However, many mothers, outside of Sure Start did not know how to avail of online support groups.

- Providers from both HSC and community and voluntary sectors reported increased engagement when using virtual support groups, which may have been a direct result of them being able to offer more frequent virtual sessions. Embracing online technology also overcame geographical limitations that had previously been encountered with face-to-face sessions and online support groups were considered to be more accessible to those who could or would not traditionally attend a face-to-face session. Mothers praised this virtual support and highlighted how convenient and invaluable it was to them. It also provided an essential source of social support, during an isolating time.
- Video platforms were very useful for one-to-one engagement, with many service providers using Zoom and Microsoft Teams as a direct replacement for appointments they would have normally offered on a face-to-face basis. These tended to work well for mothers who were experiencing physical issues related to breastfeeding such as positioning and attachment and were also useful for mothers who may be concerned with privacy or may be shy on group video calls.
- However, service providers encountered major challenges when shifting primarily face-to-face support to a virtual setting. Many struggled to use the technology and to access it through their employer, with differences in permissions and platforms used across HSCT organisations.
- Virtual support groups had to have fewer participants and many service providers noted that online facilitation is very different from delivering a service face-to-face, and therefore, requires a very different skill set to maintain engagement. In addition, engagement with mothers was different and some mothers expressed concerns about others' spouses or partners in the background, and the 'in-room' conversations that normally occur between mothers did not happen.
- Access to video support was highlighted as an issue in rural areas by service providers due to internet connectivity. Additionally, in some more deprived areas, it was noted that mothers simply did not have access to the devices or an internet connection to make this virtual support accessible for them.
- Mothers reported that their participation in video sessions could be interrupted by other children or spouses/partners in the house. They also had concerns about privacy and confidentiality during the sessions. There was some apprehension among a few mothers with certain jobs who did not feel comfortable displaying their name on screen.
- Some mothers noted that the frequency of online groups could be a limitation in accessing timely support for breastfeeding issues. For example, where an online group meets weekly, it may not be feasible for a mother to wait in resolving a breastfeeding issue.

WhatsApp

- WhatsApp groups were used in delivering breastfeeding support across HSC and community and voluntary sectors. Some mothers were added to WhatsApp support groups during their hospital stay or in the early days, following their discharge from hospital; in several instances, mothers were unsure how this happened. Meanwhile, others were signposted to WhatsApp support

groups by midwives and other health professionals. Many of the mothers accessing Sure Start noted that they belonged to WhatsApp groups before they had their baby, as part of antenatal support.

- This was a popular platform for delivering breastfeeding support with both mothers and service providers, as it is an effective way of delivering instantaneous support, irrespective of time of day, which mothers need and appreciate so much. Some mothers mentioned adding questions in the middle of the night, and received a quick response, which is critical for many mothers, as they do not feel they can always wait for help. While WhatsApp groups enabled virtual companionship in a time of feeling isolated, some mothers expressed concerns about others in the group being judgemental or providing incorrect information.
- A key benefit of WhatsApp from the providers point of view was the ability to call a mother, text her or add her to the existing community of members. Therefore, not only could this platform facilitate engagement with other mothers, it could also allow the mother and facilitator to develop one-to-one contact through phone calls and text messages.
- However, providers did face some challenges in delivering support in this way. Adding mothers to an existing WhatsApp support group can be frustrating, as newly added members cannot see information which has been previously shared. The continued management and administration of WhatsApp support groups is also time-consuming.

Social media

- The Breastfeeding in Northern Ireland Facebook page was accessed widely by mothers in the groups. Some service providers, particularly those in peer support roles, reported signposting mothers to the group due the variety of information it contains.
- Mothers considered the information provided by the Breastfeeding in Northern Ireland Group as the best of both worlds, perceiving it to contain professional guidance and advice as well as peer views and real-world breastfeeding experience.
- Mothers valued the immediacy of response from other members of the Facebook group to their breastfeeding issues, no matter what time of day. This also provided great deal of reassurance and comfort to mothers knowing that others were in the same position.
- However, despite the benefits of the Facebook group, some mothers felt there were some negative aspects. There was a sense that some of the content and advice can often be conflicting and that some members can be very judgemental or militant, which can act as a deterrent for mothers wishing to engage on the group and seek support.
- Instagram was another key resource, particularly for first time mothers, and those who have not accessed Sure Start support. Mothers tended to access Instagram for information and developing a 'bank' of resources.

Socially distanced, outdoor groups

- As restrictions eased, some mothers and service providers highlighted that socially-distanced, face-to-face groups occurred in outdoor venues such as parks.

- While mothers found these an extremely valuable source of social support, they did not feel the outdoor setting was suitable to address sensitive or physical issues relating to breastfeeding.
- Providers highlighted challenges relating to the increased administrative burden of undertaking risk assessments for the outdoor sessions and maintaining social distancing among the children attending.

1.7 Issues encountered with breastfeeding during the pandemic

- New mothers encountered a numbers of issues throughout their breastfeeding journey which could typically be categorised into three types: physical, social support and isolation and reassurance.

Physical issues

- The range of physical issues encountered with breastfeeding tended to vary considerably depending on the stage of the journey. Mothers discussed the following breastfeeding problems:
 - Positioning and attachment (latch) of their baby in the early days, particularly when medical intervention was required during the birth;
 - Many mothers and service providers discussed the issue of tongue tie and that diagnosis and treatment of this was challenging during the pandemic; and,
 - Other physical issues reported slightly later in the breastfeeding journey such as mastitis, abscesses and cracked nipples, were commonplace with mothers.
- A few mothers had issues with exclusively pumping or combi-feeding which they attributed to insufficient support with breastfeeding during their time on the maternity ward.
- In addition, later in the breastfeeding journey, some mothers encountered issues with breastfeeding and weaning and would have liked additional support and advice in this area.

Social support and isolation

- Mothers reported a lack of social support and feeling isolated. For many, this was a direct impact of the pandemic which would not have been the case for them in normal times. The lack of contact with family and friends and an inability to attend face-to-face support groups or antenatal classes left many feeling very isolated and lonely. This presented a significant challenge in sustaining breastfeeding, particularly if mothers encountered difficulties. Service providers suggested that this could contribute to an increase in post-natal depression.

Reassurance

- In many cases, mothers were simply seeking reassurance that they had been doing the right thing by breastfeeding and ensuring their infant was receiving enough breastmilk.

1.8 Suitability of the platform versus by breastfeeding issue

- When exploring how to overcome the issues encountered by mothers, it was clear that there are preferences on the platform used depending on the issue. There are a number of factors that should be accounted for when choosing the most suitable platform for support such as the speed

of response for urgent issues, the privacy that the platform offers, and the degree of social contact mothers will want or require.

Issues encountered vs appropriate platform

The issues encountered dictates the platform that should be used

	Physical issues	Social support/ isolation	Reassurance
Group video call (Zoom/Teams)	✗	✓	✓
One-to-one video call (Zoom/Teams)	✓	✗	✓
Whatsapp (phone, text, video)	✓	✓	✓
Breastfeeding in Northern Ireland Facebook page	✓	✓	✓
Instagram	✓	✗	✓
Other social media	✗	✗	✗
Socially-distance, face-to-face groups	✗	✓	✓

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1.9 Suitability of the platform versus stage in the breastfeeding journey

- Not only does the issue encountered impact the suitability of the platform for providing breastfeeding support, the stage in the breastfeeding journey also appears to impact this.
- Support with learning how to breastfeed and achieve effective positioning and attachment can require practical support and this is considered important on the maternity ward, as a critical part of the breastfeeding journey. Mothers consider this important in order to properly establish feeding and assist in ensuring that it is sustainable for mothers after they have left the hospital.
- In the early days, it is important that support is available through a number of channels. This provides mothers with the flexibility to access support when they need it most. A combination of community midwife visits, video calls and WhatsApp groups were identified as the most beneficial ways of providing breastfeeding support at this stage.
- In the early weeks, when breastfeeding has become more established, the focus for mothers tends to be social support and reassurance that they are doing the right thing for their infant. WhatsApp groups were identified as an important source of support at this stage, providing a good source of information and access to social networks. Video calls also work well for social support at this stage in the journey, serving as a drop-in when needed by mothers.
- Later in the breastfeeding journey, WhatsApp groups tend to remain important for social contact.

1.10 Breastfeeding support in an ideal world

- Despite differing perspectives on breastfeeding support, mothers and providers voiced similar views on what this type of support would look like in an ideal world.

- Overall, nothing can replace a face-to-face approach, particularly in the early days of breastfeeding or when a mother encounters physical breastfeeding issues. However, virtual support has a definite place in the delivery of breastfeeding support going forward. Virtual support is accessible and convenient for new mothers. In parallel with face-to-face contacts, it is also a useful tool for service providers, enabling them to engage with more mothers and helping them to provide support where time constraints (e.g. travel and set-up time for groups) may otherwise be a limiting factor.
- Combining face-to-face and virtual support is considered the best way forward, using appointment, video calls and other platforms such as WhatsApp to deliver support. Given the highly variable breastfeeding experiences of mothers, it is important to offer timely, flexible, and tailored support. Adopting this approach is likely to increase engagement and may help in the sustainability of breastfeeding.
- It would also be important to explore the consistency of support available across Northern Ireland. Mothers reflected on their varying experiences, in terms of the level of breastfeeding support, particularly in hospital and in the early days at home.

2 Introduction and context

On the 11 March 2020, the World Health Organisation (WHO) announced the spread of coronavirus SARS-Cov-2 as a pandemic⁴. In response to the pandemic, numerous countries, including the UK implemented measures to limit the spread of the virus.

The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 legislation, introducing restrictions to control spread of the virus, came into force in Northern Ireland on 28th March 2020⁵. These measures (commonly referred to as “lockdown”) included people only leaving home in limited circumstances, the closure of all non-essential retail, and the prevention of public gatherings and halting of all social events.

2.1 Impact of COVID-19 on maternity care and breastfeeding support

These restrictions impacted every aspect of life, and resulted in rapid changes to the delivery of health services in Northern Ireland, including maternity and health visiting services. New guidance was created for the care of women during pregnancy, delivery and postnatally during the pandemic, and the changes to guidance have had major impacts on pregnant women, infants and new parents⁶. This guidance restricted face-to-face contact, with a shift to online or telephone consultations and restrictions were placed on partners accompanying women for appointments and birth⁷. Support networks for new mothers have also been impacted, as Government guidance restricted face-to-face contact with family and friends. In addition to this, access to support services in the community has been impacted, such as Breastfeeding Support Groups operating in Northern Ireland halted or moved to an online platform.

The WHO recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with appropriate complementary foods for up to two years and beyond⁸. While some questions have been raised about the risks of breastfeeding during the COVID-19 pandemic, guidance from WHO, UNICEF and UK professional bodies has emphasized that the benefits of breastfeeding outweigh potential risks from COVID-19⁹. Regarding infant feeding during the COVID-19, the Royal College of Obstetricians and Gynaecologists advice recommends breastfeeding for all women, where safe and feasible to do so, and that families should be informed that infection with COVID-19 is not a contraindication to breastfeeding¹⁰.

Data from the Northern Ireland Maternity System (NIMATS), which captures information on mothers and infants in relation to infant feeding and breastfeeding status at discharge from hospital, indicates that in 2020, 50.3% of infants were breastfed at discharge, similar to that in 2019 (49.9%) and a slight increase from 2018 (48.8%). However, further data analysis will be required to explore the impact of the pandemic on breastfeeding rates at discharge from hospital and during the first year.

2.2 Alternative approaches for the delivery of breastfeeding support

The COVID-19 pandemic has created challenges and gaps in the delivery of face-to-face support for breastfeeding. It has highlighted the need to explore alternative ways to communicate with and deliver

⁴ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

⁵ <https://www.executiveoffice-ni.gov.uk/news/executive-approves-new-powers-protect-public>

⁶ <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

⁷ <https://www.nice.org.uk/Media/Default/About/COVID-19/Specialty-guides/specialty-Guide-Virtual-Working-and-Coronavirus.pdf>

⁸ <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

⁹ <https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>

¹⁰ <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-07-24-coronavirus-covid-19-infection-in-pregnancy.pdf>

services to support expectant and new mothers, for example in terms of provider (professional, peer) or delivery method (e.g. phone, text, online, video) which may be useful or preferential for women at different stages of their breastfeeding journey. It is also necessary to consider issues that may impact on the ability of some mothers to access support. In light of existing studies highlighting the impact of pandemic on the breastfeeding experience of mothers^{11,12}, the Public Health Agency (PHA) identified a need to engage with mothers and providers in Northern Ireland to inform the response and development of breastfeeding support services during and following the pandemic.

2.3 Aim and objectives

The Public Health Agency commissioned Ipsos MORI to **explore the experiences of mothers and providers (health professionals and voluntary sector) in relation to breastfeeding support during the COVID-19 pandemic.**

Specifically, the engagement exercise had the following objectives:

- To ascertain the nature of breastfeeding support provided to mothers during the COVID-19 pandemic including the sources, type of contact and delivery format;
- To identify what online platforms were used and preferred;
- To explore the main reasons why women in Northern Ireland have accessed breastfeeding support and their reasons for remaining engaged with or disengaging;
- To explore the barriers which may exist for women joining a breastfeeding support group, virtual or otherwise;
- To examine mother's satisfaction with breastfeeding support during the pandemic e.g. availability, access and expectations met, preference for facilitated or non-facilitated (moderated);
- To examine women's views of using online breastfeeding support;
- To ascertain the hierarchy of preference for support when face-to-face is not possible; and,
- To explore variations in the experiences of providers including health professionals, voluntary sector and peers involved in delivering breastfeeding support during the COVID pandemic.

¹¹ Brown A, Shenker N. Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support. *Matern Child Nutr.* 2020 Sep 23:e13088. doi: 10.1111/mcn.13088. Epub ahead of print. PMID: 32969184; PMCID: PMC7537017.

¹² Vazquez-Vazquez A, Dib S, Rougeaux E, Wells JC, Fewtrell MS. The impact of the Covid-19 lockdown on the experiences and feeding practices of new mothers in the UK: Preliminary data from the COVID-19 New Mum Study. *Appetite.* 2021 Jan 1;156:104985. doi: 10.1016/j.appet.2020.104985. Epub 2020 Oct 7. PMID: 33038477; PMCID: PMC7538871.

3 Methodology

In order to meet the project objectives, a qualitative approach was adopted. Specifically, seven group discussions were conducted; five with new mothers and two with service providers (Table 3.1). Overall, 29 mothers and 9 service providers contributed to the project. The group composition was as follows:

Table 3.1: Group composition

	Numbers attending (n)	Mothers' age (range)	Babies' age (range)	Breastfeeding duration (range)	Health and Social Care Trust area
First time mothers, sustained BF	5	25 – 33 years	1 – 7 months	1 – 7 months	Belfast Western
First time mothers, stopped BF	6	26 – 35 years	4 – 7 months	2 days ¹³ – 6 months	Belfast South Eastern Northern
Second time+ mothers, sustained BF	6	31 – 36 years	Four weeks – 11 months	Few weeks - 11months	Belfast Southern Western
Sure Start mothers, sustained BF	6	25 – 38 years	1 – 11 months	1 – 11 months	Belfast Northern Western
Sure Start mothers, sustained BF	6	31 – 36 years	6 – 11 months	6 – 11 months	Belfast South Eastern Northern Western
	Numbers attending (n)	Role			Health and Social Care Trust area
Service providers, community & voluntary sector	5	Peer support volunteers, Voluntary breastfeeding counsellors			Across all HSCT areas
Service providers, statutory sector	4	Infant Feeding Leads, Sure Start BF coordinator			Across all HSCT areas

3.2 Group discussions with mothers

Five group discussions were held with new mothers who had delivered babies between 1st March 2020 and 31st January 2021. The age of the babies ranged from four weeks to eleven months old. Separate groups were conducted with mothers who had sustained breastfeeding, i.e. those who were still breastfeeding or those who had breastfed their infant for a prolonged period, and mothers who had previously breastfed their baby initially but stopped. Most mothers in this cohort stopped breastfeeding after one to two weeks. The views of first time mothers, as well as those who already had children were sought.

¹³ Mother who had to switch to expressing breastmilk

Mothers were recruited from across Northern Ireland, with equal representation in the East and West of the country. In addition, mothers were recruited to ensure a spread of age groups and participating mothers ranged from 25-38 years. A combination of free find recruitment and targeted recruitment via Sure Start was used to ensure representation from a range of socioeconomic groups.

For groups with first time and second or subsequent time mothers, free find recruitment practices were used to engage suitable participants. However, for the two groups with mothers who had used Sure Start services, assistance with recruitment was provided by the PHA. The PHA engaged with Sure Start representatives requesting their assistance with recruitment of mothers accessing Sure Start services. In line with General Data Protection Regulation (GDPR) requirements, an information leaflet about the discussion groups was distributed through Sure Start representatives to mothers availing of their services, signposting them to Ipsos MORI to register their interest. Following their expression of interest, mothers were asked screening questions to ensure they met project criteria.

3.3 Engagement with service providers

In the initial stages of project development, the PHA established an advisory panel of professionals with experience and expertise in the area of breastfeeding support. The advisory panel consisted of staff working in Health and Social Care including infant feeding leads/specialists, midwives, breastfeeding counsellors, family and peer support workers, community and voluntary representatives from La Leche League and the National Childbirth Trust and academic staff from Queen's University Belfast and Ulster University.

The PHA sought consent from advisory panel members to share their contact details with Ipsos Mori in support of the project through recruitment of mothers or participation in a focus group. Ipsos Mori independently contacted individuals to provide them with an opportunity to participate in the study.

3.4 Facilitation of group discussions

Given the context of COVID-19 restrictions, all focus groups were conducted online, via Microsoft Teams. All discussions with mothers and providers lasted approximately 90 minutes and occurred between 9th February and 4th March 2021.

Two discussion guides, one for sessions with mothers and another for sessions with service providers, were developed by Ipsos MORI in conjunction with the PHA. Final versions of each discussion guide were approved by the PHA (Appendices 1 and 2).

4 Mothers' views on breastfeeding

4.1 Initial thoughts on breastfeeding

At the beginning of each discussion with mothers, a projective exercise was used to focus mothers on the subject of breastfeeding and how they feel about it. Mothers were asked how they would finish the following sentence **'Breastfeeding makes me feel...'**. This generally elicited positive associations from mothers who sustained breastfeeding, with many saying they felt proud of themselves and their baby that they had been able to establish and continue breastfeeding. However, they also reported that it was an emotional, challenging and tiring experience and to a certain degree there was a love/hate relationship with feeding (Figure 4.1).

"I would say it makes me feel proud, but you know sometimes it's very mixed emotions....but I'm proud of doing it.....it's so challenging but rewarding at the same time."

First time mother who sustained breastfeeding

Many reflected not just on the sense of achievement they felt, but also a sense of contentment. Mothers considered that breastfeeding gave them a strong sense of purpose. While some mothers highlighted feeling the sole responsibility of this, all felt a sense of achievement that they were providing a life source for their infant and doing something that no one else in the family could do for their baby. This was reflected in comments that breastfeeding made them feel 'like a superhero'.

"You're the only person in the world really who can feed this baby."

First time mother who sustained breastfeeding

"I would say content, knowing that they are getting all your good nutrients that you're getting from breast milk, and content knowing they're happy baby."

Second time mother who sustained breastfeeding

In addition, there was an acknowledgement of the strong bond that mothers felt they were developing with their newborn baby when they fed them.

"Makes me feel closer to my baby. Can be quite exhausting at times but I definitely find it worth it."

First time mother who sustained breastfeeding

However, for those mothers who had initially breastfed but stopped, associations with breastfeeding tended to be more negative. Challenges that they encountered with breastfeeding their baby resulted in a more anxious experience which often made them nervous or upset.

"It was very difficult then when my partner obviously had to leave and you were in the hospital on your own. I was on a ward with six other ladies and there only seemed to be kind of one or two staff allocated to us. And obviously you're told not to lift your baby and stuff initially so I was trying to ring to get help when he was crying to try and feed him and then you know I was just lifting him and the midwife came in once or twice and she was kind of quite cross with me for lifting him. And things like that. So, I was just desperate to get home from hospital."

First time mother who stopped breastfeeding

This generally was attributed to the struggles these mothers faced when breastfeeding and a lack of support with establishing breastfeeding just after having their baby, in hospital.

“In hospital, I didn’t really get a lot of support. I felt very much left to my own devices and it was only really when I came home and got a bit of help from my mum, I felt more able to [breastfeed] and like ‘I can do this’. I didn’t find it very helpful in hospital.”

First time mother who stopped breastfeeding

Figure 4.1: Thoughts on breastfeeding

Initial thoughts on breastfeeding

Breastfeeding makes me feel...



4.2 Impact of the pandemic

Similarly, when mothers were asked to complete the sentence **‘Breastfeeding during the COVID-19 pandemic has been...’**, very mixed responses were offered. For many new mothers, breastfeeding during the COVID-19 pandemic provided a dedicated, uninterrupted time for them to focus on their breastfeeding journey and facilitate a strong bond with their baby (Figure 4.2).

“An uninterrupted journey so far. No one expected me to show up, this has had a massive impact on how successful the journey has been.”

Sure Start mother

There was a consensus that new mothers felt less pressure to change their routines, in order to attend social obligations, or ‘play the hostess’ as family and friends could not visit due to the COVID-19 government restrictions. Instead, mothers were able to stay at home without excuses, having the time required to establish breastfeeding and master what they viewed as the skill of breastfeeding.

“Generally speaking, it has been uninterrupted. The door hasn’t been going all the time, you’re not playing hostess, you’re just being provider to [the baby]. So I feel like choosing to breastfeed in a

“pandemic, and then having a pandemic when I chose to breastfeed was a godsend to me because it gave me that bubble to hop in and it was up to everyone else if they wanted to hop in beside us they could, but if they didn’t they can do their own thing!”

Sure Start mother

Although, first time mothers reflected that they have nothing to compare it too, they have felt less expectation or social pressure than they imagined they would have had at a normal time, as it would have been expected that they would have had a constant stream of visitors to the home. Meanwhile, second time mothers claimed that this time came with much less social pressure than their previous breastfeeding journeys, as a result of no visitors, allowing them to purely focus on their new baby.

“I would say easier [this time around]. With my first – we’ve a really big family – my door never stopped the first couple of weeks. I was always like running off to my room to feed [baby] and all this pressure to maybe hurry up and rush your feed and get back downstairs and make somebody a cup of tea and all that there. And like five days after having [previous baby] I was out at a coffee shop you know, whereas this time it was like, jammies for two weeks.....and I really enjoyed not having that pressure.”

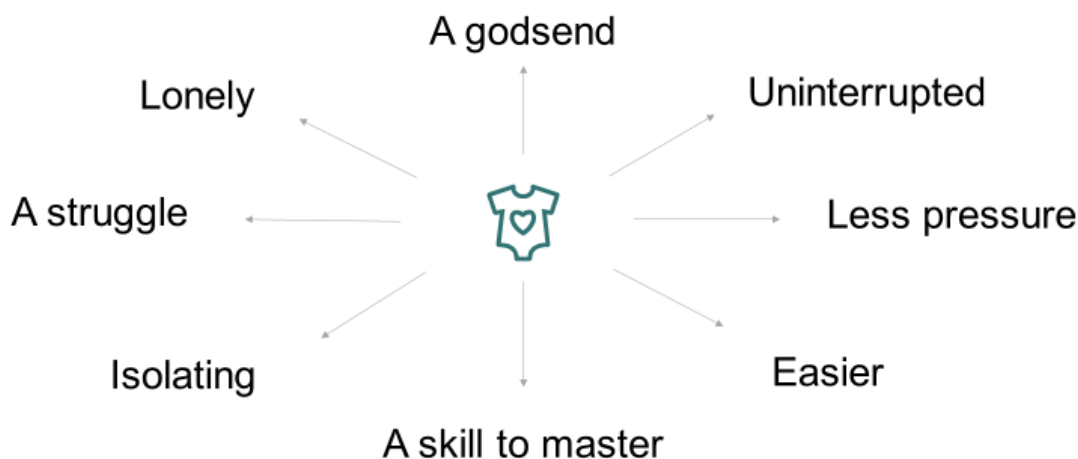
Sure Start mother

While many mothers enjoyed the uninterrupted time to establish breastfeeding, they also reported feelings of loneliness and isolation as a result of the pandemic. The lack of support from family and friends was a struggle and for some this contributed to stopping breastfeeding.

Figure 4.2: Thoughts on breastfeeding during the pandemic

Initial thoughts on breastfeeding

Breastfeeding during the COVID-19 pandemic has been...



4.3 Goals and expectations of breastfeeding

The goals and expectations of mothers in relation to breastfeeding varied, with clear differences between those who sustained breastfeeding and those who had breastfed their infant but stopped.

There was a consensus among mothers that their expectations of the breastfeeding journey were considerably different from the reality. Despite many receiving information and having sought additional material themselves on breastfeeding before their infant was born, mothers reflected that their expectations of the journey were idealised notions and perceptions of how they would establish and continue breastfeeding and very different from the reality. There was an expectation from many mothers that because breastfeeding is 'natural' that their body would simply work to feed their baby, but in most cases, this did not occur, with positioning and attachment issues and milk supply concerns common.

"I think I thought I'd gone in thinking I was really prepared.....and I got a real shock with the reality of it. It was really hard.... I didn't feel it was "plain sailing" from day one...What I thought was going to happen and the reality of it was two separate things."

Sure Start mother

"I thought it was going to be a wee bit of help in the hospital and then you go home."

First time mother who stopped breastfeeding

Although second or subsequent time mothers were more familiar and confident with breastfeeding due to their previous experience, they reflected that as every baby is different they still encountered issues and problems they had not previously experienced.

"First time round you would have been doubting yourself, but second time round you were more confident to just go with things."

Second time mother who sustained breastfeeding

"I think every baby is so different and every mummy is different. You really need an open-ended approach"

First time mother who sustained breastfeeding

In terms of goal setting, most mothers mentioned that they wanted to take their breastfeeding journey day-by-day, ensuring they had a flexible approach that meant they did not put too much pressure on themselves. Mothers were also generally content to review and evaluate the progress of their journey and decide if they wished to continue. The idea of having flexible goals was based on advice from relatives and friends with breastfeeding experience who had stressed the importance of not pressurising yourself and taking it step-by-step.

"I actually think I changed my goal every week! I can't get the girl off the boob to be honest!"

First time mother who sustained breastfeeding

Some first time mothers who were able to continue with breastfeeding discussed having tangible breastfeeding goals, setting themselves short-term targets of a fortnight or a month and reviewing their experience at that time. Many felt this helped them to persist with breastfeeding even when they encountered difficulties. However, a few were feeling a little overwhelmed by the intensity of their

breastfeeding experience and noted that they were not sure how they were going to be able to give up feeding their baby.

“I feel a little bit trapped. I don’t know how I’m ever going to stop breastfeeding now.”

First time mother who sustained breastfeeding

Resilience and personality play a role in the forming of expectations and goals related to breastfeeding, as those mothers who continued with breastfeeding appeared more determined to succeed with breastfeeding their infant, compared to those who breastfed but stopped. Those who stopped breastfeeding reflected that they did not put pressure on themselves and had a more relaxed attitude to breastfeeding. They highlighted that they would attempt breastfeeding in the hospital and if ‘it worked, it worked’.

“In the pregnancy, I didn’t put any pressure on myself, I just said if it works it works if it doesn’t, it doesn’t ‘I’m not going to get wound up about it.”

First time mother who stopped breastfeeding

However, those who sustained breastfeeding tended to seek out additional information before their infant was born and were perhaps slightly more prepared for the realities of breastfeeding, the problems that can arise and how to overcome these.

Some of those who breastfed but stopped highlighted that they felt more on their own with breastfeeding and had less knowledge which they attributed to a lack of antenatal classes, during which they would have expected this subject to be covered in considerable depth.

5 Mothers' views on breastfeeding support

5.1 Breastfeeding support in hospital

Mothers' reported highly variable experiences of breastfeeding support in hospital, during the COVID-19 pandemic. While some felt that they were very well supported by midwives at the start of their breastfeeding journey, others felt there was a lack of dedicated support or assistance with breastfeeding during their time in hospital.

Generally, new mothers reported that they could not fault the general care they received on the maternity ward. However, they highlighted that midwives and other health professionals were extremely busy and it was clear they were under increased pressure as a result of the pandemic. Mothers attributed this to a change in working practices as a result of the pandemic and it was particularly evident among mothers who delivered their baby towards the start of the lockdown restrictions in March and April 2020.

5.1.1 Strengths of breastfeeding support in hospital

Those who reported positive experiences with breastfeeding support in the hospital particularly praised the midwives who provided dedicated and considerable advice, helping the new mothers with positioning and attachment, and in some cases, identifying tongue ties. For some of these mothers, this support was instrumental to the success of their breastfeeding journey.

"I was never on my own because the midwives and all the other support workers were brilliant. I have to say, I didn't ever feel lonely. Any time I asked questions they were more than helpful, and they were guiding me."

Second time mother who sustained breastfeeding

There was consensus that midwives signposted new mothers to good sources of information and resources as well as places they could access breastfeeding support. However, some found this more helpful than others and those who had experienced early issues with feeding would have preferred practical support rather than signposting.

5.1.2 Limitations of breastfeeding support in hospital

Some highlighted that while breastfeeding is discussed and encouraged throughout pregnancy, following birth, there is little support offered to help mothers establish breastfeeding. Although these mothers acknowledged the time and budgetary constraints on midwives, they often felt they were left to fend for themselves when it came to breastfeeding and, only through their own determination, did they continue.

"I don't feel I got much support in the hospital. Don't get me wrong, the midwives were fantastic, but I got the feeling that they were really busy."

First time mother who sustained breastfeeding

"In the hospital I didn't get very much support and was pretty much left to my own devices."

First time mother who stopped breastfeeding

“I felt like I was a burden when I was buzzing for help.”*Sure Start mother*

Mothers identified a number of issues in hospital relating to the breastfeeding support available. However, not all issues encountered were perceived to be either a direct or indirect result of the pandemic and some were thought to be more routine issues.

Many mothers felt that there could have been better support with establishing breastfeeding on the maternity ward. Although the general standard of care was described as excellent, many mothers felt that the healthcare professionals were very stretched or ‘run ragged’, so midwives and other nursing staff on the wards did the best they could, given their workload and the time available.

There was also a feeling that dedicated breastfeeding support was not necessarily proactively offered as standard on the maternity ward, but something they felt they had to ask for. For some, this was not an issue as they had no problem asking for help. However, for others, this presented a challenge, as they were not as assertive or did not want to be a burden to already stretched health care professional, so some felt they missed out on vital support.

“The louder you shout, the more you get.”*Sure Start mother****“None of it felt like you had options, you had to source it yourself ... felt that I didn’t want to ask for too much support at the start as I felt that I was failing at it. It’s the most natural thing in the world, but it’s hard to get right.”****First mother who stopped breastfeeding*

The role of individual midwives and healthcare workers seemed to have a determining impact on mothers’ experiences of accessing breastfeeding support in the hospital, both positively and negatively. There were many positive experiences, with very supportive midwives who were encouraging about breastfeeding and took the time to ensure this was well-established. Nonetheless, there were instances of negative experiences with midwives who did not provide this kind of dedicated support. A few mothers, being those who stopped breastfeeding, perceived that student midwives did not have the knowledge or personal experience to be able to provide the kind of support they desired. These mothers believed this had a detrimental effect on their breastfeeding journey.

“I didn’t know very much but neither did she. It became apparent that she was quite uncomfortable. It would have been better if someone with a bit more experience had been on hand to give advice.”*First time mother who stopped breastfeeding*

Many second or subsequent time mothers reported that they received less support in hospital when attempting to breastfeed as compared to their previous experience. Mothers believed that midwives assumed they already knew how to breastfeed because this was not their first child. Many found this a frustrating start to their journey, highlighting that not all previous babies may have been breastfed and that, as every baby is different, mothers can experience different challenges. Second or subsequent time mothers highlighted the need for all the help and support they can get at what is still an incredibly vulnerable time for a new mum.

“They thought I knew what I was doing and hey didn’t have to tell me anything else which really wasn’t the case because they were so different.”

Sure Start mother

There were claims from some mothers that formula was encouraged or offered to them straight away, especially in instances where infants were thought to have low fluid levels, which made it difficult to establish breastfeeding. However, others expressed frustration that they were not offered formula when they felt it was needed and had to ask for it specifically. This demonstrates the highly variable needs and expectations of mothers in these scenarios as well as the differing advice and priorities of healthcare professionals.

“We could have had the time to focus on the latch, but everything was just a blur. In hindsight, I would have done things differently. But when you’re offered formula straightaway, you trust the midwife.”

First time mother who stopped breastfeeding

It was clear that the extent of breastfeeding support available in hospital varied during the course of the pandemic, with those who had given birth towards the start of the pandemic having a starkly different experience from other mothers. This was generally attributed to staff dealing with the added pressures as a result of the pandemic and the added challenges of adapting antenatal and post-natal maternity services, in order to protect staff, mothers and infants. Some mentioned that there was less physical support due to COVID-19, either compared to their previous experience if they were a second-time mother, or just as a general perception, which made it difficult to check any issues with positioning and attachment.

“I was lucky that he latched right away but after that you were sort of left because he had latched right away. So being able to get ideas on different positions and making it more comfortable, yeah you had to ask for the help, because like I suppose because you latched right away it was like, ‘oh, she’s fine, so we’ll carry on’. You did have to ask for the support.”

First time mother who stopped breastfeeding

Reports varied on the presence of breastfeeding co-ordinators or support workers on the maternity ward. Some mothers could recall encountering this type of support on the wards, which was considered to be an excellent resource. However, others, particularly those living in the Western Health and Social Care Trust area stated that they did not receive this type of support. This was also particularly noted by second or subsequent time mothers, who had received support from a breastfeeding support worker in hospital with a previous child. Many of these mothers reflected that this kind of support was not visible on the maternity ward this time around and was not mentioned by midwives as a possibility.

There was a feeling that, due to the pandemic, mothers were discharged much more quickly from hospital than they would have been during normal times. For many, this had an impact on their ability to establish breastfeeding, especially among those who were experiencing issues. In addition, some of the service providers noted that mothers were discharged more quickly than normal, due to COVID-19. They felt that this contributed to the higher rates of combi-feeding they observed, as mothers did not necessarily receive the assistance and support required with breastfeeding on the maternity ward.

“I think that kind of has a ripple effect, knocking on to those breastfeeding journeys. You can understand them going home early, [because] A – nobody wanted to be in a hospital at the peak of COVID, in the first wave and B – you weren’t allowed to have your partner in hospital.”

Service provider

An additional issue that impacted the ability to establish breastfeeding in hospital was the lack of support from partners, who were not permitted to visit the new mother following the birth, due to COVID-19 guidelines. This was particularly challenging for those who had medical intervention, including for example Caesarean sections, and were not able to pick up and hold their infant. Although, some of those who had this type of birth mentioned the support of the midwives, they acknowledged that midwives could not be with them all the time to help with this.

5.2 Breastfeeding support in the early days

The breastfeeding support mothers received in the early days was highly variable depending on the stage of the pandemic. In many instances, mothers were visited in their homes by community midwives and health visitors following discharge from hospital. However, in some cases this did not occur, particularly in the early days of pandemic when the most stringent restrictions were in place. There was also variation in services by area with a stepdown of services in some, but not all areas. Therefore, in some cases there were less home visits and several women were asked to come to clinics directly.

5.2.1 Strengths of breastfeeding support in the early days

Where home visits by health professionals took place, these seemed invaluable to new mothers because of the support and help provided. Many mothers highlighted how helpful it was having someone observe them feeding to assess positioning and attachment, deal with physical issues or diagnose conditions such as mastitis or tongue ties. For some, this was the only face-to-face support they received after leaving hospital and a critical stage in their breastfeeding journey.

“I had a really wonderful midwife who came out to me in the community as soon as I got home. She was amazing.”

First time mother who sustained breastfeeding

In addition, some second or subsequent time mothers felt that the support from community midwives and health visitors was even more dedicated and sustained, in the context of the pandemic, as they knew that other sources of support for new mothers would be limited. Several instances were reported where health visitors provided contact details during the pandemic to ensure that they were contactable by phone in between visits. They were also perceived to be more available if there were any issues or mothers needed additional support.

“I just felt like they were more personal this time. Like they knew what we were taking on board and it was all new in a pandemic. So, they knew that we weren’t maybe getting the support from other family units, like our mother or father or grandparents or anything like that.”

Second time mother who sustained breastfeeding

“At the very beginning it was the midwives had come and the health visitor had come and if I needed any queries in-between, they always had the phone number to ring at any time, day or night. So, I found the support very, very helpful this time round.”

Second time mother who sustained breastfeeding

5.2.2 Limitations of breastfeeding support in the early days

As a result of the pandemic, in some areas fewer home visits were undertaken by health visitors and community midwives. Some mothers who had given birth during the spring and summer of 2020 reported having to travel to their local health centre in the early days after discharge from hospital to access support. For a few this was a traumatising experience as they had to travel to the Health Centre or GP Surgery and carry their baby without the support of a partner, with the added difficulty of having had medical interventions at birth, such as a Caesarean section.

“I had my baby six or seven weeks after lockdown started and midwives weren’t coming out to the house. On day 3, I had to go into the Health Centre, which wasn’t my own Health Centre. I was still very physically sore and my husband couldn’t come in with me. I found it really difficult actually, just carrying the car seat with my baby in it, trying to walk... I was carrying her changing bag, her car seat with her in it, the green folder, while trying to walk. They’d made the appointment for 10 o’clock in the morning and I’d been up all night feeding. It was day 3, and by the time I got in, I was so exhausted I didn’t even want to get up or talk and not one of them asked ‘how’s she doing?’ or ‘how’s she feeding?’. It was just in and out. I asked them if on day 5 they could come to me but they told me because of COVID they couldn’t, which I can understand but I just didn’t feel like we were very supported whatsoever. My first five days were really just agony and I’d no one checking in... I just found the whole thing traumatising and I think I have a bit of PTSD as a result.”

First time mother who sustained breastfeeding

“When I came out of the hospital, it was like good luck, you’re on your own, because of the pandemic... If I would have had someone physically there it would have made a difference.”

Sure Start mother

The reduction in home visits and in-person support was difficult for many new mothers. However, despite this, many mothers who sustained breastfeeding, demonstrated determination and resilience to sustain breastfeeding, independently sourcing and accessing the support they required.

Those who had breastfed their infant but stopped were more likely to report more negative experiences in the early days with community midwives and health visitors. Some found them to be judgemental and critical, which in turn, undermined their confidence.

“This one lady just totally trashed my confidence this day. It just showed how one person could completely ruin your confidence. I thought I was doing ok – but I had a good experience up until then.”

First time mother who stopped breastfeeding

Meanwhile, others claimed they received conflicting advice from different community midwives or health visitors which caused confusion. This was particularly common when there was an issue with the infant’s

weight, with some community health professionals advising them to top up feeding with formula or to express breastmilk, while others advocated for persisting with exclusive breastfeeding. This led a number of mothers, particularly first time mothers, to be very unsure of their way forward and they noted the need for all health professionals to be giving clear and consistent information on breastfeeding.

“It was quite difficult as well seeing different people constantly as they had different advice.”

First time mother who stopped breastfeeding

A few mothers also noted the difficulties they encountered in the early days in relation to the diagnosis of tongue ties. As a result of the pandemic and scaling back of many services, the diagnosis and treatment of tongue ties became more challenging and mothers had to explore different avenues in order to get this issue resolved. A few mothers said they had to ‘push’ for community midwives and health visitors to listen in relation to a suspected tongue tie. Mothers offered a few examples where they had to travel long distances to access this support or access private healthcare to get this issue resolved.

“I had to go privately for the tongue tie to be cut because we are in Fermanagh ... I was otherwise going to have to go to Altnagelvin hospital after giving birth ... That’s an awful situation for a mother to be in, struggling to breast-feed then being told you’ll have to drive two hours”.

Sure Start mother

In addition, several mothers highlighted challenges in accessing support from their local GP surgery or health centre. Severe restrictions on appointments and access meant it was very difficult to have any issues they or their infant were experiencing dealt with. For example, several mothers did not receive their six week post-natal check-up, and some felt this would have been an important platform to discuss any other issues they were experiencing.

6 Views on virtual and other sources of support

In addition to the sources of support provided by healthcare professionals on the maternity ward and in the community, mothers sought assistance from a number of other sources, throughout their breastfeeding journey.

6.1 Video calls (Zoom/Teams)

In March 2020, following the introduction of measures in Northern Ireland to prevent the spread of COVID-19, many existing face-to-face breastfeeding support groups delivered by Health and Social Care staff, Sure Start and peer support were transitioned to online platforms, mainly Zoom and Microsoft Teams. For many mothers and service providers this provided a suitable way of continuing with support, both on a one-to-one and group basis.

“If I didn’t have zoom, we wouldn’t have anything or anybody”

Sure Start mother

With regard to peer support workers, they tended to operate on a virtual level already prior to the pandemic, using video calls to engage with mothers, so they did not have to change the way they operated as a result of COVID-19 restrictions.

6.1.1 Service provider views on video calls

Replacing face-to-face support, with video calls resulted in a range of benefits and challenges for both mothers and service providers.

Benefits

Many providers in both the HSC and community and voluntary sectors reported increased engagement when using virtual support groups, compared to the usual face-to-face groups, and this was attributed to a number of factors.

“Our breastfeeding workshops would be organised for seven o’clock on a Tuesday evening and if you were lucky you’d maybe get two people turning up and we’d gone to all this work to get this going and then we switched to Zoom. Suddenly, we had 20 to 30 people plus the dads.”

Service provider

Adopting virtual breastfeeding support enabled those in HSC settings to run sessions more regularly. Before the pandemic, weekly face-to-face support sessions were run. However, when restrictions forced a move to virtual service delivery, several providers were able to run daily sessions, which enabled ‘significantly’ more mothers to avail of the support on a more regular basis. It also offered more flexibility for mothers to access support when needed. Running these video sessions remotely meant that service providers saved on travel and set-up time which enabled them to be more efficient with their time to enhance the support they could offer.

“The big thing for us was bringing was actually bringing the support groups in under the breastfeeding team, because they had been previously with the health visitors and midwives. So, bringing it under the breastfeeding team and it being virtual and daily ... There was a lot of really good stuff in that, that actually it fitted well with a lot of mum’s lives.”

Service provider

“A lot of the workers were being redeployed back into Trust posts, there was just this sudden lack of anything [breastfeeding support] being available. So, we thought what could we provide to try to fill that gap? And with it being virtual it really saved us a lot of time because previously you were having to go out to groups and practically write-off half of your day. Between travelling there and setting up....”

Service provider

In addition, embracing online technology overcame geographical limitations that had previously been encountered with face-to-face sessions. Providers reflected that on some group video calls they had mothers, originally from Northern Ireland but now living in Los Angeles and South Africa, joining their sessions. This meant service providers could reach a larger number of women, more regularly, thus leading many service providers to believe that they were able to provide an enhanced and improved service.

Furthermore, these online support groups were considered to be more accessible to those who could or would not traditionally attend a face-to-face session. Service providers noted that some new mothers cannot benefit from face-to-face support groups, for a number of reasons, such as geographical location, inability to drive, other caring responsibilities or physical disabilities. The virtual online support sessions enabled those mothers to avail of a service, which ordinarily, they would not have benefitted from.

“It seems to be that it suits this generation better, to have things done that way.”

Service provider

Video platforms were considered very useful for one-to-one engagement, with many service providers using Zoom and Microsoft Teams as a direct replacement for appointments they would have normally offered on a face-to-face basis. These tended to work well for mothers who experienced physical issues related to breastfeeding or those relating to positioning and attachment (latch). Although it was not successful in all cases, this video technology enabled service providers to observe mothers’ breastfeeding techniques and offer suggestions or advice to help resolve the problem. Furthermore, service providers suggested that mothers who were concerned with privacy or shy on group video calls were more likely to discuss ‘embarrassing’ problems in this one-to-one engagement.

Overall, the increase in engagement with breastfeeding support in a virtual setting was considered to have a positive impact on the ability of many mothers to sustain breastfeeding for longer periods of time, than they may have done otherwise.

“We were seeing mums and being contacted by mums much sooner [with virtual support], so they were finding out about our support groups before they left hospital and we were maybe seeing them on day two or day three in online support groups, which they may not have attended if they were face-to-face groups. Also, we wouldn’t normally have heard of many of these without a referral from a midwives or health visitor, and so we were able to see mums earlier, get them a wee bit more support and sooner than we would have outside the pandemic, so really helping mums to have a positive start to breastfeeding and help them keep going with it.”

Service provider

Limitations

In addition to the benefits, service providers also noted that video calls provided some challenges and issues to overcome.

In the early days of the pandemic, the main challenge for service providers to overcome was shifting face-to-face support to a virtual setting. Initially, many struggled with technology, not just knowing how to use various video platforms such as Zoom and Microsoft Teams but also to work with Information Technology teams within their organisations to facilitate these sessions and navigate licensing and regulation processes. During the first few months of the pandemic, several providers in the HSC sector noted difficulties in gaining the necessary permissions to use Zoom or Microsoft Teams to deliver breastfeeding support, which initially interrupted service delivery.

“Quite quickly we went to the kind of virtual platform. We had challenges because we were only allowed to use MS Teams, which wasn’t the easiest really to get set up when we were trying to so group support in the first instance and we were one of the first to really try to do that.”

Service provider

“There was a lot of learning with our IT department between how we managed a group support page and what we did initially.... So, we had to completely re-shake what we’d set-up.”

Service provider

Service providers also faced a variety of challenges facilitating video calls, both in group and one-to-one settings. The online setting had an impact on the size of virtual support groups that could be facilitated. Providers found that large groups did not function well on Zoom or Microsoft Teams because of shifts in group dynamics and difficulties in controlling the session, so it was important to limit the number of participants. Ideally, these sessions would be no more than five to six mothers to ensure that everyone was heard, and any issues could be covered within the duration of the session.

Service providers also observed that online facilitation requires a different skill set to moderate and facilitate a group compared to face-to-face settings, as it takes more effort and skill to sustain engagement. Providers noted that there is a need to ensure that healthcare professionals delivering breastfeeding support have specific training on hosting and facilitating online group sessions and this would be important if this approach is continued beyond the pandemic.

“I think it’s something to think about moving forward, that facilitating a group online is different from facilitating a group in a room and actually people who do it in a group may not necessarily be the right people to do it online. It’s something about controlling the dynamics of a group and allowing that bonding. And moving forward, it’s good to maybe look at training for people who are doing that.”

Service provider

“There’s definitely training needs. Like anything, some people are really good at doing groups, some people are really good at doing training, some people are really good at doing one-to-one support but it’s about making sure you have the right people doing those group sessions. Because that is some of the feedback that we did get from a couple of the mums, was ‘we had different people sometimes doing the groups and some that were not as used to using the platforms’.”

Service provider

While virtual support groups filled a gap and helped overcome social isolation for new mothers, there were limits to this, in terms of the amount of interaction mothers could have with each other. During face-to-face support sessions, mothers can easily have side conversations and arrange to meet outside of the group. However, online groups generally prevent these side conversations and stifle social interaction to a certain extent.

In addition, a few service providers highlighted that it can be problematic discussing personal details of breastfeeding and issues of a more sensitive nature in video calls, as other members of participants’ households could be in the background, for example spouses/partners. Hence, there was a feeling that privacy and confidentiality could be compromised when using online platforms.

Another challenge for facilitators relates to the ability to provide information and respond to questions during these sessions. During face-to-face sessions, facilitators can answer specific participant questions or cover individual questions which have already been covered with the group previously, at the end of the group, without encroaching on support to others. However, service providers have found this more difficult to replicate using video calls, which can mean other mothers have to listen to the same content or information that is not relevant to them, which can have a negative impact on engagement.

As the pandemic progressed, service providers noticed a drop in engagement with virtual support groups on Zoom and Microsoft Teams, specifically noting ‘zoom fatigue’. Providers felt that all aspects of social life and contact with family had switched to video platforms during the pandemic, which meant that the initial novelty wore off and it became more challenging for new mothers to engage throughout 2020.

Despite the benefits of accessibility and convenience of virtual support groups or one-to-one video calls for many mothers, this was not universal. Some service providers highlighted several issues that can impact the accessibility of the video platforms when delivering breastfeeding support. New mothers in rural areas struggled to access sessions due to the internet connectivity and the lack of stability with the connection. In addition, some mothers experienced technology poverty, in that they could not afford to install internet within their homes or could not afford the devices required to join video calls, such as Smartphones, tablets or laptops. This was particularly the case in some very deprived communities in Northern Ireland such as North and West Belfast.

“In Belfast you have black spots, you can have a loss of signal even in the middle of Belfast sometimes. We had a few mums who struggled with signal.”

Service provider

Thinking specifically about video calls on a one-to-one basis, while many service providers noted that these were very useful, they were not always a suitable replacement for a face-to-face appointment. Very often these one-to-one video calls were used to resolve breastfeeding issues encountered by mothers relating to positioning and attachment. However, this was challenging as it could be difficult to see how the mother had the infant positioned and not necessarily straightforward or easy to assist from a video call.

6.1.2 Mothers' views on video calls

Benefits

Virtual breastfeeding support, both one-to-one and group sessions, was accessed by many mothers. They noted this type of support was facilitated by HSC professionals, Sure Start facilitators or peer support workers. However, it is important to note that not all mothers involved in the focus groups were able to avail of group or one-to-one video calls on Zoom or Teams, because they were not aware that these were happening or, in some cases, were outside the Sure Start catchment area. Mothers who stopped breastfeeding were more likely to report that they had not accessed any virtual support groups.

“I would have joined something like that if it was available.....just for the social side of it as well, to get talking to other mums and things.”

Second time mother who sustained breastfeeding

Mothers who accessed virtual support groups found them to be an excellent source of support. New mothers also found them convenient as they could join in as they were from home, in pyjamas if they wished, and did not need to get themselves, their infant or any other children ready to get to a venue for a specific time.

“Zoom is not ideal, but it has been handy with having a young baby... I would say it must be pretty hard going to meet people at set times. I've quite enjoyed being able to just go on in my pyjamas, not having to get ready and leave the house and that's definitely made life a bit easier for me, because I found it difficult leaving the house, so there is a definite advantage with Zoom.”

First time mother who sustained breastfeeding

Given the isolation and loneliness that many new mothers felt during the pandemic, they found the support groups were a key opportunity for connection and friendship. This was vital for many mothers, due to the limited or lack of contact with family, friends and peers at that time.

“I think it's nice to know you're not alone it this. I know myself that sometimes these four walls get too much.”

First time mother who stopped breastfeeding

Mothers found the online support groups to be a great source of reassurance throughout their breastfeeding journey. A key reason for attending online breastfeeding support groups was to discuss ongoing challenges which other mothers were also experiencing, to find solutions together, and foster a

culture of reassurance and support. Some mothers explained that they initially attended a video group on Zoom or Microsoft Teams, as they were facing challenges in their breastfeeding journey but over time the social contact became the key driver for their attendance.

“There’s possibly two things I needed at times; actual proper physical support and I just found that you had your biggest worries at the weekend or the middle of the night or if I was in pain it couldn’t be on a Wednesday during the day. But other times you are looking for something else, like the social side where you’d see other mummies who just had empathy for the exhaustion or the intensity of it [breastfeeding], and that’s different kind of need... it’s two different things... and that just depends on the day or the week or the month.”

First time mother who sustained breastfeeding

In addition, any instances where mothers had one-to-ones with service providers, they found these very helpful in assisting with more specific and potentially sensitive issues.

Limitations

Despite the numerous benefits of video calls as a method of delivering online breastfeeding support, mothers also faced several challenges with this approach.

While mothers found the online support sessions very convenient, some found that household distractions made it more difficult for them to engage with the groups, which would not normally occur in a face-to-face contact.

Concerns were also expressed about privacy during the sessions. There was some apprehension among mothers with certain jobs, as they did not feel completely secure having their image and their name displayed on-screen, which could act as a deterrent to mothers wishing to engage in this type of support.

“It’s a bit different over the internet sometimes. You don’t really know who these people are.”

Sure Start mother

An additional limitation of online group support is that it is not available constantly. For some mothers, online breastfeeding support groups were hosted once a week and if presented with an issue, mothers could not wait until the next online group took place.

“You can get support from Zoom [physical support or social contact] but it really depends on the time of the day or day of the week when you need that support and I always found I needed that at the worst times like weekend or 3 o’clock in the morning when Zoom wasn’t available.”

First time mum who sustained breastfeeding

There was discussion among mothers regarding the suitability of group and one-to-one sessions, and their preferences on this. It was clear that their preference depends very much on the reason mothers are accessing support. Group video calls facilitate connection and reassurance with other mothers, which are important in situations where the mother’s emotional wellbeing is affected by feelings of loneliness, whereas a one-to-one video session is more appropriate when there are physical issues such as help with a tongue tie or mastitis to be addressed.

Overall, despite the drawbacks, mothers who had accessed either Zoom or Microsoft Teams video calls felt this approach was the most suitable alternative to face-to-face breastfeeding support during the pandemic.

6.2 WhatsApp groups

WhatsApp groups were used in delivering breastfeeding support across HSC and community and voluntary sectors. However, within the community and voluntary sector, WhatsApp appears to have been used more frequently to support mothers with breastfeeding before the COVID-19 pandemic.

WhatsApp groups were run by HSCT Infant Feeding Leads, peer support workers and Sure Start. Some mothers were added to WhatsApp support groups during their hospital stay or in the early days following discharge from hospital. In a few of these cases mothers were unsure of how they were added to the WhatsApp group. [Generally, mothers mentioned that they don't remember much about those days, so they could have fully consented but just don't remember it.] Other mothers were signposted to WhatsApp support groups by midwives and other health professionals.

Regarding Sure Start, many mothers in this group noted that they belonged to WhatsApp groups before they had their baby, as part of antenatal support.

6.2.1 Service provider views on WhatsApp

Many service providers enjoyed using WhatsApp as a way of delivering breastfeeding support. They found it an effective way of providing instantaneous support to mothers when they needed it and it facilitated a virtual community for instant access to information. Providers noted that a key benefit of WhatsApp was the ability to call a mother, text her or add her to the existing community of members. Therefore, not only could this platform facilitate engagement with other mothers, it could also allow the mother and facilitator to develop one-to-one contact through phone calls and text messages. This was very useful for many providers, as they noted that sometimes it is easier to simply call a mother and discuss any issues she is having.

“We knew [COVID] was coming, we saw it coming, so at the breastfeeding support groups we were grabbing all the mums phone numbers and we already had two successful WhatsApp groups going, so we decided, when things were getting bad we switched all the mothers over to WhatsApp and they could easily take themselves out of it if they didn't like it. And what we actually realised it that they really needed 24/7 support.”

Service provider

“I tried using Zoom on a few occasions and we had all sorts of problems ... and the other problem, in rural areas, if you try phoning lots of mums the only way you can phone them is on southern, and numbers and on my southern number – I'm on my work SIM today – I'm blocked. But it means I can [contact them] on a WhatsApp call.”

Service provider

These groups enabled service providers to keep in touch with mothers and disseminate information quickly, such as dates for online support groups, links to other websites or online support. Providers also believed that the use of WhatsApp enabled mothers to access support for the various issues encountered at each stage of the breastfeeding journey.

“We found that WhatsApp was very handy because you could do WhatsApp video calls and that meant you could get to them any time, any place, anywhere, anyhow.”

Service provider

However, providers noted some challenges and limitations in using WhatsApp to provide breastfeeding support.

They found the set-up and continued management of WhatsApp groups to be time consuming, involving a considerable amount of coordination and monitoring to add new members and respond to questions and queries. Providers highlighted a particular frustration when adding new members to an existing group: the new members cannot see information previously shared. This means reposting information which is time consuming. Providers were also concerned that posting the same information a number of times would seem repetitive for existing mothers in the group.

A further challenge in using WhatsApp for the delivery of breastfeeding support relates to instances where mothers post incorrect information or judgemental comments. Providers felt that this demonstrates the importance of professional facilitation for these groups.

Some service providers, particularly the peer support workers, also described how they often rely on body language to understand how a mother is feeling about her progress with breastfeeding and felt that this was more difficult to assess using WhatsApp.

6.2.2 Mothers' views on WhatsApp

Mothers considered WhatsApp an excellent tool in providing an instant source of breastfeeding support, vital when they could not wait for the next scheduled online support group or one-to-one video call. Some mentioned posting questions, in the middle of the night if they encountered breastfeeding issues and received a quick response which assisted in resolving the problem. This access to 24/7 support was critical for many mothers, not only in providing immediate help to resolve issues but also as reassurance that support is available which contributes to emotional wellbeing.

“WhatsApp group is fantastic. You don't need to wait for the call, but someone will come back to you. Some things you don't want to wait for an answer on and mums always have the answers.”

Sure Start mother

WhatsApp support groups also enabled virtual companionship in a time of isolation. It provided a social connection and sense of community, in a time when support from family and friends was more limited.

“Somebody [another participant] said they think they feel quite lonely at times. Yes, I agree with that. And sometimes I think then just to know that there are people there that are in the same situation as you and can talk to you about it and give you advice maybe on things you're not as confident about, maybe makes you feel that you're not alone.”

Second time mother who sustained breastfeeding

The platform itself was considered very convenient, in that, mothers did not need to seek or research the information, or the support they needed, as they knew they could get this quickly and via their phone. It was also helpful that mothers could use WhatsApp to call service providers, could send texts, as well as share photos, videos and voice notes. This flexibility meant that mothers felt they received well-rounded support on this platform.

Mothers enjoyed the mix of professional and peer facilitation. Sharing experiences and learning from other mothers was important for hints and tips in establishing and sustaining breastfeeding, while providing confidence in the accuracy of responses, as mothers trusted that professionals would be offering best practice and evidence-based guidance.

Mothers did not highlight any drawbacks to using WhatsApp as it tended to meet their needs for a quick response to their queries and timely reassurance.

6.3 Facebook groups

Facebook has a number of groups dedicated to breastfeeding support, with some local to Northern Ireland, such as the Breastfeeding in Northern Ireland Facebook group, a closed group with over 12,000 members. The Breastfeeding in Northern Ireland Facebook page was accessed widely by mothers in the groups. Some service providers, particularly those in peer support roles, reported signposting mothers to the group due the variety of information it contains.

According to mothers, this group has a variety of benefits. Not only does this page provide useful advice and practical tips on breastfeeding, it also acts as a source of support for new mothers attempting to breastfeed.

Mothers considered the information provided by the Breastfeeding In Northern Ireland Group as the best of both worlds, perceiving it to contain professional guidance and advice as well as peer views and real-world breastfeeding experience. For many mothers, it is important that the information contained on such a platform is scientific and evidence-based, with signposting to information from breastfeeding experts, as this helps to increase trust and confidence¹⁴.

Many mothers reported having posted messages to the page when they had a breastfeeding query or encountered a problem. No matter what time of day or night mothers found that they would get a number of instant responses. This provided a great deal of reassurance and comfort to mothers knowing that others were in the same position.

“If you did have a question, it was quickly answered.”

Second time mother who sustained breastfeeding

Mothers also found that the information online was often more relevant to them, as other mothers who had encountered the same problems could give them a specific answer based on actual experience, rather than advice from a textbook. The functionality of this page also allows mothers to use the search bar to find the information on the specific issue they need help with.

¹⁴ Please note that BFNI is moderated by a group of mothers who include trained peer supporters, breastfeeding counsellors and lactation consultants

“There’s a Facebook group – the Breastfeeding in Northern Ireland – and it goes continuous and it’s unbelievable like, because even if you don’t feel you could write something in, like generally every couple of days there’s that much covered in it, and people that are writing in, they’re always responded to and you kind of feel like if you did have a concern or worry, you could message the admin kind of privately. But there’s that many issues or people needing support that you feel like when you’re reading things you’re like, ‘oh, actually I was worried about that, but that’s ok.’”

First time mother who sustained breastfeeding

The page also contains a wealth of information which has been built up over the years. A key benefit of this compared to being added to a WhatsApp group, for example, is that mothers can scroll through the historical information and make use of this at their leisure.

New mothers were also very confident in the level of control that the administrators have over the page and have witnessed how effectively and efficiently they have dealt with incorrect information or with those who have acted inappropriately by breaching confidences.

However, despite the numerous benefits to this Facebook group, some mothers and providers felt there were some disadvantages. There was a sense that some of the content and advice can often be conflicting, which could make it difficult to prioritise and strategise the best solution for the issue a mother had encountered. This was particularly mentioned by first time mothers.

“People were chipping in with their opinions.... having a platform with so many people of it, got in the way of your support sometimes.”

First time mother who sustained breastfeeding

In addition, there were several comments from mothers that the group is too judgemental, with some describing it as “militant” or “too pro-boob”. This can be a deterrent for many new mothers, as they navigate their way through their breastfeeding journey and could undermine their confidence to post on the page any issues they are experiencing, for fear of being mocked or judged by others.

“I don’t mean this in a negative way because I know it’s positive for a lot of people, but I felt the Facebook group for the Breastfeeding Northern Ireland is a bit, a bit too ‘pro-boob’ in a way. It’s sort of like, ‘if you don’t breastfeed until they’re five, then what are you doing?’ I felt that sometimes it was a bit bashy of health professionals, which I understand everybody has a specific experience, but everybody jumped on the bandwagon and it wasn’t helpful...and I think sometimes the help got lost in some circumstances.”

Sure Start mother

A service provider mentioned that the La Leche League has started Facebook Lives, tackling an individual subject per live video and felt that these have been very well received. These live videos allow mothers to join, in real time, but the video remains on the page as a resource which can still be viewed by other members.

6.4 Other social media

Instagram was another key resource, particularly for first time mothers, and those who have not accessed Sure Start support. Mothers tended to access Instagram for information and developing a 'bank' of resources.

"I always have my phone in my hand, so for me, Instagram was really useful. That would have been my go to really."

First time mother who sustained breastfeeding

Instagram was also used to access a variety of accounts, such as those of lactation consultants. A key benefit of this platform, and these accounts specifically, are the posted videos which clearly demonstrate positioning of infants when feeding to achieve a good latch. The highly visual nature of this platform makes it a strong resource for mothers. In addition, comments and questions can be posted which account owners can respond to, therefore, providing more tailored advice.

As previously highlighted, mothers turn to Facebook or WhatsApp, if they need a quick response to a query. However, Instagram was used as a general source of knowledge and a place to learn about the breastfeeding journey in an accessible manner. Furthermore, it was noted that mothers tend to have their phone in hand at various points during the day, so consuming social media can be done quickly and easily while doing other things.

6.5 Socially-distanced, face-to-face groups (outdoor)

As restrictions eased, some mothers and service providers highlighted that socially-distanced, face-to-face groups occurred in some areas. These groups, which were primarily held by Sure Start, generally took the form of sessions either in the grounds of the Sure Start building or at a local park.

"There was a couple of times we were able to meet in person [Sure Start group] whenever the restrictions had lessened, but it wasn't for very long, I think it might have been in the summer. It was actually before [baby] was born, that we met a few times that way. And that's been really, really useful for me."

First time mother who sustained breastfeeding

Mothers who were able to attend these groups found them an extremely valuable source of support, as they were able to engage with others, in a way that they had not been able to since before their baby was born.

These groups were also available for both new mothers and mothers-to-be. The groups provided direct support from Sure Start staff, for example, to assess positioning and attachment (latch) or other physical issues that are difficult to do via video call. However, it was highlighted that not all mothers were comfortable discussing or demonstrating physical issues in a public area. Seeing other people feeding their babies helped normalise breastfeeding for some mothers.

Specifically, from the perspective of the service providers, socially distanced or walking groups provided more of the direct benefits of face-to-face support and they witnessed the positive impact the sessions had on mothers who were lifted and encouraged by attending these.

However, in advance of hosting a socially-distanced group or walking group, service providers highlighted that they had to undertake risk assessments, which proved to be challenging and an extra

administrative burden, as they had to account for health, safety and hygiene measures, as well as ensuring compliance to all COVID-19 guidance.

In addition, it was challenging to ensure that children attending kept the required distance during the session, which generally interrupted the flow of the session, as mothers had to constantly watch them.

7 Issues encountered with breastfeeding during the Covid-19 pandemic

During the pandemic, new mothers have encountered a variety of issues with breastfeeding, some of which have been highlighted in previous sections of this report. These issues tend to fall into three categories: physical issues, those relating to social support and isolation and reassurance.

It is important to note that not all the issues mentioned were unique to the pandemic and many of the issues discussed during the sessions are those that mothers can routinely experience when breastfeeding. However, the pandemic magnified some of these issues due to changes in breastfeeding support.

7.1 Physical issues

In terms of the physical issues, mothers discussed the range of breastfeeding problems they encountered such as positioning and attachment of their baby in the early days. Many found these issues difficult to overcome and these are issues that certainly need considerable physical assistance on the maternity wards and through support in the early days from health care professionals in the community.

In addition, many mothers discussed the issue of tongue ties and the impact this had on their ability to establish and continue breastfeeding. It was also noted that specialists who can treat tongue ties were not holding clinics, particularly in the early months of the pandemic, which made it more difficult for mothers to get this issue resolved.

“Baby did have a tongue tie which eventually got identified after we came out of hospital just because he had low weight gain and I was just really beside myself with anxiety about the whole thing.....I had a really good midwife who came out to the house and gave me loads of tips about positioning because I had a section and was in a lot of pain and she really helped my husband as well to show him what to do to help me.”

Sure Start mother

Service providers also highlighted this issue, noting that the lack of physical proximity to mother and baby had hampered their ability to identify potential tongue ties and that, during the pandemic, often they only diagnosed this because of how badly damaged the mothers' nipples had become and how it impacted the emotional wellbeing of breastfeeding mothers.

“The mental health issues for those mothers as a result, were through the roof. We had complaints out of our ears here. And quite rightly so, these babies could not get a decent start to life. And it's been an ongoing theme since then. These girls are still coming back to us saying how their mental health is affected by not being able to feed their babies when they knew it was essential their babies were fed.”

Service provider

A number of mothers reported having had an obstetric intervention during labour and birth, such as a Caesarean section, which caused some difficulty with breastfeeding. Difficulty with moving and holding their baby made establishing breastfeeding a challenge and these mothers had to find ways of holding them which did not cause pain or discomfort.

Other physical issues reported are linked to issues slightly later in the breastfeeding journey such as mastitis, abscesses and cracked nipples, which were commonplace with mothers, and some faced significant difficulty in continuing with breastfeeding as a result.

One or two mothers had issues with exclusively pumping or combi-feeding. As a result of perceived lack of support on the maternity ward, several mothers resorted to combi-feeding their infant, to ensure they were getting sufficient milk. One mother also exclusively pumped for several months, which she found incredibly difficult and a cycle she could not get out of, once she had started.

In addition, later in the breastfeeding journey, some mothers encountered issues with breastfeeding and weaning and would have liked additional support and advice in this area.

The variety of physical issues encountered with breastfeeding tend to vary considerably depending on the stage of the journey, with early issues focusing on positioning and attachment, and tongue ties, but as the journey advances, mothers become prone to infections such as mastitis and other physical ailments like abscesses.

7.2 Social support and isolation

Lack of social support and feeling isolated is another key issue and for many mothers, was a direct impact of the pandemic which would not have been present for them in normal times.

“You really miss [the groups] this time round – it’s definitely a lot more isolating this time round.”
Second time mother who sustained breastfeeding

Although many mothers mentioned that breastfeeding can be lonely, this was exacerbated considerably by the pandemic. Lockdowns and social distancing, while beneficial when establishing breastfeeding, left many feeling very isolated and lonely and presented a significant challenge in sustaining breastfeeding, particularly if mothers encountered other difficulties.

“When you really got down to the nitty-gritty, it wasn’t really the breastfeeding, it was the fact that they were missing the social contact. And it was abnormal. These were women who would have been out working, they’d stopped worked early. They’d a long time to wait for the baby to come along. And the baby had come along and they were still isolated.”
Service provider

It was clear that mothers tended to have expectations of what those post-natal days, weeks and months might look like, particularly while they were on maternity leave. Very often they imagined attending breastfeeding groups, being out of the home, meeting friends and family, but within the context of the pandemic restrictions this could not happen.

In addition, many had not been able to attend antenatal classes, so did not have the contact with other mothers in the same position as themselves.

Comments from service providers suggested that many mothers appeared to have struggled with post-natal depression as a result of the isolation they experienced due to restrictions on households mixing.

7.3 Reassurance

In many cases, mothers were simply seeking reassurance that they had been doing the right thing by breastfeeding. A key concern appears to be whether their infant was getting enough milk, which is not as easy to tell with breastfeeding compared to bottle feeding.

“What I needed really just depended on the day or the week, but sometimes I just wanted to know that what I was doing was right for my baby, especially when it came to breastfeeding.”

First time mother who sustained breastfeeding

A few service providers reported anecdotally that they were aware of increased hospital admissions of underweight babies during the pandemic, which was attributed to baby not getting enough breastmilk.

8 Breastfeeding support and the suitability of the platform

From the information detailed in section 8 of this report, it is apparent that mothers encountered a variety of issues related to breastfeeding. Depending on the issue, mothers had clear preferences for the type of platform they wished to use when seeking breastfeeding support. Service providers also echoed mothers' preferences of platform suitability in providing support.

It is important to note that there are a number of factors that need to be taken into account when looking at why a platform is suitable, such as the speed of response if it is an urgent issue, the privacy that the platform provides to enable more sensitive or personal discussions, and the degree of social contact mothers will want or require.

Figure 8.1: Platforms that are suited to breastfeeding issues

Issues encountered vs appropriate platform

The issues encountered dictates the platform that should be used

	Physical issues	Social support/ isolation	Reassurance
Group video call (Zoom/Teams)	✗	✓	✓
One-to-one video call (Zoom/Teams)	✓	✗	✓
Whatsapp (phone, text, video)	✓	✓	✓
Breastfeeding in Northern Ireland Facebook page	✓	✓	✓
Instagram	✓	✗	✓
Other social media	✗	✗	✗
Socially-distance, face-to-face groups	✗	✓	✓

8.2 Video calls on Zoom or Microsoft Teams

For many of the physical issues encountered, mothers and services providers reflected that no other form of communication can replace a face-to-face setting. Despite the numerous benefits of video calls, it can often be difficult for a mother to show what she needs to, and it can also be challenging for a service provider to see what needs to be seen. This is particularly the case when trying to resolve issues relating to positioning and attachment, as it is extremely difficult for the mother to hold the baby properly while also trying to juggle a device and position it at the correct angle.

"I don't think anything ever replaces face-to-face for me. I think it's really, really good that the online is there and it's essential for now but.....it just doesn't come anywhere matching face-to-face for me."

Service provider

For some first-time mothers, it was thought that videos call may have been particularly beneficial to give information that would have been offered in face-to-face antenatal classes before lockdown restrictions prevented such classes from meeting.

“I like the idea of a Zoom support group, like an antenatal class. With a professional leading it. Where you are given that time to share slides and work through what you would have done in an antenatal class. We were close to the beginning of the pandemic and it was just like everything shut down.”

First time mother who stopped breastfeeding

However, in the complete absence of face-to-face visits, one-to-one video calls using Zoom or Microsoft Teams are the most suitable replacement in instances where the mother needs to demonstrate something to a provider, or a provider needs to see it.

“Depends on the issue.... I would only want a video call if there’s something I want them to see...if it was something like the latch you’d want a video call”.

First time mother who sustained breastfeeding

“I think it would have been nice if your local area would have had a Zoom session.”

Second-time mother who sustained breastfeeding

Group video calls are an excellent source of social support and have been a very important outlet to many mothers during the pandemic, in the absence of face-to-face groups. They are a great source of reassurance for mothers, as they can hear what others are doing in terms of breastfeeding and pick up hints and tips from them. They can also observe mothers breastfeeding, which can be very helpful.

“And I think they’re still doing that normalising that happens in the group setting as well. Where if you’re a mum who’s in that ‘I don’t know whether I’m doing this right’, going and actually hearing other mum’s stories just it that reassurance and normalising, and that’s what they were missing.....it’s about that connection, and not being on your own. The one-to one visits are great, but sometimes it’s that hearing another mum saying it, has so much more weight.”

Service provider

8.3 WhatsApp

WhatsApp is considered an excellent platform due to the multiple functions it offers with calls, texts and the ability to send multi-media messages such as images and videos. A key benefit of WhatsApp for both mothers and service providers is the ability to send and receive information immediately, meaning that mothers can get very quick responses to questions or queries, particularly on physical issues.

Connecting with any of the WhatsApp groups is also particularly useful for social support and reassurance. Many mothers mentioned that issues with breastfeeding and/or the feelings of loneliness experienced when breastfeeding during the pandemic, can occur at any time of the day or night and does not coincide with the next breastfeeding support Zoom call. Therefore, it has been extremely reassuring for many to know that they have 24/7 support through the WhatsApp group they have been added to, as they know that there is likely to be another mother in the group feeling the same or experiencing the same issue at the same time.

This is particularly important as mothers expressed the desire to have flexible, ongoing support, with quick responses.

8.4 Socially-distanced face-to-face groups

As previously mentioned in this report, there were some instances, particularly among those involved with Sure Start, where mothers had been able to attend socially distanced, face-to-face groups. Where these occurred, they were a real source of delight and value for new mothers, many of whom had been in lockdown for months. This face-to-face interaction helped mothers to feel a sense of normality, which was very important to them. These sessions were also a great source of social support, especially as many mothers were in the same position, having had a baby and attempting to breastfeed in the middle of a pandemic.

“It’s good to get outside – people are less anxious and the mums have planned their own walks.”

Service provider

These group sessions also provided a great deal of reassurance to new mothers, as they were able to talk more easily with others about their experiences, in comparison to attempting these conversations on group video calls.

However, mothers and service providers reflected that this approach is not an appropriate forum in which to discuss or deal with physical issues or other more sensitive issues encountered when breastfeeding, as the groups which normally took place in public outdoor settings such as parks, do not provide sufficient privacy.

In addition, service providers noted that this could also be challenging if mothers brought older children along to the groups, as this tended to hamper bonding and discussion among the mothers.

8.5 Facebook

Throughout the course of discussions, the Breastfeeding Northern Ireland Facebook group was praised by mothers and services providers alike. It is considered an excellent source of information on physical issues with videos and links to other helpful sources of information.

Similar to WhatsApp, it also provides mothers with some degree of social support and reassurance, because of the large community of mothers in the group and mothers know that if they post a question at 2am, it is likely to be answered very quickly. In addition, new Facebook Live videos being run by the Breastfeeding Northern Ireland Facebook admin team are proving successful.

“I found it’s made me have more confidence and you know that it’s my body and with my first boy I would have thought ‘maybe you’re not giving him enough milk’, ‘maybe he’s feeding too long’it gave me a bit more confidence reading the post and thinking, ‘maybe I’m not alone in this’.”

Second time mother who sustained breastfeeding

However, some of the benefits of social support and reassurance that are achieved through this platform can be outweighed by a minority of militant viewpoints in the group. Some mothers felt that these can be judgemental or negative, which made them apprehensive about joining or posting questions to the group.

8.6 Instagram

Instagram was mentioned frequently, particularly by new mothers, as a source of breastfeeding support and advice. However, it tends to have a very specific purpose for breastfeeding mothers. While Instagram is not a great source of social support, it can provide reassurance to mothers that they are doing the right thing, providing helpful and informative visuals and videos on physical issues, such as, baby positioning for breastfeeding, particularly when it comes from the pages of lactation consultants.

8.7 Other social media

Other forms of social media such as Twitter and TikTok were not commonly used or popular among this sample of mothers or service providers, for delivering breastfeeding support.

9 Suitability of the platform in relation to stage in breastfeeding journey

Not only does the issue encountered impact the suitability of the platform for providing breastfeeding support, the stage in the breastfeeding journey also appears to impact this.

For example, in the hospital, following birth, mothers expressed the need for very hands-on, physical support from midwives, with help on positioning and attachment, and advice on knowing how the baby is getting enough milk. For many, this is a critical part of the breastfeeding journey, in order to properly establish feeding and help ensure that it is sustainable for mothers after they leave the hospital. Many mothers who stopped breastfeeding claimed they did not receive any information or support in the hospital from health professionals during the pandemic and feel this impacted their ability to continue breastfeeding.

*“I think if you’re struggling you really need the hands-on guidance, especially in the early days.”
Second time mother who sustained breastfeeding*

In the early days, it is important that support is available through several channels. Such an approach gives mothers the flexibility to access support when it suits them and their baby but also to get support when they need it most. At this early stage, a combination of home visits from the usual community midwives and health visitors, with access to video calls and WhatsApp groups run by health professionals and Sure Start are considered to work well, providing a network of support to address the diverse issues (e.g. attachment, positioning, tongue ties and reassurance) that may arise.

In the early weeks, when breastfeeding has become more established, the focus for mothers tends to be social support and reassurance that they are doing the right thing for their baby. Therefore, it is important to have access to WhatsApp groups at this stage, as they are a good source of information and enable mothers to maintain a social network. Zoom calls also work well for social support at this stage and serve as a drop-in, so that mothers can discuss any new issues that may have arisen. After the initial weeks, mothers do not necessarily attend every Zoom call, but are happy and reassured to know that it is there if they need it.

*“At the start it was maybe to clear up any problems I was having. Even now when I haven’t got any problems, I’d go on it for a chat with other people. I’d suffer quite badly with anxiety and then with COVID and everything it’s kind of amped that up a different level.”
Sure start mum*

Later in the breastfeeding journey, WhatsApp groups tend to remain important for social contact, but perhaps there is less need for them to be facilitated for this audience, as the focus tends to be related to social support and discussion with other mothers.

10 Breastfeeding resources used by service providers

When delivering breastfeeding support, service providers across Health and Social Care, and community and voluntary sectors use a range of resources and tools to aid in the explanation and demonstration of certain points.

Despite service providers having to adopt a range of platforms for delivering breastfeeding support, they did not have to change the resources they used, as many of these already existed prior to the pandemic online on websites, videos or support groups.

The key resources used include NHS, Public Health Agency and local Health and Social Care Trust websites. Service providers highlighted the importance and reassurance of these as sources in providing evidence based information and resources that they can trust.

“I think from that point of view we were relatively well set-up from a lot of the resources we would usually be using. But with COVID and things, UNICEF, PHA, all the kind of – the Department of Health websites were key during that initial COVID phase.”

Service provider

Service providers reported using resources from other health organisations including UNICEF/Baby Friendly Initiative, as some were baby friendly accredited, making this a first choice for breastfeeding information and support, the World Health Organisation and National Childbirth Trust.

“We have moved on quite a lot over the last few years and having a lot more access to resources and things. UNICEF baby friendly was great during COVID... additional research coming in...”

Service provider

Figure 10.1: Resources used by providers

Provider resources

Service providers tend to use a number of breastfeeding resources

- Many providers are continuing to use the same resources that they did pre-pandemic.
- As many of the resources they use are online, they did not need to make changes to resources or seek new sources of information.
- Main resources include:



While many of the service providers reported using Global Health Media as a useful source of videos they noted that the videos are often not popular with mothers because the content is based on mothers from other parts of the world and does not resonate with mothers in Northern Ireland.

“Some of the videos there is an awful lot of nipples! It can put people off.”

Service providers

In addition, Peer Support Workers tend to use the Breastfeeding Northern Ireland Facebook group as a resource and signpost the mothers they are supporting to join the group.

Service providers highlighted that they used resources not only in the delivery of breastfeeding support to highlight specific issues but also to signpost and encourage mothers to explore the resources and information for themselves.

11 Delivering breastfeeding support in an ideal world

Both mothers and service providers were asked for their perspective on how breastfeeding support would be delivered in an ideal world. Despite their differing perspectives on breastfeeding support, both mothers and providers aired similar thoughts and views on what ideal support should look like.

Mothers and service providers agreed that online platforms or other methods of delivering breastfeeding support cannot replace face-to-face contact, particularly in the very early days when breastfeeding is being established or for specific physical issues. A face-to-face approach also helps to foster a personal and trusting relationship between provider and mother, which is deemed vital by both, and can enable physical issues to be resolved more efficiently and effectively.

“Nothing beats face-to-face; it could just be the simplest moves you need to change to help the baby latch on properly ... you won’t get it from a video. In my opinion, face-to-face is important for the likes of first-time mums or second time mums trying to breastfeed. Just for that little bit of advice to get you started.”

Second time mother who sustained breastfeeding

However, virtual support has a definite place in future breastfeeding support given the benefits it offers mothers and service providers. For mothers, it facilitates flexibility in accessing support in those early days, from the comfort of their own home, when they require support. In addition, it is a time-efficient practice for service providers, as travel and set-up time for groups is reduced allowing them to balance their time to deliver the appropriate support required by mothers.

“I think that absolutely there is a role for both. We are so more accessible now than we ever have been.”

Service provider

“I think it’s multi-pronged, I think it’s having different platforms and then people can access the most appropriate platform for them.”

Service provider

Therefore, in an ideal world, a combined approach is considered to work best from both the perspective of mothers and service providers, based on their experiences during the pandemic. Service providers feel that a combined approach of face-to-face and videos calls (both one-to-one and group calls) are beneficial not just to mothers, but also to them. Offering virtual support has enabled many service providers to increase the amount of support they feel they can deliver to a greater number of mothers. Many rationalised that during the pandemic, they have seen greater reach with the use of virtual support and longer, more sustained engagement with this support, which could ultimately help boost the proportion of mothers who sustain breastfeeding.

“It’s difficult for us and parents... I’ll do a mixture of Zoom, WhatsApp, small groups, walks etc.”

Service provider

Given the individual and highly variable journeys of breastfeeding mothers, it would be important to offer flexible and tailored support, where possible, to ensure that support works for the mother and infant and is not a one-size-fits-all approach. This is particularly important as breastfeeding support is needed 24/7 taking into account the issues that can be encountered and stage of breastfeeding journey.

“I think every baby is so different and every mummy is different.... you really need an open-ended approach”.

First time mother who sustained breastfeeding

WhatsApp groups would also be retained, by both mothers and service providers, in an ideal world and post-pandemic. This platform enables access to instant advice and support for breastfeeding mothers. However, it was highlighted by mothers and providers that these groups should be facilitated to ensure that incorrect and/or unreliable information is not added to the group.

Social media, while not necessarily a primary source of support, has its place. Pages like Breastfeeding Northern Ireland Facebook and some of those by lactation consultants provide useful advice and information. The use of visual formats such as videos is especially appealing to mothers and, thus, a useful additional resource. Breastfeeding support workers and peer support volunteers find these social media outlets very useful and signpost mothers to them. Providers say that they would continue to make use of these after the pandemic.

A further point would be to explore the consistency of available breastfeeding support across Northern Ireland. Mothers reflected on their varying experiences in the amount of breastfeeding support, particularly in the hospital and in the community post-discharge, primarily in the early days of the pandemic. It would be important to ensure that all mothers can access the type and level of support they require, not only to establish breastfeeding but to sustain it.

12 Conclusions

A number of points were raised through the engagement with mothers and service providers that will need to be considered in the future delivery of breastfeeding support.

Overall, mothers have valued the time and space that the pandemic provided, as this helped to establish breastfeeding, with no pressure of expectations from family or friends who wished to visit. Therefore, for many mothers, this was a positive.

However, going forward, it would appear that there is a desire for a blended approach to breastfeeding support, offering the best of virtual support with face-to-face care, as both providers and mothers agree that nothing replaces face-to-face contact when mothers are struggling or are distressed.

Mothers noted the need for practical support in the early days to aid in establishing effective breastfeeding. For this support to be effective, it needs to be delivered face-to-face and one-to-one rather than online. Among those mothers who did not have as much, if any, contact from midwives or health visitors in the early days of the pandemic they felt they had missed this. These sentiments were echoed by health professionals. Therefore, it would be important that a step-down or reduction of home visits is a last resort and this support should be safeguarded, where possible.

The skills required to deliver online support are considered to be very different from those required to deliver support in person. Therefore, it would be important to explore options for developing training for service providers/staff who will be delivering breastfeeding support online. Such training should be based on best practice, which highlights how to plan and deliver sessions through an online platform to ensure virtual breastfeeding support is effective and appropriate.

In addition, the usage of virtual breastfeeding support needs to be carefully considered in line with any issues that are being encountered by the mother. For example, mothers with specific breastfeeding challenges such as positioning or attachment or physical problems like mastitis or breast pain require face-to-face support or, at least, one-to-one video call consultations with a trained healthcare professional, e.g. a midwife, health visitor, or referral to a breastfeeding specialist, if required.

It would also be important to ensure a range of provision and support for breastfeeding mothers across Northern Ireland. This engagement did highlight some gaps in provision in different areas of Northern Ireland, so it would be important to ensure that any offering is consistent.

It is clear that guidance or policy on good practice should be offered to providers of breastfeeding support. While many were operating in non-virtual environment prior to the COVID-19 pandemic, it was necessary for providers to pivot and adapt as required. Based on learnings, it may be important for guidance to be developed on topics such as data protection and recommendations on delivery of support in online group settings, for example group size.

Finally, it would be important to provide advice to mothers on how to get the most out of online and virtual support, highlighting the benefits and limitations of each platform and occasions when one platform may be more suitable than others. Further to this, it is important that health professionals are aware of the breastfeeding support that is available, the benefits and limitations of the support, and how they can more effectively signpost mothers to the most beneficial support for them.

Appendices

Appendix 1: Discussion guide for mothers

Introductions to group – 5mins

Thanks very much for agreeing to take part in tonight's group discussion. We really appreciate you giving up your time to share your views with us. Tonight's discussion will start at 6.30 p.m. and last up to 1.5 hours.

Just a little bit about why we have asked you to take part tonight. My name is [name] and I work for the independent research organisation, Ipsos MORI. I will be moderating the group this evening. There is also another moderator present, [name] who will be observing the session and will be on hand to deal with any technical issues, should these arise.

Ipsos MORI have been commissioned by the Public Health Agency (PHA) to organise some research on their behalf. This research will ...

REQUIRED] I also need to make you aware that representatives from PHA are attending this evening to observe the discussion.

Is everyone clear on this?

We're just going to cover some ground rules and other information before we get started:

Explanation of discussion 'rules': There are no right or wrong answers today – we just want to hear and understand your views. We ask that only one person speaks at a time so that we can hear everybody's points and pick up everything on the recorder. You can also make use of the raise hand function at the top of the screen if you would like get the moderator's attention. There may be times when people disagree and that is fine – we just ask that people disagree respectfully.

Reinforce anonymity/confidentiality: Ipsos MORI are bound by something called the Market Research Society Code of Conduct which requires that we provide complete anonymity and confidentiality to all research participants. Your identity will not be revealed in any reports and your name or personal details will not be linked to your responses.

Mention recording/ obtain permission to record: We will be recording the session today, and that is purely so that we can listen back to what you have said and ensure we are reporting it accurately. We are recording just the audio and not the visual. This will not be shared beyond the research team. The recordings are encrypted and securely stored and then are securely deleted once the project has finished.

Can everybody please indicate whether they are happy to take part in the research on the basis of what has been outlined above and what was included in the consent form you received with your invitation?

Moderator wait until consent is received from all participants.

Ok, now that that is all out of the way, we're going to dive in.

Warm up and ice-breakers 10 mins

Participant introductions: ask for name, age, and give a little bit of information about their family and new-born.

Just to kick us off, could everyone finish the following sentence: 'Breastfeeding makes me feel...'

(probe fully)

Now, could you finish this sentence: 'Breastfeeding during the COVID-19 pandemic has been...'
(probe fully)

Experience of support 50 mins

MODERATOR READ OUT: Everyone in this group has been breastfeeding their new baby since they were born, so we would like to understand a little more about your experiences of this and the support you have received during the Covid-19 pandemic.

For this section, we are going to be focusing on the support you received during your breastfeeding journey. We'll start with your experience in hospital, the support you received in the early days, and then the support you've received since then, up until this point.

Just to kick us off, can you tell us a little about your breastfeeding experience? How has it been?

Probe:

Goals, expectations

Hospital

Thinking about when your baby was born, were you offered any kind of breastfeeding support in hospital?

Probe:

- What kind of support were you offered with breastfeeding?
- How was this supported delivered?
- Who facilitated this? (eg midwife, lactation consultant, peer support)
- How helpful did you find this?
- Was there anything missing from this support? Could it be improved in any way to ensure you felt fully supported?

Early days

Can you tell us about your contact with a midwife, health visitor or other health professional in the early days after leaving hospital?

- What kind of support were you offered with breastfeeding?
- How was this supported delivered? (eg face-to-face, phone call, text, online video etc)
- Who facilitated this?
- How often did contact occur?
- How helpful did you find this?
- Was there anything missing from this support? Could it be improved in any way?

At this time did you seek support with breastfeeding from any other sources? If so, how did you become aware of this source of support?

Support up until this point

Following on from the early days, can you describe what sources of support you have sought or had with breastfeeding?

- Healthcare professional (eg midwife, health visitor, GP, lactation consultant)
- Breastfeeding support group, community group, peer support worker, breastfeeding counsellor
- Spouse/partner, family member, friends
- Breastfeeding resources (internet, website – specify)
- Other - specify

For each of the sources identified by the group explore the type of contact and how it was delivered

[Thinking about the support you received/accessed; can you tell us more about this?

Probe: for types of contact

- Face-to-face (eg routine health visit, socially distanced support groups)
- Telephone: Phone call or text;
- Internet/Online:
 - Internet websites (eg www.breastfedbabies.org, The Breastfeeding Network),
 - Online video platform (eg Zoom, Microsoft teams);
 - Social media (WhatsApp or WhatsApp groups, Facebook groups (eg Breastfeeding in Northern Ireland group), Twitter, Instagram, TikTok etc

PROBE for alternatives not listed

Probe: for how support was delivered

- One-to-one;
- Group setting – **Probe:** views on facilitated vs not facilitated; professional vs peer facilitation;
- Weekday versus non-weekday;
- Time of the day; and
- Frequency of contact/use.

What were your reasons for seeking advice/support? (Identify any specific issues mentioned)

Probe: what were these?

- Help with specific breastfeeding issues;
- For reassurance; and
- Help with feeling isolated/social support.

Can you describe how this support helped you? Did this support meet your expectations?

Have you continued using this support?

Probe:

- Yes – if yes, why is that
- No – if no, why is that]

Reflections on support

In general, how easy or difficult was it to access support with breastfeeding during the pandemic? Why do you say this?

What kinds of difficulties, if any, did you encounter in accessing advice or support for breastfeeding?

Probe:

- Accessing physical, face-to-face support;
- Accessing health professionals or peer support workers;
- Accessing breastfeeding support groups;
- Accessing one-to-one support;
- Accessing support at convenient times;
- Accessing support on demand/when needed or with sufficient frequency;
- Using/lack of access to technologies such as phone, text, online or video approaches; and,
- Difficulty with internet connection/availability.

Probe specifically: views on joining a breastfeeding support group – any reasons as to why women would not be willing or able to join a group (either virtual or face-to-face).

How did you manage to resolve these difficulties?

Probe:

- Resolved – in what way?
- Not resolved – What was the impact on your breastfeeding experience? (eg stopped breastfeeding), What support might have helped?

Thinking specifically about your experiences of online (internet, online video, social media) breastfeeding support, can you tell us more about your views on this.

Probe:

- Extent of comfort using online support;
- Extent of convenience using online support;
- Extent to which mothers feel safe using online support;
- Explore extent to which mothers felt any online fatigue;
- Explore issues relating to not having the appropriate technology in the home to access necessary support.

Which online platforms did you prefer to use for breastfeeding support?

Probe:

- Online video - Zoom; Microsoft Office Teams;
- WhatsApp;
- Facebook groups including breastfeeding and parenting platforms;
- Twitter;
- Instagram; and
- TikTok.

Include any alternatives previously discussed

Why do you say that?

What do you consider to be the benefits/most useful aspects of online breastfeeding support?

In your view, what are the limitations of using online platforms for delivering breastfeeding support?

In your opinion, are there certain types of breastfeeding support that can/cannot be delivered through online platforms?

In what ways do you think online platforms could be used to improve breastfeeding support? Are there other kinds of breastfeeding support that could be delivered this way?

Expectations of support 15 mins

In terms of the breastfeeding support you accessed during the pandemic, how has this support helped you breastfeed your baby for as long as you did?

Can you tell us about any other support that you may have needed but were not able to access?

In an ideal world, what would your breastfeeding support have looked like during the pandemic?

- What type of support would this involve?
- How would it have been delivered?
- What kind of platform would best fit this type of support?
- When would it have been available / delivered? PROBE WITH TIMES OF THE DAY AND DAYS OF THE WEEK – WHAT SUITS BEST?

Would the type of breastfeeding support vary at different stages (either in the pandemic – ie lockdowns or when social contact possible - or across breastfeeding journey)?

There are a number of ways that breastfeeding support can be offered, when face-to-face support is not possible or is not an option. If you had to rank your preference for the following, what would place first, second and so on?

- Phone calls;
- Text messages;
- WhatsApp;
- Facebook;
- One-to-one video call;
- Group video groups; and
- Website.

Why do you rank these in this way? Pull out any differences in individual opinion and discuss.

Is there anything missing from this list that is important to you?

Summary 5 mins

Overall, how would you rate the breastfeeding support you received during the pandemic?

In your opinion, what would be the most important thing to improve breastfeeding support?

THANK AND CLOSE

Thank you so much everyone for taking the time to participate in this group this evening. It's been a great discussion and the findings are going to be really useful to the PHA.

Does anyone have any final thoughts they would like to add on what we have discussed before we finish up?

Appendix 2: Discussion guide with service providers

Introductions to group

5mins

Thanks very much for agreeing to take part in tonight's group discussion. We really appreciate you giving up your time to share your views with us. Tonight's discussion will start at 6.30 p.m. and last up to 1.5 hours.

Just a little bit about why we have asked you to take part tonight. My name is [name] and I work for the independent research organisation, Ipsos MORI. I will be moderating the group this evening. There is also another moderator present, [name] who will be observing the session and will be on hand to deal with any technical issues, should these arise.

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Can everybody please indicate whether they are happy to take part in the research on the basis of what has been outlined above and what was included in the consent form you received with your invitation?

Moderator wait until consent is received from all participants.

Ok, now that that is all out of the way, we're going to dive in.

Background

10 mins

Can you tell us about your role and experience in delivering breastfeeding support? First focusing on before the Covid-19 pandemic – what would you/your organisation have provided?

Probes

- Where – HSCT, SureStart, Voluntary (LLL, NCT)
- Location – hospital, community, SureStart – **specify other**
- Did they lead the group or were they a member of the group.
- Type of contact: face-to-face, telephone/text, Internet/Online (internet website, online video/zoom etc), social media (eg WhatsApp / Facebook): **specify other**
- What format did the support take eg groups, 1:1, peer support

- How support was delivered: one-to-one / group setting, facilitated / not facilitated; professional / peer facilitation; structured (eg topic led, schedule of planned activities) / non-structured;
- When support was delivered: Weekday / non-weekday; time of day; frequency of contact/use.
- Nature of venue – group or 1:1: suitable venue, space/toys/comfortable/welcoming

Impact of COVID

45 mins

Can you describe how the Covid-19 pandemic has impacted on your experience of delivering breastfeeding support?

What changed about the breastfeeding support you were able to provide/provided?

Probe: for types of contact

- Face-to-face (eg routine health visits, socially distanced support groups)
- Telephone: Phone call or text;
- Internet/Online:
 - Online video platform (eg Zoom, Microsoft teams);
 - Social media (WhatsApp or WhatsApp groups, Facebook groups (eg Breastfeeding in Northern Ireland group), Twitter, Instagram, TikTok etc

PROBE for alternatives not listed

- How support was delivered: one-to-one / group setting, facilitated / not facilitated; professional / peer facilitation; structured (eg topic led, schedule of planned activities) / non-structured;
- When support was delivered: Weekday / non-weekday; time of day; frequency of contact/use.

Where do you access breastfeeding information / training to support you in your role of supporting breastfeeding mothers?

How has this changed in the context of the Covid-19 pandemic and dealing with breastfeeding challenges?

Probe

- In house training via HSCTs/Infant feeding leads/PHA
- The Breastfeeding Network, Unicef BabyFriendly, LLL, etc
- Resources eg Off To a Good Start

In terms of the breastfeeding support you provided during the Covid-19 pandemic what do you think worked well?

Probes:

- Ease of delivery
- Access to larger numbers of women (venues can sometimes limited numbers)
- Not having to travel
- Not having to set up room
- Mums feedback/satisfaction (eg convenience, not having to leave home, stay at home if other children, helped sustain breastfeeding)

What were the challenges / difficulties you faced in delivering breastfeeding support during the Covid-19 pandemic?

Probes:

- IT technical issues (eg sound, connectivity)
- Learning/adapting to facilitate a group online – different from face-to-face
- Flow of group – IT can interfere with this
- Body language – sometimes difficult to interpret challenges when mums are struggling – harder to see
- Online group – does not lend itself to sensitive conversation
- Difficult to observe a feed where support for positioning and attachment is needed
- Managing a conversation – facilitation of groups requires some structure

Specify other

In what ways, if at all, were you able to deal with/resolve these challenges / difficulties?*Probes*

- Resolved – in what way?
- Not resolved – What was the impact on the support provided? In your opinion, what else that could have been done to resolve the issue(s)?

What kinds of difficulties did mums report encountering in accessing advice or support for breastfeeding?*Probes:*

- Accessing physical, face-to-face support;
- Accessing health professionals or peer support workers;
- Accessing breastfeeding support groups;
- Accessing one-to-one support;
- Accessing support at convenient times;
- Accessing social support from other mums;
- Accessing support on demand/when needed or with sufficient frequency;
- Using/lack of access to technologies such as phone, text, online or video approaches; and,
- Difficulty with internet connection/availability;
- Change in format/delivery of support;
- Accessing support for maternal wellbeing (related issues such as sleep, weaning, nutrition, postnatal mental health).

Specify other

What were the main reasons why women were seeking advice/support during the Covid-19 pandemic?*Probes: what were these?*

- Help with specific breastfeeding issues (eg pain, low milk supply, position and attachment, mastitis, tongue tie);
- For reassurance; and
- Help with feeling isolated/social support.
- Were these issues different before the pandemic?

How does the type of support required/preferred by mothers vary according to breastfeeding issue, baby's stage of development or level of restrictions over the course of the pandemic?*Probes:*

- Age of baby eg in the early days is face-to-face a preference
- Observed feeding assessment may be more difficult online
- Sensitive breastfeeding issues difficult to discuss in group situations

What are your views on why women would not be willing or able to join a breastfeeding support group (either face-to-face or virtual)?

Probes: Eg technology poverty, shy, reluctant if mixed feeding, judgement

Any suggestions on how women might be encouraged / facilitated to access a breastfeeding support group?

Probe: antenatal education, awareness before leaving

Online breastfeeding support

20 mins

Thinking specifically about your experience of delivering online (internet, online video, social media) breastfeeding support during the Covid-19 pandemic can you tell us more about your views on this?

Probe:

In terms of mums

- Extent of comfort using online support;
- Extent of convenience using online support;
- Extent to which mothers feel safe using online support;
- Explore extent to which mothers felt any online fatigue;
- Explore issues relating to not having the appropriate technology in the home to access necessary support.
- Reassured that they had their needs met

Which online platforms did you prefer to use for breastfeeding support and why?**Probes:**

- Online video - Zoom; Microsoft Office Teams;
- WhatsApp;
- Facebook groups including breastfeeding and parenting platforms;
- Twitter;
- Instagram; and
- TikTok.
- Include any alternatives previously discussed

What do you consider to be the benefits/most useful aspects of online breastfeeding support?**In your view, what are the limitations of using online platforms for delivering breastfeeding support?****In your opinion, are there certain types of breastfeeding support that can/cannot be delivered through online platforms?****In what ways do you think online platforms could be used to improve breastfeeding support? Are there other kinds of breastfeeding support that could be delivered this way?****Final reflections**

10 mins

In an ideal world, what kind of breastfeeding support would you have liked to have delivered during the pandemic?*Probes*

- What type of support would this involve?
- How would it have been delivered?
- What kind of platform would best fit this type of support?
- When would it have been available / delivered? PROBE WITH TIMES OF THE DAY AND DAYS OF THE WEEK – WHAT SUITS BEST?

Thinking ahead to when the pandemic ends, what elements, if any, of the services you've delivered during COVID-19 will you retain? What will you leave behind?

- Why do you say that?

Appendix 3: Recruitment criteria

Audience	Target criteria	Group demographics
1. First time mothers	<ul style="list-style-type: none"> Must have delivered a baby between 1st March 2020 and 31st January 2021 Must currently breastfeed their baby or have breastfed at some point during the pandemic and may have now stopped due to child's age. 	<ul style="list-style-type: none"> Aim to recruit a spread across the pandemic period (min 2x who had given birth in first lockdown period) Spread across Northern Ireland (3x East of the Bann and 3x West of the Bann) Spread across urban/rural (4 urban and 2 rural) Spread across social class (min 2x ABC1 and min 2x C2DE) Spread of ages
2. First time mothers	<ul style="list-style-type: none"> Must have delivered a baby between 1st March 2020 and 31st January 2021 Must have attempted to breastfeed their baby but stopped – must have breastfed for at least a week once out of hospital 	<ul style="list-style-type: none"> Aim to recruit a spread across the pandemic period (min 2x who had given birth in first lockdown period) Spread across Northern Ireland (3x East of the Bann and 3x West of the Bann) Spread across urban/rural (4 urban and 2 rural) Spread across social class (min 2x ABC1 and min 2x C2DE) Spread of ages
3. Second time mothers	<ul style="list-style-type: none"> Must have delivered a baby between 1st March 2020 and 31st January 2021 Must currently breastfeed their baby or have breastfed at some point during the pandemic and may have now stopped due to child's age. Must already have a child/children 	<ul style="list-style-type: none"> Aim to recruit a spread across the pandemic period (min 2x who had given birth in first lockdown period) Spread across Northern Ireland (3x East of the Bann and 3x West of the Bann) Spread across urban/rural (4 urban and 2 rural) Spread across social class (min 2x ABC1 and min 2x C2DE) Spread of ages
4. Sure start mothers*	<ul style="list-style-type: none"> Must have delivered a baby between 1st March 2020 and 31st January 2021 Must currently breastfeed their baby or have breastfed at some point during the pandemic and may have now stopped due to child's age. 	<ul style="list-style-type: none"> Aim to recruit a spread across the pandemic period (min 2x who had given birth in first lockdown period) Spread across Northern Ireland (3x East of the Bann and 3x West of the Bann) Spread across urban/rural (4 urban and 2 rural) Spread of ages Mix of first time mothers or mothers who already have a child (second time/subsequent mothers)
5. Sure start mothers*	<ul style="list-style-type: none"> Must have delivered a baby between 1st March 2020 and 31st January 2021 Must currently breastfeed their baby or have breastfed at some point during the pandemic and may have now stopped due to child's age. 	<ul style="list-style-type: none"> Aim to recruit a spread across the pandemic period (min 2x who had given birth in first lockdown period) Spread across Northern Ireland (3x East of the Bann and 3x West of the Bann) Spread across urban/rural (4 urban and 2 rural) Spread of ages Mix of first time mothers or mothers who already have a child (second time/subsequent mothers)
6. Service providers	<ul style="list-style-type: none"> Must operate within the community and voluntary sector Must provide or have provided support for breastfeeding mothers during the period 1st March 2020 and 31st January 2021. 	<ul style="list-style-type: none"> Aim for regional spread across Northern Ireland
7. Service providers	<ul style="list-style-type: none"> Must operate within the health and social care sector Must provide or have provided support for breastfeeding mothers during the period 1st March 2020 and 31st January 2021. 	<ul style="list-style-type: none"> Aim for regional spread across Northern Ireland

Our standards and accreditations

Ipsos MORI's standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos MORI was the first company in the world to gain this accreditation.



Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos MORI endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.



ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos MORI was the first research company in the UK to be awarded this in August 2008.



The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos MORI is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.



HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos MORI was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



Fair Data

Ipsos MORI is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

For more information

T: +44 (0)28 9050 0800

www.ipsos-mori.com

<http://twitter.com/IpsosMORI>

About Ipsos MORI Public Affairs

Ipsos MORI Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.

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