National Institute for Health and Care Excellence

Draft for consultation

Postnatal care

[S] Breastfeeding information and support

NICE guideline <TBC>

Evidence reviews

October 2020

Draft for consultation

These evidence reviews were developed by the National Guideline Alliance part of the Royal College of Obstetricians and Gynaecologists

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Breastfeeding information and support

This evidence review supports recommendations 1.5.2, 1.5.3, 1.5.4, 1.5.5, 1.5.8, 1.5.9, 1.5.10, 1.5.11, 1.5.12 and 1.5.13.

Review questions

This evidence report contains information on 4 qualitative reviews designed to identify what information and support women find useful with breastfeeding. The committee anticipated that the relevant studies would have an overlapping focus on information and support in relation to breastfeeding. For this reason, they agreed it would be appropriate for the reviews to be analysed and reported together in a single evidence report. The review questions are:

- What information on breastfeeding do parents find helpful (single births)?
- What information on breastfeeding do parents find helpful (twins and triplets)?
- What support with breastfeeding do parents find helpful (single births)?
- What support with breastfeeding do parents find helpful (twins and triplets)?

Introduction

Breastfeeding is known to have some benefits on mothers and babies, when compared with formula feeding. The benefits include lower rates of infection and allergy in the babies and reduced risk of breast cancer in the mothers. Some mothers choose bottle feeding while others struggle to establish satisfactory breast feeding. This review aims to determine what information and support on breastfeeding, provided antenatally or in the first 8 weeks after a singleton or multiple birth, parents find helpful.

Summary of the protocol

See Table 1 for a summary of the Population, (Phenomenon of) Interest, Context (PICo) characteristics of this review.

Table 1: Summary of the protocol (PICo table)

Population	Pregnant women and women who have given birth to a healthy baby at term (or to healthy twins or triplets)and their partners
Phenomenon of Interest (information)	Views and experiences of the information about breastfeeding provided antenatally or in the first eight weeks after a singleton or multiple birth. Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes may be found in the literature and that additional themes may be identified): • position and attachment of the infant(s) during breastfeeding • frequency and duration of breastfeeding • how to know when the infant(s) has had enough/too much milk • concerns with breast milk supply • the best environment to breastfeed in and how to breastfeed when out • items to buy for breastfeeding (e.g. clothing, breast pads) • how, why and what a woman needs for expressing breast milk and using it • helping partners to understand the value of breastfeeding

	• management of common minor breastfeeding problems • impact on breastfeeding if formula chosen.
Phenomenon of Interest (support)	Views and experiences of the support available for breastfeeding antenatally or during the first 8 weeks after birth. Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes may be found in the literature and that additional themes may be identified): • types of support e.g. midwife, health visitor, breastfeeding specialist, GP, NCT group, maternity support worker, professional peer supporters, lactation specialist, helplines, telephone support, text support, children's centres, internet resources, online forums, etc. • accessibility of support e.g. out of hours, availability of appointments, language barriers, cost, when it should be given (antenatal / postnatal), frequency, where support is delivered (for example in home setting / support group) etc. • feeling pressured to breastfeed • reliability e.g. trust in the information given.
Context	Studies from the UK only.

GP: General Practitioner; NCT: National Childbirth Trust

For full details see the review protocol in appendix A

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual 2014. Methods specific to this review question are described in the review protocol in appendix A.

Declarations of interest were recorded according to NICE's 2014 conflicts of interest policy until March 2018. From April 2018 until June 2019, declarations of interest were recorded according to NICE's 2018 conflicts of interest policy. From July 2019 onwards, the declarations of interest were recorded according to NICE's 2019 conflicts of interest policy. Those interests declared before July 2019 were reclassified according to NICE's 2019 conflicts of interest policy (see Register of Interests).

Clinical evidence

Included studies

Twenty-eight qualitative studies were in this review (with 16 included for the information question and 22 included for the support question, although these were not always mutually exclusive with 16 papers reporting data on both). Twenty-three studies collected data through interviews or focus groups (Cloherty 2004, Cloherty 2005, Dykes 2003, Dykes 2005, Edwards 2018, Hinsliff-Smith 2014, Hoddinott 1999, Hoddinott 2012, Ingram 2004, Islam 2016, Jardine 2017, Keeley 2015, Leeming 2015, Moran 2015, Panranjothy 2007, Sherriff 2009, Stewart-Knox 2003, Thomson 2012a, Thomson 2012b, Thomson 2015, Whelan 1998, Williamson 2012); 2 studies collected data from surveys with open ended questions (Fair 2018;Gaffy 2005); and 3 study collected data from interviews or focus groups and surveys with open ended questions (Beake 2005, Ingram 2013, Roberts 2009) . In 2 cases, 2 publications (Cloherty 2004 and Cloherty 2005; Leeming 2015 and Wiliamson 2012) were based on the same data collection, however focused on different issues and reported different themes, and Williamson 2012 only focused on a subset of women included in Leeming 2015. Some studies focused on participants' experiences up to 10 weeks

postpartum. It was agreed with the committee that this threshold was close enough to the 8 weeks' threshold and that the population was similar to that of interest in the review, so these studies were checked to see if they would add any additional themes to the review or if they should be excluded based on data saturation. Three studies (Dykes 2003, Hoddinott 1999, and Keely 2015) covered a period up to the first 10 weeks and were included because they contributed to the review with new themes. Moreover, some studies interviewed women later than 8 weeks after birth, but referred to the time period of interest and so were included. These studies were: Condon 2012, which included both pregnant women and women whose baby was aged 2 years or younger, but data was only extracted in relation to antenatal information and support at birth; Edwards 2018, which interviewed participants up to 12 weeks after birth, but focused on breastfeeding initiation; Fair 2018, which interviewed participants currently expecting a baby or with a child up to 1 year old, and only focused on antenatal breast expression; Morgan 2015, which included pregnant women and women until 6 months after birth, but only data about the early stages of breastfeeding were extracted; Sherriff 2018, which interviewed fathers with young babies between 6 weeks and 11 months of age, but data was extracted in relation to their experiences of antenatal information and support, as this time period is relevant to this review; Thomson 2012b, which interviewed women when their infants were between 6 and 16 weeks, but focused on an intervention delivered in the first 8 weeks after birth.

Thirteen studies specifically evaluated the response to an intervention that was either delivered, offered (but not necessarily accepted) or was discussed as something that in retrospect may have improved an already lived experience (Beake 2005; Cloherty 2005; Fair 2018; Hoddinot 2012; Ingram 2004; Ingram 2013; Islam 2016; Morgan 2015; Paranjothy 2007; Roberts 2009; Thomson 2012a, Thomson 2012b, and Thomson 2015). Beake 2005 evaluated the use of health care assistants in the community to support disadvantaged women. Cloherty 2005 looked at women's opinions on the use of a cup or bottle for supplementing breastfeeding. Fair 2018 evaluated women who had started antenatal breast expression. Hoddinot 2012 evaluated a feeding team intervention that was either team initiated (proactive) or woman initiated (reactive). Ingram 2004 evaluated a 30-minute session on breastfeeding specifically given to fathers or grandparents. Ingram 2013 evaluated a peer support service. Islam 2016 evaluated the Mum2Mum peer support programme. Morgan 2015 focused on incentives but women had not necessarily participated in an incentive scheme. Paranjothy 2007 evaluated the Mam-Kind peer support service. Roberts 2009 evaluated women's opinions on whether a video support service would be well received. Thomson 2012a, Thomson 2012b and Thomson 2015 all evaluated the Star Buddies peer support service, but Thomson 2012b focused on an incentive scheme embedded within the Star Buddies intervention.

One study included both mothers and fathers (Ingram 2004); 1 study only included fathers (Sheriff 2009), 26 studies only included mothers (Beake 2005, Cloherty 2004, Cloherty 2005, Condon 2012, Dykes 2003, Dykes 2005, Edwards 2018, Fair 2018, Graffy 2005, Hinsliff-Smith 2014, Hoddinott 1999, Hoddinott 2012, Ingram 2013, Islam 2016, Jardine 20017, Keeley 2015, Leeming 2015, Morgan 2015, Paranjothy 2017, Roberts 2009, Stewart-Knox 2003, Thomson 2012a, Thomson 2012b, Thomson 2015, Wheelan 1998, and Williamson 2012).

Two studies recruited young women aged 19 years old or under (Condon 2012 and Dykes 2003), three studies did not report the age of the participants (Beake 2005, Hinsliff-Smith 2014 and Stewart-Knox 2003), and the remaining studies recruited women typically from 16 years to 40's (Cloherty 2004, Cloherty 2005, Dykes 2005, Edwards 2018, Fair 2018, Graffy 2005, Hoddinott 1999, Hoddinott 2012, Ingram 2004, Ingram 2013, Islam 2016, Jardine 20017, Keeley 2015, Leeming 2015, Morgan 2015, Paranjothy 2017, Roberts 2009, Sheriff 2009, Thomson 2012a, Thomson 2012b, Thomson 2015, Wheelan 1998, and Williamson 2012).

Five studies only included singleton pregnancies (Edwards 2018, Keely 2015, Leeming 2015, Paranjothy 2007, Williamson 2012). Twenty studies did not report whether women had singleton or multiple births (Beake 2005, Condon 2012, Dykes 2003, Dykes 2005, Fair 2018, Graffy 2005, Hinsliff-Smith 2014, Hoddinott 1999, Hoddinott 2012, Ingram 2004, Islam 2016, Jardine 2017, Morgan 2015, Roberts 2009, Sherriff 2009, Stewart-Knox 2003, Thomson 2012a, Thomson 2012b, Thomson 2015, Whelan 1998). Two publications based on the same population reported that the majority had a singleton birth but there was one woman who had twins (Cloherty 2004 and Cloherty 2005). One study did not report on the number of singleton or multiple births but the quotes indicate that at least one mother and one father of twins were included (Ingram 2013). No theme specific to twins or triplets was identified. No paper specific to twins or triplets was identified.

Seven studies recruited primiparous women (Edwards 2018, Hinsliff-Smith 2014, Hoddinott 1999, Jardine 2017, Leeming 2015, Thomson 2012a, Williamson 2012), and 1 study recruited women who were breastfeeding for the first-time (Islam 2016). Fifteen studies recruited a mixture of primiparous and multiparous women (Cloherty 2004, Cloherty 2005, Dykes 2003, Dykes 2005, Fair 2018, Graffy 2005, Hoddinott 2012, Ingram 2004, Ingram 2013, Morgan 2015, Roberts 2009, Stewart-Knox 2003, Thomson 2012b, Thomson 2015, Whelan 1998). Four studies did not report whether the women were primiparous or multiparous (Beake 2005, Condon 2012, Keely 2015, Paranjothy 2007). The 2 studies that recruited fathers (Ingram 2004 and Sheriff 2009), both recruited a mixture of first-time fathers and fathers with previous children.

Seven studies specifically recruited participants from socially deprived areas or recruited only women with low income (Beake 2005, Hoddinott 1999, Ingram 2004, Ingram 2013, Islam 2016, Paranjothy 2007 and Whelan 1998). One study specifically recruited from an area where breastfeeding rates were low (Hinsliff-Smith 2014). In 1 study (Edwards 2018), all women were educated to degree level or beyond. Five studies did not report on the socio-economic status, employment or education of participants (Condon 2012, Dykes 2003, Hoddinott 2012, Thomson 2012a and Thomson 2012b). The remaining 14 studies either reported that participants came from a mixed socio-economic background or reported the participants' education level and/or their employment level, from which we have assumed participants came from a mixed socio-economic background (Cloherty 2004, Cloherty 2005, Dykes 2005, Fair 2018, Graffy 2005, Jardine 20017, Keeley 2015, Leeming 2015, Morgan 2015, Roberts 2009, Sheriff 2009, Stewart-Knox 2003, Thomson 2015, and Williamson 2012).

Eight studies recruited all White participants (Cloherty 2004 and 2005, Dykes 2003, Hoddinott 1999, Islam 2016, Jardine 2017, Whelan 1998, and Williamson 2012). Ten studies recruited a population that was majority White with a small proportion of other ethnicities or countries of origin (Condon 2012, Dykes 2005, Edwards 2018, Fair 2018, Keely 2015, Leeming 2015, Morgan 2015, Paranjothy 2007, Thomson 2012b, Thomson 2015). Graffy 2005 was the only study to include a considerable number of people from ethnic minorities (either African, Caribbean or from the Indian subcontinent). The remaining 9 studies did not report the ethnicity of their participants (Beake 2005, Hinsliff-Smith 2014, Hoddinott 2012, Ingram 2013, Roberts 2009, Sheriff 2009, Stewart-Knox 2003, Thomson 2012a, and Thomson 2015).

Most studies did not report the mode of birth. The studies that did report on this, included various modes of birth (Cloherty 2004, Dykes 2005, Edwards 2018, Hoddinott 1999, Jardine 2017, Leeming 2015, and Williamson 2012).

The type of feeding (breastfeeding, mixed feeding or bottle feeding) and duration of feeding at the time of data collection varied between the studies. Most studies required participants to have intended to breastfeed or had initiated breastfeeding at some point or were partners of women who had intended or initiated breastfeeding.

Data from the included studies were explored in a number of central themes and subthemes:

Theme 1. Emotional and individualised support

- Sub-theme 1.1. Individualised support
- Sub-theme 1.2. Importance of encouragement, reassurance and gaining confidence

Theme 2. (Dis)empowerment, feeling judged or pressured

- Sub-theme 2.1. Feeling pressured
- Sub-theme 2.2. Breastfeeding is 'natural' message reinforces guilty
- Sub-theme 2.3. Feeling judged
- Sub-theme 2.4. Empowerment or disempowerment

Theme 3. Continuity of care

- Sub-theme 3.1. Conflicting information
- Sub-theme 3.2. Continuity of professional supporter across the antenatal and postnatal period
- Sub-theme 3.3. Multiple opportunities to ask for and receive information
- Sub-theme 3.4. Remote support and continuity of care
- Sub-theme 3.5. Transition from one-to-one peer support to other sources of support

Theme 4. Limited time of health care professionals

Theme 5. Benefits specific to peer support

- Sub-theme 5.1. Valuable advice from peer supporters based on their own experience
- Sub-theme 5.2. Peer supporters as complementary to other support
- Sub-theme 5.3. Breastfeeding groups and social capital

Theme 6. Remote support

- Sub-theme 6.1. Remote support as extra support as opposed to replacing face-to-face support
- Sub-theme 6.2. Perceived lack of benefit from remote support
- Sub-theme 6.3. Reactive phone calls
- Sub-theme 6.4. Timing of remote support
- Sub-theme 6.5. Flexibility and accessibility of peer support by phone and text
- Sub-theme 6.6. Response time of different communication technologies
- Sub-theme 6.7. Privacy and security of video support
- Sub-theme 6.8. Location of video support
- Sub-theme 6.9. Cost of calls to landlines and mobiles

Theme 7. Practical support and information

- Sub-theme 7.1. Antenatal information

Sub-theme 7.2. Antenatal perceptions of 'nakedness' in breastfeeding promotion materials

Sub-theme 7.3. Being shown, not told what to do

Sub-theme 7.4. Understanding their body and the underlying physiology of breastfeeding, what is normal

Sub-theme 7.5. Information and support with assessment of milk sufficiency

Sub-theme 7.6. Healthcare professionals have all the solutions

Sub-theme 7.7. Simple Language

Sub-theme 7.8. Knowing the benefits

Sub-theme 7.9. Supplementation in the early postpartum period

Sub-theme 7.10. Other useful or not useful information

Sub-theme 7.11. Importance of support

Theme 8. Reasons for not seeking support

Sub-theme 8.1. Poor advertising

Sub-theme 8.2. Feeling unable to ask for help or lack of clear reasons for not accessing support

Sub-theme 8.3. Not wanting to rely on others

Sub-theme 8.4. Lack of confidence

Sub-theme 8.5. Preference for online support

Sub-theme 8.6. Wary of support from a stranger and not knowing what to expect

Sub-theme 8.7. Delay in establishing contact

Sub-theme 8.8. Physical discomfort and practicalities of transport arrangements, and preference for home support

Theme 9. Antenatal breast expression

Theme 10. Young women

Sub-theme 10.1. Antenatal education

Sub-theme 10.2. Emotional support

Sub-theme 10.3. Esteem support

Sub-theme 10.4. Midwife support

Sub-theme 10.5. Informational support

Theme 11. Partners

Sub-theme 11.1. Involvement in the antenatal period

Sub-theme 11.2. Interventions aimed at involving family members

Theme 12. Financial incentives

Sub-theme 12.1. Facilitating connections – encouraging access

Sub-theme 12.2. Weekly gifts to motivate women through the early 'difficult' periods.

Sub-theme 12.3. In the early stages support by health professionals is more important than incentives.

Sub-theme 12.4. Appropriateness of gifts

Sub-theme 12.5. Facilitating connections – connecting to self and others.

Sub-theme 12.6. Facilitating connections – relating to the outside world.

Sub-theme 12.7. Facilitating relationships and wellbeing – Being on the journey together.

Sub-theme 12.8. Facilitating relationships and wellbeing – Encouraging sensitive dialogues and opportunities for support.

Sub-theme 12.9. Facilitating relationships and wellbeing – Being rewarded.

Sub-theme 12.10. Receiving a breast pump.

The included studies are summarised in **Error! Reference source not found.**.

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

Excluded studies

Studies not included in this review with reasons for their exclusion are provided in appendix K.

Summary of studies included in the evidence review

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

Table 2: Summary of included studies

Study	Participants	Methods	Themes
Beake 2005 **Aim of the study** • To evaluate the implementation of a small scale pilot project using health care assistants in the community to support disadvantaged women breastfeeding.	N=44 women filled in the questionnaire N=6 completed semi-structured interviews All from London	Questionnaire including open and closed questions and semi-structured interviews	• Emotional and individualised support • (Dis) empowerment, feeling judged or pressured • Continuity of care • Practical support and information
Cloherty 2004* **Aim of the study** • To explore mothers' and healthcare professionals' beliefs, expectations and experiences in relation to	N=30 mothers from the South West of England Ethnicity n=30 White	Observations and one-to-one interviews	• Practical support and information

Study	Participants	Methods	Themes
supplementation of breast feeding in the postnatal ward and newborn-baby unit.			
Cloherty 2005* **Aim of the study** • To explore the cup-versus-bottle debate.	See Cloherty 2004	See Cloherty 2004	• Practical support and information
Condon 2012 **Aim of the study** • To explore young women's experiences of the breastfeeding promotion and support delivered by health professionals.	N=29 young women aged 19 or under from Bristol Ethnicity: n=23 white British; n=4 Black British; n=1 British Asian; n=1 White European	Focus groups: n=12 Semi-structured interviews: n=17	• Young women
Dykes 2003 **Aim of the study** • To explore the experiences and support needs of adolescent mothers who start breastfeeding.	N=13 women aged 14 to 19 years from the North West of England Ethnicity: all participants were White	Semi-structured interviews	• Young women
Dykes 2005 **Aim of the study** • To explore the nature of interactions between midwives and breast-feeding women within postnatal wards.	N=61 women from the North of England Ethnicity: 5 women were Asian, 56 White	Observations and focused one-to-one interviews	• Emotional and individualised support • Limited time of healthcare professionals • Practical support and information
Edwards 2018 **Aim of the study** • To explore women's and midwives' expectations, knowledge and experiences of breastfeeding initiation using	N=8 Women from Scotland Ethnicity: n=3 Scottish; n=2 white British; n=1 white Lithuanian; n=1 German; n=1 American	Focus groups	• Continuity of care • Limited time of healthcare professionals • Practical support and information

Study	Participants	Methods	Themes
Social Cognitive Theory.			
Fair 2018 **Aim of the study** • To explore women's knowledge, practices and experiences on antenatal breast expression.	N=688 women Ethnicity (n=683): white: n=652; Black: n=7; Asian: n=8; Mixed: n=16	Questionnaire	• Antenatal breast expression
Graffy 2005 **Aim of the study** • To examine women's perspectives on the information, advice, and support they receive with breastfeeding.	N=649 women from London Ethnicity (n=640): UK and other white n=440 (68.8); African and Caribbean n=103 (16.1); Indian subcontinent n=50 (7.8); Other n=47 (7.3)	Questionnaire	• Emotional and individualised support • Continuity of care • Limited time of healthcare professionals • Practical support and information
Hinsliff-Smith 2014 **Aim of the study** • To understand the experiences and challenges of breastfeeding in the early postpartum period (defined as 6-8 weeks) for primiparous women.	N=26 women from East Midlands	Written diary and one-to-one interviews	• Emotional and individualised support • (Dis) empowerment, feeling judged or pressured • Practical support and information
Hoddinott 1999 **Aim of the study** • To examine antenatal expectations and postnatal experiences of first-time mothers.	N=21 women from a deprived inner London health authority	One-to-one interviews. All women were interviewed before antenatal booking, 19 women were interviewed again at 6 to 10 weeks after birth	• Reasons for not seeking support
Hoddinott 2012 **Aim of the study** • To assess the feasibility, acceptability and	N=40 women from Scotland	Semi-structured interviews, recording or telephone calls and case notes	• Continuity of care • Practical support and information • Benefits specific to peer support

Study	Participants	Methods	Themes
fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge.			• Remote support
Ingram 2004 **Aim of the study** • 'to assess fathers' and grandmothers' knowledge of breast feeding and their ability to support successful breast feeding. To design a suitable intervention for fathers and grandmothers to support breast-feeding mothers, to assess the acceptability and feasibility of the intervention'.	N=5 Fathers (non-intervention) n=29 Mothers (intervention) n=19 Fathers (intervention) From South Bristol	One-to-one interviews	• Partners
Ingram 2013 **Aim of the study** • To explore the perceptions of mothers, midwives and peer supporters as part of an evaluation of a peer support service.	N=163 women (survey) n=14 interviews from Bristol Only the perceptions of mothers were extracted for this review.	Survey consisting of closed and open-ended questions and telephone interviews (n=13) and face to face interviews (n=1)	• Benefits specific to peer support • Practical support and information • Remote support • Partners
Islam 2016 **Aim of the study** • To investigate why women were not engaging in the Mum2Mum programme, which had a poor uptake.	N=11 women from South East London	Semi-structured interviews	• Reasons for not seeking support

Study	Participants	Methods	Themes
Jardine 2017 **Aim of the study** • To understand whether pregnant women intending to breastfeed, who later discontinue, differ in their breastfeeding perceptions compared with those who continue and what factors women report influenced their breastfeeding behaviour.	N=10 women from Scotland Ethnicity/nationality: White, Scottish n=7; White, English n=1; White, other n=2	Semi-structured face-to-face interviews	• Emotional and individualised support • Continuity of care • Practical support and information
Keely 2015 **Aim of the study** • To explore the views and experiences of obese women who had either stopped breastfeeding or were no longer exclusively breastfeeding 6 to 10 weeks postpartum, despite an original intention to do so, in relation to current breastfeeding support services.	N=28 women from Scotland	Semi-structured interviews	• Practical support and information • Reasons for not seeking support
Leeming 2015** **Aim of the study** • To explore the experiences of first-time mothers in relation to breastfeeding support from maternity care professionals and other breastfeeding advisors.	N=22 women from the Midlands Ethnicity: White British: n=18. Black-Caribbean: n=2. Eurasian: n=1. White Irish: n=1	7 day audio diary and follow-up interview	• (Dis)empowerment, feeling judged or pressured • Continuity of care • Practical support and information

Study	Participants	Methods	Themes
Morgan 2015 **Aim of the study** • To explore the mechanisms of action and interactions of incentives and the unintended consequences of incentives.	N=83 women (of which n=38 pregnant and n=45 postnatal; 2 pregnant women later also participated in postnatal interviews) and 5 partners	One-to-one interviews and focus groups, which included the use of intervention vignettes when appropriate	• Financial incentives
Paranjothy 2007 **Aim of the study** • To assess the feasibility and acceptability of providing motivational interviewing-based breastfeeding peer support to women living in areas with high levels of social deprivation	N=29 women from 3 areas with high levels of social deprivation and low breastfeeding initiation rates	One-to-one interviews with a topic guide	• Continuity of care • Benefits specific to peer support • Remote support • Reasons for not seeking support
Roberts 2009 **Aim of the study** • To investigate whether future video support after hospital discharge would be feasible and acceptable to mothers as a useful method of post-natal support for infant feeding, and explore general views on the potential use of other communication technologies.	N=91 women responded to questionnaire n=20 women participated in qualitative interviews from rural Scotland	Semi-structured qualitative telephone interviews and postal questionnaire	• Benefits specific to peer support • Remote support
Sherriff 2009 **Aim of the study** • To explore fathers' experiences during the pregnancy, birth and up to the first year, and to provide insight into current issues and problems from a father's perspective and to identify possible interventions which could	N=8 fathers from different socio-economic groupings from Brighton and Hove Only data referring to the antenatal period were extracted for this review	Semi-structured in-depth interviews	• Practical support and information • Partners

Study	Participants	Methods	Themes
contribute to achieving behaviour change			
Stewart-Knox 2003 **Aim of the study** • To define and explore factors determining infant feeding decisions in Northern Ireland	N=12 pregnant women at various stages of pregnancy	2 focus groups (7 and 5 participants each) Health promotion materials were presented as cues and prompts	• (Dis) empowerment, feeling judged or pressured • Practical support and information
Thomson 2012a **Aim of the study** • To explore experiences, facilitators, barriers and challenges faced in the introduction of a breastfeeding support service.	N=47 women from Blackpool	Semi-structured interviews either face to face (n=30) or telephone (n=17)	• Emotional and individualised support • (Dis) empowerment, feeling judged or pressured • Benefits specific to peer support • Practical support and information • Remote support • Young women
Thomson 2012b **Aim of the study** • To explore the meanings attributed to receiving incentives	N=26 women in the North West of England Ethnicity: White British: n=25; Asian origin: n=1	In-depth one-to-one qualitative interviews	• Financial incentives
Thomson 2015 **Aim of the study** • To describe and consider, drawing on social capital concepts, how the peer support service created horizontal and vertical relationships.	N=24 women from North Lancashire Ethnicity/nationality: White British/European: n=23; Latin American: n=1	Face-to-face or telephone interviews	• Benefits specific to peer support
Whelan 1998 **Aim of the study** • Identify those factors which promote or discourage successful breast feeding in a sample of women with a low income.	N=15 Women from South West of England Ethnicity N=15 White	Semi-structured interviews	• Emotional and individualised support • (Dis) empowerment, feeling judged or pressured • Practical support and information

Study	Participants	Methods	Themes
Williamson 2012** **Aim of the study** • To explore the experiences of first-time mothers who struggled with breastfeeding in the early post-partum period	N=8 women from the Midlands Ethnicity: all White	7 day audio diary and follow-up interview	• Practical support and information

NA: not applicable
**1 of 2 publications based on data originally collected from 30 women. 2 publications look at 2 different (but partly overlapping) samples of women.*
***1 of 2 publications based on data originally collected from 22 women. Williamson 2012 focused on a subset of women from Leeming 2015.*

See the full evidence tables in appendix D. No meta-analysis was conducted (and so there are no forest plots in appendix E).

Quality assessment of themes included in the evidence review

See the evidence profiles in appendix F.

Economic evidence

Included studies

A single economic search was undertaken for all topics included in the scope of this guideline but no economic studies were identified which were applicable to these review questions. See the literature search strategy in appendix B and economic study selection flow chart in appendix G.

Excluded studies

No economic studies were reviewed at full text and excluded from this review.

Economic model

No economic modelling was conducted for these review questions because the committee agreed that other topics were higher priorities for economic evaluation.

Evidence statements

Clinical evidence statements

Theme 1. Emotional and individualised support.
Sub-theme 1.1. Individualised support

- Moderate quality evidence from 3 studies (N=720) reported on this theme. Women wanted the opportunity to talk through their feelings and difficulties, they wanted those offering support to listen to them and understand their individual experiences. Time was required for the woman and the person offering support to get to know each other and to build a relationship of trust. This allowed the person offering support to tailor information to the woman's individual needs.

Sub-theme 1.2. Importance of encouragement, reassurance and gaining confidence

- High quality evidence from 6 studies (N=842) reported on this theme. Women valued encouragement and a friendly and non-judgemental approach which made them gain confidence, instil calm and sustain their hopefulness through reassurance and praise. It was important for women to know that they were able to access trusted help. The approach should also be non-dogmatic and realistic. All of this enhanced women's self-esteem and self-efficacy to continue breastfeeding. Support that only focused on the technical aspects of breastfeeding in an authoritative manner, rather than valuing the relationship with the woman, still occurred in some situations.

Theme 2. (Dis)empowerment, feeling judged or pressured
Sub-theme 2.1. Feeling pressured

- Moderate quality evidence from 4 studies (N=104) reported on this theme. Some women felt pressured by some professionals, and some commented that healthcare professionals seemed focused on meeting some targets. As a result, women experienced feelings of failure and alienation, and dismissed their advice as unrealistic.

Sub-theme 2.2. Breastfeeding is 'natural' message reinforces guilt

- Moderate quality evidence from 1 study (N=26) reported on this theme. Women pointed out that public health messages that only focused on the positive aspects of breastfeeding and presented it as something 'natural' reinforced maternal guilt and contributed to their failure to breastfeed.

Sub-theme 2.3. Feeling judged

- Low quality evidence from 1 study (N=22) reported on this theme. Some women felt judged, scrutinised and self-conscious in front of professionals.

Sub-theme 2.4. Empowerment or disempowerment

- Low quality evidence from 1 study (N=22) reported on this theme. The relationship with those providing support for breastfeeding could be experienced as both empowering and disempowering. Different women had different ways of relating to those providing support for breastfeeding. Some expected to be guided by those who had expertise, others had a more active role. For example, some women took some initiative in asking for specific advice, weighed up the advice offered and then made their own choices, which could be different from the advice provided. Other women were less likely to question the advice given by professionals as they considered them to have superior knowledge to their own.

Theme 3. Continuity of care
Sub-theme 3.1. Conflicting information

- High quality evidence from 5 studies (N=750) reported on this theme. Some women reported receiving conflicting information, and this was due in part to a lack of continuity of midwife.

Sub-theme 3.2. Continuity of professional supporter across the antenatal and postnatal period

- Very low quality evidence from 1 study (N=44) reported on this theme. Women valued continuity of antenatal and postnatal visits by an 'Infant Feeding Support Worker' paid on the health care assistant scale.

Sub-theme 3.3. Multiple opportunities to ask for and receive information

- Moderate quality evidence from 2 studies (N=62) reported on this theme. Women valued continuity of midwifery input and spending sufficient quality time with a midwife in order to overcome breastfeeding problems when they arose. Continuation of support of a peer support service across the perinatal period meant that information could be tailored to changing situational contexts and women had multiple opportunities to ask for specific information when the need arose.

Sub-theme 3.4. Remote support and continuity of care

- Moderate quality evidence from 2 studies (N=131) reported on this theme. Women who talked highly about telephone support preferred the same team member providing face-to-face care on the ward and follow-up calls. Women who talked about the possibility of video support wanted this to come from someone they knew.

Sub-theme 3.5. Transition from one-to-one peer support to other sources of support

- Moderate quality evidence from 2 studies (N=76) reported on this theme. Some mothers would have preferred a more gradual exit from the one-to-one peer support intervention. Some peer supporters accompanied mothers to breastfeeding groups and this was seen as a gentle way to encourage mothers to seek support from other sources following the intervention. Moreover, women were more likely to attend a breastfeeding group if a peer supporter encouraged them to attend or accompanied them and if they knew the credentials of the people running the group.

Theme 4. Limited time of healthcare professionals

- Moderate quality evidence from 3 studies (N=718) reported on this theme. When women were aware of the scarce time that midwives had, they tended not to ask for support. When midwives had limited time, communication was often perceived as rushed, didactic, like a monologue and disconnected from women's needs. Postnatal wards were perceived as places characterised by business and lack of time, and women emphasised the need for help until they felt confident.

Theme 5. Benefits specific to peer support
Sub-theme 5.1. Valuable advice from peer supporters based on their own experience

- Moderate quality evidence from 2 studies (N=71) reported on this theme. Women felt that peer supporters were mothers "like them" which enabled connections based on shared understandings. Peer supporters provided flexible and non-judgemental support based on women's circumstances. Peer supporters gave their time and reassurance and according to women, they had personal qualities such as being reliable, 'dedicated to what they do', 'enthusiastic', 'good at talking to people', 'friendly' and 'approachable''. Women explained that relationships with peer supporters were based on trust.

Sub-theme 5.2. Peer supporters as complementary to other support

- Low quality evidence from 1 study (N=163) reported on this theme. Some women commented that peer supporters provided complementary support to the support already available.

Sub-theme 5.3. Breastfeeding groups and social capital

- High quality evidence from 4 studies (N=263) reported on this theme. Breastfeeding groups led to mutually supportive relationships. Women could share their experiences and gain information from others. Knowing that others had faced similar issues reinforced women's motivation and confidence to continue breastfeeding. This helped them to think of strategies to sustain breastfeeding. Knowing that there was support available was

reassuring for women and early opportunities for contact were valued. The breastfeeding groups created new and significant social contacts which gave women ongoing support. Some women felt that attending breastfeeding groups 'helped them to normalise breastfeeding and also provided some structure to their day'.

Theme 6. Remote support

Sub-theme 6.1. Remote support as extra support as opposed to replacing face-to-face support

- Moderate quality evidence from 3 studies (N=159) reported on this theme. Women had concerns about the impact that support services provided by phone or video might have on existing services. Women did not want these technologies to replace or reduce face-to-face contact during the postnatal period. Women were concerned about over-reliance on remote support and the possibility of technological solutions being used in order to save money. Women highlighted that home visits were useful to have direct observations of breastfeeding.

Sub-theme 6.2. Perceived lack of benefit from remote support

- Moderate quality evidence from 1 study (N=40) reported on this theme. Some women were reluctant to use telephone support but reasons for this varied. In some cases, they felt they were getting enough support from the current face-to-face contacts and did not think telephone support would provide added benefit. For other women, they were already unhappy with the face-to-face support and had no faith that telephone support would be any better.

Sub-theme 6.3. Reactive phone calls

- Low quality evidence from 1 study (N=40) reported on this theme. In a group of women that were offered woman-initiated (reactive) telephone support after hospital discharge, the study authors found that women underestimated breastfeeding difficulties as a reason to seek help from the team. Some women blamed themselves and underestimated the importance of their own needs considering that midwives were very busy, and this made them reluctant to call for telephone support.

Sub-theme 6.4. Timing of remote support

- Moderate quality evidence from 2 studies (N=131) reported on this theme. Women thought that remote support was especially useful during 'out of hours', when face-to-face support is not readily available. Some women preferred not to have a set call time because this made them feel under pressure to be ready and available to talk. Women appreciated that the promise to call the next day was reliable. Women highlighted that things could change quickly within 24 hours and this caused anxiety, especially for first-time mothers. Women were happy that the team called back or left a message encouraging the women to call back after the women had not managed to answer the phone. Over time, women became more confident and ended the conversation quickly if all was well. In one study where calls ended at 2 weeks, some women would have liked calls to continue after this 2-week cut-off.

Sub-theme 6.5. Flexibility and accessibility of peer support by phone and text

- Moderate quality evidence from 3 studies (N=239) reported on this theme. The regularity of contact of a peer support service meant that women accessed support that they may not otherwise have sought out. Additionally, even if the Star Buddies service was provided by paid peer supporters who work contracted hours, and where the frequency of contacts was scheduled to decrease over time, all the supporters offered extended

services on a voluntary basis and women were encouraged to contact the service whenever needed. This flexibility was important to support continuation of breastfeeding at times when women faced difficulties. A range of contact options was offered by a peer support service and this meant that women could choose their preferred option depending on each situation. Different options had different advantages, for example, some women liked the opportunity to text when it was difficult to make a telephone call. Women reported that they found text-message contacts especially helpful, as they could text their peer supporter at any time and they knew that she would reply as soon as she was able. Phone conversations enabled discussion of sensitive issues.

Sub-theme 6.6. Response time of different communication technologies

- Low quality evidence from 1 study (N=91) reported on this theme. Women said that e-mail and text messaging facilities were easier to use and more accessible than video. However, they wondered whether support would be available instantly and whether they would wonder if a text or e-mail had been successfully delivered. Women also made positive references to national websites currently sending weekly information via e-mail to registered mothers.

Sub-theme 6.7. Privacy and security of video support

- Moderate quality evidence from 1 study (N=91) reported on this theme. Views varied in relation to privacy and security issues. Some women said they were reluctant to use video because of privacy and security concerns, while others felt more confident provided that security was assured by service providers. Women said that some reassurance would be provided if they were talking to familiar staff.

Sub-theme 6.8. Location of video support

- Low quality evidence from 1 study (N=91) reported on this theme. Women valued receiving support from the comfort of their home. Women did not want to travel to use a video link facility, as in that case, they would rather travel to speak to a professional face-to-face. Women mentioned the challenges that some mothers can face in relation to leaving the home after giving birth (for example lack of personal transport, distance to travel, responsibilities of other children and the physical limitations after a difficult birth or caesarean section).

Sub-theme 6.9. Cost of calls to landlines and mobiles

- Very low quality evidence from 1 study (N=40) reported on this theme. One woman mentioned that she would not be phoning the telephone support because of the cost of phone calls. Some preferred a landline due to the cost of phone calls. Other women preferred a mobile phone number as they thought this would lead to a quicker response when urgent advice was needed.

Theme 7. Practical support and information
Sub-theme 7.1. Antenatal information

- High quality evidence from 7 studies (N=911) reported on this theme. Some women were happy with the informal delivery and depth of breastfeeding information given in their antenatal classes or appointments. Women also appreciated their partners or mothers being able to attend the sessions with them. Other women would have liked more information. They felt unprepared, not knowing what to expect and unaware of common feeding problems and how to handle them. Following antenatal information giving, mothers and fathers were left surprised when breastfeeding did not happen naturally as they had been led to believe it would.

Sub-theme 7.2. Antenatal perceptions of 'nakedness' in breastfeeding promotion materials

- Very low quality evidence from 1 study (N=12) reported on this theme. Women discussed leaflets and posters promoting breastfeeding in an antenatal clinic. Women who intended to breastfeed noticed contact between mother and baby, while women who intended to use formula tended to notice the 'nakedness' of the mother. The women, regardless of whether they intended to breastfeed or to bottle feed, unanimously agreed that health promotion materials that show women half-naked at home are not a realistic representation of breastfeeding and therefore may deter many women from breastfeeding. Some women thought that these images promoted the idea that breastfeeding is socially isolating.

Sub-theme 7.3. Being shown, not told, what to do

- High quality evidence from 7 studies (N=820) reported on this theme. Women did not find it helpful to be told what to do, nor did they like being physically handled or to have staff invade their spatial boundaries. Instead, women valued practical support, being taught and shown what to do when it came to positioning and attachment/latching on for breastfeeding. Given most women were unfamiliar with what was correct, they relied on experts to help them. Obese women valued practical help that took into account specific challenges relating to their physical size.

Sub-theme 7.4. Understanding their body and the underlying physiology of breastfeeding, what is normal

- High quality evidence from 4 studies (N=762) reported on this theme. Women wanted information on how to prevent and deal with problems for example nipple soreness and breast engorgement. They also wanted to understand the mechanisms of breastfeeding, interpreting their own and their babies' bodies' changes and the relationship between suckling and supply of milk. Women wanted this information so they could reassure themselves that all was 'normal' and that it would get easier, they just needed to persevere. In addition, women felt helpless and powerless when they did not have the exact knowledge they wanted. Women also valued being able to relate the knowledge acquired about their bodies to the changes they were physically experiencing.

Sub-theme 7.5. Information and support with assessment of milk sufficiency

- Moderate quality evidence from 2 studies (N=84) reported on this theme. Women were concerned about sufficiency of milk and wanted to focus on measurements. Having a breastfeed observed would increase the mothers' confidence that their baby is getting enough milk.

Sub-theme 7.6. Healthcare professionals have all the solutions

- Moderate quality evidence from 3 studies (N=95) reported on this theme. Healthcare professionals were thought of as the experts to whom women could turn for solutions to any breastfeeding difficulties. They were also a source of reassurance for new mothers and were seen as having 'all the answers' to problems associated with breastfeeding, including mastitis, thrush engorgement and achieving a successful latch. Where problems were not resolved, this was associated with discontinuation of breastfeeding.

Sub-theme 7.7. Simple language

- Moderate quality evidence from 2 studies (N=87) reported on this theme. Women appreciated information being delivered using lay language rather than technical or

clinical language. Women also appreciated information given from the perspective of the breastfeeding mother.

Sub-theme 7.8. Knowing the benefits

- Moderate quality evidence from 2 studies (N=696) reported on this theme. Women valued knowing the benefits of breastfeeding, as in times of difficulty this would help their motivation. Being able to explain why they had chosen to breastfeed helped them explain to others who viewed breastfeeding negatively.

Sub-theme 7.9. Supplementation in the early postpartum period

- High quality evidence from 5 studies (N=113) reported on this theme. Women were not always suitably informed of the options available and the benefits and harms associated with these options when it came to supplementing feeds in the early postpartum period. Many women did not know supplementing feeds was an option until the midwife had suggested it. Some women appreciated the flexibility of mixed feeding and a non-judgemental approach when discussing all feeding options. Other women's accounts focused on how they were tired, anxious and vulnerable in the early postpartum period, and this contributed to their decision to accept suggestions of supplementary feeds from professionals, however some women regretted this later.

Sub-theme 7.10. Other useful or not useful information

- Moderate quality evidence from 5 studies (N=770) reported on this theme. Women wanted information about the feeding cues at birth, the benefits of skin to skin contact, instinctive feeding, how to enable their baby to attach, and the possible effects of the birth or drugs on breastfeeding initiation. Women wanted information on the timing and frequency of feeds, how to express milk, wet and dirty nappies, nappy colour, baby contentment and sleeping. Discussions surrounding breast fullness or heaviness, length of feeds, feeding from one or both breasts, settling after feeds were also welcomed. Women also wanted reassurance, encouragement to relax, rest, get comfortable when feeding and to look after themselves. However, women found they were being taught skills that they felt were unnecessary, for example how to hand express even though they were trying to establish breastfeeding. Women wanted to know why they should hand express.

Sub-theme 7.11. Importance of support

- High quality evidence from 6 studies (N=957) reported on this theme. Having support increased women's confidence to continue breastfeeding. However, women were aware that support was not always available. Women regretted being unable to maintain breastfeeding for as long as they had desired, and felt this was a consequence of being unsupported. Interestingly, many women would not seek support from local established breastfeeding support groups or NHS breastfeeding clinics.

Theme 8. Reasons for not seeking support
Sub-theme 8.1. Poor advertising

- Moderate quality evidence from 2 studies (N=39) reported on this theme. Despite advertising, women are unaware of the support services available to them. Some women did not have a good understanding of the purpose of NHS breastfeeding clinics, and so thought that the support available there was not targeted at women like them.

Sub-theme 8.2. Feeling unable to ask for help or lack of clear reasons for not accessing support

- Moderate quality evidence from 2 studies (N=32) reported on this theme. Some women found asking for help difficult and struggled on until they gave up breastfeeding. Many women knew that help was available and had the phone numbers that should be called to receive support from midwives, health visitors or voluntary organisations. However, many women did not access support during difficult times. The majority of women waited for help to be offered. Women often had difficulty explaining the reason why they had not sought help and blamed themselves.

Sub-theme 8.3. Not wanting to rely on others

- Very low quality evidence from 1 study (N=11) reported on this theme. Some women would rather not rely on someone else for support, in case that person lets them down.

Sub-theme 8.4. Lack of confidence

- High quality evidence from 2 studies (N=49) reported on this theme. Women who actively sought help were more self-confident and often had experience communicating with unknown people through their work. Other women found it difficult to initiate contact with people they did not know well and to admit that they were having difficulties. One woman described her lack of confidence when explaining why she did not go to a breastfeeding clinic.

Sub-theme 8.5. Preference for online support

- Very low quality evidence from 1 study (N=11) reported on this theme. When evaluating delivery of a face-to-face peer support service, the authors found women actually preferred to seek support online.

Sub-theme 8.6. Wary of support from a stranger and not knowing what to expect

- Very low quality evidence from 1 study (N=11) reported on this theme. Women felt anxious about meeting their breastfeeding supporter who was an unfamiliar person. Women did not know what this stranger could offer them.

Sub-theme 8.7. Delay in establishing contact

- Low quality evidence from 1 study (N=29) reported on this theme. Any delay in initiating contact with the peer supporter due to delayed birth notification from hospital staff 'could potentially have a detrimental effect on subsequent engagement with the peer supporter and motivation to continue with breastfeeding'.

Sub-theme 8.8. Physical discomfort and practicalities of transport arrangements and preference for home support

- Moderate quality evidence from 1 study (N=28) reported on this theme. Some women did not attend breastfeeding clinics due to physical discomfort during recovery from a caesarean section and the practicalities of transport arrangements. Several women said they would have preferred to receive support from health professionals in their own homes.

Theme 9. Antenatal breast expression

- Very low quality evidence from 1 study (N=688) reported on this theme. Some women had positive perceptions of antenatal breast expression. They saw it as preparation for successful breastfeeding, which would be especially useful in the eventuality of complications after birth. A few women also thought that it could be beneficial in promoting the onset of spontaneous labour. Other women had negative perceptions. They were concerned antenatal breast expression would be harmful, painful and stressful

and that women would be pressured to do antenatal breast expression. They were also concerned that it could interfere with the natural process of pregnancy, labour and breastfeeding, for example inducing early labour or making the colostrum go away before the baby arrived. Other women were unsure if they were in favour of antenatal breast expression as they lacked information. Women wanted evidence-based information about the benefits and harms of antenatal breast expression; and believed that the support of midwives in the antenatal period and the provision of equipment to undertake antenatal breast expression were factors that would encourage antenatal breast expression.

Theme 10. Young women

Sub-theme 10.1. Antenatal education

- Very low quality evidence from 1 study (N=29) reported on this theme. Few young women had considered the subject of infant feeding prior to the first antenatal appointment and wanted information so that they could make a choice about infant feeding. Health benefits were cited as a primary reason for intending to breastfeed. Midwives were considered to be 'pro-breastfeeding' but participants only expressed resentment if they felt pressured to breastfeed.

Sub-theme 10.2. Emotional support

- Low quality evidence from 1 study (N=13) reported on this theme. Young women valued continuity of care because they felt connected to their midwife and were more comfortable asking for information. Young people felt more supported by people who had personal knowledge of their experiences, either had breastfed themselves or were previous young mothers.

Sub-theme 10.3. Esteem support

- Low quality evidence from 1 study (N=13) reported on this theme. Young women wanted to be treated like an adult and valued receiving a lot of encouragement with breastfeeding as this enhanced their feelings of self-worth and being valued as a mother. Encouragement was valued from both partners and healthcare professionals. Young women who were not encouraged with their breastfeeding were more likely to feel disillusioned and potentially give up.

Sub-theme 10.4. Midwife support

- Moderate quality evidence from 2 studies (N=42) reported on this theme. Young women felt unsupported by midwives who rushed off rather than spending time with the mother. Young women felt midwives would push them towards breastfeeding without helping practically. Young women valued practical support, particularly with being shown how attachment should work. Some women reported that once the baby was attached to the breast, they received insufficient support or were left alone to manage subsequent feeds.

Sub-theme 10.5. Informational support

- Moderate quality evidence from 2 studies (N=42) reported on this theme. Young women felt they were unable to make informed decisions as they felt they did not have all the necessary information, or the information was not consistent. Young women felt they were not given the opportunity to fully discuss decisions being made. One mother was shown where formula milk was stored in the hospital and subsequently bottle fed her baby, although she had initially wanted to breastfeed. Young women wanted individualised information that reflected their particular situation, ideally delivered visually (pictures or videos). Young women valued being told that there might be early difficulties, but that these would then be resolved.

Theme 11. Partners

Sub-theme 11.1. Involvement in the antenatal period

- Low quality evidence from 2 studies (N=144) reported on this theme. Fathers had received limited information about breastfeeding because either the antenatal classes had not covered it, they had not received relevant literature or they were not held at times when the father could attend. Fathers did not feel that breastfeeding was something they could help with and consequently had limited knowledge about it. However, this was not the case for all fathers, as some were involved in discussions surrounding breastfeeding

Sub theme 11.2. Interventions aimed at involving family members.

- Moderate quality evidence from 2 studies (N=210) reported on this theme. Fathers' knowledge around breastfeeding was typically learnt from partners or books. Fathers would have liked to have received more information, particularly antenatally. They wanted to know how breast feeding worked, about responsive feeding, positioning, expressing milk and how they could help. Fathers had a preference for receiving this information as a leaflet with some explanations, as opposed to attending a group session for fathers. Partners with knowledge around breastfeeding were better able to support mothers' breastfeeding and mothers were grateful for their support.

Theme 12. Financial incentives

Sub-theme 12.1. Facilitating connections – encouraging access

- Low quality evidence from 1 study (N=26) reported on this sub-theme. Delivering gifts on a weekly basis facilitated repeated, regular and proactive face to face contact with women participating in an incentive scheme embedded within a peer support programme. Proactive contact, as opposed to responsive contact when problems arose, facilitated access to vulnerable women.

Sub-theme 12.2. Weekly gifts to motivate women through the early 'difficult' periods

- Low quality evidence from 1 study (N=83) reported on this sub-theme. Women were motivated to get through some difficult days because they knew that there was a close point in time when the peer supporter would come to see how they were doing and bring gifts for them.

Sub-theme 12.3. In the early stages support by health professionals is more important than incentives

- Low quality evidence from 1 study (N=83) reported on this sub-theme. In the early stages, breastfeeding was considered a difficult skill to acquire and so health professional help and support was considered to be more important than an incentive programme.

Sub-theme 12.4. Appropriateness of gifts

- Low quality evidence from 1 study (N=26) reported on this sub-theme. Women participating in an incentive scheme made highly positive comments about their appropriateness and the discussions they stimulated.

Sub-theme 12.5. Facilitating connections – connecting to self and others

- Low quality evidence from 1 study (N=26) reported on this sub-theme. Women who participated in an incentive scheme embedded within a peer support programme said that the gifts reminded them of their individuality and re-connected them to their sense of self when they were adjusting to the mother role. Gifts gave women the feeling of being cared for and reminded them of the need for self-care. The nature of the gifts and

associated discussions with peer supporters also motivated women to focus on quality time with their partner, families and babies.

Sub-theme 12.6. Facilitating connections – relating to the outside world

- Low quality evidence from 1 study (N=26) reported on this sub-theme. Visits from peer supporters within an incentive scheme helped protect women against maternal isolation. The gifts and associated discussions encouraged women to breastfeed outside the home environment and facilitated access to breastfeeding groups or social activities at community locations.

Sub-theme 12.7. Facilitating relationships and wellbeing – being on the journey together

- Low quality evidence from 1 study (N=26) reported on this sub-theme. Repeated contacts with the peer supporter within a weekly incentive scheme led to continuity of care, and women valued that the peer supporter became familiar with the baby and the women's values, families and lives, which made it easier for women to raise issues with the peer supporters.

Sub-theme 12.8. Facilitating relationships and wellbeing – Encouraging sensitive dialogues and opportunities for support

- Low quality evidence from 1 study (N=26) reported on this sub-theme. Women who participated in an incentive scheme embedded within a peer support programme reported that the incentives created opportunities to meet up when no specific problems were identified, so the discussions often went beyond breastfeeding and women could ask for advice on other personal and family issues, for example co-sleeping, smoking, alcohol consumption, relationship issues and mental health concerns.

Sub-theme 12.9. Facilitating relationships and wellbeing – Being rewarded

- Low quality evidence from 1 study (N=26) reported on this sub-theme. Most women who participated in an incentive scheme embedded within a peer support programme reported that the gifts per se did not alter their decision or intention to breastfeed. However, the gifts provided incentives, as they were an 'instant encouragement', a 'treat', a 'bonus', something to 'look forward to' and a recognition of their breastfeeding achievements. Women saw the support from peer supporters as crucial to their breastfeeding success. Almost all the women felt that on-going support from the programme had enabled them to breastfeed for longer.

Sub-theme 12.10. Receiving a breast pump

- Low quality evidence from 1 study (N=83) reported on this sub-theme. A few women felt that it was most appropriate to receive a breast pump as an incentive immediately after birth but some women pointed out that this should only be used from 4-6 weeks after birth and so they questioned whether receiving this incentive immediately after birth would motivate women to breastfeed.

Economic evidence statements

No economic evidence was identified which was applicable to these review questions.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

This review focused on the information and support that parents find helpful for breastfeeding. To address this issue the review was designed to include qualitative data and as a result the committee could not specify in advance the data that would be located. Instead they identified the following main themes to guide the review although the list was not exhaustive and the committee were aware that additional themes may be identified. Suggested themes for breastfeeding information included:

- position and attachment of the infant(s) during breastfeeding
- frequency and duration of breastfeeding
- how to know when the infant(s) has had enough/too much milk
- concerns with breastmilk supply
- the best environment to breastfeed in and how to breastfeed when out
- items to buy for breastfeeding (for example clothing, breast pads)
- how, why and what a woman needs for expressing breastmilk and using it
- helping partners to understand the value of breastfeeding
- management of common minor breastfeeding problems
- impact on breastfeeding if formula chosen.

Suggested themes for breastfeeding support included:

- types of support for example midwife, health visitor, breastfeeding specialist, GP, NCT group, maternity support worker, professional peer supporters, lactation specialist, helplines, telephone support, text support, children's centres, internet resources, online forums
- accessibility of support for example out of hours, availability of appointments, language barriers, cost, when it should be given (antenatal or postnatal), frequency, where support is delivered (for example in home setting or support group)
- feeling pressured to breastfeed
- reliability for example trust in the information given.

The evidence review provided data relating to the themes set out in the protocol as well as additional themes that were not set out in the protocol. Themes which had not been anticipated in the protocols but which were identified from the review included: continuity of care (for example continuity of professional supporter across the antenatal and postnatal period), limited time among healthcare professionals (resulting in perceptions of communication being rushed and didactic), some aspects of practical support and information (for instance preferences about being shown, not told how to breast feed) and perceptions about antenatal breast expression. The committee were able to draft a number of recommendations in relation to the themes identified, however some of the studies were limited in terms of the level of detail reported.

The quality of the evidence

The evidence was assessed using GRADE-CERQual methodology and the overall confidence in the findings ranged from high to very low. The review findings were generally downgraded because of methodological limitations in the included studies, including for example that data saturation was not discussed, that authors did not discuss the potential influence of the researchers and that there was no discussion of contradictory data.

The evidence was further downgraded because of concerns about relevance for the context and population of interest to this guideline. Concerns ranged from 'minor' to 'moderate', with the majority of review findings being minor. The most common reason for minor concern was the transferability of findings to ethnic minorities; in 18 studies the population was either all or mostly White; 9 studies did not report the ethnicity of the participants; only 1 study focussed specifically on ethnic minorities.

Concerns about coherence across the findings were 'no or very minor' because the fit between the review findings and the underlying data was generally clear and cogent.

Concerns about adequacy ranged from 'no or very minor' to 'serious'. The number of studies for each review finding ('theme' or 'sub-theme') ranged from 1 to 7. The findings for which there were serious concerns about adequacy was that some women would rather not rely on someone else for support, in case they are let down, cost of calls to landlines and mobiles, and antenatal information. The data for this were thin and supported by only 1 study.

Benefits and harms

The role of the healthcare professional supporting breastfeeding

The evidence showed that some women felt that healthcare professionals were invading their spatial boundaries when it came to breastfeeding support. The committee therefore recommended that as part of breastfeeding support, healthcare professionals should be respectful of women's personal space, cultural influences and preferences and previous experience of infant feeding, and obtain consent before providing physical help with bringing the baby to the breast.

Evidence showed that after birth, women valued privacy on the labour ward or postnatal ward when it came to breastfeeding or expressing milk. The committee acknowledged the importance of respecting the woman's privacy but nonetheless highlighted the importance of healthcare professionals conducting routine observations after birth for safety considerations, especially after a caesarean section or in light of certain complications or risks. They therefore recommended balancing need for privacy with the need to conduct routine observations.

The evidence highlighted that women experience a wide range of emotions with regards to breastfeeding, including guilt, pressure, failure and alienation. Therefore, the committee recommended acknowledgement of the emotional impact of breastfeeding when providing breastfeeding support.

The evidence showed that when women were aware of the scarce time that midwives had, they tended not to ask for support. When midwives had limited time, communication was often perceived as rushed, didactic, like a monologue and disconnected from women's needs. Therefore, the committee recommended that support should offer reassurance, encouragement and praise, and discussions about feeding should be given sufficient time to ensure women become confident in breastfeeding their baby.

During discussions about the evidence from this review, the committee agreed the benefits of their recommendations would be maximised if the breastfeeding support was provided as soon as possible after birth. Acknowledging that in the absence of specific evidence this conclusion was based on their own expertise, the committee agreed to adopt a recommendation from the previous NICE guideline on postnatal care [CG37], which recommended that healthcare professionals should encourage breastfeeding as soon as possible, ideally within 1 hour after birth. This is aligned with the World Health Organization's recommendation about early initiation of breastfeeding.

Giving information about breastfeeding

The evidence showed that women valued continuation of support across the antenatal and postnatal period, so that information could be tailored to changing situational contexts and

women had multiple opportunities to ask for specific information when the need arose. The committee agreed that providing multiple opportunities for women to ask for and healthcare professionals to provide information on breastfeeding was important and therefore made a recommendation on this.

The evidence showed that women valued knowing about the benefits of breastfeeding and this could motivate them to continue breastfeeding even when it is difficult. Women also expressed that knowing about the benefits could also be helpful during discussions with family or friends who viewed breastfeeding negatively. The committee therefore recommended that women should be explained about the benefits of breastfeeding. Some of the benefits of breastfeeding are well known and some were based on the qualitative evidence from evidence review Q on facilitators and barriers of breastfeeding, and on a literature accompanying the health economic model for evidence review P on breastfeeding interventions.

The evidence showed that some fathers had received limited information about breastfeeding. Some fathers were unaware that they could have an important role in supporting breastfeeding while others said that they would have liked to have received more information. Based on this and the qualitative evidence from evidence review Q, the committee therefore recommended that partner should be given information about how they can support the mother with breastfeeding. However, the committee emphasised that the woman's preferences should be prioritised over the partner's wishes and the extent of the partner involvement should be guided by the woman.

The committee emphasised that women may not be aware that vitamin D supplementation is required when breastfeeding. The committee acknowledged that the NICE guideline on vitamin D applies to breastfeeding women, therefore the committee agreed to cross-refer to this guideline when discussing vitamin D supplementation with the woman.

Supporting women to breastfeed

The evidence highlighted that women did not want remote breastfeeding support to replace face-to-face breastfeeding support. The committee agreed that women would benefit from face-to-face support as a large proportion of the support provided would entail observing breastfeeding and/or help with positioning of the baby on the breast, which is best done in person. The committee therefore made a recommendation to further support women with breastfeeding through face-to-face contact. In addition, the committee recognised the role of written, digital, or telephone information with regards to supporting breastfeeding as there is a lot of information to digest initially. Nonetheless the committee emphasised that written, digital, or telephone information should supplement (but not replace) face-to-face support.

The evidence showed that women valued continuity of carer. Women reported that they received conflicting advice from different midwives on breastfeeding and valued dedicated quality time and continuity of midwifery input. In view of this, the committee made a recommendation to ensure that practitioners ensure continuity of carer. The committee agreed that this would be of benefit to the woman by overcoming breastfeeding problems when they arose and helping to reduce the chance of conflicting or confusing advice being given.

The evidence showed that there are multiple reasons why women do not seek support. Among these, some women are unaware or do not have a good understanding of the support services available to them. Therefore, the committee recommended to provide information and advice so that women know how to access help.

Women valued peer support from other breastfeeding women and valued their flexible and non-judgemental advice based on their own experience. The evidence highlighted that women found breastfeeding groups particularly supportive, allowing women to share their experiences and gain information from others. In addition, women were able to build social

capital through breastfeeding peer support. The committee agreed that women would benefit from peer support and therefore recommended the provision of information about opportunities for peer support.

The evidence showed that some women felt that they had discontinued breastfeeding due to a lack of support and some women would have liked to have received support for a longer time period. Therefore, the committee recommended that support should be offered to all women, and meet the individual woman and baby's needs until breastfeeding is established and any difficulties have been addressed.

Based on qualitative evidence from this review and from evidence review Q, the committee agreed that young women would benefit from additional encouragement and support to initiate and continue breastfeeding and drafted a recommendation to further support young women with breastfeeding. The committee decided that that recommendation on supporting specific groups of women with breastfeeding should be combined with evidence from review P on breastfeeding interventions, where the committee discussed women from low income or disadvantaged backgrounds.

The committee agreed that a first step towards promoting the woman's wellbeing was discussing with the woman not only the benefits of breastfeeding but also some common experiences of breastfeeding. The evidence showed that some women were unaware of common feeding problems, and following antenatal information, they were left surprised when breastfeeding did not happen naturally, so the committee recommended to provide information on common complications of breastfeeding and when to seek help, and that information and advice should balance messages around health benefits with clear information about the practicalities of breastfeeding.

The evidence showed that women valued information on the physiology of lactation, understanding their own bodies, and on information and support with assessment of milk sufficiency. Therefore, the committee recommended to provide information on normal breast changes during pregnancy and the postnatal period, the physiology of lactation, the supply and demand nature of breastfeeding, responsive breastfeeding, and milk volumes required and produced in the early days. Similarly, evidence showed that women valued information on the positioning and attachment, so the committee recommended to provide information on this.

The evidence demonstrated that women were not always suitably informed in relation to supplementing feeds with formula milk in the early postpartum period, and some women regretted their decision to use supplementary feeds in this early period. In view of this, the committee recommended to give information on the advantages and disadvantages of supplementation. The committee acknowledged that the NICE guideline on faltering growth applies to supplementing feeding with formula milk, therefore the committee agreed to cross-refer to this guideline when discussing the advantages and disadvantages of supplementation.

The review found that information from different providers was perceived by women to be inconsistent. In addition to providing continuity of carer, the committee discussed the importance of highlighting to women that the information provided may change as the baby grows. The committee agreed that raising awareness that the baby's feeding may change and that different challenges may arise at different times during the course of breastfeeding would benefit the woman by raising awareness and preparing the woman for different information to be provided at various stages in their breastfeeding experience. The committee agreed that the recommendation about providing information, advice, and reassurance about breastfeeding should be combined with evidence from review Q on breastfeeding barriers and facilitators. In discussing evidence from that review, the committee agreed about the importance of providing information about the normal range of feed intervals and duration, feeding positions and how to help the baby attach to the breast, signs of effective feeding so that the mother can be confident her baby is getting enough

milk, fatigue and strategies to manage it, and how breastfeeding can affect the woman's body image and identity.

There was evidence in this review that women felt reluctant to initiate requests for breastfeeding support. The recommendations therefore specify provision of information and support automatically to all women and families. The committee agreed that the benefit of these recommendations as a whole would be to satisfy information and support needs and remove the onus on women and families to have to ask for help.

There was a lack of evidence specific to information and support for parents of twins and triplets, therefore the committee made a research recommendation. See appendix L for further details.

Cost effectiveness and resource use

No economic evidence is available for these review questions. The committee agreed that providing information and support for breastfeeding to parents entails small costs (additional health professional time), although some information and support is already provided in current practice. The committee advised that the recommendation on continuity of carer may have an organisational impact (as it may affect the way services are organised and delivered within each setting) but not a resource impact. The recommendations are expected to increase breastfeeding rates, which has the potential for clinical benefits and cost-savings in the future, as evidence suggests that breastfeeding is associated with a wide range of benefits such as lower mortality and lower rates of gastrointestinal and respiratory tract infections for the baby and lower rates of breast cancer for the woman, all of which are costly to manage. Some benefits for babies and related cost-savings (those associated with prevention of infections) are anticipated to be realised in the shorter term, but, overall, clinical benefits and cost-savings associated with breastfeeding are realised over the lifetime of women and their babies. Therefore, the committee expressed the view that the recommendations are likely to result in efficient use of healthcare resources.

Other factors the committee took into account

The committee noted during protocol development that certain subgroups of women may require special consideration due to their potential vulnerability:

- those who have given birth to twins
- young women (19 years or under)
- women with physical or cognitive disabilities
- women with severe mental health illness
- women who have difficulty accessing postnatal care services.

A stratified analysis was therefore predefined in the protocol based on these subgroups. There was evidence specific to younger women and the committee made a recommendations specific to them. Otherwise, the committee agreed not to make separate recommendations and that the recommendations they did make should apply universally.

The committee also noted that women with a traumatic birth usually face additional physical and emotional challenges with breastfeeding, but agreed that the same recommendations would apply to them. The committee noted that there was one sub-theme about the specific worries of obese women but agreed that the same recommendations would apply to this population.

There was some evidence specific to women after a caesarean section. The committee noted that these women would need additional support, however also noted that the NICE guideline on caesarean section (CG132) already recommends that women who have had a

caesarean section should be offered additional support to help them to start breastfeeding as soon as possible after the birth of their baby.

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Appendices

Appendix A – Review protocols

Review protocol for review questions:

What information on breastfeeding do parents find helpful (single births)?

What information on breastfeeding do parents find helpful (twins or triplets)?

Table 3: Review protocol

Field	Content
Review question	What information on breastfeeding do parents find helpful (single births)? What information on breastfeeding do parents find helpful (twins or triplets)?
Type of review question	Qualitative
Objective of the review	The review aims to determine what information on breastfeeding, provided antenatally or in the first 8 weeks after a singleton or multiple birth, parents find helpful.
Eligibility criteria – population/disease/condition/issue/domain	Pregnant women and women who have given birth to a healthy baby at term (or to healthy twins or triplets)and their partners. Exclude studies specifically focussed on women with pre-existing conditions or who are not being treated through routine care.
Eligibility criteria – phenomenon of interest	Views and experiences of the information about breastfeeding provided antenatally or in the first eight weeks after a singleton or multiple birth. Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes may be found in the literature and that additional themes may be identified): • position and attachment of the infant(s) during breastfeeding • frequency and duration of breastfeeding

Field	Content
	• how to know when the infant(s) has had enough/too much milk • concerns with breastmilk supply • the best environment to breastfeed in and how to breastfeed when out • items to buy for breastfeeding (e.g. clothing, breast pads) • how, why and what a woman needs for expressing breastmilk and using it • helping partners to understand the value of breastfeeding • management of common minor breastfeeding problems • impact on breastfeeding if formula chosen. The main aim of the study needs to be about feeding. Studies about breastfeeding and other postnatal issues will be excluded. Information about formula feeding will be excluded as these will be dealt with in review question T (What information on formula feeding do parents find helpful).
Eligibility criteria – comparator(s)/control or reference (gold) standard	Not applicable, qualitative review
Outcomes and prioritisation	Not applicable, qualitative review
Eligibility criteria – study design	Published full-text papers only. Qualitative studies (for example, studies that use interviews, focus groups, or observations). Surveys using open ended questions and a qualitative analysis of responses. Studies using a mixed methods design (only the qualitative data will be extracted and risk of bias assessed using the relevant checklist). Exclusions: • purely quantitative studies (including surveys reporting only quantitative data) • surveys using mainly closed questions or which quantify open ended answers for analysis • conference abstracts will not be considered. Studies will be prioritised for inclusion if they:

Field	Content
	• provide comprehensive data, for example covering a wide section of the review population or cover a wide range of themes • were published more recently. During data extraction of full texts, data saturation will be monitored and if reached, then exclusions will be made. This means that less comprehensive studies and older studies may be excluded due to data saturation.
Other inclusion exclusion criteria	Only to include studies from the UK as the configuration of antenatal and postnatal services in other countries might not be representative of that in the UK and attitudes in other countries may also differ significantly. Cut-off dates: everything post-1995 (in 1995 the BFI came into place in the UK).
Proposed sensitivity/sub-group analysis, or meta-regression	Groups that will be reviewed and analysed separately: • singletons versus twins • young women (19 years or under) • women with physical and cognitive disabilities • women with severe mental health illness • women who have difficulty accessing postnatal care services • information provided to partner vs provided to mother vs both together.
Selection process – duplicate screening/selection/analysis	Review questions selected as high priorities for health economic analysis (and those selected as medium priorities and where health economic analysis could influence recommendations) will be subject to dual weeding and study selection; any discrepancies above 10% of the dual weeded resources will be resolved through discussion between the first and second reviewers or by reference to a third person. This review question was not prioritised for health economic analysis and so no formal dual weeding, study selection (inclusion/exclusion) or data extraction into evidence tables will be undertaken. (However, internal (NGA) quality assurance processes will include consideration of the outcomes of weeding, study selection and data extraction and the committee will review the results of study selection and data extraction).
Data management (software)	CERQual will be used to assess confidence in the findings from a thematic analysis.
Information sources – databases and dates	The following databases will be searched:

Field	Content
	• Embase • EMCare • MEDLINE • MEDLINE IN-PROCES • PsycINFO Searches will be restricted by: • Date limitations: 1995 to 22nd June 2018 • English language • Qualitative/patient concerns • UK geographic studies Other searches: • Reference searching
Identify if an update	Not an update
Author contacts	National Guideline Alliance https://www.nice.org.uk/guidance/indevelopment/gid-ng10070
Highlight if amendment to previous protocol	Not applicable
Search strategy – for one database	For details please see appendix B
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or H (economic evidence tables). An economic review will not be undertaken, as this is a qualitative systematic review question.
Data items – define all variables to be collected	For details please see evidence tables in appendix D (clinical evidence tables). Economic evidence is not available as this is a qualitative systematic review.
Methods for assessing bias at outcome/study level	Standard study checklists will be used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual The risk of bias across all available evidence will be evaluated for each theme using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) Confidence in the Evidence from Reviews of Qualitative Research' developed by the international GRADE working group https://www.cerqual.org/

Field	Content
Criteria for quantitative synthesis	Not applicable as this is a qualitative review
Methods for quantitative analysis – combining studies and exploring (in)consistency	Not applicable as this is a qualitative review
Meta-bias assessment – publication bias, selective reporting bias	Not applicable as this is a qualitative review
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual
Rationale/context – what is known	For details please see the introduction to the evidence review.
Describe contributions of authors and guarantor	A multidisciplinary committee developed the guideline. The committee was convened by The National Guideline Alliance and chaired by Dr David Jewell in line with section 3 of Developing NICE guidelines: the manual. Staff from The National Guideline Alliance undertook systematic literature searches, appraised the evidence, conducted meta-analysis and cost-effectiveness analysis where appropriate, and drafted the guideline in collaboration with the committee. For a full description of methods see Supplement 1.
Sources of funding/support	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists
Name of sponsor	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists
Roles of sponsor	NICE funds The National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England
PROSPERO registration number	This protocol has not been registered in PROSPERO

1 *BFI: Baby Friendly Initiative; CERQual: Confidence in the Evidence from Reviews of Qualitative Research; GRADE: Grading of Recommendations*
2 *Assessment, Development and Evaluation; NGA: National Guideline Alliance; PROSPERO: Prospective Register of Systematic Reviews*

Review protocol for review questions:

What support with breastfeeding do parents find helpful (single births)?

What support with breastfeeding do parents find helpful (twins or triplets)?

Table 4: Review protocol

Field	Content
Review question	What support with breastfeeding do parents find helpful (single births)? What support with breastfeeding do parents find helpful (twins or triplets)?
Type of review question	Qualitative
Objective of the review	The review aims to determine what support on breastfeeding, provided antenatally or in the first 8 weeks after a singleton or multiple birth, parents find helpful.
Eligibility criteria – population/disease/condition/issue/domain	Pregnant women and women who have given birth to a healthy baby at term (or to healthy twins or triplets),and their partners. Exclude studies specifically focussed on women with pre-existing conditions or who are not being treated through routine care.
Eligibility criteria – phenomenon of interest	Views and experiences of the support available for breastfeeding antenatally or during the first 8 weeks after birth. Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes may be found in the literature and that additional themes may be identified): • types of support e.g. midwife, health visitor, breastfeeding specialist, GP, NCT group, maternity support worker, professional peer supporters, lactation specialist, helplines, telephone support, text support, children's centres, internet resources, online forums, etc. • accessibility of support e.g. out of hours, availability of appointments, language barriers, cost, when it should be given (antenatal / postnatal), frequency, where support is delivered (for example in home setting / support group) etc. • feeling pressured to breastfeed • reliability e.g. trust in the information given.

Field	Content
	The main aim of the study needs to be about feeding. Studies about breastfeeding and other postnatal support will be excluded.
Eligibility criteria – comparator(s)/control or reference (gold) standard	Not applicable, qualitative review
Outcomes and prioritisation	Not applicable, qualitative review
Eligibility criteria – study design	Published full-text papers only. Qualitative studies (for example, studies that use interviews, focus groups, or observations). Surveys using open ended questions and a qualitative analysis of responses. Studies using a mixed methods design (only the qualitative data will be extracted and risk of bias assessed using the relevant checklist). Exclusions: • purely quantitative studies (including surveys reporting only quantitative data) • surveys using mainly closed questions or which quantify open ended answers for analysis conference abstracts will not be considered. Studies will be prioritised for inclusion if they: • provide comprehensive data, for example covering a wide section of the review population or cover a wide range of themes • Were published more recently. During data extraction of full texts, data saturation will be monitored and if reached, then exclusions will be made. This means that less comprehensive studies and older studies may be excluded due to data saturation.
Other inclusion exclusion criteria	Only to include studies from the UK as the configuration of antenatal and postnatal services in other countries might not be representative of that in the UK and attitudes in other countries may also differ significantly. Cut-off dates: everything post-1995 (when the BFI came into place in the UK).

Field	Content
Proposed sensitivity/sub-group analysis, or meta-regression	Groups that will be reviewed and analysed separately: • singletons versus twins • young women (19 years or under) • women with physical and cognitive disabilities • women with severe mental health illness • women who have difficulty accessing postnatal care services • support for mother alone vs partner alone vs both together.
Selection process – duplicate screening/selection/analysis	Review questions selected as high priorities for health economic analysis (and those selected as medium priorities and where health economic analysis could influence recommendations) will be subject to dual weeding and study selection; any discrepancies above 10% of the dual weeded resources will be resolved through discussion between the first and second reviewers or by reference to a third person. This review question was not prioritised for health economic analysis and so no formal dual weeding, study selection (inclusion/exclusion) or data extraction into evidence tables will be undertaken. (However, internal (NGA) quality assurance processes will include consideration of the outcomes of weeding, study selection and data extraction and the committee will review the results of study selection and data extraction).
Data management (software)	CERQual will be used to assess confidence in the findings from a thematic analysis.
Information sources – databases and dates	The following databases will be searched: • Embase • EMCare • MEDLINE • MEDLINE IN-PROCESS • PsycINFO Searches will be restricted by: • date limitations: 1995 to 22nd June 2018 • English language • qualitative/patient concerns • UK geographic studies

Field	Content
Identify if an update	Not an update
Author contacts	National Guideline Alliance https://www.nice.org.uk/guidance/indevelopment/gid-ng10070
Highlight if amendment to previous protocol	Not applicable
Search strategy – for one database	For details please see appendix B
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or H (economic evidence tables). An economic review will not be undertaken, as this is a qualitative systematic review question.
Data items – define all variables to be collected	For details please see evidence tables in appendix D (clinical evidence tables). Economic evidence is not available as this is a qualitative systematic review.
Methods for assessing bias at outcome/study level	Standard study checklists were used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual The risk of bias across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) Confidence in the Evidence from Reviews of Qualitative Research' developed by the international GRADE working group https://www.cerqual.org/
Criteria for quantitative synthesis	Not applicable as this is a qualitative review
Methods for quantitative analysis – combining studies and exploring (in)consistency	Not applicable as this is a qualitative review
Meta-bias assessment – publication bias, selective reporting bias	Not applicable as this is a qualitative review
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual
Rationale/context – what is known	For details please see the introduction to the evidence review.
Describe contributions of authors and guarantor	A multidisciplinary committee developed the guideline. The committee was convened by The National Guideline Alliance and chaired by Dr David Jewell in line with section 3 of Developing NICE guidelines: the manual. Staff from The National Guideline Alliance undertook systematic literature searches, appraised the evidence, conducted meta-analysis and cost-effectiveness analysis where appropriate, and drafted the guideline in collaboration with the committee. For a full description of the methods see Supplement 1.

Field	Content
Sources of funding/support	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists
Name of sponsor	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists
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PROSPERO registration number	This protocol has not been registered in PROSPERO

1 *BFI: Baby Friendly Initiative; CERQual: Confidence in the Evidence from Reviews of Qualitative Research; GRADE: Grading of Recommendations*
2 *Assessment, Development and Evaluation; NCT: National Childbirth Trust; NGA: National Guideline Alliance; PROSPERO: Prospective Register of*
3 *Systematic Reviews*

Appendix B – Literature search strategies

Literature search strategies for review questions:

What information on breastfeeding do parents find helpful (single births)?
What information on breastfeeding do parents find helpful (twins or triplets)?
What support with breastfeeding do parents find helpful (single births)?
What support with breastfeeding do parents find helpful (twins or triplets)?

Clinical search

The search for this topic was last run on 22nd June 2018.

Database: Emcare, Embase, Medline, Medline Ahead of Print and In-Process & Other Non-Indexed Citations – OVID [Multifile]

#	Search
1	perinatal period/ or exp postnatal care/
2	1 use emczd, emcr
3	postpartum period/ or peripartum period/ or postnatal care/
4	3 use ppez
5	perinatal period/ or postnatal period/
6	5 use psyh
7	(((first time or new) adj mother*) or nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) adj2 birth*)).ti,ab.
8	or/2,4,6-7
9	(pregnancy/ or pregnant women/ or prenatal care/ or exp prenatal diagnosis/) use emczd, emcr, ppez
10	(antenatal* or ante natal* or intrapartum or intra partum or maternity or obstetric* or pregnan* or prenatal* or pre natal* or trimester*).tw.
11	or/9-10
12	artificial food/ or bottle feeding/ or infant feeding/
13	12 use emczd, emcr
14	bottle feeding/ or infant formula/
15	14 use ppez
16	bottle feeding/ use psyh
17	(((bottle or formula or synthetic) adj2 (artificial or fed or feed* or infant* or milk*)) or (artificial adj (formula or milk)) or bottlefed or bottlefeed or cup feeding or (milk adj2 (substitut* or supplement*)) or ((infant or milk or water or glucose or dextrose or formula) adj supplement) or formula supplement* or supplement feed or milk feed or ((baby or babies or infant* or neonate* or newborn*) adj (formula* or milk)) or formulafeed or formulated or (milk adj2 powder*) or hydrolyzed formula* or (((feeding or baby or infant) adj bottle*) or infant feeding or bottle nipple* or milk pump*)).ti,ab.
18	or/13,15-17
19	breast feeding/ or breast feeding education/ or lactation/
20	19 use emczd, emcr
21	exp infant food/ or exp breast feeding/ or lactation/
22	21 use ppez
23	breast feeding/ or lactation/

#	Search
24	23 use psyh
25	(breastfeed* or breast feed* or breastfed* or breastfeed* or breast fed or breastmilk or breast milk or expressed milk* or lactat* or (nursing adj (baby or infant* or mother* or neonate* or newborn*))).ti,ab.
26	or/20,22,24-25
27	cluster analysis/ or content analysis/ or discourse analysis/ or ethnography/ or grounded theory/ or health care survey/ or exp interviews/ or narrative/ or nursing methodology research/ or observation/ or personal experience/ or phenomenology/ or qualitative research/ or questionnaire/ or exp recording/
28	27 use emczd, emcr
29	anthropology, cultural/ or cluster analysis/ or focus groups/ or grounded theory/ or health care surveys/ or interview.pt. or interviews as topic/ or narration/ or nursing methodology research/ or observation/ or personal narratives as topic/ or narrative/ or qualitative research/ or “surveys and questionnaires”/ or sampling studies/ or tape recording/ or videodisc recording/
30	29 use ppez
31	"experiences (events)"/ or cluster analysis/ or content analysis/ or discourse analysis/ or ethnography/ or grounded theory/ or interviewers/ or interviewing/ or interviews/ or narratives/ or observation methods/ or phenomenology/ or qualitative methods/ or questionnaires/ or questioning/ or exp surveys/ or tape recorders/
32	31 use psyh
33	(interview* or questionnaire* or survey*).ti,ab.
34	(qualitative* or focus group* or narrative* or narration*).ti,ab.
35	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
36	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
37	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
38	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*)).tw.
39	((brother* or famil* or father* or husband* or mother* or partner* or relative* or sibling* or sister* or spous* or consumer* or inpatient* or in-patient* or mother* or parent* or patient* or user* or wife* or wive* or women* or woman*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
40	((carer* or caregiv* or care giv*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
41	((coordinator* or counsellor* or counselor* or midwife* or nurs* or officer* or personal assistant* or practitioner* or professional* or worker*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
42	or/39-41
43	or/28,30,32-38
44	or/42-43
45	united kingdom/

#	Search
46	(national health service* or nhs*).ti,ab,in,ad.
47	(english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.
48	(gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jw,in,ad.
49	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in,ad.
50	(bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in,ad.
51	(aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ti,ab,in,ad.
52	(armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in,ad.
53	or/45-52
54	(exp "arctic and antarctic"/ or exp oceanic regions/ or exp western hemisphere/ or exp africa/ or exp asia/ or exp "australia and new zealand"/) not (united kingdom/ or europe/)
55	53 not 54
56	55 use emczd, emcr
57	exp united kingdom/
58	(national health service* or nhs*).ti,ab,in.
59	(english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.
60	(gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jw,in.
61	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or

#	Search
	"chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in.
62	(bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in.
63	(aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ti,ab,in.
64	(armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in.
65	or/57-64
66	(exp africa/ or exp americas/ or exp antarctic regions/ or exp arctic regions/ or exp asia/ or exp oceania/) not (exp great britain/ or europe/)
67	65 not 66
68	67 use ppez
69	(national health service* or nhs*).ti,ab,in,cq.
70	(english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.
71	(gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jx,in,cq.
72	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester

#	Search
	or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in,cq.
73	(bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in,cq.
74	(aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ti,ab,in,cq.
75	(armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in,cq.
76	or/69-75
77	76 use psyh
78	or/56,68,77
79	(animals/ not humans/) or exp animals, laboratory/ or exp animal experimentation/ or exp models, animal/ or exp rodentia/
80	79 use ppez
81	(animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/
82	81 use emczd, emcr
83	(rat or rats or mouse or mice).ti.
84	or/80,82-83
85	(or/18,26) and 44 and 78
86	(or/8,11) and (or/18,26) and group*.ti,ab. and 78
87	(85 or 86) not 84
88	limit 87 to yr="1995 -current"
89	limit 88 to english language

Health economic search

The search for this topic was last run on 5th December 2019.

Database: Emcare, Embase, Medline, Medline Ahead of Print and In-Process & Other Non-Indexed Citations (global) – OVID [Multifile]

#	Search
1	puerperium/ or perinatal period/ or postnatal care/
2	1 use emczd, emcr
3	postpartum period/ or peripartum period/ or postnatal care/
4	3 use ppez
5	(nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) adj2 birth*)).ti,ab.
6	or/2,4-5
7	breast feeding/ or breast feeding education/ or lactation/
8	7 use emczd, emcr
9	exp breast feeding/ or lactation/

#	Search
10	9 use ppez
11	(breastfeed* or breast feed* or breastfed* or breastfeed* or breast fed or breastmilk or breast milk or expressed milk* or lactat* or (nursing adj (baby or infant* or mother* or neonate* or newborn*))).ti,ab.
12	or/8,10-11
13	artificial food/ or bottle feeding/ or infant feeding/
14	13 use emczd, emcr
15	bottle feeding/ or infant formula/
16	15 use ppez
17	(((bottle or formula or synthetic) adj2 (artificial or fed or feed* or infant* or milk*)) or (artificial adj (formula or milk)) or bottlefed or bottlefeed or cup feeding or (milk adj2 (substitut* or supplement*)) or ((infant or milk or water or glucose or dextrose or formula) adj supplement) or formula supplement* or supplement feed or milk feed or ((baby or babies or infant* or neonate* or newborn*) adj (formula* or milk)) or formulafeed or formulated or (milk adj2 powder*) or hydrolyzed formula* or (((feeding or baby or infant) adj bottle*) or infant feeding or bottle nipple* or milk pump*)).ti,ab.
18	or/14,16-17
19	or/6,12,18
20	budget/ or exp economic evaluation/ or exp fee/ or funding/ or exp health care cost/ or health economics/
21	20 use emczd, emcr
22	exp budgets/ or exp "costs and cost analysis"/ or economics/ or exp economics, hospital/ or exp economics, medical/ or economics, nursing/ or economics, pharmaceutical/ or exp "fees and charges"/ or value of life/
23	22 use ppez
24	budget*.ti,ab. or cost*.ti. or (economic* or pharmaco?economic*).ti. or (price* or pricing*).ti,ab. or (cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab. or (financ* or fee or fees).ti,ab. or (value adj2 (money or monetary)).ti,ab.
25	or/21,23-24
26	economic model/ or quality adjusted life year/ or "quality of life index"/
27	(cost-benefit analysis.sh. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.)
28	((quality of life or qol).tw. and cost benefit analysis.sh.)
29	or/26-28 use emczd, emcr
30	models, economic/ or quality-adjusted life years/
31	(cost-benefit analysis.sh. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.)
32	((quality of life or qol).tw. and cost-benefit analysis.sh.)
33	or/30-32 use ppez
34	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.

#	Search
35	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
36	(hui or hui2 or hui3).tw.
37	(illness state* or health state*).tw.
38	(multiattibute* or multi attribute*).tw.
39	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
40	(quality adjusted or quality adjusted life year*).tw.
41	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
42	sickness impact profile.sh.
43	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
44	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
45	utilities.tw.
46	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (change*1 or declin* or decreas* or deteriorat* or effect or effects or high* or impact*1 or impacted or improve* or increas* or low* or reduc* or score or scores or worse)).ab.
47	quality of life.sh. and ((health-related quality of life or (health adj3 status) or ((quality of life or qol) adj3 (chang* or improv*)) or ((quality of life or qol) adj (measure*1 or score*1))).tw. or (quality of life or qol).ti. or ec.fs.)
48	or/29,33-47
49	or/25,48
50	19 and 50
51	limit 50 to english language
52	(animals/ not humans/) or exp animals, laboratory/ or exp animal experimentation/ or exp models, animal/ or exp rodentia/
53	52 use ppez
54	(animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/
55	54 use emczd, emcr
56	(rat or rats or mouse or mice).ti.
57	or/53,55-56
58	51 not 57

1 **Database:** HTA, NHS EED (global) [CRD Web]

#	Search
1	mesh descriptor postpartum period in hta, nhs eed
2	mesh descriptor peripartum period in hta, nhs eed
3	mesh descriptor postnatal care in hta, nhs eed

#	Search
4	(nullipara* or peri natal* or perinatal* or postbirth or post birth or postdelivery or post delivery or postnatal* or post natal* or postpartum* or post partum* or primipara* or puerpera* or puerperium* or ((after or follow*) near2 birth*)) in hta, nhs eed
5	#1 or #2 or #3 or #4
6	mesh descriptor breast feeding explode all trees in hta, nhs eed
7	mesh descriptor lactation in hta, nhs eed
8	(breastfeed* or breast feed* or breastfed* or breastfeed* or breast fed or breastmilk or breast milk or expressed milk* or lactat* or (nursing next (baby or infant* or mother* or neonate* or newborn*))) in hta, nhs eed
9	#6 or #7 or #8
10	mesh descriptor bottle feeding in hta, nhs eed
11	mesh descriptor infant formula in hta, nhs eed
12	(((bottle or formula or synthetic) near2 (artificial or fed or feed* or infant* or milk*)) or (artificial next (formula or milk)) or bottlefed or bottlefeed or cup feeding or (milk near2 (substitut* or supplement*)) or ((infant or milk or water or glucose or dextrose or formula) next supplement) or formula supplement* or supplement feed or milk feed or ((baby or babies or infant* or neonate* or newborn*) next (formula* or milk)) or formula feed or formulated or (milk near2 powder*) or hydrolyzed formula* or (((feeding or baby or infant) next bottle*) or infant feeding or bottle nipple* or milk pump*)) in hta, nhs eed
13	#10 or #11 or #12
14	#5 or #9 or #13

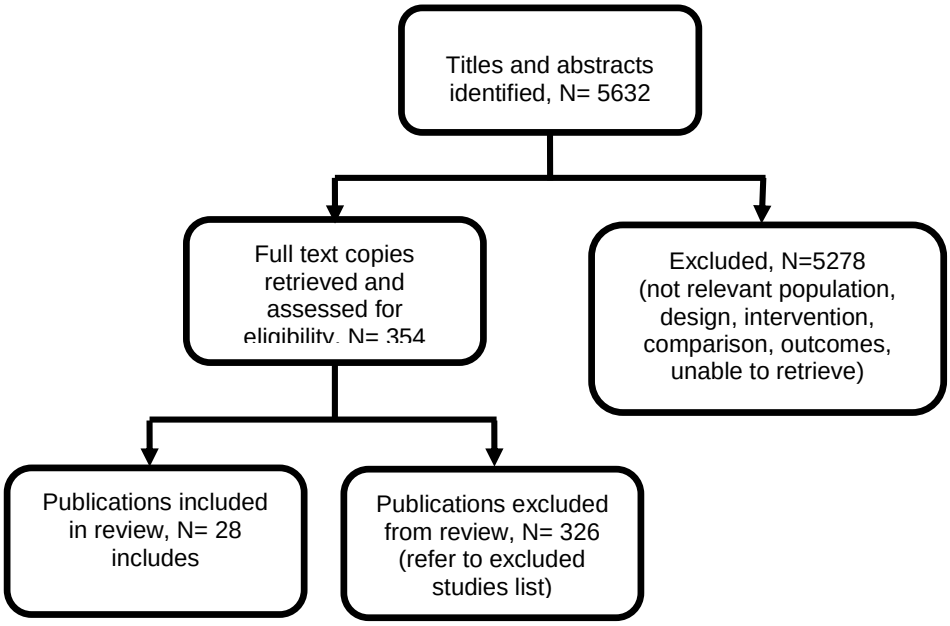
1

Appendix C – Clinical evidence study selection

Study selection for review questions:

- **What information on breastfeeding do parents find helpful (single births)?**
- **What information on breastfeeding do parents find helpful (twins or triplets)?**
- **What support with breastfeeding do parents find helpful (single births)?**
- **What support with breastfeeding do parents find helpful (twins or triplets)?**

Figure 1: Study selection flow chart



Appendix D – Clinical evidence tables

Evidence tables for review questions:

What information on breastfeeding do parents find helpful (single births)?
What information on breastfeeding do parents find helpful (twins or triplets)?
What support with breastfeeding do parents find helpful (single births)?
What support with breastfeeding do parents find helpful (twins or triplets)?

Table 5: Evidence tables

Study details	Participants	Methods	Findings	Comments
Full citation Sherriff, N., Hall, V., Pickin, M., Fathers' perspectives on breastfeeding: ideas for intervention, British Journal of Midwifery, 17, 223-227, 2009 Ref Id 880005 **Study type** Qualitative **Aim of the study** To explore fathers' experiences during the pregnancy, birth and up to the first year, and to provide insight into current issues and problems from a father's	**Sample size** N=8 fathers **Characteristics** Fathers with young babies between 6 weeks and 11 months of age. Fathers were drawn from different socio-economic groupings. **Inclusion criteria** Not reported **Exclusion criteria** Not reported	**Setting** This study 'was part of a larger social marketing project focusing on increasing rates of exclusive breastfeeding in Brighton and Hove'. Brighton had become a 'National Social Marketing Demonstration site for Breastfeeding. The aim of this demonstration site is to examine how social marketing techniques might be used to improve rates of breastfeeding in the city'. **Sample selection** Fathers were recruited through their partners or via the local community breastfeeding coordinator. **Data collection** Semi-structured in-depth interviews	**Themes/ categories** 'Antenatal experiences' Views on experiences after birth were not reported for this review because not specific to the first 8 weeks.	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology**: Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design**: The study authors did not justify the methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was not discussed.

Study details	Participants	Methods	Findings	Comments
perspective and to identify possible interventions which could contribute to achieving behaviour change. **Country/ies where the study was carried out** UK **Study dates** Interviews were conducted between July and August 2008. **Source of funding** Brighton and Hove City Teaching PCT		**Data analysis** All interviews were recorded and transcribed verbatim. Transcripts were content analysed using thematic analysis.		**Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** The study authors reported that they adhered to principles of confidentiality, privacy and data protection. **Data analysis:** The analytical process was described but the use of predefined methods from the literature was not mentioned. Contradictory data were not highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility of the findings was not discussed. **Value of research:** The authors did not discuss the transferability of the findings to other populations. Apart from this, the authors provided adequate discussion of the findings. They also discussed the implications of their findings for

Study details	Participants	Methods	Findings	Comments
				policy and practice and identified areas where future research is needed. **Overall methodological concerns:** serious
Full citation Roberts, A., Hoddinott, P., Heaney, D., Bryers, H., The use of video support for infant feeding after hospital discharge: A study in remote and rural Scotland, Maternal and Child Nutrition, 5, 347-357, 2009 Ref Id 807238 **Study type** Qualitative (mixed methods, but only qualitative findings were reported). **Aim of the study** To investigate whether future video support after hospital discharge would be feasible and acceptable to mothers as a useful method of	**Sample size** N=91 responded to questionnaire. N=20 participated in qualitative interviews **Characteristics** 'At the time of completing the questionnaire, 54% (n = 49) of mothers were exclusively breastfeeding, 35% (n = 32) were formula feeding and 11% (n = 10) were mixed breast and formula feeding'. '61.5% (n = 56) of mothers indicating they have a mobile phone with video facility, 68.1% (n = 62) a digital camera with video facility, 72.5 % (n = 66) of respondents have broadband facility at home, but only 28.6%	**Setting** Rural Scotland. Video support had not yet been implemented so the views were about a hypothetical intervention. **Sample selection** Survey: '466 took place in the regional maternity unit and 59 at three rural community midwifery units. Of these 525 women, 403 mothers were given a questionnaire prior to discharge from the post-natal ward. Of the 122 women who did not receive a questionnaire, four declined, nine were considered inappropriate for clinical or social reasons by midwifery staff, 21 had poor English and 88 were missed because of internal staffing/organizational issues. A total of 91 women (response rate 22.6%) completed the questionnaire'. The participants for telephone interview were then purposively	**Findings reported in the study** Timing of video support. Location of video support. Continuity of care Privacy and security of video link Interfacing with existing services The potential of other communication technology	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design:** The study authors justified the methods they used because they mentioned that 'Telephone interviews were the chosen method of the remote and rural residences of women over a wide geographical area, and to provide flexibility for mothers during a transitional and demanding time'. **Recruitment strategy:** Sample selection was clearly reported.

Study details	Participants	Methods	Findings	Comments
post-natal support for infant feeding, and explore general views on the potential use of other communication technologies. **Country/ies where the study was carried out** UK **Study dates** Between 15 November 2006 and 15 February 2007 **Source of funding** NHS Highland	(n = 26) use video through their home computer'. Women who participated in the qualitative interviews included women belonging to all these groups: 'provideo' or 'anti-video' responses to the survey; primiparous or multiparous; initiating breast- or formula feeding; currently breast- or formula feeding; maternal age (up to 25, over 25); rurality was taken into account in sampling frame too. **Inclusion criteria** Not reported. **Exclusion criteria** Not reported.	selected (n = 20) using responses from the survey data. The sampling frame included women from the following groups: 'provideo' or 'anti-video' responses to the survey; primiparous or multiparous; initiating breast- or formula feeding; currently breast- or formula feeding; maternal age (up to 25, over 25); and rurality. **Data collection** 'Mothers were requested to complete the postal return questionnaires at home, over the first 2 weeks postdischarge'. 'The questionnaire included a free text section, where participants could freely express their views about the use of video link for infant feeding support'. Semi-structured qualitative telephone interviews were also conducted. **Data analysis** 'The interviews were digitally recorded, transcribed verbatim and entered onto qualitative data software NVivo for coding and analysis'. 'Members of the research team listened to audio recordings/read interview transcripts of the first seven interviews and independently		**Data collection:** There is a clear description of how data collection was conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were highlighted by the authors, for example the study authors outlined that some women said they were reluctant to use video because of privacy and security concerns, while others felt more confident provided that security was assured by service providers. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In

Study details	Participants	Methods	Findings	Comments
		identified emerging key themes. A full coding framework was then established, thorough detailed discussion by the research team and applied to all interview transcripts using NVivo. The analysis undertaken for this paper was selective, in that it primarily focused on the overarching theme of video support for infant feeding rather than encompassing all topics within the interview schedule. Some key themes directly related to questions asked in the interview topic guide and others emerged from summarizing and reflecting on the data. Framework matrices for key themes were systematically constructed and compared according to two typologies: pro or anti the future use of video technology and residence in an urban, small town or rural/remote location. Data were searched for patterns, associations and for disconfirming cases. Analysis was discussed at research team meetings, to inform subsequent descriptive data analysis'.		relation to the credibility of finding, 'Members of the research team listened to audio recordings/read interview transcripts of the first seven interviews and independently identified emerging key themes'. Moreover, the authors mention that by concurrently collecting and analysing quantitative and qualitative data, they used triangulation to search for disconfirming perspectives and improve the rigour of their analysis. **Value of research:** In relation to the transferability of the findings to other populations, the authors used purposive sampling based on survey responses, and as a limitation they mentioned that women's views should be tested with actual pilots using video and other technology rather than the hypothetical preferences expressed in this study. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** minor

Study details	Participants	Methods	Findings	Comments
				Other information The authors emphasise that their study includes the views of women who chose to formula feed as well as the views of women who choose to breastfeed.
Full citation Graffy, J., Taylor, J., What information, advice, and support do women want with breastfeeding? Birth (Berkeley, Calif.), 32, 179-186, 2005 Ref Id 806011 **Study type** Qualitative **Aim of the study** To examine women's perspectives on the information, advice, and support they receive with breastfeeding **Country/ies where the study was carried out** UK **Study dates**	**Sample size** N=654 **Characteristics** Age (n=649): <20 years n=36 (5.5); 20-24 years n=101 (15.6); 25-29 years n=214 (33); 30-34 years n=207 (31.9); >35 years n=91 (14). Mean 28yrs 10 months 'Although they had all begun breastfeeding, by 6 weeks, most had introduced at least some formula feeds; 249 (38%) were exclusively breastfeeding, 183 (28%) were giving both breast and bottle, and 222 (34%) were bottle-feeding exclusively'. Previous children (n=654): Yes n=162 (24.8); No n=492 (75.2) Age completed education (n=639): ≤16	**Setting** London General practices. Practices selected on pragmatic criteria including serving mixed or deprived populations and not undertaking specific initiatives to promote breastfeeding. **Sample selection** Women were recruited at between 28 and 36 weeks' gestation. We randomly allocated eligible women to receive either normal care or additional support from a breastfeeding counsellor. The procedure used was to place random permuted blocks of numbers in sealed envelopes, stratified by practice and birth order, that were held in the study office. Six weeks after the birth, we asked those who had begun breastfeeding to complete a questionnaire about their experiences of breastfeeding support. This thematic analysis of their comments and combines	**Findings reported in the study** Components of good breastfeeding support Information about breastfeeding and what to expect Practice help with positioning Effective advice and suggestions Acknowledgement of Mothers' experiences and feelings Reassurance and encouragement Support from breastfeeding counsellors	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design**: The study authors did not justify the methods they used **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** Data collection relied on a piloted questionnaire that included open questions. Data saturation was not discussed **Relationship between researcher and participants**: Not discussed

Study details	Participants	Methods	Findings	Comments
April 1995 to August 1998 **Source of funding** Grant funding was provided by the Royal College of General Practitioners, London, and National Health Service Responsive Funding Scheme, London, United Kingdom.	years n=192 (30.1); 17-18 years n=188 (29.4); ≥19 n=259 (24.8) Social class (n=626): I and II n=240 (38.7); III non manual n=116 (18.7); III manual n=155 (25); IV and V n=82 (13.2); Other n=27 (4.4) Ethnicity (n=640): UK and other white n=440 (68.8); African and Caribbean n=103 (16.1); Indian subcontinent n=50 (7.8); Other n=47 (7.3) **Inclusion criteria** Considering breastfeeding, not having previously breastfed to 6 weeks, speaking sufficient English, and not planning to contact a breastfeeding counselor, since this would have conflicted with the trial. **Exclusion criteria** Not reported	responses from both intervention and control groups. **Data collection** A questionnaire that enquired about feeding behaviour, satisfaction with breastfeeding, and advice women had received for common problems. We left questionnaires in each baby's medical records for mothers to complete at the 6-week check-up. If they had not returned this by 8 weeks, we sent the first of two postal reminders. Non-responders were contacted by telephone. **Data analysis** All the women's responses were transcribed. The 3 researchers then read the transcripts independently to identify initial themes. They used a grounded theory approach, describing the data, ordering and classifying concepts, and then constructing theory to relate the concepts identified. At each stage of the analysis, the researchers worked together, searching for patterns and comparing the experiences, feelings, and perceptions within women's accounts until a consistent thematic framework developed. This method meant that		**Ethical issues:** The study obtained ethical approval. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of findings, a triangulation methods approach was used along with a summer of findings sent to 80 participants to check the findings accurately reflected womens' views. **Value of research:** The authors mentioned that transferability of findings to populations who speak limited English was not possible as these participants weren't captured in their paper. The authors provide adequate discussion of their findings. They also discussion the implications of their findings for policy and practice but do not

Study details	Participants	Methods	Findings	Comments
		each individual response could fit into a particular category with no new themes emerging. To enhance the validity of the findings, triangulation was used to compare the categorisation of what women found most and least helpful with conclusions drawn from their free text comments. To check that the findings accurately reflected women's views, 80 participants received a 2-page summary and structured response sheet. This document asked whether they agreed with the report, whether anything should be changed, how they felt about taking part in the research, and whether they should have done anything differently.		identify areas where future research is needed. **Overall methodological concerns:** minor
Full citation Dykes,F., A critical ethnographic study of encounters between midwives and breast-feeding women in postnatal wards in England, Midwifery, 21, 241-252, 2005 Ref Id 166511 **Study type**	**Sample size** 61 postnatal women and 39 midwives. Data from midwives not relevant to this question and were not extracted. **Characteristics** Women's age range: 17-42 40 women were primiparous, 21 multiparous.	**Setting** Two consultant-led maternity units in the North of England serving antenatal and postnatal women from populations across higher to lower socio-economic groupings. Site 1 was a city hospital, in which about 3–4000 women birthed a year. Site 2 was situated in a town and supported about 1000 births a year. Postnatal stay in both units ranged from 1–5 days. Neither hospital had WHO/UNICEF Baby Friendly Initiative accreditation.	**Findings reported in the study** Communicating temporal pressure Routines and procedures Disconnected encounters Managing breast feeding Rationing information Taking time and touching base	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design:** The study author justified the methods used

Study details	Participants	Methods	Findings	Comments
Qualitative **Aim of the study** To explore the nature of interactions between midwives and breast-feeding women within postnatal wards. **Country/ies where the study was carried out** UK **Study dates** 2000 to 2002 **Source of funding** University of Central Lancashire, Faculty of Health infrastructure funding	Vaginal births: n=48 (11 instrumentally assisted) 5 women were Asian, 56 white. Women represented a range from higher to lower socioeconomic occupational groupings **Inclusion criteria** Women who were admitted to the post-natal wards who had commenced breast feeding and were able to communicate in written and verbal English **Exclusion criteria** Excluded women with a baby in the neonatal unit and women with serious obstetric, medical or emotional complications after childbirth	Breast-feeding rates at site 1 were comparable to the national rates for the UK (i.e. 69% initiation and 42% of women breast feeding at 6 weeks (Hamlyn et al., 2002)). The breast-feeding rates at site 2 were lower, probably relating to a more predominant bottle-feeding culture in the surrounding communities. **Sample selection** Women who met inclusion were approached at the start of each observational period or on their arrival in the ward. They were informed about the study and given written information. After 30 minutes or longer, they were approached again and invited to participate. **Data collection** The study involved long periods observing activities in the postnatal wards so as to include interactions between midwives and breast-feeding women. Participant observation was conducted for 97 encounters between midwives and postnatal women during which breast feeding was discussed. In addition, 106 focused interviews were carried out with postnatal women and 37 with midwives. A tape recorder was used, where		because they mentioned that 'A critical ethnographical approach was used since ethnography originates from anthropology, and is therefore informed and infused by the notion of culture. It enables the eliciting of cultural knowledge within a specific community or setting by watching what happens, listening to what is said and asking questions' **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** Data collection relied on observations and interviews. There is a clear description of how the observations and interviews were conducted. Saturation of data was discussed. **Relationship between researcher and participants:** The author discussed the potential influences of their presence because they write 'The support for breast-feeding women may have improved because of my presence.' **Ethical issues:** Ethical approval for this study was obtained and the approved procedures were

Study details	Participants	Methods	Findings	Comments
		appropriate, and when permission from all parties was obtained. **Data analysis** The analysis was cyclical, involving the discovery of new questions during the field work, which in turn guided the data collection through a process of iterative, concurrent data collection and analysis (Hammersley and Atkinson, 1995). The interview and observational data were transcribed and developed into basic, organising and global themes using thematic networks analysis (Attride-Stirling, 2001). To support a critical analysis, further readings of the transcripts were carried out to identify issues relating to ideology, power and control (Thomas, 1993). Each global theme constituted a 'core, principle metaphor' that encapsulated the main point of the text (Attride-Stirling, 2001, p. 393). A constant process of refinement and verification of the networks took place throughout the research process until no further basic themes emerged, there was no further movement of the themes and the relationship between the themes was well established.		followed for access, consent (written) and participant autonomy. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes and sub-themes were identified. Contradictory data were highlighted by the author. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. The paper is authored by one person, there is no mention of collaborators, therefore it is assumed that the author undertook all the work and did all the analysis, which could potentially bias the results **Value of research:** The authors mentioned that transferability of the findings to other populations was limited because their setting was from two maternity services. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for changes in and practice and identified areas where future research is needed.

Study details	Participants	Methods	Findings	Comments
				Overall methodological concerns: minor
Full citation Cloherty,M., Alexander,J., Holloway,I., Galvin,K., Inch,S., The cup-versus-bottle debate: a theme from an ethnographic study of the supplementation of breastfed infants in hospital in the United kingdom, Journal of Human Lactation, 21, 151-162, 2005 Ref Id 176076 **Study type** Qualitative **Aim of the study** Focusing on one of the major themes from Cloherty 2004: the cup-versus-bottle debate, and this forms the subject of this article.	**Sample size** See Cloherty 2004 **Characteristics** See Cloherty 2004 **Inclusion criteria** See Cloherty 2004 **Exclusion criteria** None reported	**Setting** See Cloherty 2004 **Sample selection** See Cloherty 2004 **Data collection** See Cloherty 2004 **Data analysis** See Cloherty 2004	**Findings reported in the study** Difficulties returning to the breast: after bottle supplementation; after cup supplementation Ease of use: of the bottle; of the cup Necessary Skills and knowledge: bottle supplementation; cup supplementation	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology**: Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design:** The study authors justified the methods they used because they mentioned that 'an ethnographic approach was adopted since the purpose of the research was an exploration of the actions and perspectives of a group of mothers and healthcare professionals with a common interest in breast feeding' **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** Data collection relied on interviews, observations and informal conversations. There is a clear description of how interviews and observations were

Study details	Participants	Methods	Findings	Comments
Country/ies where the study was carried out UK **Study dates** 9 month period over 2002 **Source of funding** Department of Health (London, UK)				conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained. Signed consent was obtained. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility was discussed, the authors used a peer reviewer (a midwife from elsewhere), to comment and criticise their findings and triangulation. **Value of research**: The authors mentioned that transferability of

Study details	Participants	Methods	Findings	Comments
				the findings to other populations was limited because the study was focused on one maternity unit with a sample likely to be atypical for many areas in the UK. The authors provided adequate discussion of the findings. They did discuss the implications of their findings for policy and practice and also identified areas where future research is needed. **Overall methodological concerns:** minor
Full citation Beake, S., McCourt, C., Rowan, C., Taylor, J., Evaluation of the use of health care assistants to support disadvantaged women breastfeeding in the community, Maternal & Child Nutrition, 1, 32-43, 2005 Ref Id 805266 **Study type** Qualitative **Aim of the study** To 'evaluate the implementation of a small scale pilot project	**Sample size** N=44 filled in questionnaires, N=6 women had semi-structured interviews. **Characteristics** Not reported **Inclusion criteria** **Interviews:** women who had received care from the Support Worker and were approximately 6 weeks postnatal **Exclusion criteria** Not speaking English fluently was an	**Setting** Area of London. 'At the time of the study the local Trust was working towards achieving Baby Friendly Initiative status [...] however, audit figures for the unit as a whole did not show any improvement in breastfeeding rates'. 'Most women received postnatal care from midwives who had provided care antenatally and for labour/birth'. 'The Sure Start project was newly established, providing a range of drop-in facilities for local families, a psychology service and a health visiting service, with two health visitors able to offer home visits to families needing additional support.	**Findings reported in the study** Practical/technical support Information 'general or social support'	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design:** The study authors did not justify the methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** There is a clear description of how data was

Study details	Participants	Methods	Findings	Comments
using health care assistants in the community to support disadvantaged women breastfeeding' **Country/ies where the study was carried out** UK **Study dates** Not reported **Source of funding** The Department of Health's Infant Feeding Initiative	exclusion criterion from the interviews	Nonetheless, a need for more feeding support to new mothers was perceived. The project was intended to supplement rather than substitute for existing levels of midwife and health visitor support and to provide a different form of support'. A post of Infant Feeding Support Worker on the health care assistant scale would be created. This post would function with a community base, with home visits. 'The title of 'Infant Feeding Support Worker' was chosen primarily not to alienate women who might initially consider bottle feeding and it was accepted that she would support women however they chose to feed their baby, even though her primary aim was to support breastfeeding'. The 'Support Worker made an introductory visit to all new mothers in the area where the Sure Start facilities were introduced and the mother's needs around feeding assessed informally. If the woman wanted additional support, further visits would be arranged'. **Sample selection** Of 59 pre-implementation and 25 post-implementation women's questionnaires sent out, 33 and 11, respectively, were completed:		collected from questionnaires and interviews. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained and the study authors discussed confidentiality issues with the participants. **Data analysis:** The analytical process was described but there was no mention of predefined methods from the literature. It is clear how themes and sub-themes were identified. Contradictory data were not highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of the findings, the analysis process was repeated independently by another member of the research team; moreover, participants had

Study details	Participants	Methods	Findings	Comments
		response rates of 56% pre implementation and 44% post implementation. Women were offered an interview and of these, six interviews were conducted, three could not be contacted or did not wish to be interviewed. **Data collection** Brief structured questionnaire 6 weeks postnatally that included closed and open questions. Women were sent this questionnaire before and during implementation of the intervention. Semi-structured interviews were conducted in women's homes, at around 6 weeks postnatally. **Data analysis** 'Open questions and qualitative data from interviews were analysed thematically. In the case of interviews, the researcher who conducted the interview read and re-read the transcript for overall meaning and then annotated each with potential codes and theme areas. This was then repeated independently by another member of the research team. The team then met to discuss the themes emerging in the interviews and to		opportunities to read and comment on a draft of the report before wider publication. **Value of research:** The authors did not discuss the transferability of the findings to other populations. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** moderate

Study details	Participants	Methods	Findings	Comments
		agree a set of key codes and categories'. 'We identified a number of key themes from the Support Worker interviews relating to her perception of women's support needs, and how to respond. These are summarized below and then compared with women's perceptions, as reported in questionnaires and interviews'.		
Full citation Ingram, J., Johnson, D., A feasibility study of an intervention to enhance family support for breast feeding in a deprived area in Bristol, UK, Midwifery, 20, 367-379, 2004 Ref Id 806280 **Study type** Qualitative **Aim of the study** 'to assess fathers' and grandmothers' knowledge of breast feeding and their ability to support successful breast feeding. To	**Sample size** Non-intervention interviews: N=5 fathers Post-intervention interviews: N=29 mothers and N=19 fathers **Characteristics** Non-intervention families: 1 first-time father, 4 with other children. 3 children were still being breastfed at the time of the interview. Intervention families: Mothers: Mean age: 26.7 years (range 18 – 39). Fathers: Mean age: 35 years (range 23–60).	**Setting** Knowle West Health Park catchment area, 'an area of relative social and economic deprivation' in South Bristol, UK. Evaluation of an 'antenatal intervention for grandmothers or partners to support breast feeding, which combined the benefits and mechanics of breast feeding with ways of providing support for breast feeding'. 'The intervention took place in the mothers' home, was delivered by one research midwife (DJ) and took approximately 30 minutes to deliver. It was based around a leaflet, specifically written for grandmothers and partners [...]. The leaflet covered the health benefits of breast feeding (choosing to breast feed), good positioning and attachment (how to breast	**Findings reported in the study** Fathers' views in the non-intervention group. Mothers' views of the intervention. Fathers' views of the intervention.	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design:** The study authors did not justify the methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** There is a clear description of how data was collected. Saturation of data was not discussed.

Study details	Participants	Methods	Findings	Comments
design a suitable intervention for fathers and grandmothers to support breast-feeding mothers, to assess the acceptability and feasibility of the intervention'. **Country/ies where the study was carried out** UK **Study dates** November 2001 to May 2003. Non-intervention interviews: November 2001 to February 2002 Post-intervention interview: Recruitment to the intervention phase started in March 2002 for babies due in April, and continued to March 2003. **Source of funding** Knowle West R&D grant scheme	In 9 families both partners were unemployed and a further 9 of the employed families had unskilled occupations. 23 of them came from postcodes with high unemployment. '28 mothers (97%) initiated breast feeding, 14 (48%) were still breast feeding at two weeks and 11 (38%) at eight weeks. Of these, 8 were exclusively breast feeding (no artificial milk or water) and 3 were mixed feeding, but only giving one bottle of artificial milk each day. 12 of the 15 multiparous mothers who had breast fed a previous baby initiated breast feeding with the current baby and 7 were still breast feeding at 8 weeks. All (14) of the primiparous mothers initiated breast feeding but by 8 weeks only 4 were still breast feeding'.	feed), feed management (how breast feeding works), how families can support breast feeding (what you can do to help), and some helpful tips'. 'The session included a demonstration of good breast-feeding positioning and attachment using a doll in addition to the discussion of specific issues around the health benefits and mechanics of breast feeding'. The intervention was delivered at around 36 weeks gestation. **Sample selection** Non-intervention interviews: Fathers were recruited by discussion with mothers at antenatal clinics at the health centre. Seven fathers were approached and five agreed to take part and be interviewed individually at home. Post-intervention interviews: 94 women 'expressed an intention to breast feed or were undecided about feeding method; 60 (64%) of these were contacted [...] and 29 agreed to take part (31% of total available; 48% of those contacted). Of the 65 who did not take part, it was not possible to contact 25 women (38%), 18 (28%) delivered early or before they could be		**Relationship between researcher and participants**: The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained. **Data analysis:** The analytical process was described but there was no mention of predefined methods from the literature. It is clear how themes and sub-themes were identified. Contradictory data were not highlighted by the authors **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. The author did not discuss how they ensure credibility of the findings. **Value of research**: The authors did not discuss the transferability of the findings to other populations. They mentioned the difficulty of contacting fathers in this area, and the reluctance of people to agree to attend a focus group session and talk about their views for the

Study details	Participants	Methods	Findings	Comments
	Women living with baby's father: n=27. Living with parents: n=4 Mothers who left school at 15 or 16: n=16. Fathers who left school at 15 or 16: n=9 **Inclusion criteria** Women who had stated an intention to breast feed or who were undecided. 'All of the mothers in the study said they wanted to breast feed or 'give it a try' (this was the main selection criterion)'. **Exclusion criteria** Not reported.	contacted, 20 (31%) refused and two were found by the research midwife to be inappropriate' **Data collection** Non-intervention group: The postnatal interviews took place in the mothers' home, with mother and grandmother or father (where possible), at a time convenient to them both, when the baby was eight weeks old. Post-intervention group: Interviews were conducted when the baby's age was between 8 and 13 weeks (mean 9 weeks). **Data analysis** 'The researchers used thematic analysis, coding the transcripts independently, to summarise the common themes within each topic. Based on the information obtained from the grandmothers and fathers, and our previous research, a leaflet and short antenatal session for family members was devised to enable them to feel more informed and involved in breast feeding'.		first part of the study. The authors mention that women in the study may have been more motivated to breast feed. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** serious
Full citation	**Sample size** 30 Mothers	**Setting**	**Findings reported in the study**	**Limitations**

Study details	Participants	Methods	Findings	Comments
Cloherty, M., Alexander, J., Holloway, I., Supplementing breast-fed babies in the UK to protect their mothers from tiredness or distress, Midwifery, 20, 194-204, 2004 Ref Id 683259 **Study type** Qualitative **Aim of the study** To explore mothers' and healthcare professionals' beliefs, expectations and experiences in relation to supplementation of breast feeding in the postnatal ward and new-born baby unit. **Country/ies where the study was carried out** UK **Study dates** 9 months in 2002 **Source of funding**	30 Health care professionals - their data are not relevant to this research question and were not extracted **Characteristics** Age: between 16 and 45 Ethnicity: n=30 white Occupation: ranged from unskilled to professional First child n=18; Second child n=9; Third child n=2; Fourth child n=1 Single baby n=29; twin babies n=1 Non-assisted vaginal births: n=12, caesarean sections: n=10, ventouse: n=3, forceps: n=4; woman who had twins had one born by non-assisted vaginal birth and the other born by forceps **Inclusion criteria** Mothers whose babies were thought to need supplementation **Exclusion criteria**	A maternity unit in the South West of England (UK) which has an annual birth rate of about 2500. The unit was chosen because a variety of methods were used to give supplementary feeds including the cup, bottle, syringe, 'finger-feeding', nasogastric and orogastric tubes, and the supplemental nursing system. **Sample selection** Mothers whose babies were thought to need supplementation were offered an information leaflet about the study by the member of staff who was caring for them. If they were interested in taking part, the researcher talked with them further, left a consent form with them and returned a little later. **Data collection** Both observations and interviews were used. An initial 6-week period of observations occurred to enable immersion into the field and to understand usual practice. Many of the interview questions were based on this observation. Observations continued for seven and a half months during the day, night and at weekends. As well as formal interviewing, casual conversations and informal	Mother-led supplementation Midwife-led supplementation: Protecting the mother from distress; Making it easy to give up; Protecting the mother from feelings of guilt	Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design**: The study authors justified the methods they used because they mentioned that 'an ethnographic approach was adopted since the purpose of the research was an exploration of the actions and perspectives of a group of mothers and healthcare professionals with a common interest in breast feeding' **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** Data collection relied on interviews, observations and informal conversations. There is a clear description of how interviews and observations were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The

Study details	Participants	Methods	Findings	Comments
By the UK Department of Health.	Not reported	questioning also took place. The informal contacts which occurred frequently throughout the fieldwork enabled the researcher to establish and maintain rapport with staff and mothers. The observation was recorded as field notes, transcribed, and coded, along with the interview data. Mothers were interviewed in a private room, or by their bedside (with the curtains drawn around their bed space), depending on which they preferred. All the mothers preferred to be interviewed on their own and the interviews took place in either the postnatal ward or the NBU. On some occasions, mothers were first observed discussing supplementation with a midwife, and/or when supplementation was taking place, and then interviewed later about this experience. Interviews with mothers lasted between 15 and 40 min. Interviews were tape-recorded with their permission, and transcribed verbatim, or if the participant preferred notes were taken by the researcher during the course of the interview. **Data analysis**		authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained. Signed consent was obtained. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility was discussed, the authors used a peer reviewer (a midwife from elsewhere), to comment and criticise their findings. **Value of research:** The authors mentioned that transferability of the findings to other populations was limited because the study was focused on one maternity unit with a sample likely to be atypical for many areas

Study details	Participants	Methods	Findings	Comments
		The field notes and interview transcripts were analysed through coding and categorising. This was achieved by attaching labels to units of meaning and grouping together similar and related ideas. These were reduced or collapsed into major themes. The transcripts and observation notes were reviewed repeatedly, and through this process the researcher continually interacted with the data and ensured that the themes were truly present in the data. The analysis of each transcript was reviewed by a second member of the research team. A peer review (or peer debriefing) also took place in which the work was presented to two midwives from elsewhere well known for their breast-feeding expertise for comment and criticism in order to enhance the credibility and trustworthiness of the research.		in the UK. The authors provided adequate discussion of the findings. They did not discuss the implications of their findings for policy and practice nor did they identify areas where future research is needed. **Overall methodological concerns:** minor
Full citation Stewart-Knox, B., Gardiner, K., Wright, M., What is the problem with breast-feeding? A qualitative analysis of infant feeding perceptions, Journal of Human Nutrition and	**Sample size** N=12 women **Characteristics** Focus groups included both primiparous and multiparous women at various stages of pregnancy and equal numbers of women	Setting Northern Ireland. The host teaching hospital served three urban areas (large market towns), the populations of which included a range of socio-economic backgrounds, as well as a large rural area. The study reports these breastfeeding rates in Northern Ireland, relating to the year 2000:	**Findings reported in the study** Perceptions of breastfeeding promotion materials	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, research design was appropriate for answering the research question.

Study details	Participants	Methods	Findings	Comments
Dietetics, 16, 265-273, 2003 Ref Id 447701 **Study type** Qualitative **Aim of the study** To 'define and explore factors determining infant feeding decisions with a view to the planning of future research and intervention needs'. To 'develop theory and to determine future research and intervention needs in regard to the promotion of breast-feeding in Northern Ireland'. **Country/ies where the study was carried out** UK **Study dates** Not reported **Source of funding** Not reported	intending to breast and artificially feed. Demographic characteristics not reported. **Inclusion criteria** Expectant mothers **Exclusion criteria** Not reported	initiation rate: 54%. 6-month continuation rate: 10%. **Sample selection** Expectant mothers were approached in person at convenience within a teaching hospital antenatal clinic and requested to take part in discussions on the topic of infant feeding. Of 14 women approached, only two declined to take part. No incentives were provided. **Data collection** Two focus groups each of seven and five volunteers. Discussions took place within a room adjacent to the antenatal clinic. Both a facilitator and an observer who took field notes were present. Discussion was guided by a topic list. Health promotion materials were presented as cues and prompts. Dialogue was restricted to 45 min in each case and was largely spontaneous and divergent from the topic list. **Data analysis** Dialogue was tape-recorded, transcribed verbatim and thematically content analysed by		**Research design:** The authors justify the methods they used because they mention that survey studies have provided 'very little in-depth knowledge that would assist in understanding the reasons why so many mothers choose to feed their babies artificially. This understanding is necessary […]'. **Sample selection:** Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was discussed because the authors state that 'No more than two discussion groups were held because both groups generated similar themes indicating that the data had reached 'saturation''. **Ethical issues:** not reported. **Relationship between researchers and participants:** The authors did not discuss the potential influences of the researchers. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is

Study details	Participants	Methods	Findings	Comments
		two researchers using a 'cut and paste' method (Burnard, 1991). The analysts, who were also present for the discussions (BKS and KG), initially worked independently, later coming together to agree themes.		clear how themes were identified. Contradictory data were not discussed. **Findings:** Results were presented clearly with the generous use of quotes where appropriate (quotes and the researchers' own input were clearly distinguished). In relation to the credibility of the findings, the analysts initially worked independently to identify themes, and later came together to agree themes. **Value of research**: In relation to transferability of findings, the authors only mention that 'Given that in qualitative research the representativeness of the sample can be regarded as less important than the richness of the data generated (Seale & Silverman, 1997), no attempt was made to determine participant's individual demographic characteristics'. The authors provide a brief description of the study setting, however, the lack of detailed information on demographic characteristics limits assessment of transferability of findings. Overall, the authors provided adequate discussion of the findings. They also identify

Study details	Participants	Methods	Findings	Comments
				areas where future research is needed. **Methodological concern:** Moderate
Full citation Dykes, F., Moran, V. H., Burt, S., Edwards, J., Adolescent mothers and breastfeeding: experiences and support needs--an exploratory study, Journal of Human Lactation, 19, 391-401, 2003 Ref Id 805781 **Study type** Qualitative **Aim of the study** To explore the experiences and support needs of adolescent mothers who start breastfeeding. **Country/ies where the study was carried out** UK	**Sample size** N=13 **Characteristics** Participants who took part in the interview phase: White, age range 14-19 years. Babies aged 6-10 weeks old. Twelve were primiparous, one had 2 children. Eight participants had ceased breastfeeding within 2 weeks, one at 3 weeks, and four were still breastfeeding at 6 weeks. **Inclusion criteria** Participants were required to be between 13-19 years old, able to communicate in English, have a term healthy	**Setting** North West of England **Sample selection** To identify potential candidates, the hospital staff would inform the researchers when an adolescent mother who had breastfed at least once entered the ward. 26 adolescents were approached, 24 consented to participate. 13 of the 24 adolescents were interviewed (6 decided no longer wanted to participate, 5 were not contactable). Those who declined participation had characteristics that were similar to those who were interviewed in terms of age, and whether they were primiparous or not. **Data collection** Semi-structured interviews carried out in adolescents own homes. Interviews were taped and transcribed. **Data analysis**	**Findings reported in the study** 'Emotional support' 'Esteem support' 'Instrumental support' 'Informational support'	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative research:** Aim of the study was clearly reported, research design was appropriate for answering the research question. **Research design**: The authors justify the methods they used **Recruitment strategy:** Sample selection was clearly reported. The authors also give some details on those that consented but were not interviewed (6 no longer wanted to participate and 5 were not contactable; their age range and parity was similar to the ones that were interviewed). **Ethics:** Ethics approval was obtained and standard ethical procedures were followed in relation to written consent, anonymity and confidentiality.

Study details	Participants	Methods	Findings	Comments
Study dates From September 2001 to October 2002 **Source of funding** Received from the UK government Department of Health. Additional funds also sourced from the University of Central Lancashire, Preston.	baby, and have breastfed at least once. **Exclusion criteria** Known learning difficulties, mental health difficulties, and those who had a baby who was unwell or who had required admission to the neonatal unit.	Thematic network analysis was used to extract themes. This involved extracting basic themes from the text by analysing each transcript line by line. This process was applied across all transcripts. The basic themes were then grouped to form organizing themes and finally central global themes. Concurrent analysis occurred of field notes, memos, and reflections to enable the elaboration and refinement of the thematic network analysis. The data was coded by two separate researchers, one who was involved in the data collection and the other who was not involved in the data collection but had experience in qualitative data analysis. Discussion and consensus was reached related to the themes.		**Data collection:** There is a clear description of how interviews were conducted. Saturation of data was discussed; the authors mention that by the 10th interview no new themes were emerging; the saturation was confirmed by conducting 3 further interviews. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data was discussed, because the authors mention that the cultural paradox between the sexual versus the maternal breast appeared to be accentuated in the adolescents. The authors do not discuss the potential influences of the interviewers. **Findings:** Results were presented clearly with the generous use of quotes where appropriate (quotes and the researchers' own input were clearly distinguished). The authors mention that to enhance the credibility of the data, 2 researchers coded the research independently.

Study details	Participants	Methods	Findings	Comments
				Value of research: The authors discuss transferability of the findings to other populations as they mention that 'It needs to be recognized that the cohort of consenting participants represented a specific unique subgroup of adolescents, that is, those who had commenced breastfeeding [...] it would appear that the themes were particularly relevant to adolescents'. The authors provided adequate discussion of the findings. They also discuss the implications of their findings for policy and practice and identify areas where future research is needed. **Overall methodological concerns**: minor **Other information** Data from the focus group phase was not extracted because it was not specific to the first 8 weeks postpartum, given that infants were aged between 2 weeks and 6 months and breastfeeding ranged from 4 days to 5 months.
Full citation Hoddinott, P., Pill, R., Neonatal. Nobody	**Sample size** N=21	**Setting** Deprived inner London health authority	**Findings reported in the study** Help-seeking behaviour.	**Limitations** Limitations (assessed using the CASP qualitative checklist.)

Study details	Participants	Methods	Findings	Comments
actually tells you: a study of infant feeding, British Journal of Midwifery, 7, 558-565, 1999 Ref Id 825126 **Study type** Qualitative **Aim of the study** To examine antenatal expectations and postnatal experiences of first-time mothers. **Country/ies where the study was carried out** UK **Study dates** Not reported **Source of funding** Royal College of General Practitioners/Medical Insurance Agency Research Training Fellowship; Grampian Healthcare NHS Trust and Grampian Primary Care NHS Trust.	**Characteristics** First-time mothers, white, lower social class and low educational level, living in a deprived inner London health authority **Inclusion criteria** First-time mothers living in a deprived inner London health authority **Exclusion criteria** Not reported	**Sample selection** Women were recruited by GPs and midwives known to the researcher and interviewed before antenatal booking. Contrary to expectations, women initially recruited were older and intending to breastfeed, so purposeful sampling was used to target teenage women intending to formula feed to ensure that all viewpoints were represented. **Data collection** All women were interviewed before antenatal booking and 19 women were reinterviewed 6-10 weeks after birth. Two women had moved away. A topic guide was used during four pilot interviews. Women chose the time and place of interview and whether to be interviewed alone or with another person of their choice. Interviews were tape-recorded, transcribed and field notes of reflexive observations were recorded in a research diary. **Data analysis** Data collection and analysis proceeded in an iterative manner. This allowed concepts to be	Other themes were relevant to the present review but were not extracted due to data saturation, as relevant data on the same themes had been extracted from more recent and more comprehensive papers.	**Aims and qualitative methodology**: Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design:** The study authors justified the methods they used, for example they mentioned that data collection and analysis was conducted in an iterative manner because this allowed concepts to be confirmed, rejected or modified as the study progressed. **Recruitment strategy:** Sample selection was clearly reported. The study authors mentioned that contrary to expectations, women initially recruited were older and intending to breastfeed, so purposeful sampling was used to target teenage women intending to formula feed to ensure that all viewpoints were represented. **Data collection:** There was a clear description of how interviews were conducted. Saturation of data was not discussed.

Study details	Participants	Methods	Findings	Comments
		confirmed, rejected or modified as the study progressed. The framework method of data analysis was applied systematically. The language used by women was examined using the principles of discourse analysis. Respondent validation was carried out by sending women a synopsis of their individual case analysis, together with a summary of key research findings. Confirmatory feedback was received by 11 women, with 2 letters being returned undelivered. The emerging analysis was crosschecked using data obtained from different sources (individuals and couples). Both authors were involved in reading and analysing transcripts.		**Relationship between researcher and participants:** The authors partially considered the potential influences of the researchers on the study findings, because they mentioned that women were interviewed by the researcher who introduced herself as a researcher, not a doctor. **Ethical issues:** Ethical approval was obtained. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was not mentioned. In relation to the identification of contradictory data, the authors mentioned that data collection and analysis proceeded in an iterative manner. This allowed concepts to be confirmed, rejected or modified as the study progressed. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of the findings, respondent validation was carried out (see data analysis section for details on how

Study details	Participants	Methods	Findings	Comments
				respondent validation was carried out). **Value of research:** The authors did not discuss the transferability of the findings to other populations. Apart from this, the authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice. **Overall methodological concerns:** minor
Full citation Whelan, A., Lupton, P., Promoting successful breast feeding among women with a low income, Midwifery, 14, 94-100, 1998 Ref Id 696217 **Study type** Qualitative **Aim of the study** Identify those factors which promote or discourage successful breast feeding in a	**Sample size** N=15 Women **Characteristics** Women's age: Ranged from 17 -43 years Employment: unemployed n=11; semi-skilled occupations n=4 Ethnicity: White n=15 Multiparous n=11; primiparous n=4 Feeding: wholly breast feeding n=6; mixed feeding n=3; wholly bottle feeding n=6	**Setting** District General Hospital in the South West of England **Sample selection** Community midwives were asked to identify postnatal women who had breast fed their latest baby at least once and who had been identified 'at booking' as receiving state benefits (income support, family credit or invalidity/disability allowance), or were aged 16-17 years and unemployed. In addition, a researcher checked all postnatal notes returned to the clinic for filing to ensure none had been missed. **Data collection**	**Findings reported in the study** Individual and social environmental factors Baby factors Midwife-practice factors	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design:** The authors justify the methods used because they mention that, ' Qualitative research techniques, particularly the in-depth interview, could potentially give a much richer understanding to the inter-related reasons why women stop breast

Study details	Participants	Methods	Findings	Comments
sample of women with a low income. **Country/ies where the study was carried out** UK **Study dates** September 1996 to February 1997 **Source of funding** None reported	Lived with partners: n=9; alone: n=4; with parents: n=2 2 caesarean sections and 1 of 15 babies admitted to special care for 1 night **Inclusion criteria** Women who had delivered at a District General Hospital in the South West of England. Community midwives identified postnatal women who had breast fed their latest baby at least once and who had been identified 'at booking' as receiving state benefits (income support, family credit or invalidity/disability allowance), or were aged 16-17 years and unemployed. **Exclusion criteria** None reported	Semi-structured interviews at the Women's home around 21-28 days post delivery. Interviews lasted between two and three hours, all were tape recorded and transcribed verbatim by the interviewer. Specific themes were introduced by the interviewer, these included: establishing the reasons for breast feeding, forms of antenatal education, current breast-feeding practice, the obstacles and sources of encouragement to breast feeding, social/professional support with breast feeding, supplementary feeding and hospital/midwifery influences. Demographic information was also collected. **Data analysis** Interview transcripts were analysed. For each interview, chunks of data were identified that reflected similar issues, and these were coded by attaching keywords to segments of the text to reflect issues and common themes. The codes were then compared and clustered to form a category, which was similarly labelled. These codes were then compared across interviews. Findings and interpretations were discussed and compared for inter-observer reliability by cross		feeding in the first few weeks post delivery' **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** Data collection relied on semi-structured interviews. There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. Ethical issues: The study authors reported that they did not require ethical approval for this study as it was deemed an audit. Consent was given by participants. **Data analysis:** The analytical process was described but the use of predefined methods from the literature was not mentioned. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes

Study details	Participants	Methods	Findings	Comments
		checking emergent themes and categorisation. All the transcripts were analysed by both authors and a clear agreement emerged as to the factors which promoted or discouraged breast feeding among women with a low income. The investigation was exploratory in nature using a descriptive-comparative approach.		and the researchers' own input were clearly distinguished. Credibility of the findings were not explicitly discussed, but both authors analysed the transcripts and agreed on the factors which promoted or discouraged breast feeding. **Value of research**: The authors mentioned that transferability of the findings to other populations was limited because there was a limited number of respondents from a small geographical area. The authors provided adequate discussion of the findings. They do discuss the implications of their findings for practice but do not identify areas where future research is needed. **Overall methodological concerns:** moderate
Full citation Fair, F. J., Watson, H., Gardner, R., Soltani, H., Women's perspectives on antenatal breast expression: A cross-sectional survey, Reproductive Health, 15 (1) (no pagination), 2018	**Sample size** N=688 responses were analysed **Characteristics** Individuals representing the opinions of mothers and fathers currently	**Setting** Not described **Sample selection** Convenience sampling strategy. The questionnaire was distributed through a maternity service user and parenting Facebook group, which was moderated by the	**Findings reported in the study** Positive perceptions: Beneficial when mother or baby have medical problems and preparation for successful breastfeeding	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate

Study details	Participants	Methods	Findings	Comments
Ref Id 881518 **Study type** Qualitative. Mixed methods but only qualitative data was extracted. **Aim of the study** To explore women's knowledge, practices and opinions of antenatal breast expression. **Country/ies where the study was carried out** UK **Study dates** December 2015-January 2016 **Source of funding** No external funding for this study	expecting a baby or with a child under 1 year old. Age (n=688): From under 20 to 40 plus. Under 20: n= 2 (0.3%) Ethnicity (n=683): white: n=652, Black: n=7, Asian: n=8, Mixed: n=16 Occupation (n=683): higher managerial, administrative and professional: n=357; Intermediate: n=117; Routine and manual: n=59; Long-term unemployed or never worked: n=1, not classified: n=149 Number of children birthed (n=681): 1: n=322; 2: n= 259; 3 or more: n=107 A total of 677 participants had breastfed (98.4%), 95.2% were still breastfeeding at 8 weeks, 84.0% were still breastfeeding at 6 months. **Inclusion criteria** Not reported	maternity user group representative of the research team. **Data collection** Online questionnaire. The questionnaire included free text questions. **Data analysis** Simple thematic analysis by coding the data after familiarisation, and deriving categories and themes inductively	Negative perceptions: Interfering with nature and harmful Uncertain perceptions: Lack of knowledge	for answering the research question. **Research design:** The study authors did not justify the methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** There is a clear description of how data was collected. Saturation of data was not discussed but sample size was high. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval was obtained. Consent was assumed inherent for the participants who completed the questionnaire voluntarily. **Data analysis:** The analytical process was described but the use of predefined methods from the literature was not mentioned. Contradictory data was highlighted by the authors.

Study details	Participants	Methods	Findings	Comments
	Exclusion criteria Not reported			**Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility of the findings was not discussed. **Value of research:** The authors discussed the transferability of the findings to other populations because they mentioned that Comparing UK participants' characteristics with national population data from England, demonstrated that this sample were more predominantly of a white ethnic group and there were a considerably lower proportion of Asian respondents. The sample was also older and of higher socioeconomic status, as indicated by occupation, than the current childbearing population, and hence some of their views and experiences may not be representative. The sample demonstrated a much higher breastfeeding rate than that of the national childbearing population in England; 98.4% of the participants reported they had breastfed, compared with the national breastfeeding rate of 74.3% at

Study details	Participants	Methods	Findings	Comments
				birth. This was therefore a self-selected sample of women who were highly motivated and successful breastfeeding mothers, and may not represent the opinions of the wider population. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** Moderate
Full citation Edwards, M. E., Jepson, R. G., McInnes, R. J., Breastfeeding initiation: An in-depth qualitative analysis of the perspectives of women and midwives using Social Cognitive Theory, Midwifery, 57, 8-17, 2018 Ref Id 881524 **Study type** Qualitative **Aim of the study**	**Sample size** 8 Postnatal women 10 Antenatal women 18 midwives - their data was not extracted as not applicable to this research question **Characteristics** Postnatal women: Age: Range from 26-40 years Education: n=5 had masters or PhD; n=3 had a degree Ethnicity: n=3 Scottish; n=2 white British; n=1	**Setting** Two midwife led maternity care clinics at a Health Board area in Scotland where there were 14,043 live births in the year ending March 2010. The Maternity Units in the study area were fully Baby Friendly Accredited (Unicef UK Baby Friendly, 2013). **Sample selection** Women were recruited from antenatal clinics for the antenatal focus groups. Participants for the postnatal focus groups were either recruited from the antenatal clinics but not included until their babies were a few weeks old (five women)	**Findings reported in the study** Expectations Knowledge Experiences	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design:** The study authors justified the methods they used because they say how 'the analysis provides detail and is able to undergo classification of text data which has retained the

Study details	Participants	Methods	Findings	Comments
To explore women's and midwives' expectations, knowledge and experiences of breastfeeding initiation using Social Cognitive Theory. **Country/ies where the study was carried out** UK **Study dates** 2010 **Source of funding** Authors report no funding was accessed for this study.	white Lithuanian; n=1 German; n=1 American Vaginal births without forceps: n=4; forceps: n=2; caesarean sections: n=2 Antenatal women: Age range: 26-40. Six had masters/PhD and four to degree level. Ethnicity/nationality: Scottish: n=4, Scottish/Pakistani: n=1, Polish: n=1, German: n=1, Spanish: n=1, Dutch: n=1, Chinese: n=1 **Inclusion criteria** Primigravida and at least 28 weeks pregnant (singleton pregnancy) or had initiated breastfeeding in the previous 6 months, had given birth in hospital and been discharged from hospital with their baby. Able to read and/or understand English [to be able to understand the written prompts].	or from a hospital postnatal breastfeeding support group (three women). An exception was made for one woman from this support group who was feeding her second baby but wanted to be included. Recruiting postnatal women from a support group gave access to women who had recently given birth. **Data collection** Data from women were gathered though five focus groups, one of which had only one participant, lasting one to two hours, in rooms used for groups in the clinic setting. A topic guide, informed by the literature and the potential sequence of events after the birth, was used to ask open ended questions. Informed consent for audio recording was obtained for all focus groups and interviews and these were transcribed by the first author. **Data analysis** A hybrid process of inductive and deductive thematic analysis was undertaken within the paradigm of interpretivism, which looks for concepts and ideas which can interpret the social meaning of the		original characteristics of the participants' **Recruitment strategy**: Sample selection was clearly reported. **Data collection:** Data collection relied on semi-structured interviews. There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors discussed the potential influences of the researchers on the study findings because they wrote: 'Potential bias may relate to a professional career as a midwife and midwifery lecturer and an interest in breastfeeding, however, the risk was minimised through involving all authors in coding and interpretation of data and the interviewer introducing herself to the unknown participants as a researcher rather than as a midwife.' **Ethical issues:** Ethical approval for this study was obtained. Signed or verbal consent was obtained.

Study details	Participants	Methods	Findings	Comments
	Living within the study area and over 16 years of age. Exclusion criteria None reported	participants' experiences (Snape and Spencer, 2003). The computer package NVivo 8 was utilized to inductively code the transcript data. Transcripts were coded initially according to concepts drawn from the topic guide then as recurring words and concepts emerged from the data, new inductive codes were assigned. The coding was then analysed to create tree structures/themes. A process of thematic analysis was used (Pope and Mays, 2006). The findings were then subjected to deductive analysis using a template of SCT codes developed a priori (Crabtree and Miller, 1992; Fereday and Muir-Cochrane, 2006) based on Social Cognitive Theory (Bandura, 1986). This hybrid approach was adapted for SCT and the resulting template of SCT codes was applied to the results of the inductive coding that had previously emerged from the N-Vivo process. Deductive analysis was applied during line by line analysis of the results to interpret and understand how the inductive themes were embedded in SCT. At all stages in the conduct of the qualitative study and analysis of the data all authors independently interrogated the processes as assurance of credibility,		**Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were not highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility was discussed: 'At all stages in the conduct of the qualitative study and analysis of the data all authors independently interrogated the processes as assurance of credibility, transferability, dependability and confirmability' **Value of research:** The authors mentioned that caution is needed in relation to transferability of the findings to other populations because recruitment was challenging and they failed to recruit teenagers. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified

Study details	Participants	Methods	Findings	Comments
		transferability, dependability and confirmability.		areas where future research is needed. **Overall methodological concerns:** minor
Full citation Paranjothy, S., Copeland, L., Merrett, L., Grant, A., Phillips, R., Gobat, N., Sanders, J., Fitzsimmons, D., Hunter, B., Regan, S., Playle, R., Brown, A., Tedstone, S., Trickey, H., Robling, M., A novel peer-support intervention using motivational interviewing for breastfeeding maintenance: A UK feasibility study, Health Technology Assessment, 21, 1-137, 2017 Ref Id 807065 **Study type** Qualitative (Qualitative data arising from primary data collection were extracted from this Health Technology Assessment).	**Sample size** N=29 women **Characteristics** Age: ≤25 years: n=8; 26-30 years: n=12; 31-35 years: n=8; ≥36 years: n=1. **Inclusion criteria** 'All English-speaking pregnant women (at least 28 weeks' gestation) who were considering breastfeeding were eligible for inclusion in this study'. 'Women with multiple pregnancies (twins, triplets, etc.) were eligible for inclusion in the study as long as they met the other inclusion criteria'. **Exclusion criteria**	**Setting** Three areas with high levels of social deprivation and low breastfeeding initiation rates. A new intervention was evaluated. This was called Mam-Kind. The intervention was a motivational interviewing breastfeeding peer support intervention. Mam-Kind buddies 'met mothers before their babies were born and provided support for 2 weeks afterwards'. There was face-to-face contact at 48 hours after birth, 'proactive alternate-day one-to-one peer-supporter (Mam-Kind buddy)-led contact for 2 weeks after birth and mother-led contact for up to 6 weeks. Mam-Kind buddies were women from a similar locality to the women who they were supporting, who had breastfed and who had completed accredited BFPS training and MI training'. 'Two weeks after birth, the Mam-Kind buddies were required to facilitate the transition of support to other community breastfeeding	**Findings reported in the study** Delay in establishing contact Text-message contacts especially useful Transition to breastfeeding support groups	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design:** The study authors justified the methods they used, as they explained that they used a deductive method for content thematic analysis in order to outline content against the intervention objectives. **Recruitment strategy:** Sample selection was clearly reported. Data collection: There is a clear description of data collection. Saturation of data was not discussed.

Study details	Participants	Methods	Findings	Comments
Aim of the study To assess the feasibility and acceptability of providing motivational interviewing-based breastfeeding peer support to women living in areas with high levels of social deprivation (objective of chapter 4 of the Health Technology Assessment) **Country/ies where the study was carried out** UK **Study dates** Not reported **Source of funding** The National Institute for Health Research Health Technology Assessment programme.	'women who were unable to provide written informed consent, who were unable to use conversational English, who did not plan to breastfeed, who had a clinical reason that precluded breastfeeding (e.g. baby with a major congenital anomaly) or who had a planned admission to a neonatal unit following birth'.	support services, such as breastfeeding groups'. The majority receiving the intervention were white. **Sample selection** Midwives introduced the study to pregnant women at around 28 weeks' gestation and obtained agreement to forward potential participants' contact details to the research team. Midwives were asked to introduce the study by giving a study leaflet to women who met the eligibility criteria. 'The study manager contacted the participants who indicated that they would be willing to take part in the process evaluation interviews at approximately 8 weeks post birth to confirm their agreement to participate and arrange a time for the process evaluation interview. Mothers who took part in these interviews were provided with a £20 high street voucher to thank them for their time'. The study authors used 'a purposive sampling process based on four factors: study site, Mam-Kind buddy delivering the intervention, success at breastfeeding at 10 days and level of engagement with the		**Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** The study authors obtained ethical approval. **Data analysis:** The analytical process was described but the use of predefined methods from the literature was not mentioned. Contradictory data were not highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of findings, both researchers coded a subset of the data to test reliability. **Value of research**: The authors discussed the transferability of the findings to other populations because they mentioned that they tested the feasibility of the intervention in a site with existing peer-support services, and two sites that did not have a paid pre-existing peer-support intervention.

Study details	Participants	Methods	Findings	Comments
		intervention'. They 'approached a total of 43 mothers and 29 (67%) agreed to take part in the interviews'. **Data collection** 'The process evaluation interviews were conducted by experienced qualitative researchers, facilitated by a topic guide [...]. The interviews were conducted by telephone, audio-recorded and transcribed verbatim by a professional transcription company. The duration of the interviews ranged from [...] from 15 to 70 minutes for mothers who received the intervention'. **Data analysis** 'An initial coding framework for the interview data was developed, based on the analysis of three interviews with participants. The themes were further updated and refined in an iterative manner throughout the analysis'. 'The content of the audio-recordings was assessed using deductive content thematic analysis. The coding framework was based on the content guide of the intervention [...], to outline the content of the conversation against the specified intervention objectives		The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns**: minor

Study details	Participants	Methods	Findings	Comments
		at each stage of the intervention (antenatally – six objectives; 48 hours – five objectives; postnatally – five objectives). The coding framework was then applied to all of the participant interview and session data by two researchers [...]. The team discussed any new analytical themes that emerged; these were added to the framework and previous transcripts were recoded accordingly until all of the data had been coded. The transcripts and the coding framework were uploaded to NVivo 10, where both researchers coded a subset of the data to test reliability'.		
Full citation Jardine, E. E., McLellan, J., Dombrowski, S. U., Is being resolute better than being pragmatic when it comes to breastfeeding? Longitudinal qualitative study investigating experiences of women intending to breastfeed using the Theoretical Domains Framework, Journal of Public Health, 39, e88-e94, 2017 Ref Id	**Sample size** n=10 (from n=19 originally interested) **Characteristics** Age of mothers: Range from 18 to 44 Number of children: 1 child: n=10 Mean number of weeks post-partum at postnatal interview: 4 weeks Feeding at postnatal interview: exclusive breastfeeding: n=6; mixed feeding: n=1; only	**Setting** Not reported **Sample selection** Convenience sampling until ten women had been interviewed before and after birth. Two maternity care assistants invited eligible women to participate during their 28 week feeding talk and passed on contact details of interested women to the researcher **Data collection**	**Findings reported in the study** Why chosen to breastfeed - self determination, confidence in their ability, barriers to breastfeeding Overcoming difficulties to maintain breastfeeding Feelings towards giving formula Beliefs about capabilities	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology**: Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design**: The study authors justified the methods they used because they mention how the methods 'facilitates capturing an individual's uniqueness whilst

Study details	Participants	Methods	Findings	Comments
824239 **Study type** Qualitative **Aim of the study** To understand whether pregnant women intending to breastfeed, who later discontinue, differ in their breastfeeding perceptions compared with those who continue and what factors women report influenced their breastfeeding behaviour **Country/ies where the study was carried out** UK **Study dates** August to December 2014 **Source of funding** Authors report no funding required	formula: n=3 Ethnicity/nationality: White, Scottish n=7; White, English n=1; White, other n=2 Education: Secondary school n=1; College n=3, University n=6 Employment: full-time n=9; part-time n=1 Vaginal births: n=6, vaginal ventouse: n=1, caesarean section: n=3 All women were married or cohabiting with partner Inclusion criteria Women who were over 18, primigravida and had an intention to breastfeed Exclusion criteria Not reported	Semi-structured face-to-face interviews were conducted by one researcher. Interview topic guide explored all 12 Theoretical Domain Framework (TDF) domains. Antenatal interviews were carried out as close as possible after the 28-week feeding talk at either the hospital or the participant's home. Data from this interview has not been reported as not relevant to the review question. Postnatal interviews were planned around two weeks post-partum as there is a sizable drop-off in breastfeeding at this time point in Scotland. However, interviews took place at the earliest time convenient to participants which was more like 4 weeks post-partum. **Data analysis** Data was coded using the online platform Dedoose. The recorded interviews were transcribed verbatim, anonymised and uploaded to the system. Directed Content Analysis was guided by a structured two-step process developed by Glaser and Strauss. A second researcher supported analysis by applying codes to transcripts. The Dedoose system	Beliefs about consequences Social influences Emotion	understanding a general process occurring across the sample' **Recruitment strategy**: Sample selection was clearly reported. **Data collection:** Data collection relied on semi-structured face-to-face interviews. There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** The study obtained ethical approval. Written consent was obtained from participants. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes and sub-themes were identified. Contradictory data were not highlighted by the authors.

Study details	Participants	Methods	Findings	Comments
		randomly selects sections of the transcripts containing 25% of codes used by the first coder and allows the second coder to code these same sections, calculating a Cohen's Kappa statistic to identify inter-rater agreement. Once coding was complete an additional code was allocated to the data, an M signified 'maintainer' and D 'discontinuer'. These codes are used in the narrative analysis alongside a participant number to identify which quotations refer to maintainers and discontinuers, e.g. P1-D. The domains containing influencing factors for maintainers and discontinuers were then analysed separately, comparing which domains were judged to be influential for maintainers and for discontinuers. Influential domains were coded in three ways; the domain either contained factors that facilitated behaviour, pre- vented behaviour or was a mixture of both.		**Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility was addressed by three researches being involved in the data analysis. **Value of research:** The authors did not discuss the transferability of the findings to other populations. The authors provided some discussion of the findings. They also did not discuss the implications of their findings for policy and practice nor did they identify areas where future research is needed. **Overall methodological concerns:** moderate
Full citation Islam, M. P., Why are 'hard-to-reach' women not engaging in a breastfeeding peer support programme?, Community Practitioner, 89, 36-41, 2016	**Sample size** N=11 **Characteristics** Average age: 29 First-time breastfeeders	**Setting** 'Areas A and B are two of the most deprived electoral wards in a south-east London borough'. The Mum2Mum breastfeeding peer support programme was set up in 2004 by the borough's public health department to reduce the high	**Findings reported in the study** 'Lack of support and conflicting advice in the hospital'. 'Knowledge of Mum2Mum' 'Asking for help'	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology**: Aim of the study was clearly reported, qualitative research design was appropriate

Study details	Participants	Methods	Findings	Comments
Ref Id 806292 **Study type** Qualitative **Aim of the study** To investigate why women were not engaging in the Mum2Mum programme, which had a poor uptake. **Country/ies where the study was carried out** UK **Study dates** Study with women who had initiated breastfeeding between April 2013 and March 2014. **Source of funding** Not reported.	Average school leaving age: 17 Low income. None of the participants owned their own home. Six participants were the first to have breastfed in their family. Women that had declined antenatal and postnatal visit from team and allocation of a peer supporter: n=2 Women that had an antenatal or postnatal visit or both from the team but declined a peer supporter: n=4 Women that had an antenatal or postnatal visit or both and had a peer supporter allocated: n=3 Women that who had declined the service but were working in the area as peer supporters: n=2 (subgroup not relevant for this review) **Inclusion criteria** Women had initiated breastfeeding and were	number of women who stop breastfeeding by 10 to 14 days postnatally in zone A and B compared to the rest of the borough. 'The Mum2Mum programme recruits and trains women from areas A and B as volunteer supporters, who have recent or current experience of breastfeeding. Volunteers are trained to befriend, help, support and encourage mothers in their local area before and after childbirth that would like to, or are breastfeeding. They are trained by a health visitor who is also a breastfeeding specialist for a total of 20 hours over a 10-week period'. All mothers are offered 'a support visit form a team breastfeeding specialist at 36 weeks plus gestation and within 48 hours of the birth'. **Sample selection** Convenience sample. Women were sent an information letter that invited them to take part in the evaluation. **Data collection** Taped semi-structured interviews. The average interview took 15.5 minutes.	'Other forms of support' 'Not knowing what a supporter does' 'Seeing the face'	for answering the research question. **Research design:** The study author did not justify the study methods they used although they provided a clear description. **Recruitment strategy**: Sample selection was clearly reported. **Data collection:** Data collection relied on semi-structured interviews. There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants**: The author discussed the potential influences of the researchers on the study findings because she wrote that bias could arise from the fact that she was the Mum2Mum coordinator and working in the area, and for this reason the 9 women interviewed were unknown to the evaluator, while the evaluator knew the 2 peer supporters (not relevant for this review).

Study details	Participants	Methods	Findings	Comments
	still breastfeeding at the time of their 48-hour postnatal call. **Exclusion criteria** Those that had breastfed successfully the first time. Those that had started formula feeding at 48-hour telephone call. Those that were not white British. Those that had support from the study author. Previous users of the service. Those that had moved from the study area. Those that had severe postnatal depression.	**Data analysis** 'The data was transcribed verbatim and analysed using thematic content analysis, using a grounded staged approach'.		**Ethical issues:** Ethical clearance was not required because this was a service evaluation. All respondents signed a consent form. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes and sub-themes were identified. Contradictory data were not highlighted by the authors. **Findings**: Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. The author did not mention any steps undertaken to ensure credibility of the findings except for selecting participants unknown to her. The author mentioned that she undertook all the work and did all the analysis, which could potentially bias the results. **Value of research:** The authors mentioned that transferability of the findings to other populations was limited because there was a limited number of respondents. The authors provided adequate

Study details	Participants	Methods	Findings	Comments
				discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns**: moderate Other information
Full citation Thomson, Gill, Balaam, Marie-Clare, Hymers, Kirsty, Building social capital through breastfeeding peer support: insights from an evaluation of a voluntary breastfeeding peer support service in North-West England, International Breastfeeding Journal, 10, 1-14, 2015 Ref Id 882343 **Study type** Qualitative **Aim of the study** To describe and consider, drawing on	**Sample size** N=24 breastfeeding women **Characteristics** Age of mothers: Range 19-47. Number of children: 1 child: n=12, 2 or more children: n=12 Age of infants at time of interview: 11 weeks to 8 months Ethnicity/nationality: White British/European: n=23, Latin American: n=1 **Inclusion criteria** Women who had accessed the peer support service.	**Setting** Area covered by NHS North Lancashire (North-West England), which at the time of undertaking the study included the rural and coastal areas of Fylde and Wyre and the larger urban centres of Lancaster, Morecambe and Fleetwood. The study authors report that the 'North Lancashire area has a mixed socio-economic profile with several wards in Morecambe and Fleetwood rated amongst the most deprived in the North West'. 'The 2011 census showed that the largest ethnic group in the area covered by NHS North Lancashire was White British (95-98%) with a lower than national average Black Minority Ethnic (BME) population (4.4-1.8%)'. The Breastfeeding Network is a UK national voluntary breastfeeding organisation. In 2008 it was commissioned to 'provide a systematic, targeted and	**Findings reported in the study** Bonding social capital Linking social capital	**Limitations** A Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design:** The study authors justified the methods they used because they mentioned that 'using social capital concepts as a theoretical lens enabled [the authors] to illuminate the interplay between peer supporters and structural forces in the community to promote, advocate and maximise reach for breastfeeding support'.

Study details	Participants	Methods	Findings	Comments
social capital concepts, how the peer support service created horizontal and vertical relationships. **Country/ies where the study was carried out** UK **Study dates** May 2012 to May 2013 **Source of funding** Not reported	**Exclusion criteria** Not reported.	comprehensive breastfeeding support service across the antenatal, hospital and postnatal period (up to 8 weeks) named the Star Buddies service'. Later on, a more coordinated volunteer service was developed through the appointment of 6 paid volunteer coordinators. In the antenatal period, peer support was provided in parent education classes, breastfeeding groups, antenatal clinics, breastfeeding helplines. In the intrapartum period, peer support was provided in antenatal and postnatal wards and in the neonatal unit. In the postnatal period, peer support was provided in breastfeeding groups, through home visits, by telephone and SMS, in postnatal clinics, in various mother and baby group/activities, and on breastfeeding helplines. Volunteers worked alongside a range of statutory and informal professional-run activities and groups, and also held or facilitated breastfeeding events. For example, peer supporters attended Young Parents groups at the Children's Centres, provided support at an accommodation centre for homeless young people and families, and were involved in		**Recruitment strategy:** Sample selection was clearly reported. **Data collection**: Data collection relied on interviews. There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues**: Ethical approval for this study was obtained and the study authors declared that they adhered to issues of informed consent, confidentiality, withdrawal and anonymity. Written informed consent was obtained from all the participants for the publication of the article. **Data analysis**: The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes and sub-themes were identified. Contradictory data were not highlighted by the authors.

Study details	Participants	Methods	Findings	Comments
		breastfeeding-related community events. There were paid peer supporters and volunteer peer supporters. All paid Star Buddies had undertaken the Open College Network (OCN) Breastfeeding Helpers (6 or 12 weeks) and the more advanced Breastfeeding Supporters (12 months) accredited courses provided by the Breastfeeding Network. While voluntary peer supporters had to undertake the Breastfeeding Helper course to become registered with the Breastfeeding Network, they were also encouraged to access the Supporters course. **Sample selection** Breastfeeding mothers who had accessed the peer support service were recruited by the volunteer coordinators and voluntary peer supporters. Participants were given an information sheet and asked to contact the evaluation team directly if they wanted to participate. **Data collection** Face to face or telephone interviews. **Data analysis**		**Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility of the findings was not explicitly discussed, but there were on-going discussions between 2 study authors in order to define the themes. **Value of research**: The authors mentioned that transferability of the findings to other populations was limited because the study was focused on a particular model of peer support in one geographical region in North-West England. They also pointed out that they only focused on women who were using the peer support service, which limits insights into difficulties that other women may encounter. They also pointed out that they did not collect socio-economic status of women as part of this study. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** minor

Study details	Participants	Methods	Findings	Comments
		All transcribed data were entered into a qualitative software package (MAXQDA). Data 'were subsequently analysed into themes and subthemes using the method described by Braun & Clark'. 'This process involved reading and re-reading of the transcripts to enable familiarisation; organising and mapping data into meaningful groups or networks; rereading to ensure accuracy and authenticity, with reorganising and refinement undertaken as appropriate'. Social capital concepts were considered when analysing the data set. There were 'numerous iterations of reading the social capital literature and transcripts and on-going discussions between GT and MCB'.		
Full citation Morgan, H., Hoddinott, P., Thomson, G., Crossland, N., Farrar, S., Yi, D., Hislop, J., Moran, V. H., Maclennan, G., Dombrowski, S. U., Rothnie, K., Stewart, F., Bauld, L., Ludbrook, A., Dykes, F., Sniehotta, F. F., Tappin, D., Campbel, M., Benefits of incentives	**Sample size** N=88 (83 women, of which 38 pregnant women - 2 of these also participated in postnatal interviews - and 45 postnatal women) and 5 partners **Characteristics**	**Setting** Primary and secondary health services and local authority community and voluntary sector services (for example antenatal clinics, children and family centers, mother-and-baby groups). Aberdeenshire, Lancashire and Glasgow were selected for their diverse sociodemographic characteristics. Women had not necessarily participated in an	**Findings reported in the study** In the early stages support by health professionals is more important than incentives. Weekly gifts to motivate women through the early ‘difficult’ periods.	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology**: Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question.

Study details	Participants	Methods	Findings	Comments
for breastfeeding and smoking cessation in pregnancy (BIBS): A mixed-methods study to inform trial design, Health Technology Assessment, 19, 1-516, 2015 Ref Id 806856 **Study type** Qualitative (qualitative study in chapter 6 of the Health Technology Assessment) **Aim of the study** To explore the mechanisms of action and interactions of incentives and the unintended consequences of incentives **Country/ies where the study was carried out** UK **Study dates** June 2012 to August 2013	Ethnicity: 78 (88.6%) white, 9 (10.2%) black and minority ethnic. Not recorded: 1 (1.1%) Marital status: 68 (77.3%) married, 18 (20.5%) divorced/single. Not recorded: 2 (2.3%) Currently employed: 43 (48.9%) employed, 40 (45.5%) unemployed. Not recorded: 5 (5.7%) Smoking status: 26 (29.5%) never smoked, 24 (27.3%) currently smoking, 37 (42.0%) previously quit. Not recorded: 1 (1.1%) Previous infant feeding behaviours (n = 58): 51 (87.9%) previous experience of breastfeeding, 4 (6.9%) used formula only. Not recorded: 3 (5.2%) Current infant feeding intentions (n = 18): 11 (61.1%) planned to breastfeed, 4 (22.2%) planned to mixed feed, 3 (16.7%) planned to formula feed. **Inclusion criteria**	incentive intervention. They were asked during interviews if they had ever taken part in an incentive scheme. **Sample selection** Women were recruited from: pregnancy and mother-and-baby/toddler groups across Aberdeenshire and Lancashire; antenatal clinics, GP surgeries, hospitals and community settings across Aberdeenshire and Lancashire; GPs and health visitors, midwives and voluntary workers across Aberdeenshire and Lancashire; partners/significant others through women already participating. **Data collection** Three postdoctoral researchers conducted interviews and focus groups in Aberdeenshire and Lancashire. Sampling strategies and topic guide refinement were iterative so the topic guide changed over time. Interviews were open-ended, audio recorded and transcribed. The lengths of the interviews ranged from approximately 15 minutes to 100 minutes. Intervention vignettes were employed to facilitate more	Optimal timing of providing a breast pump as an incentive.	**Research design:** The study authors justified the methods they used, for example they mention that they used the framework method for analysis because this method is 'well established as a transparent, systematic and rigorous data management tool in applied policy research. One of the strengths of the framework method is its potential to summarise data into thematic matrices, to look for patterns or explanations'. **Recruitment strategy**: Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was not discussed, although the study authors mention that qualitative sampling strategies were iterative. **Relationship between researcher and participants:** The authors partially discussed the potential influences of the researchers on the study findings, because they mentioned that there were variations in how interviews and focus groups were framed between 5 researchers, and the authors commented that this

Study details	Participants	Methods	Findings	Comments
Source of funding The National Institute for Health Research Health Technology Assessment programme.	Pregnant women and new mothers and their partners or significant others until 6 months after birth. **Exclusion criteria** Not reported	focused discussions when appropriate. **Data analysis** Qualitative data were entered into the NVivo10 software for data organisation and coding. The framework method was used for analysis. Initially, three researchers identified key themes and categories independently by reading transcripts of the first four participant interviews. Through wider transcript reading and discussion, a single tree structure coding index was agreed and applied in NVivo10. The researchers had detailed discussions several times a week between sites to ensure consistency and to search for disconfirming perspectives.		contributed to the richness of the data. **Ethical issues:** The study authors reported that to protect confidentiality, study sites and all quotations were anonymised. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. In relation to highlighting contradictory data, the researchers had regular discussion several times a week between sites during data analysis to search for disconfirming perspectives, and they also used data from the Cessation in Pregnancy Incentives Trial for triangulation. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of the findings, there were discussions between different researchers analysing the data. **Value of research**: The authors discussed the transferability of the findings to other populations

Study details	Participants	Methods	Findings	Comments
				because they mentioned that they collected views from participants with a diverse range of socioeconomic and behavioural characteristics. Apart from this, the authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice. **Overall methodological concerns:** minor
Full citation Leeming, D., Williamson, I., Johnson, S., Lyttle, S., Making use of expertise: A qualitative analysis of the experience of breastfeeding support for first-time mothers, Maternal and Child Nutrition, 11, 687-702, 2015 Ref Id 806570 **Study type** Qualitative **Aim of the study**	**Sample size** N=22 women **Characteristics** First-time mothers who initially breastfed. Age range: 19-38 Ethnicity: White British: n=19. Black-Caribbean: n=2. Eurasian: n=1. White Irish: n=1 All births were singleton, at or close to term, and without significant maternal or infant illness. Mode of birth: Vaginal births: n=18 (of which, initially homebirth but transferred to hospital:	**Setting** Services connected to a hospital in the Midlands of England. The women's accounts 'mostly captured the participants' experiences of interacting with paid professional health workers'. In 'their accounts the participants did not particularly concern themselves with distinguishing between different kinds of supporters or different kinds of expertise (and were not always clear about the job title or role of advisors they had spoken to)'. **Sample selection**	**Findings reported in the study** Theme: Making use of expertise. 3 sub-themes: Consulting experts vs. deferring to feeding authorities. Interpreting the body. Being empowered or disempowered by expertise.	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design**: The study author justified the study methods they used. **Recruitment strategy:** Sample selection was clearly reported.

Study details	Participants	Methods	Findings	Comments
To explore the experiences of first-time mothers in relation to breastfeeding support from maternity care professionals and other breastfeeding advisors. **Country/ies where the study was carried out** UK **Study dates** Not reported **Source of funding** The study was supported by the British Academy	n=2 (1 with ventouse too); ventouse: n=5; homebirth: n=1; water birth: n=1; vaginal (not further details): n=9. Caesarean: n=4 Feeding at the end of study: some exclusive breastfeeding, some mixed feeding, some formula feeding. All mothers lived with a male partner, although the two youngest mothers also lived with extended family. The women indicated a range of occupational backgrounds, with approximately two-thirds of these being professional or managerial. Thirteen of the 22 women reported being educated to degree level or beyond. **Inclusion criteria** First-time mothers over 16 years of age and intending to breastfeed. **Exclusion criteria** Not reported.	Women were approached via primary care teams and antenatal classes. **Data collection** Women 'kept a 7-day audio-diary beginning 1–3 days after giving birth and were interviewed shortly after this for phase 1 of the study. Thirteen agreed to be interviewed a second time 5–6 weeks post-natally, with 11 of these completing a second 7-day audio-diary prior to the second interview for phase 2'. **Data analysis** 'Data were analysed following Braun & Clarke's (2006) approach to thematic analysis with the additional theoretical framework of symbolic interactionism'. After transcription, the participants' accounts were coded using NVivo software. 'Analysis proceeded in an inductive manner, with codes being developed through close engagement with the data, rather than predetermined'. 'Interpretation was facilitated through the employment of grounded theory's methods of focused coding, memo writing and constant comparison (Henwood & Pidgeon 2006).		**Data collection:** Data collection relied on audio-diaries and interviews. There is a clear description of data collection. Saturation of data was not discussed. **Relationship between researcher and participants**: The author did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** The study obtained ethical approval. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of the findings, the authors mentioned that data analysis 'was conducted and refined by the first and second

Study details	Participants	Methods	Findings	Comments
		'Data analysis was conducted and refined by the first and second authors and audited by the third and fourth authors'.		authors and audited by the third and fourth authors'. **Value of research**: The authors mentioned that caution was needed in relation to transferability of the findings to other populations because there was a relatively high proportion of degree educated, professional women within the sample. They provide detailed data on the participant characteristics, which helps with assessing transferability. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** minor
Full citation Keely, A., Lawton, J., Swanson, V., Denison, F. C., Barriers to breast-feeding in obese women: A qualitative exploration, Midwifery, 31, 532-9, 2015 Ref Id 577628	**Sample size** N=28 **Characteristics** The women's babies were 6-10 weeks old at the time of the interviews. Participants were selected purposively in order to achieve a	**Setting** Women were recruited from the postnatal ward of a large maternity unit in Scotland. **Sample selection** 'Maternal demographic information was checked via electronic maternity notes prior to approaching participants. […] Women were approached on the	**Findings reported in the study** 'Physical difficulties' 'Early introduction of formula' Breastfeeding clinics Other sources of support	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, research design was appropriate for answering the research question.

Study details	Participants	Methods	Findings	Comments
Study type Qualitative **Aim of the study** To 'explore the factors that influence breast-feeding practices in obese women who had either stopped breast-feeding or were no longer exclusively breast-feeding 6–10 weeks following the birth of their babies, despite an original intention to do so for 16 weeks or longer'. **Country/ies where the study was carried out** UK **Study dates** Interviews took place between March 2011 and April 2013. Recruitment to the project commenced on 5th January 2011 and was completed on 20th March 2013. **Source of funding**	sample that was broadly representative of childbearing women in Scotland in terms of age and social class. Only one study participant, an Indian woman, was from an ethnic minority background. All of the other women were Caucasian, 24 from the UK, one from the Republic of Ireland, one from Australia and one from America. All the women in this study had a BMI between 30 and 46 kg/m2 at the start of pregnancy. All the women confirmed that, at the time their babies were born, they intended to exclusively breast feed for at least 16 weeks (and many for up to six months). However, all had stopped breast-feeding or had introduced formula feeding alongside breast-feeding	postnatal ward and provided with a participant information sheet and, if they agreed, completed a screening questionnaire. They were asked if they would be willing to be contacted via telephone at a later date to discuss taking part in the study. Those who agreed were then telephoned 4–6 weeks later to discuss their current infant feeding method and whether or not they would be willing to take part in an interview. In all, 55 women were successfully followed up via telephone during the initial phase of qualitative data collection. Women were recruited to the qualitative study in two phases. During the initial phase of qualitative data collection, 17 obese women were recruited to participate in one-to-one semi-structured interviews. Of the 38 women who did not participate at this stage, 23 were still exclusively breast-feeding at the time they were contacted and therefore ineligible, two had moved away from the area and a further 13 declined to participate. During phase two, 30 women were followed up via telephone; of these 11 were exclusively breast-feeding when contacted, five declined to participate and one further woman agreed to participate but was not in when the interviewer called at her		**Research design**: The authors justify the methods they used because they mention that 'The data analysis process was iterative, taking place alongside data collection. This allowed for the exploration of themes which emerged during data collection (Mason, 2002) enabling interview questions and sampling to be revised as the study progressed. […] Semi-structured interviews were chosen for this study as these afforded the flexibility needed to gain an in-depth understanding of women′s personal experiences and decision-making (Brett-Davies, 2007), including issues which might be unforeseen at the study′s outset. In addition, one-to-one interviews afforded privacy, to encourage the women to discuss sensitive issues'. The authors also mention that the main strength of their study was 'the use of an open-ended exploratory design, which allowed new and unanticipated issues to arise from the data'. **Sample selection:** Sample selection was clearly reported.

Study details	Participants	Methods	Findings	Comments
Not reported	by 6–10 weeks following the birth of their babies, and for several this had occurred within just a few days. **Inclusion criteria** Any woman who had given birth to a single baby at >37 weeks gestation, breast-feeding at first feed but no longer exclusively breast-feeding at 6–8 weeks' postnatal, and BMI at the start of pregnancy of >30 kg/m2 (defined as obese). **Exclusion criteria** Any woman whose baby had been admitted to the neonatal unit, any woman not being discharged home with her baby (as separation from the baby presents challenges in establishing breast-feeding which were beyond the focus of this study), age <18 years old, multiple pregnancy	home and did not answer follow-up phone calls. A further 11 participants were recruited at this stage'. **Data collection** Interviews took place in the participants' homes. The interviews were informed by a topic guide. Following the initial 17 interviews, the topic guide was expanded to include further questions and prompts. Interviews lasted between 45 minutes and 2 hours and 30 minutes. Interviews were digitally recorded and transcribed in full. Brief notes were made during the interview and expanded upon as soon as possible following the interview. **Data analysis** 'Thematic analysis was used to formally analyse and unearth patterns in the data. Audio recordings were transcribed using a professional transcription service. Thematic content analysis was carried out. Using an interpretive approach, themes were developed in an iterative and inductive way, involving the breaking down and reassembling of data in a coding process (Braun and Clarke, 2006).		**Ethics:** Ethical approval was obtained. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was discussed; the authors mention that 'No new findings or themes emerged during the later interviews. Consequently, after 28 interviews had been conducted it was concluded that data saturation had been reached'. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how categories were identified. There was no discussion of contradictory data. In relation to the potential influence of the researchers, the study authors mentioned that 'as they used semi-structured interviews, 'this may have led to participants retrospectively re-interpreting and re-telling their stories, in order to reposition and present themselves as 'good mothers''. **Findings:** Results were presented clearly with the generous use of quotes where appropriate (quotes and the researchers' own input

Study details	Participants	Methods	Findings	Comments
	or inability to give informed consent.	This involved multiple readings of the transcripts, in order to become immersed in the data. This was followed by preliminary coding of the data and the development of themes from these codes (e.g. breast-feeding in public). Once all of the interviews had taken place the coding frame was more fully developed. Coded datasets were subjected to further in-depth analyses to identify sub-themes (e.g. breast-feeding in hospital; breast-feeding at home; breast-feeding in public) and illustrative quotations. The final step was the identification of links between, and overlapping of, themes (Rubin and Rubin, 1995) and the development of three major themes (e.g. seeking privacy). Regular team meetings took place to discuss our interpretations and to reach agreement on key findings. The final category system was agreed by three researchers and accepted as being representative of the data'.		were clearly distinguished). In relation to the credibility of the findings, the authors mention that 'Regular team meetings took place to discuss our interpretations and to reach agreement on key findings. The final category system was agreed by three researchers and accepted as being representative of the data'. **Value of research**: The authors discussed transferability of the findings to other populations as they mention that a key limitation of their study is that they 'only recruited from one maternity unit, which limits the potential generalisability of the findings, in particular potentially with regard to women from ethnic minority groups'. The authors also mention that participants were selected purposively in order to achieve a sample that was broadly representative of childbearing women in Scotland in terms of age and social class. The authors provided adequate discussion of the findings. They also discuss the implications of their findings for policy and practice and identify areas where future research is needed.

Study details	Participants	Methods	Findings	Comments
				Overall methodological concerns: no or very minor
Full citation Hinsliff-Smith, K., Spencer, R., Walsh, D., Realities, difficulties, and outcomes for mothers choosing to breastfeed: primigravid mothers experiences in the early postpartum period (6-8 weeks), Midwifery, 30, e14-e19, 2014 Ref Id 447841 **Study type** Qualitative **Aim of the study** To understand the experiences and challenges of breastfeeding in the early postpartum period (defined as 6-8 weeks) for primiparous women. **Country/ies where the study was carried out** UK	**Sample size** N=26 **Characteristics** Demographic characteristics not reported. 26 participants initiated breastfeeding. On discharge from hospital 7 were providing artificial formula, one combination feeding (artificial milk and solely expressing breast milk), 18 were exclusively breastfeeding. By the end of the 6-8 weeks period, only 10 mothers were still exclusively breastfeeding. **Inclusion criteria** Antenatal participants over 34 week gestation who indicated that they intended to breastfeed, and who receive their antenatal and postnatal care in the region	**Setting** Participants were recruited from two maternity units (one acute hospital and one community health service maternity unit) of two BFI accredited hospitals in the East Midlands who have a lower rate of breast feeding at 6-8 weeks than the rest of the East Midlands region and lower than the national picture. The authors mention that breastfeeding prevalence was 42% in East Midlands. Mothers talked about the healthcare professionals from which they sought help and support. These would include midwives in the hospital, health care assistants on the ward, community midwives, and health visitors on home visits. **Sample selection** The study was advertised in local GP surgeries and antenatal clinics. **Data collection** Two methods used: written diary and interviews. 9 women completed a diary and were also interviewed,	**Findings reported in the study** Theme: 'Unpreparedness for breast feeding' Theme: 'Professionals: notions of expertise, communication and impact' Sub-theme 1: 'Notions of perceived power of 'experts'' Sub-theme 2: 'Notions of breastfeeding communication and support'	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question. **Research design:** The authors justify the methods they used because they mention that phenomenology is 'an approach that seeks to understand human experiences from the perspective of individuals' experiences of life events, and the meanings these events have for them'. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was not discussed.

Study details	Participants	Methods	Findings	Comments
Study dates Interviews were conducted between July and September 2012 **Source of funding** Not reported	**Exclusion criteria** Not reported	13 completed a diary only, 4 had an interview only. Diary: mothers recorded something of their choosing regarding their infant feeding experiences daily for six weeks. Interviews lasted 30-55 minutes, took place in the mother's own home, and were recorded and transcribed. **Data analysis** Interpretive phenomenology was used. Common themes were identified across participants to form a pattern of understanding. ' This involved immersion in the data by reading and re-reading each diary and interview in a search for emerging themes. Individual segments of texts were considered in relation to the overall text, and each sentence was assessed for meaning of the phenomena'. The three researchers carried out simultaneous analysis, and collaborative reflective discussion took place between the researchers to generate deeper insights and understanding.		**Relationship between researcher and participants:** The authors did not discuss the potential influences of the interviewers. **Ethical issues:** This study obtained ethical approval. Written consent was obtained from participants and confidentiality and data protection principles were strictly observed. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how categories were identified. Contradictory data was highlighted. **Findings:** Results were presented clearly with the generous use of quotes where appropriate (quotes and the researchers' own input were clearly distinguished). In relation to the credibility of the findings, the authors mention that they carried out interviews in order to triangulate data from the diaries. Moreover, there was collaborative reflective discussion between three researchers during the analysis process.

Study details	Participants	Methods	Findings	Comments
				Value of research: In relation to transferability of the findings, the authors provide a description of the study setting and mention that 'the results are likely to resonate with women's experiences in other similar settings'. However the authors do not provide data on the characteristics of the participants except for breastfeeding duration, which limits assessment from the reader of whether findings are transferrable to other populations. The authors provided adequate discussion of the findings. They also discuss the implications of their findings for policy and practice. **Overall methodological concerns:** minor
Full citation Ingram, J., A mixed methods evaluation of peer support in Bristol, UK: Mothers', midwives' and peer supporters' views and the effects on breastfeeding, BMC Pregnancy and Childbirth, 13 (no pagination), 2013 Ref Id	**Sample size** N=163 women took part in the survey (which included some qualitative data) N=14 women took part in semi-structured interviews **Characteristics**	**Setting** 'NHS Bristol Primary Care Trust commissioned a leading children's charity (Barnardo's: www.barnardos.org.uk) to provide a targeted breastfeeding peer support service for mothers (in 12 areas of low breastfeeding prevalence in the city) with one antenatal visit and postnatal contact at 48 hours after coming home which continued for 2 weeks. The service (Bristol Breastfeeding Peer Support	**Findings reported in the study** 'Antenatal opportunity for knowledge' - "it was informal with time for discussion" 'Postnatal reassurance - "someone there for me"' 'Encouragement and enhanced self-confidence'	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology**: Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question.

Study details	Participants	Methods	Findings	Comments
806278 **Study type** Qualitative (mixed methods, but only qualitative findings reported here) **Aim of the study** To explore the perceptions of mothers, midwives and peer supporters as part of an evaluation of a peer support service. (Only the perceptions of mothers were extracted for this review). **Country/ies where the study was carried out** UK **Study dates** A survey ran from the end of 2010 to the end of 2011. Qualitative interviews took place at the end of the survey. **Source of funding** Funding provided by NHS Bristol from a grant	Characteristics of 163 women who took part in the survey: Baby age when the survey was completed: mean: 30 days; median: 34 days; range: 14-42 days Mother's age: mean: 29.6 years; median: 30 years; range: 16-40 years Baby age when stopped breastfeeding (n=27 mothers): mean: 15.8 days; median: 14 days; range: 1-30 days Most of the mothers (93%) lived with a partner and 11 were single parents; for 66% of the mothers this was their first baby. Characteristics of 14 women who took part in the qualitative interviews: Babies' age at the time of interview: between 2 and 4 months old Feeding at the time of interview: breastfed: n=9; mixed fed: n=1; formula fed: n=4	Service) aimed to meet UNICEF/WHO Baby Friendly Initiative (BFI) guidance'. 'The peer supporters' training was accredited by La Leche League and comprised 10 sessions of 2.5 hours each initially, with extra Safeguarding and Lone Working sessions added later'. **Sample selection** At the first antenatal contact, women were told about the evaluation and asked if they had an email address. At the 48 hour contact they were reminded about the survey. Two weeks later they were sent an email inviting them to complete the online survey. Those without email were telephoned. At the end of the service evaluation survey, 'mothers were asked if they would be prepared to have a short telephone interview to explore their views of the service and peer support in more detail'. 48 women gave their contact details and 14 interviews were conducted. For the semi-structured interviews, a 'purposive sample of women was selected, from those who provided their contact details, to include a wide range of postcodes and dates of birth of babies from across the evaluation period'.		**Research design:** The study authors justified the methods they used because they mentioned that the mixed methods analysis was used 'to add to the richness of the data and integrate insights from the different parts of the study to produce a single narrative'. **Recruitment strategy:** Sample selection was clearly reported. **Data collection**: There is a clear description of how the survey and the semi-structured interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues**: Ethical approval for this study was obtained and the study authors declared that they adhered to principles of informed consent and confidentiality. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is

Study details	Participants	Methods	Findings	Comments
from the Department of Health.	**Inclusion criteria** Mothers receiving the peer support service **Exclusion criteria** Not reported	**Data collection** 163 women participated in a survey with closed and open-ended questions. 13 telephone interviews and 1 face-to-face interview **Data analysis** 'All the interviews and the focus group were digitally recorded, transcribed, anonymised and checked for accuracy before analysis. Thematic analysis using an inductive approach'. 'Final themes were discussed and refined within the evaluation team to achieve a coding consensus and ensure robust analysis'. A triangulation mixed methods approach was used to integrate the free texts comments from the survey with the semi-structured interviews.		clear how themes and sub-themes were identified. Contradictory data were not highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of findings, a triangulation mixed methods approach was used. **Value of research:** In relation to the transferability of findings, the authors mentioned that this was limited by the low response rate to the online survey (around 40%), and they also mentioned that it was possible that those who participated were more committed to breastfeeding because they were motivated to complete the online survey. However the authors said that due to this concern, they interviewed women who had continued to breastfeed for several months as well as some who gave up in the early weeks. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified

Study details	Participants	Methods	Findings	Comments
				areas where future research is needed. **Overall methodological concerns**: minor
Full citation Williamson, I., Leeming, D., Lyttle, S., Johnson, S., 'It should be the most natural thing in the world': Exploring first-time mothers' breastfeeding difficulties in the UK using audio-diaries and interviews, Maternal and Child Nutrition, 8, 434-447, 2012 Ref Id 807764 **Study type** Qualitative **Aim of the study** To explore the experiences of first-time mothers who struggled with breastfeeding in the early post-partum period.	**Sample size** N=8 **Characteristics** First-time mothers with singleton infants born at 38 to 42 weeks of gestational age. All eight were White, aged between 25 and 36 years of age, either married or cohabiting with the father of the infant. Mode of birth: Caesarean section: n=2; Vaginal births: n=6 (ventouse: n=3). **Inclusion criteria** They had to have declared an intention to breastfeed their infant for at least 1 month. **Exclusion criteria** Not reported	**Setting** The UK. The authors mention that 'Until very recently there has been no legal protection for mothers in the UK who wish to breastfeed their infants in public spaces'. **Sample selection** The authors 'purposely limited the analysis to the accounts of the first 8 women in the study who reported experiencing significant difficulties with feeding in the first week post-partum' out of 22 women who completed a diary and interview (the paper does not mention if this was for a larger study - it is assumed that this was done for a larger study, see Leeming 2013 publication included in this review). The study was advertised in general practitioner surgeries and at antenatal classes and clinics. Women were invited to register an interest, and then they were approached shortly after the birth and invited to join the study. Moreover, women who had not	**Findings reported in the study** 'Breastfeeding as 'natural' vs. the lived embodied struggle to feed'	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology**: Aim of the study was clearly reported, research design was appropriate for answering the research question. **Research design**: The authors justify the methods they used. They mention that 'It has been argued that hermeneutic phenomenological approaches are particularly well suited to women's descriptions of breastfeeding experiences, especially where interpretations of individual accounts are located within wider sociocultural discourses (Spencer 2008). IPA represents a flexible method for analysing phenomenological data drawn from both diary and interview methods (Smith et al. 2009)'. Moreover, in relation to data collection, the authors

Study details	Participants	Methods	Findings	Comments
Country/ies where the study was carried out UK **Study dates** The study took place in 2006- 2007 **Source of funding** The research was funded by the British Academy, London		previously made aware of the study were approached on the ward shortly after birth and invited to take part in the study. **Data collection** Women were asked to make audio-diary recordings twice daily for seven days, beginning as soon as possible following the birth of their infant. The semi-structured interviews were conducted within after diary completion, after the interviewer had listened to the diary entries. **Data analysis** Data were transcribed in full and analysed using IPA (Smith et al. 2009). The researchers 'read each of the data sets several times before coding began. Each participant was treated idiographically, and ideas were coded and grouped to identify and label a full set of superordinate themes for each individual. We then compared these across participants through the construction of master themes, and appropriate consideration was given to where participants' accounts converged and how they differed (Smith et al. 2009).We discussed the initial set of master themes within the		mention that audio-diaries 'offer a practical 'hands-free' method for participants to provide accounts of experience in real time and context (Bolger et al. 2003). In our study, the use of audio-diaries meant that once participants had received training in how to use the equipment, data entries could be made whenever convenient and in the home environment'. Moreover, the authors mention that the diaries and interviews are a form of methodological triangulation. **Sample selection:** Sample selection was clearly reported. **Data collection:** There is a clear description of how audio-diaries were recorded and how interviews were conducted. Saturation of data was not discussed. **Ethics:** Ethical approval was obtained **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how categories were identified. Contradictory data were discussed by the authors, for example one of the themes

Study details	Participants	Methods	Findings	Comments
		research team, and a second wave of interpretative work was applied at this point to produce the final analysis that considered the women's experiences in the context of prior theory and research, particularly with regard to the wider cultural construction of breastfeeding'.		identified was 'Breastfeeding as 'natural' vs. the lived embodied struggle to feed'. The authors discussed the potential influences of the researchers, because they have a section of the paper dedicated to reflexivity, where they mention the professional background of the members of the team, and mention that some of the members were parents with experiences of breastfeeding, some of which were problematic. The authors commented that they believed that the diversity within the team in terms of views on issues around breastfeeding 'enriched the ways in which data were scrutinized and interpreted'. The authors also mention that ' It is perhaps of relevance that the only one of our participants who mentioned experiencing negative feelings towards the baby at length (Gina) did so in the diary component rather than the interview'. **Findings:** Results were presented clearly with the generous use of quotes where appropriate (quotes and the researchers' own input were clearly distinguished). In relation to the credibility of the findings, the authors mention that the diaries and interviews are a

Study details	Participants	Methods	Findings	Comments
				form of methodological triangulation. Moreover, the initial set of master themes was discussed within the research team. **Value of research:** The authors discussed transferability of the findings to other populations as they mention that 'It should be noted that while several other participants within the larger sample reported similar problems, we also had accounts from women who reported finding breastfeeding enjoyable and rewarding'. The authors provided adequate discussion of the findings. They also discuss the implications of their findings for policy and practice. **Overall methodological concerns:** minor
Full citation Thomson, G., Dykes, F., Hurley, M. A., Hoddinott, P., Incentives as connectors: Insights into a breastfeeding incentive intervention in a disadvantaged area of North-West England, BMC Pregnancy and	**Sample size** N=26 women participated in interviews **Characteristics** Age: 21 to 42 Parity: 1 child: n=14, 2 children: n=7, 3 children: n=4, 5 children: n=1	**Setting** The peer support programme operates in a Primary Care Trust (PCT) in the North West Strategic Health Authority (NWSHA) in England with a predominantly white ethnic background (98%) population of circa 142,000 and high deprivation indices.	**Findings reported in the study** Overarching theme: Incentives and connectors. Themes: Facilitating connections (sub-themes: encouraging access,	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate

Study details	Participants	Methods	Findings	Comments
Childbirth, 12 (no pagination), 2012 Ref Id 807591 **Study type** Qualitative (mixed methods, but only qualitative findings were extracted for the present review) **Aim of the study** To explore the meanings attributed to receiving and giving incentives from the perspectives of women and peer supporters (only views of women were extracted for the present review) **Country/ies where the study was carried out** UK **Study dates** Women receiving the incentives were invited to take part in qualitative interviews between January and March 2011.	Ethnicity: All White British except one woman of Asian origin. 24 women had successfully completed the 8 weeks community incentive Star Buddies programme and 2 women were still in receipt of the programme. At the time of the interview, infants were aged between 6 and 16 weeks. Sixteen of the women were exclusively breastfeeding; 2 were bottle-feeding and the remaining 6 were mixed feeding, with two reporting infrequent use of formula milk. **Inclusion criteria** Women receiving the incentives **Exclusion criteria** Not reported	The breastfeeding peer support programme (Star Buddies) is provided by The Breastfeeding Network (BfN). Programme comprises 9 paid peer supporters and unpaid volunteer local breastfeeding mothers. Two of the peer supporters coordinate the service, 3 provide breastfeeding peer support during the antenatal/intrapartum period and 4 provide post-natal community based support. All supporters attend the accredited 'helpers' course, delivered over a 6 or 12 week period and the majority have attained 'supporter' status which comprises a 12 month training course. Peer supporters aim to contact women who have enrolled onto the programme within 48 hours after hospital discharge and are offered up to 8 weeks of breastfeeding support provided through text messaging, telephone calls, home visits and breastfeeding support groups at community locations. If a woman ceases to breastfeed, the peer support discontinues and women can choose to opt in or out at any time within the 8 weeks. 'The aim of the incentive intervention was to improve any	connecting to self and others, relating to outside world) Facilitating relationships and wellbeing (sub-themes: being on the journey together, encouraging sensitive dialogue and opportunities for support, being rewarded)	for answering the research question. **Research design:** The study authors did not justify the methods they used; they did not explain why they selected a specific qualitative methodology for data analysis. **Recruitment strategy**: Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants**: The authors discussed the potential influences of the researchers on the study findings because they mentioned that 'Where possible, interviews were organised after women had completed the 8-week peer support programme as they may have felt restricted in raising any negative appraisals whilst still in receipt of support'. **Ethical issues:** The study obtained ethics approval and the authors declared that ethical

Study details	Participants	Methods	Findings	Comments
Source of funding Funding by NHS Blackpool, study commissioned via the Breastfeeding Network.		breastfeeding rates at 6-8 weeks by 5% at quarter 4 (January-March, 2011) compared to quarter 1 (April-June, 2010) figures. Details of gift and rationale: Congratulations gift - a picture frame (week 1): To celebrate the birth of the child, and prompt discussion of how thinking/about/looking at baby can stimulate enhance breast-milk production. Selection of healthy treats (graze box) (week 2) and Swimming voucher (week 6): To promote a discussion on healthy eating, and the importance of a healthy lifestyle during breastfeeding Mum's pamper gift set (week 3), Choice of glossy magazine (week 4), Pamper session (week 8), Voucher for quality ready-made family meal deal (week 7): To encourage women to take time out for themselves, to relax and re-charge their energy levels for successful breastfeeding Hot drink/cake from department store (week 5): To initiate discussions on breastfeeding outside the home, any barriers or concerns and to promote a local Breastfeeding Friendly Business Campaign which provides a sticker		principles of informed consent and confidentiality were adhered to. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. The study authors looked for deviant cases from the emergent framework. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of findings, the study authors retrospectively analysed electronic data routinely collected to triangulate qualitative findings. Moreover, they mention that 'whilst it is possible that [the author's] previous evaluation of the peer support programme may have influenced the final interpretations [...], care was taken to incorporate trustworthiness through discussion with the evaluation team and the programme providers and a summary of the themes shared and validated with the participants'. **Value of research:** The authors discussed the transferability of the

Study details	Participants	Methods	Findings	Comments
		to indicate that breastfeeding women are welcome. **Sample selection** Postnatal community Star Buddies approached all women who had been receiving incentives for at least 4 weeks. 35 women agreed to participate. 9 women were uncontactable after 4 contact attempts and 26 women participated in interviews. **Data collection** In-depth qualitative interviews were conducted. 'Where possible, interviews were organised after women had completed the 8 week peer support programme as they may have felt restricted in raising any negative appraisals whilst still in receipt of support'. **Data analysis** All qualitative interviews and the focus group were digitally recorded with informed consent and transcribed in full. Qualitative data analysis was undertaken through an iterative process of reading, analysing and writing to form basic, organizing and global themes using thematic networks analysis. Data analysis was supported by the		findings to other populations, because they mentioned that '[a]s the study only recruited women who had or were engaging with the incentive intervention, no conclusions could be drawn about how the gifts may or may not have motivated women to either participate in the peer support programme and/or to breastfeed'. Moreover, they mention that 'Previous research has identified that the social and cultural context plays an important influence on an individual's motivation [...] and future research should therefore recruit women from different ethnic and socio-economic groups. Unfortunately indices of deprivation were not routinely collected for participants in the peer support programme and future research should investigate how the uptake of incentives, attrition rates and outcomes vary across different socioeconomic groups'. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed.

Study details	Participants	Methods	Findings	Comments
		MAXQDA qualitative software package. Initial readings of the transcripts involved the identification of emergent themes and a mapping framework was constructed. This framework was subsequently utilised across all the transcripts with amendments made as appropriate, with deviant cases identified and acknowledged. Trustworthiness of the findings was undertaken through the interpretations being regularly discussed and shared with all members of the evaluation team and the programme providers through regular attendance at the Star Buddies Steering Group. The key themes were also forwarded to all the participants with requests for feedback to be returned within a one month period. Two women and all the peer supporters responded to highlight their full agreement with the key themes identified.		**Overall methodological concerns:** minor
Full citation Thomson, G., Crossland, N., Dykes, F., Giving me hope: Women's reflections on a breastfeeding peer support service, Maternal and Child	**Sample size** n=47 women **Characteristics** Women's age range: 19-39 (mean: 29)	**Setting** A maternity health trust in north-west UK commissioned The Breastfeeding Network (BfN; a UK national voluntary breastfeeding organisation) to provide a breastfeeding peer support service across the	**Findings reported in the study** A realistic initial assessment of the predicament or threat The envisioning of alternatives and the setting of goals	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate

Study details	Participants	Methods	Findings	Comments
Nutrition, 8, 340-353, 2012 Ref Id 807589 **Study type** Qualitative **Aim of the study** To explore experiences, facilitators, barriers and challenges faced in the introduction of a breastfeeding support service. **Country/ies where the study was carried out** UK **Study dates** The evaluation of the Star Buddies service took place from March 2009 to February 2011. **Source of funding** NHS Blackpool and The Breastfeeding Network	Infants' age at the time of the interview: between 2 weeks and 17 months of age. 10 women were bottle-feeding, 30 were breastfeeding (4 also on complementary foods) and 7 were mixed feeding. 33 women were primiparous. 28 women were married, 14 were living with partners or in relationships, and 5 were single. **Inclusion criteria** Women who had received a breastfeeding support service. **Exclusion criteria** Not reported.	antenatal, hospital and post-natal period, named the Star Buddies service. The Star Buddies programme aims to offer an extra tier of peer support to breastfeeding mothers and to increase breastfeeding initiation rates and prevalence of breastfeeding at 6–8 weeks. This service comprises paid and voluntary local breastfeeding mothers. All supporters have accessed the accredited 'helpers' course (delivered over a 6- or 12-week period), and the majority have gone onto access the 'supporter' training (12-month training course). Antenatal provision comprises the delivery of breastfeeding workshops. Women post-24 weeks of gestation are invited, together with their partner, family member or friend, to attend a breastfeeding workshop, as well as a follow-up 'survival guide' session that focuses on the early days of breastfeeding. Hospital provision consists of bedside breastfeeding information and practical support, provided every day on the maternity wards. Community provision has been developed based on NICE (2008) commissioning guidance. Women are contacted within the first 48-h post-discharge and are provided	Bracing for negative outcomes A realistic assessment of personal and external resources Solicitation of mutually supportive relationships The continuous evaluation for signs that reinforce the selected goals Determination to endure	for answering the research question. **Research design:** The study authors justified the methods they used because they focused extensively on previous literature relating to Morse and colleagues' conceptual framework on hope. **Recruitment strategy**: Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained. Signed or verbal consent was obtained. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes and sub-themes were identified. Contradictory data

Study details	Participants	Methods	Findings	Comments
		with breastfeeding support for 8 weeks via home visits, telephone calls, text messages or meetings at local venues. A key outcome is for women to be introduced and/or accompanied to a breastfeeding group (run and/or supported by the Star Buddies) for continued post-discharge support. **Sample selection** Women were invited to participate by the antenatal and community peer supporters. Women who had received the Star Buddies services and accessing breastfeeding groups were also recruited via the group leaders. **Data collection** In-depth semi-structured interviews. Face-to-face (n=30) or telephone interview (n=17). The data collection sessions took between 25 and 80 min to complete. **Data analysis** All the interviews were digitally recorded (and transcribed in full) and/or detailed notes were undertaken (following consent). The study authors drew upon Morse and colleagues' conceptual		were not highlighted by the authors. **Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility of the findings was not discussed. **Value of research**: The authors mentioned that caution is needed in relation to transferability of the findings to other populations because they only focused on women who were using the peer support service, who had an intention to breastfeed, and who were likely to have made ongoing use of the service because they encountered difficulties with breastfeeding. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** moderate

Study details	Participants	Methods	Findings	Comments
		framework of hope to interpret the data 'in relation to behavioural manifestations of hope, together with insights into the strategies used by the peer supporters to augment hopefulness for women's breastfeeding goals'. Data analysis was undertaken through iterative readings of the transcripts, together with the seven-stage framework of hope. Selections of text were selected and compared with each of the headings, and involved writing and rewriting until authentic interpretations were constructed. This process was supported by the MAXQDA software (VERBI GmbH, Marburg, Germany).		
Full citation Hoddinott, P., Craig, L., MacLennan, G., Boyers, D., Vale, L., Process evaluation for the FEeding Support Team (FEST) randomised controlled feasibility trial of proactive and reactive telephone support for breastfeeding women living in disadvantaged areas, BMJ Open, 2 (2) (no pagination), 2012 Ref Id	**Sample size** n=40 women of which n=11 had follow-up interviews n=17 staff - their data is not relevant to this review question and has not been extracted n=16 recorded telephone calls n=9 steering group meetings - their data is not relevant to this	**Setting** A randomly selected postnatal ward from a maternity unit serving a mixed urban and rural population in Scotland. **Sample selection** Ward staff approached women, provided verbal and written information and identified interested women. The feeding team gained informed consent and completed the feeding at hospital discharge questionnaire.	**Findings reported in the study** Intervention fidelity: Observing an entire breast feed Telephone call activity Perspectives on receiving and providing daily proactive calls: continuity of care, call style, content of calls, lay language and levelling, barriers to phoning the feeding team, the telephone as	**Limitations** Limitations (assessed using the CASP qualitative checklist.) **Aims and qualitative methodology:** Aim of the study was clearly reported, qualitative research design was appropriate for answering the research question **Research design:** The study authors did not justify the methods they used.

Study details	Participants	Methods	Findings	Comments
787018 **Study type** Mixed qualitative and quantitative assessing a RCT. **Aim of the study** To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge. **Country/ies where the study was carried out** Scotland, UK **Study dates** May to July 2010 (prior intervention) and July to October (post intervention) (from Hoddinott et al. BMJ Open, 2012) **Source of funding**	review question and has not been extracted n=69 trial case notes n=372 telephone interview **Characteristics** Age: 25 years or younger n=10; 26 years or older n=30 Parity: Primiparous n=24; Multiparous previously breastfed n=10; Multiparous never breast fed n=6 Mode of birth included spontaneous vaginal births, forceps or ventouse, elective and emergency caesarean sections. Feeding method at 6-8 weeks included exclusive breastfeeding, mixed feeding and exclusive formula feeding. **Inclusion criteria** All women who were admitted to the ward and had initiated breast feeding (from Hoddinott et al. BMJ Open, 2012)	**Data collection** Semi-structured interviews with women, each lasting 15 to 75 min and 16 FEST team-initiated telephone calls (3 to 15 min) were audio- recorded and transcribe Postnatal ward observation 2 weeks before and 2 weeks during the FEST, FEeding Support Team (FEST) intervention Recorded telephone calls made by the FEST team (n=16). Interviews with women (n=40) on the ward before and after the FEST intervention. Follow-up telephone interviews with women 2 to 5 weeks after hospital discharge (n=11). FEST team case notes and free text on telephone logs for randomised women (n=69). An open question at the end of the structured 6e8 week breastfeeding outcome telephone interview (n=372): 'Thinking about the overall help that you received from the health service about breastfeeding, do you have any suggestions for how it could be improved?' **Data analysis** Quantitative and qualitative data were analysed using the principles of the Framework approach. The	additional rather than replacement care, team skills	**Recruitment strategy:** Sample selection was reported. **Data collection:** There is some description of how the observations, telephone calls, and interviews were conducted. Saturation of data was discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval for this study was obtained. Signed or verbal consent was obtained **Data analysis:** The analytical process was described and the use of predefined methods from the literature was mentioned. It is clear how themes were identified. Contradictory data were highlighted by the authors, for example in relation to women not phoning because they had received sufficient face-to-face support, and women not phoning because they were unhappy with the support received so far.

Study details	Participants	Methods	Findings	Comments
This study was funded by NHS Grampian through the Scottish Government: nutrition of women of childbearing age, pregnant women and children under five in disadvantaged areas - funding allocation 2008-2011, NHS Health Scotland (http://www.sehd.scot.nhs.uk/mels/CEL2008_36.pdf). NHS Grampian and the University of Aberdeen worked in partnership to implement the study.	**Exclusion criteria** Women aged <16 years with serious medical or psychiatric problems or with insufficient spoken English to communicate by telephone (from Hoddinott et al. BMJ Open, 2012)	research team familiarised themselves with data by listening to recordings and reading interview transcripts. Each of the four qualitative researchers independently developed a thematic framework, which was agreed and applied to transcripts and documents. Data were then summarised for each theme identifying verbatim data, researcher interpretations and referencing the page and line number of the transcript. Excel spreadsheet charts were created with participants (rows) grouped according to pre-intervention, intervention or control group. Charts allow differing perspectives and outcomes to be compared, pattern recognition, further interpretation, construction of higher level themes and concepts, assessment of theme saturation (no new data forthcoming) and identification of disconfirming data, as recommended by the constant comparative method in a grounded theory approach.		**Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. Credibility of the findings was discussed 'To minimise bias and triangulate findings, data were collected from multiple sources prior to primary outcome analysis by four researchers with different professional backgrounds'. **Value of research:** The authors mention how this work needs to be tested in other settings to test the transferability of the findings to other populations. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns**: minor
Full citation Condon, L., Rhodes, C., Warren, S., Withall, J., 'But is it a normal thing?' Teenage mothers'	**Sample size** N=29 **Characteristics**	**Setting** Bristol, which became the first 'Baby Friendly' city in the UK in 2010	**Findings reported in the study** Experiences of breastfeeding promotion in pregnancy	**Limitations** Aims and qualitative methodology: Aim of the study was clearly reported, qualitative research design was appropriate

Study details	Participants	Methods	Findings	Comments
experiences of breastfeeding promotion and support, Health Education Journal, 72, 156-162, 2012 Ref Id 922042 **Study type** Qualitative **Aim of the study** To explore teenagers' experiences of the breastfeeding promotion and support delivered by health professionals **Country/ies where the study was carried out** UK **Study dates** March to July 2009 **Source of funding** Public Health Directorate, National Health Service Bristol	Teenage mothers: n=23 Pregnant teenagers: n=6 Ethnicity: White British: n=23; Black British: n=4; British Asian: n=1; White European: n=1 Mean age at first pregnancy: n=16 (range 13-18) Mean age at interview/focus group: n=17 (range 14-20) Number (%) of mothers initiating breastfeeding: n=16 (70%) Number (%) of mothers still continuing with at least some breastfeeding at 6-8 weeks: n=5 (22%) **Inclusion criteria** Pregnant teenagers aged 18 years or younger, and teenage mothers whose baby was aged 2 years or younger. **Exclusion criteria** Not reported	**Sample selection** Participants were recruited from schools, mother and baby units and a children's centre; snowballing sampling was then used to identify and recruit further eligible participants. **Data collection** Focus groups: n=12 participants. The focus groups were carried out with friendship groups which included pregnant teenagers as well as teenage mothers. Semi-structured interviews: n=17 participants. These were young women who preferred to be interviewed individually. A topic guide was developed following consultation with key stakeholders, including teenage mothers and specialist teenage pregnancy midwives, which was used in both interviews and focus groups. Each interview and focus group was audio-taped. **Data analysis** Transcribed text was entered into the NVivo software, and coded using inductive thematic analysis. After initial coding the data were further examined in order to detect	Experiences of breastfeeding promotion and support at birth Themes relating to experiences of continuing breastfeeding support were not extracted because not specific to the first 8 weeks after birth.	for answering the research question. **Research design**: The study authors did not justify the methods they used. **Recruitment strategy:** Sample selection was clearly reported. **Data collection:** There is a clear description of how interviews were conducted. Saturation of data was not discussed. **Relationship between researcher and participants:** The authors did not discuss the potential influences of the researchers on the study findings. **Ethical issues:** Ethical approval was obtained. Written consent was obtained, with a parent or head teacher giving additional consent for participants aged less than 16 years of age. **Data analysis:** The analytical process was described and the use of predefined methods from the literature was referenced. The authors looked for contradictory data after initial coding.

Study details	Participants	Methods	Findings	Comments
		exceptions, and confirm thematic patterns.		**Findings:** Results were presented clearly with the generous use of quotes where appropriate. Quotes and the researchers' own input were clearly distinguished. In relation to the credibility of findings, the authors only mention that after initial coding the data were further examined to detect exceptions and confirm thematic categorisations. **Value of research:** The authors discussed the transferability of the findings to other populations, because they mentioned that the adoption of BFI standards means that study participants may have enjoyed better standards of breastfeeding promotion and support than those offered in other places. The authors provided adequate discussion of the findings. They also discussed the implications of their findings for policy and practice and identified areas where future research is needed. **Overall methodological concerns:** minor

CASP: critical appraisal skills programme; BFI: baby friendly initiative; BFN: breastfeeding network; BMI: body mass index; FEST: feeding support team; PCT: primary care trust; UNICEF: united children's fund; WHO: world health organisation

Appendix E – Forest plots

Forest plots for review questions:

What information on breastfeeding do parents find helpful (single births)?

What information on breastfeeding do parents find helpful (twins or triplets)?

What support with breastfeeding do parents find helpful (single births)?

What support with breastfeeding do parents find helpful (twins or triplets)?

No meta-analysis was undertaken for this review so there are no forest plots.

Appendix F – GRADE- CERQual tables

GRADE-CERQual tables for review questions:

What information on breastfeeding do parents find helpful (single births)?
What information on breastfeeding do parents find helpful (twins or triplets)?
What support with breastfeeding do parents find helpful (single births)?
What support with breastfeeding do parents find helpful (twins or triplets)?

Table 6: Clinical evidence profile for theme 1: emotional and individualised support

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 1.1: Individualised support			
3 studies: • Dykes 2005 To explore the nature of interactions between midwives and breastfeeding women within postnatal wards • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding • Jardine 2017	Women wanted the opportunity to talk through their feelings and difficulties, they wanted those offering support to listen to them and understand their individual experiences. Time was required for the woman and the person offering support to get to know each other and to build a relationship of trust. This allowed the person offering support to tailor information to the woman's individual needs. *I couldn't have done it without Jenny. She's been fantastic. She has been with me every day and has really helped me, building my confidence by praise and saying, 'You're doing fine'. She was there regular like, you know, same midwife. She knew exactly what was going on. She spends time with you*. (Dykes 2005, p. 248) *"they were brilliant, they were up at every feed giving us tips and like stand there at night and just talk to you and say let's try this or let's try this position…that really helped' (Jardine 2017, p.92)*	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Dykes 2005 and Graffy 2005; and moderate for Jardine 2017. Graffy 2005 did not discuss data saturation and did not justify the methods used. Dykes 2005 is authored by one person, there is no mention of collaborators, therefore it is assumed that the author undertook all the work and did all the analysis, which could potentially bias the results. Jardine 2017 did not clearly describe how the interviews were conducted, saturation of data not discussed, relationship between researcher and participants not explored). Relevance: minor concerns (concerns were minor for Dykes 2005,Graffy 2005, and Jardine 2017; all studies included a range of	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
To understand whether pregnant women intending to breastfeed, who later discontinue, differ in their breastfeeding perceptions compared with those who continue and what factors women report influenced their breastfeeding behaviour	*Breastfeeding is not easy for everyone. When trying to feed my first baby in the hospital, I had great difficulty getting him to latch on or suck, and I very much felt the midwives blamed me for this. When I said to one, "It isn't easy," she replied, "Of course it's easy—all the other mothers can do it!" My feeling is that the most important thing is not to make a new mother feel inadequate or guilty in the first few days.* (Graffy 2005, p. 183)	socioeconomic groupings; Graffy 2005 had consistent representation of ethnic minorities, while there were concerns about underrepresentation of ethnic minorities in Dykes 2005 and Jardine 2017).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: minor concerns (3 studies that offered moderately rich data)	
Sub-theme 1.2: Importance of encouragement, reassurance and gaining confidence			
6 studies: • Beake 2005 To evaluate the use of health care assistants in the community to support disadvantaged women breastfeeding • Dykes 2005 To explore the nature of interactions between midwives and breastfeeding women within postnatal wards • Thomson 2012a	Women valued encouragement and a friendly and non-judgemental approach which made them gain confidence, instil calm and sustain their hopefulness through reassurance and praise. It was important for women to know that they were able to access trusted help. The approach should also be non-dogmatic and realistic. All of this enhanced women's self-esteem and self-efficacy to continue breastfeeding. *…but there is a thing in your mind thinking OK there is support already there and I'm not on my own.* (woman talking about the value of meeting the Support Worker antenatally) (Beake 2005, p. 40) *They're brilliant, they tell me, you're doing a great job and it just makes you feel great. Oh I'm being a good mum, I'm being a great mum, I'm doing it right, it's nice*. (Thomson 2012a, p. 350)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was moderate for Beake 2005, Thomson 2012a, and Whelan 2012, and minor for Dykes 2005, Graffy 2005 and Hinsliff-Smith 2014. Except for Dykes 2005, none of the studies discussed data saturation. Most studies did not discuss the relationship between researchers and participants. Other quality issues are highlighted in the evidence tables).	High
		Relevance: minor concerns (concerns were moderate for Beake 2005 and Hinsliff-Smith 2014 because there were limited or no data on participant characteristics; concerns for Dykes 2005, Graffy 2005, Thomson 2012a	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
To evaluate Star Buddies peer support service. All women had an intention to breastfeed • Hinsliff-Smith 2014 To explore the experiences of first-time mothers choosing to breastfeed • Whelan 1998 To identify factors which promote or discourage successful breast feeding in a sample of women with a low income • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding	*I think it was very nice because I did know her... we'd have a cup of tea and talk as well ... she was making me feel good that I was you know (breast feeding) that I was doing well and I think that helps an awful lot, somebody giving you praise all the time, saying how well you're doing*. (woman exclusively breastfeeding) (Whelan 2006, p. 99) Examples of confidence building were given: *Jocelyn: Is he feeding all right?* *Jenny: Your body feelings are the best guide. What do you think?* *Jocelyn: I can hear him sucking.* *Jenny: Yes and I can hear him swallowing. Oh look you can see milk dribbling out on to his chin! That's good.* (Dykes 2005, p. 248) And: Jenny: '*Oh that's great! He's really suckling keenly there. He's really progressing'*. (Dykes 2005, p. 248) Support that only focused on the technical aspects of breastfeeding in an authorative manner, rather than valuing the relationship with the woman, still occurred in some situations. *Alex (MW9): Would you like me to show you how to hand express?* *Louise (P14): No thanks, I don't really want to.* *Alex: Well it would reassure you that you have milk.* *Louise: Oh I can see that when she feeds.* *Alex: It's a technique we like to teach ladies. I'll just show you.* *Alex then demonstrated on herself. (*Dykes 2005, p. 247) Some women were affected by staff's negative comments. One mother, who had been hand expressing and feeding this expressed breast milk to her infant from a bottle due to painful	and Whelan 1998 were minor; Dykes 2005 and Graffy 2005 included women from different socioeconomic groupings, but there were concerns about underrepresentation of ethnic minorities for Dykes 2005. Whelan1998 focused on women with low income and all were white; Thomson 2012a did not report on ethnicity or socioeconomic status and in Thomson 2012a all women had an intention to breastfeed and according to the study authors, it is likely that ongoing use of the peer support service was due to difficulties with breastfeeding, thus leading to sampling bias). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: no or very minor concerns (6 studies that offered moderately rich data)	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
	nipples, wrote in her diary after her first home visit from her health visitor': *'My health visitor told me off. She said I was confusing him [baby]'*(Diary, Hinsliff-Smith 2014, p. e17). Women valued emotional support when they discontinued breastfeeding and said that this motivated them to breastfeed in the future if they were to have other children.		

1 *CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research*

2 **Table 7: Clinical evidence profile for theme 2: (dis)empowerment, feeling judged or pressured**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 2.1: Feeling pressured			
4 studies: • Beake 2005 To evaluate the use of health care assistants in the community to support disadvantaged women breastfeeding • Hinsliff-Smith 2014 To explore the experiences of primigravid mothers choosing to breastfeed	Some women felt pressured by some professionals, and some commented that healthcare professionals seemed focused on meeting some targets. As a result, women experienced feelings of failure and alienation, and dismissed their advice as unrealistic. *feel that pressure to breastfeed exclusively of 'NCT style' breastfeeding Nazis approach actually puts lots of women off – surely some feeding is better than none.* (Preimplementation questionnaire – open question, referring to midwives) (Beake 2005, p. 41)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was moderate for Beake 2005 and Stewart-Knox 2003, and minor for Hinsliff-Smith 2014, Leeming 2015). Data saturation was not discussed in the studies, except for Stewart-Knox 2003. The relationship between researchers and participants was not discussed in any of the studies. Beake 2005 and Leeming 2015 did not justify the methods they used. Beake 2005 did not discuss the transferability of the findings to other populations, and the discussion of transferability in Hinsliff-Smith 2014 and Stewart-Knox 2003 was limited).	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
• Leeming 2015 To explore the experiences of breastfeeding for first-time mothers in the first 5 weeks postpartum • Stewart-Knox 2003 To explore infant feeding decisions with pregnant women		Relevance: moderate concerns (concerns were moderate for Beake 2005, Hinsliff-Smith 2014 and Stewart-Knox 2003, because they had limited or no information on participants' characteristics. Concerns were minor for Leeming 2015; most women were white British, and two-thirds of them had professional or managerial occupations).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: no or very minor concerns (4 studies that offered moderately rich data)	
Sub-theme 2.2: Breastfeeding is 'natural' message reinforces guilt			
1 study: • Hinsliff-Smith 2014 To explore the experiences of primigravid mothers choosing to breastfeed	Women pointed out that public health messages that only focused on the positive aspects of breastfeeding and presented it as something 'natural' reinforced maternal guilt and contributed to their failure to breastfeed. *Mums to be should be aware it takes time, effort, and patience to breastfeed your baby* (Diary, Hinsliff-Smith 2014, p. e17)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor. Data saturation was not discussed, and the relationship between the researcher and the participants was not discussed; the discussion of the transferability of the findings was limited).	Moderate
		Relevance: moderate concerns (the authors do not provide data on the characteristics of participants except for breastfeeding duration).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data)	
Sub-theme 2.3: Feeling judged			
1 study: • Leeming 2015 To explore the experiences of breastfeeding for first-time mothers in the first 5 weeks postpartum	Some women felt judged, scrutinised and self-conscious in front of professionals. *'I didn't want my baby screaming if nobody else's baby was screaming [on post-natal ward] ...and didn't want the nurses coming in all the time or the midwives thinking what's wrong with her (.) She's not managing very well.* (Robin, phase 1 diary) (Leeming 2015, p. 698) '*...there was almost a pressure in hospital, because you just kind of, you knew that they were checking to see if he was feeding alright, and therefore there was a pressure ...to prove that you were feeding ok.* (Emma, phase 1 interview) (Leeming 2015, p. 698)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Leeming 2015. Data saturation was not discussed. The relationship between researchers and participants was not discussed. The study authors did not justify the methods they used).	Low
		Relevance: minor concerns (most women were white, and two-thirds of them had professional or managerial occupations).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data)	
		Adequacy: moderate concerns (1 study that offered moderately rich data)	
Sub-theme 2.4: Empowerment or disempowerment			
1 study:	The relationship with those providing support for breastfeeding could be experienced as both empowering and	Methodological limitations: minor concerns (methodological concern based on CASP	Low

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
• Leeming 2015 To explore the experiences of breastfeeding for first-time mothers in the first 5 weeks postpartum	disempowering. Different women had different ways of relating to those providing support for breastfeeding. Some expected to be guided by those who had expertise, others had a more active role. For example, some women took some initiative in asking for specific advice, weighed up the advice offered and then made their own choices, which could be different from the advice provided. Other women were less likely to question the advice given by professionals as they considered them to have superior knowledge to their own. *The midwife was saying about ...lots of fluid, so we'll try and encourage her to have a bit more perhaps. She was saying I could give her water as well, I'm not keen if we can manage, she was saying give it from a bottle, but it's quite early days for feeding ...I don't want to stop her from breastfeeding, that's going to be important.* (Phase 1 diary, Leeming 2015, p. 693)	checklist was minor for Leeming 2015. Data saturation was not discussed. The relationship between researchers and participants was not discussed. The study authors did not justify the methods they used).	
		Relevance: minor concerns (most women were white, and two-thirds of them had professional or managerial occupations).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data)	
		Adequacy: moderate concerns (1 study that offered moderately rich data)	

1 *CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research; NCT: National Childbirth Trust*

2 **Table 8: Clinical evidence profile for theme 3: continuity of care**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 3.1: Conflicting information			
5 studies: • Dykes 2005 To explore the nature of interactions between	Some women reported receiving conflicting information, and this was due in part to a lack of continuity of midwife. *'Within those 6 days I had 6 different midwives and the advice varied from each midwife ...I said to [regular midwife] but one'll*	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Dykes 2005, Edwards 2018, Graffy 2005, and Leeming 2015; and moderate for Jardine 2017. Data saturation	High

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
midwives and breastfeeding women within postnatal wards • Edwards 2018 To explore women's and midwives' expectations, knowledge and experiences of breastfeeding initiation using Social Cognitive Theory • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding • Jardine 2017 To understand whether pregnant women intending to breastfeed, who later discontinue, differ in their breastfeeding perceptions compared with those who continue and what factors women report influenced their breastfeeding behaviour • Leeming 2015	*tell you to give boiled water and one'll tell you not to give boiled water ...so she said, well just take the bits you want ...but I said you don't know when you are a new mum, you don't know ...one will tell you one thing and one another so I found that very difficult, when you don't know what's right.* (Phase 1 interview, Leeming 2015, p. 697) *'…Because when it went wrong…everybody had different advice' (Jardine 2017, p. 92)*	was only discussed in Dykes 2005. In Graffy 2005, Jardine 2017 and Leeming 2015 the study authors did not justify the methods they used. Dykes 2005 is authored by one person, there is no mention of collaborators, therefore it is assumed that the author undertook all the work and did all the analysis, which could potentially bias the results. Jardine 2017 did not explore the relationship between the researcher and participants). Relevance: minor concerns (minor concerns for all studies. In Dykes 2005, Graffy 2005, and Jardine 2017 women represented a range of socioeconomic occupational groupings, while in Edwards 2018 all women had a degree and in Leeming 2015 two-thirds of the women had professional or managerial occupations. While Graffy 2005 had consistent representation of ethnic minorities, there were concerns about the underrepresentation of ethnic minorities for Dykes 2005, Edwards 2018, Jardine 2017, and Leeming 2015). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: no or very minor concerns (5 studies that offered moderately rich data)	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
To explore the experiences of breastfeeding for first-time mothers in the first 5 weeks postpartum			
Sub-theme 3.2: Continuity of professional supporter across the antenatal and postnatal period			
1 study: • Beake 2005 To evaluate the use of health care assistants in the community to support disadvantaged women breastfeeding	One study found that women valued continuity of antenatal and postnatal visits by an 'Infant Feeding Support Worker' paid on the health care assistant scale. *…that made a big difference because you don't often see, when people come round like that they just do what they need to do and go. There's no relationship or anything, but her coming round is also relationship-based, She's not coming round just to do her duty, she comes to build a relationship and that actually makes you feel comfortable around her, to actually talk to her and open up to her*. (Beake 2005, p. 41)	Methodological limitations: moderate concerns (methodological concern based on CASP checklist was moderate for Beake 2005. There was no mention of predefined methods from the literature and the study authors did not justify the methods they used. The study authors did not discuss data saturation, nor the relationship between researcher and participants, and the transferability of the findings to other populations).	Very low
		Relevance: moderate concerns (participants' characteristics not reported).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data)	
Sub-theme 3.3: Multiple opportunities to ask for and receive information			
2 studies: • Whelan 1998	Women valued continuity of midwifery input and spending sufficient quality time with a midwife in order to overcome breastfeeding problems when they arose.	Methodological limitations: moderate concerns (methodological concern based on CASP checklist was moderate for Thomson 2012a and Whelan 1998. In both studies,	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
To identify factors which promote or discourage successful breast feeding in a sample of women with a low income • Thomson 2012a To evaluate Star Buddies peer support service. All women had an intention to breastfeed	Continuation of support of a peer support service across the perinatal period meant that information could be tailored to changing situational contexts and women had multiple opportunities to ask for specific information when the need arose. *'There's a lot of people come in when you're in hospital and everything's thrown at you. But they came in and told me that they'd visit me at home as soon as I got home ...asked me if everything was OK, talked me through any questions that I had, gave me a few leaflets on things I think ...and then as soon as I got home they came, I think the first day once I got home they were here helping me*. (Thomson 2012a, p. 345)	data saturation was not discussed, and the relationship between the researcher and the participants was not discussed. The study authors did not discuss whether or how they checked the credibility of their findings. Moreover, in Whelan 1998 there was no mention of predefined methods from the literature). Relevance: minor concerns (minor concerns for both studies; Whelan 1998 focused on women with low income and all were white; Thomson 2012a did not report on socioeconomic status or ethnicity; moreover, according to the study authors, it is likely that ongoing use of the peer support service was due to difficulties with breastfeeding, thus leading to sampling bias). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: minor concerns (2 studies that offered moderately rich data)	
Sub-theme 3.4: Remote support and continuity of care			
2 studies: • Hoddinott 2012 To assess the feasibility, acceptability and fidelity	Women who talked highly about telephone support preferred the same team member providing face-to-face care on the ward and follow-up calls.	Methodological limitations: minor concerns (methodological concern based on the CASP checklist was minor for both Hoddinott 2012 and for Roberts 2009. In both studies, relationship between researchers and	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge. • Roberts 2009 To assess the feasibility and acceptability of future infant feeding video support after hospital discharge and investigates general views on the potential of other communication technology in rural Scotland	Women who talked about the possibility of video support wanted this to come from someone they knew. *I can see where the advantage in the video link would be, that you could physically show somebody. But, again, if it was somebody that I didn't know, I just wouldn't feel comfortable doing that.* (Anti-video participant, remote and rural, Roberts 2009, p. 353) *Well, I can see how much technology can be used to continue refining a relationship and to provide support without having to come all the way to me and to continue building on something that is already there, but if that initial relationship isn't there it might be hard to start from scratch just using a web cam.* (Pro-video participant, remote and rural, Roberts 2009, p. 353) *From a personal point of view, I would want to know who the person was that I was talking to so when it was set up there was, say a list of people that were able to answer your call and you knew these people*. (Anti-video participant, small town, Roberts 2009, p. 353)	participants was not discussed. Moreover, in Hoddinott 2012 the study authors did not justify the methods used, and in Roberts 2009, data saturation was not discussed). Relevance: minor concerns (there were minor concerns for both studies; none of the studies reported on socioeconomic status or ethnicity; in Roberts 2009, women representing both 'pro-video' or 'anti-video' attitudes were included for the interviews; however women were only talking about a hypothetical video support intervention and their views may be different from someone that actually experienced it). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: minor concerns (2 studies that offered moderately rich data)	
Sub-theme 3.5: Transition from one-to-one peer support to other sources of support			
2 studies: • Paranjothy 2017 To assess the feasibility and acceptability of providing motivational interviewing-based	Some mothers would have preferred a more gradual exit from the one-to-one peer support intervention. *Well I don't know, maybe it could be phased out a bit more. Erm, maybe you know not full-on support, but just you know have a conversation a couple of weeks after the follow-up and then maybe a month after or something so that there's not an*	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Paranjothy 2017 and moderate for Thomson 2012a. In both studies, data saturation was not discussed, and the relationship between the researcher and the participants was not discussed. In	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
breastfeeding peer support to women living in areas with high levels of social deprivation • Thomson 2012a To evaluate Star Buddies peer support service. All women had an intention to breastfeed	*end until, you know the end becomes further away each time . . . so it feels like it's not really an end by the time you get to that point.* (Paranjothy 2017, p. 58) Some peer supporters accompanied mothers to breastfeeding groups and this was seen as a gentle way to encourage mothers to seek support from other sources following the intervention. Moreover, women were more likely to attend a breastfeeding group if a peer supporter encouraged them to attend or accompanied them and if they knew the credentials of the people running the group. *I wouldn't have done it on my own . . . So she [peer supporter] took me to the first one and then* *I went on my own afterwards, so I welcomed it.* (Paranjothy 2017, p. 58) *Knowing that it was a Star Buddy that run the group ...and knowing that they are there helped and encouraged me to go along more regularly*. (Thomson 2012a, p. 349)	Thomson 2012a, the study authors did not discuss whether or how they checked the credibility of their findings).	
		Relevance: minor concerns (minor concerns for both studies; Paranjothy 2017 included women with different results in relation to breastfeeding at 10 days and different levels of engagement with the intervention, but there were concerns in relation to the underrepresentation of ethnic minorities. Paranjothy 2017 was conducted in three areas with high levels of social deprivation and low breastfeeding initiation rates. Thomson 2012a did not report on socioeconomic status or ethnicity; according to the study authors, it is likely that ongoing use of the peer support service was due to difficulties with breastfeeding, thus leading to sampling bias).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data)	
		Adequacy: minor concerns (2 studies that offered moderately rich data)	

1 *CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research*

Table 9: Clinical evidence profile for theme 4: limited time of healthcare professionals

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQUal components	Overall confidence
3 studies: • Dykes 2005 To explore the nature of interactions between midwives and breastfeeding women within postnatal wards • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding • Edwards 2018 To explore women's and midwives' expectations, knowledge and experiences of breastfeeding initiation using Social Cognitive Theory	When women were aware of the scarce time that midwives had, they tended not to ask for support. When midwives had limited time, communication was often perceived as rushed, didactic, like a monologue and disconnected from women's needs. Postnatal wards were perceived as places characterised by business and lack of time, and women emphasised the need for help until they felt confident. *I wanted someone to sit down with me and show me what to do and help me when it wasn't working. It was all sort of, "do it like this" and then off*. (Graffy 2005, p. 182)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for all 3 studies. Data saturation was not discussed in Edwards 2018 and Graffy 2005. In Graffy 2005 the study authors did not justify the methods they used. Dykes 2005 is authored by one person, there is no mention of collaborators, therefore it is assumed that the author undertook all the work and did all the analysis, which could potentially bias the results). Relevance: minor concerns (Dykes 2005 and Graffy 2005 included a range of socioeconomic groupings, while in Edwards 2018 all participants had at least an undergraduate degree; there were concerns relating to the underrepresentation of ethnic minorities in Dykes 2005 and Edwards 2018. Graffy 2005 was the only study to include a consistent number of people from ethnic minorities). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: minor concerns (3 studies that offered moderately rich data)	Moderate

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1 **Table 10: Clinical evidence profile for theme 5: benefits specific to peer support**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 5.1: Valuable advice from peer supporters based on their own experience			
2 studies: • Thomson 2012a Evaluation of Star Buddies peer support service. • Thomson 2015 To evaluate Star Buddies peer support service.	Women felt that peer supporters were mothers "like them" which enabled connections based on shared understandings. *Knowing that the Star Buddies had babies and breastfed and been up one or two in the morning with their screaming babies and still felt the same way and felt as strongly about breastfeeding. I don't know that I would trust a breastfeeding buddy that had never breastfed before. It definitely made a difference*. (Thomson 2012a, p. 345) Peer supporters provided flexible and non-judgemental support based on women's circumstances. Peer supporters gave their time and reassurance and according to women, they had personal qualities such as being reliable, 'dedicated to what they do', 'enthusiastic', 'good at talking to people', 'friendly' and 'approachable''. Women explained that relationships with peer supporters were based on trust.	Methodological limitations: minor concerns (methodological concern based on CASP checklist was moderate for Thomson 2012a and minor for Thomson 2015. None of the studies discussed data saturation, and the relationship between the researcher and the participants was not discussed. In Thomson 2012a, the study authors did not discuss whether or how they checked the credibility of their findings).	Moderate
		Relevance: minor concerns (the studies did not report on socio-economic status of participants. Thomson 2012a did not report on ethnicity while in Thomson 2015 there were concerns about the underrepresentation of ethnic minorities; in Thomson 2012a, according to the study authors, it is likely that ongoing use of the peer support service was due to difficulties with breastfeeding, thus leading to sampling bias).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: minor concerns (2 studies that offered moderately rich data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 5.2: Peer supporters as complementary to other support			
1 study: • Ingram 2013 To evaluate a peer support service with an online survey and semi-structured interviews.	Some women commented that peer supporters provided complementary support to the support already available. *I think with the supporter, breastfeeding counsellor and health visitor, yes, they all worked well, … it was the supporter and the breastfeeding counsellor, they kept me going really, getting the technique right I could have quite easily gone onto the bottle quite quickly with all the troubles that I had* (Primiparous woman, Ingram 2013, p. 6)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Ingram 2013. Data saturation was not discussed, and the relationship between the researcher and the participants was not discussed).	Low
		Relevance: minor concerns (socioeconomic status and ethnicity of participants not reported).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 5.3: Breastfeeding groups and social capital			
4 studies: • Ingram 2013 To evaluate a peer support service with an online survey and semi-structured interviews. • Paranjothy 2017 To assess the feasibility and acceptability of	Breastfeeding groups led to mutually supportive relationships. Women could share their experiences and gain information from others. Knowing that others had faced similar issues reinforced women's motivation and confidence to continue breastfeeding. This helped them to think of strategies to sustain breastfeeding. Knowing that there was support available was reassuring for women and early opportunities for contact were valued. The breastfeeding groups created new and significant social contacts which gave women ongoing support.	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Ingram 2013, Paranjothy 2017 and Thomson 2015 and moderate for Thomson 2012. In all studies, data saturation was not discussed, and the relationship between the researcher and the participants was not discussed. In Thomson 2012a, the study authors did not discuss whether or how they checked the credibility of their findings).	High

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
providing motivational interviewing-based breastfeeding peer support to women living in areas with high levels of social deprivation • Thomson 2012a To evaluate Star Buddies peer support service. • Thomson 2015 To evaluate Star Buddies peer support service.	Some women felt that attending breastfeeding groups 'helped them to normalise breastfeeding and also provided some structure to their day'. *It is great because all the mums are experiencing things and we can all pool together things and ideas and different things, not necessarily breastfeeding, everything and we all support each other with the feeding side and its great, I love it.* (Thomson 2012a, p. 349) *if it wasn't for the group I wouldn't have carried on feeding' 'Because to start off with I didn't know how long I was going to last for, it was hard work, you were up all night, it wasn't as easy as what you thought it was going to be. So I spoke to those other mums that had done twelve months and you just thought, yes there is other mums out there that breastfeed for a long time'*. (Thomson 2015, p. 7) *And I think it was a good place to start feeding in public there because everybody else was feeding as well . . . So it was nice to see other mums feeding and then you wasn't as anxious to do it yourself.* (Paranjothy 2017, p. 58)	Relevance: minor concerns (none of the studies reported on socioeconomic status of participants; none of the studies reported on ethnicity except for Thomson 2015 which specified that everyone was white British/European except for one Latin American woman. Paranjothy 2017 included women with different results in relation to breastfeeding at 10 days and different level of engagement with the intervention'. In Thomson 2012a the study authors commented that it is likely that ongoing use of the peer support service was due to difficulties with breastfeeding, thus leading to sampling bias). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: no or very minor concerns (4 studies that offered moderately rich data)	

1 *CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research*

2 **Table 11: Clinical evidence profile for theme 6: remote support**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 6.1: Remote support as extra support as opposed to replacing face-to-face support			

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
3 studies: • Hoddinott 2012 To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge • Roberts 2009 To assess the feasibility and acceptability of future infant feeding video support after hospital discharge and investigates general views on the potential of other communication technology in rural Scotland • Thomson 2012a • To evaluate Star Buddies peer support service.	Women had concerns about the impact that support services provided by phone or video might have on existing services. Women did not want these technologies to replace or reduce face-to-face contact during the postnatal period. Women were concerned about over-reliance on remote support and the possibility of technological solutions being used in order to save money. Women highlighted that home visits were useful to have direct observations of breastfeeding.	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist was moderate for Thomson 2012a, and minor for Hoddinott 2012 and Roberts 2009. None of the studies discussed the relationship between researchers and participants. Moreover, in Hoddinott 2012 the study authors did not justify the methods used, and in Roberts 2009 and Thomson 2012a data saturation was not discussed. Thomson 2012a did not state whether or how the credibility of findings was checked. Other quality issues outlined in evidence tables).	Moderate
		Relevance: minor concerns (there were minor concerns for each study; none of the studies reported on the socioeconomic status and ethnicity of participants; in Roberts 2009, women representing both 'pro-video' or 'anti-video' attitudes were included for the interviews; however, women were only talking about a hypothetical video support intervention and their views may be different from someone that actually experienced it).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data)	
		Adequacy: minor concerns (3 studies that offered moderately rich data)	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 6.2: Perceived lack of benefit from remote support			
1 study: • Hoddinott 2012 To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge	**Sub-theme 6.2: Perceived lack of benefit from remote support** Some women were reluctant to use telephone support but reasons for this varied. In some cases, they felt they were getting enough support from the current face-to-face contacts and did not think telephone support would provide added benefit. For other women, they were already unhappy with the face-to-face support and had no faith that telephone support would be any better.	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist was minor for Hoddinott 2012. The study authors did not justify the methods used and they did not discuss the relationship between the researchers and the participants).	Moderate
		Relevance: minor concerns (socioeconomic status and ethnicity not reported).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data)	
		Adequacy: moderate concerns (1 study that offered moderately rich data)	
Sub-theme 6.3: Reactive phone calls			
1 study: • Hoddinott 2012 • To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive)	In a group of women that were offered woman-initiated (reactive) telephone support after hospital discharge, the study authors found that women underestimated breastfeeding difficulties as a reason to seek help from the team. Some women blamed themselves and underestimated the importance of their own needs considering that midwives were very busy, and this made them reluctant to call for telephone support. *I don't particularly like phoning because I always think 'oh everyone will be so busy and they'll have other people to see',*	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist was minor for Hoddinott 2012. The study authors did not justify the methods used and they did not discuss the relationship between the researchers and the participants).	Low
		Relevance: minor concerns (socioeconomic status and ethnicity not reported).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
telephone support after hospital discharge	*where if somebody's phoning you, you don't feel like you're using their time, it's like they're phoning you to make sure you're okay… they could be busy and they don't need me.* (Woman in reactive calls group, stopped breastfeeding at 2 weeks, Hoddinott 2012, p. 8)		
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data)	
Sub-theme 6.4: Timing of remote support			
2 studies: • Roberts 2009 To assess the feasibility and acceptability of future infant feeding video support after hospital discharge and investigates general views on the potential of other communication technology in rural Scotland. • Hoddinott 2012 To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge	Women thought that remote support was especially useful during 'out of hours', when face-to-face support is not readily available. Some women preferred not to have a set call time because this made them feel under pressure to be ready and available to talk. *It would really need to be 24/7 because it's something you need to discuss at the time, if it was a major issue and with a new baby it's not always convenient during set hours. You need the support when you have the time not when a place is open*. (Pro-video participant, urban, Roberts 2009, p. 352) *I need to sleep when I need to sleep, not staying awake for somebody to phone me, so it was better that it was just more relaxed and kind of they'll phone when they'll phone and they'll phone again if they don't get me the first time.* (Woman in proactive calls group, breast and formula milk at 6 to 8 weeks, Hoddinott 2012, p. 6) Women appreciated that the promise to call the next day was reliable. Women highlighted that things could change quickly within 24 hours and this caused anxiety, especially for first-time mothers. *A lot can happen in 24 hours, you know, in terms of how he changes in his feeding and stuff, so it was good to sort of sound off with somebody and have an opinion back on what you should try this time and maybe try this tonight and see how*	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist was minor for both Hoddinott 2012 and for Roberts 2009. In both studies, relationship between researchers and participants was not discussed. Moreover, in Hoddinott 2012 the study authors did not justify the methods used, and in Roberts 2009, data saturation was not discussed).	Moderate
		Relevance: minor concerns (there were minor concerns for both studies; none of the studies reported on socioeconomic status and ethnicity of participants; in Roberts 2009, women representing both 'pro-video' or 'anti-video' attitudes were included for the interviews; however women were only talking about a hypothetical video support intervention and their views may be different from someone that actually experienced it).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
	you get on tomorrow. (Woman in proactive calls group, breast and formula milk at 6 to 8 weeks, Hoddinott 2012, p. 6) Women were happy that the team called back or left a message encouraging the women to call back after the women had not managed to answer the phone. Over time, women became more confident and ended the conversation quickly if all was well. In one study where calls ended at 2 weeks, some women would have liked calls to continue after this 2-week cut-off.	Adequacy: minor concerns (2 studies that offered moderately rich data)	
Sub-theme 6.5: Flexibility and accessibility of peer support by phone and text			
3 studies: • Ingram 2013 To evaluate a peer support service with an online survey and semi-structured interviews. • Paranjothy 2017 To assess the feasibility and acceptability of providing motivational interviewing-based breastfeeding peer support to women living in areas with high levels of social deprivation. • Thomson 2012a To evaluate Star Buddies peer support service.	The regularity of contact of a peer support service meant that women accessed support that they may not otherwise have sought out. Additionally, even if the Star Buddies service was provided by paid peer supporters who work contracted hours, and where the frequency of contacts was scheduled to decrease over time, all the supporters offered extended services on a voluntary basis and women were encouraged to contact the service whenever needed. This flexibility was important to support continuation of breastfeeding at times when women faced difficulties. *'She phoned me in the morning and that fell really well, because ...I had ended up in tears the previous night. It was because I was thinking, I'm not producing milk, nothing would seem to satisfy him, winding him, changing him. I'm thinking, it must be me. So it was really lucky when she phoned the next morning and just put my mind at ease.* (Thomson 2012a, p. 348) *'I did not feel restricted. I know we do have certain times when they work and when they don't, it very much came across that I could contact her any time, even though officially she was not*	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist for Ingram 2013 and Paranjothy 2017 was minor and for Thomson 2012 was low quality. In all studies, data saturation was not discussed, and the relationship between the researcher and the participants was not discussed. In Thomson 2012a, the study authors did not discuss whether or how they checked the credibility of their findings). Relevance: minor concerns (the studies did not include on socioeconomic status and ethnicity of participants; Paranjothy 2017 included women with different results in relation to breastfeeding at 10 days and different levels of engagement with the intervention. In Thomson 2012a, the study authors commented that it is likely that ongoing use of the peer support service was	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
	at work, her phone was always on and I could contact her any time and if she could help she would. (Thomson 2012a, p. 348) A range of contact options was offered by a peer support service and this meant that women could choose their preferred option depending on each situation. Different options had different advantages, for example, some women liked the opportunity to text when it was difficult to make a telephone call. Women reported that they found text-message contacts especially helpful, as they could text their peer supporter at any time and they knew that she would reply as soon as she was able. Phone conversations enabled discussion of sensitive issues. *If I've had a problem I just had to text her and she will phone me, or there was one Wednesday that I had a problem and there were new people at the group and I did not feel like I could talk there, so she came out to see me at home. She has been great. Texting me every couple of days just to see how we are getting on.* (Thomson 2012a, p. 348) *We did most of our communication by text, it worked really well. You can write texts whenever you have time, stop and start. Sometimes she used to text me to say that she had sent an email with some information in that might be useful. Then she also came round to see us* (Primiparous woman, Ingram 2013, p. 6)	due to difficulties with breastfeeding, thus leading to sampling bias). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: minor concerns (3 studies that offered moderately rich data)	
Sub-theme 6.6: Response time of different communication technologies			
1 study: • Roberts 2009	Women said that e-mail and text messaging facilities were easier to use and more accessible than video. However, they wondered whether support would be available instantly and	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist was minor for Roberts 2009.	Low

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
To assess the feasibility and acceptability of future infant feeding video support after hospital discharge and investigates general views on the potential of other communication technology in rural Scotland	whether they would wonder if a text or e-mail had been successfully delivered. Women also made positive references to national Websites currently sending weekly information via e-mail to registered mothers. *I think it would be easier (e-mail) if it's just as simple as sending a text or an e-mail and waiting for a reply I would have more time for that.* (Pro-video participant, remote and rural, Roberts 2009, p. 354)	Data saturation was not discussed, and the relationship between researchers and participants was not discussed). Relevance: minor concerns (in Roberts 2009, socio-economic status and ethnicity of participants was not reported; women included 'pro-video' or 'anti-video' responses to the survey; however women were only talking about a hypothetical video support intervention and their views may be different from someone that actually experienced it). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 6.7: Privacy and security of video support			
1 study: • Roberts 2009 To assess the feasibility and acceptability of future infant feeding video support after hospital discharge and investigates general views on the potential of other communication	Views varied in relation to privacy and security issues. Some women said they were reluctant to use video because of privacy and security concerns, while others felt more confident provided that security was assured by service providers. Women said that some reassurance would be provided if they were talking to familiar staff. *'I don't think I would like to have pictures of my breasts up on the screen, and who knows, I don't know who else could be looking at it, I just wouldn't feel comfortable about doing that*. (Anti-video participant, remote and rural, Roberts 2009, p. 354)	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist was minor for Roberts 2009. Data saturation was not discussed, and the relationship between researchers and participants was not discussed). Relevance: minor concerns (in Roberts 2009, socio-economic status and ethnicity of participants was not reported; women included 'pro-video' or 'anti-video' responses	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
technology in rural Scotland	*You would need to be reassured that you are not going to get hacked into by Internet people who are going to start* showing your breasts to the rest of the world. (Pro-video participant, urban, Roberts 2009, p. 354)	to the survey; however women were only talking about a hypothetical video support intervention and their views may be different from someone that actually experienced it).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 6.8: Location of video support			
1 study: • Roberts 2009 To assess the feasibility and acceptability of future infant feeding video support after hospital discharge and investigates general views on the potential of other communication technology in rural Scotland	Women valued receiving support from the comfort of their home. Women did not want to travel to use a video link facility, as in that case, they would rather travel to speak to a professional face-to-face. Women mentioned the challenges that some mothers can face in relation to leaving the home after giving birth (e.g. lack of personal transport, distance to travel, responsibilities of other children and the physical limitations after a difficult birth or caesarean section).	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist was minor for Roberts 2009. Data saturation was not discussed, and the relationship between researchers and participants was not discussed).	Low
		Relevance: minor concerns (in Roberts 2009, socio-economic status and ethnicity of participants was not reported; women included 'provideo' or 'anti-video' responses to the survey; however women were only talking about a hypothetical video support intervention and their views may be different from someone that actually experienced it).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 6.9: Cost of calls to landlines and mobiles			
1 study: • Hoddinott 2012 To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge	One woman mentioned that she would not be phoning the telephone support because of the cost of phone calls. Some preferred a landline due to the cost of phone calls. Other women preferred a mobile phone number as they thought this would lead to a quicker response when urgent advice was needed. *No supporting quote provided.*	Methodological limitations: minor concerns (The methodological concern based on the CASP checklist was minor for Hoddinott 2012. The study authors did not justify the methods used and they did not discuss the relationship between the researchers and the participants).	Very low
		Relevance: minor concerns (socioeconomic status and ethnicity not reported).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: serious concerns (1 study that offered thin data and no quotes)	

1 *CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research*

2 **Table 12: Clinical evidence profile for theme 7: practical support and information**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
Sub-theme 7.1: Antenatal Information			
7 studies: • Graffy 2005	Some women were happy with the informal delivery and depth of breastfeeding information given in their antenatal classes or	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Graffy 2005, Hinsliff-	High

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
To examine women's perspectives on the information, advice and support they receive with breastfeeding • Hinsliff-Smith 2014 To explore the experiences of primigravid mothers choosing to breastfeed • Ingram 2013 To evaluate a peer support service with an online survey and semi-structured interviews. Mixed durations of breastfeeding • Jardine 2017 To understand whether pregnant women intending to breastfeed, who later discontinue, differ in their breastfeeding perceptions compared with those who continue and what factors women	appointments. Women also appreciated their partners or mothers being able to attend the sessions with them. "*It was quite comfortable because it was informal, I liked the tone and it was helpful as well*". (Primiparous woman, Ingram 2013, p. 5) Other women would have liked more information. They felt unprepared, not knowing what to expect and unaware of common feeding problems and how to handle them. Following antenatal information giving, mothers and fathers were left surprised when breastfeeding did not happen naturally as they had been led to believe it would. *I don't think that women are aware of just how painful breastfeeding can be. In the leaflets it says all the encouraging things like it's good for the baby. It would be more helpful if they were realistic and also pointed out that you have to be dedicated to keep it up. You are tied to your baby and get little space for yourself, which can be very exhausting for the first few weeks. If I had been more aware of this in advance, I could have prepared myself a bit more. Giving women a full picture may discourage breastfeeding, but it's up to us to make the decision based on "true" information.* (Graffy 2005, p. 182) *'I think that the expectation and the reality, everything that you read and everything that you, and all the support that is given, is about you doing it and it working…You get it reinforced that it works…' (Jardine 2017, p.92)* *... what you think is going to be natural and easy in fact isn't. I can see why a lot of parents – it isn't right for them ... for parents that's a lot of pressure, so it was quite a surprise [to*	Smith 2014, Ingram 2013, and Williamson 2012, moderate for Thomson 2012a and Jardine 2017, and serious for Sherriff 2009. None of the studies discussed data saturation, and most studies did not discuss the relationship between researchers and participants. Jardine 2017 did not clearly describe how the interviews were conducted. Sherriff 2009 and Thomson 2012a did not discuss whether, and how, they checked the credibility of their findings. Other quality issues are highlighted in the evidence tables). Relevance: minor concerns (for 2 studies, Hinsliff-Smith 2014 and Sherriff 2009, there were moderate concerns, as this reported limited information on the characteristics of participants. For the rest of the studies there were minor concerns. Graffy 2005, Jardine 2017, and Sherriff 2009 included a range of socioeconomic groupings, while Ingram 2013, Thomson 2012a and Williamson 2012 did not report on socio-economic status. Hinsliff-Smith 2014, Ingram 2013, Sherriff 2009 and Thomson 2012a did not report on ethnicity, and in Williamson 2012 all women were white. In Thomson 2012a, according to the study authors, it is likely that ongoing use of the peer support service was due to difficulties with breastfeeding, thus leading to sampling bias. Williamson 2012 focused on	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
report influenced their breastfeeding behaviour • Sherriff 2009 Fathers' perspectives • Thomson 2012a To evaluate Star Buddies peer support service. • Williamson 2012 To explore the experiences of women who experienced considerable difficulties with breastfeeding in the early postpartum period	*me] when it wasn't obvious*. (Father of one, Sherriff 2009, p. 225) *cause we'd been to these classes, read about, heard about how natural it is, you know . . . seeing all these happy mothers breastfeeding on videos and things.* (Interview, Williamson 2012, p. 439)	women who struggled with breastfeeding in the early postpartum period). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: no or very minor concerns (7 studies that offered moderately rich data)	
Sub-theme 7.2: Antenatal perceptions of 'nakedness' in breastfeeding promotion materials			
1 study: • Stewart-Knox 2003 To explore infant feeding decisions with pregnant women	Women discussed leaflets and posters promoting breastfeeding in an antenatal clinic. Women who intended to breastfeed noticed contact between mother and baby, while women who intended to use formula tended to notice the 'nakedness' of the mother. The women, regardless of whether they intended to breast-feed or to bottle-feed, unanimously agreed that health promotion materials that show women half-naked at home are not a realistic representation of breastfeeding and therefore may deter many women from breastfeeding. Some women thought that these	Methodological limitations: moderate concerns (methodological concern based on CASP checklist was moderate. The relationship between researchers and participants was not discussed. The discussion of transferability of findings to other populations was limited). Relevance: moderate concerns (Limited information on participants' characteristics).	Very low

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
	images promoted the idea that breastfeeding is socially isolating. *That's not a real image of breast-feeding. Do you know what I mean, you don't go about with your boobs hanging out all over the place. …if they are really trying to promote it, they should be trying to promote it in a practical aspect, what happens in everyday life…* (Stewart-Knox 2003, p. 270) *Yeah, like somebody who's never done it before might think you have to stay at home all the time because that's the way you have to do it.* (Stewart-Knox 2003, p. 270)	Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 7.3: Being shown, not told, what to do			
7 studies: • Beake 2005 To evaluate the use of health care assistants in the community to support disadvantaged women breastfeeding. • Dykes 2005 To explore the nature of interactions between midwives and breastfeeding women within postnatal wards. • Edwards 2018	**Sub-theme 7.3: Being shown, not told, what to do** Women did not find it helpful to be told what to do, nor did they like being physically handled or to have staff invade their spatial boundaries. *I don't think they really give you any advice as such. I think the only time you know is if you've got a problem and they (staff) come and grab hold of it (the breast) and pull it, get it in the baby's mouth and I think it's quite embarrassing you* know. *They don't sit there and tell you how it's done, they show you rather than tell you and explain things.* (woman exclusively breastfeeding) (Whelan 1998, p. 98) Instead, women valued practical support, being taught and shown what to do when it came to positioning and attachment/latching on for breastfeeding. Given most women were unfamiliar with what was correct, they relied on experts to help them. *I rang the hospital, and I got the midwife to come out to me cos I thought, if she doesn't come out to me today, I'm gonna pack*	Methodological limitations: minor concerns (methodological concern based on CASP checklist was no or very minor for Keely 2015, minor for Dykes 2005, Edwards 2018, Graffy 2005 Leeming 2015, and moderate for Beake 2005 and Whelan 1998. Data saturation was only discussed in Dykes 2005 and Keely 2015. Other quality issues outlined in evidence tables). Relevance: minor concerns (there were moderate concerns for Beake 2005 because it did not report on participants' characteristics. For all other studies, concerns were minor. In Dykes 2005, Graffy 2005 and Keely 2015 women represented a range of socioeconomic groupings, while in Edwards 2018 all women had a degree, in Leeming 2015 two-thirds of the women had	High

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
To explore women's and midwives' expectations, knowledge and experiences of breastfeeding initiation using Social Cognitive Theory. • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding. • Keely 2015 To explore the experiences of obese women who at 6-10 weeks had stopped breastfeeding or were no longer exclusively breastfeeding, despite an original intention to do so • Leeming 2015 To explore the experiences of breastfeeding for first-time mothers in the first 5 weeks postpartum	*this in... And within 20 seconds of her showing me what to do, the difference was unbelievable.* (Phase 1 interview, Leeming 2015, p. 697) Obese women valued practical help that took into account specific challenges relating to their physical size. *I discussed it with Pam, my midwife… [she said] often ladies with big breasts can struggle because they are more floppy and slide out their mouths and things a lot. You have got to hold the breast as well as the baby and stuff* (Primiparous woman, spontaneous vaginal birth, Keely 2015, p. 535)	professional or managerial occupations, and Whelan 1998 focused on women with low income. There were concerns relating to under-representation or no representation of ethnic minorities for Dykes 2005, Edwards 2018, Keely 2015, Leeming 2015 and Whelan 1998). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: no or very minor concerns (7 studies that offered moderately rich data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
• Whelan 1998 To identify factors which promote or discourage successful breast feeding in a sample of women with a low income			
Sub-theme 7.4: Understanding their body and the underlying physiology of breastfeeding, what is normal			
4 studies: • Beake 2005 To evaluate the use of health care assistants in the community to support disadvantaged women breastfeeding • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding • Leeming 2015 To explore the experiences of breastfeeding for first-time mothers in the first 5 weeks postpartum	Women wanted information on how to prevent and deal with problems for example nipple soreness and breast engorgement. They also wanted to understand the mechanisms of breastfeeding, interpreting their own and their babies' bodies' changes and the relationship between suckling and supply of milk. Women wanted this information so they could reassure themselves that all was 'normal' and that it would get easier, they just needed to persevere. In addition, women felt helpless and powerless when they did not have the exact knowledge they wanted. Women also valued being able to relate the knowledge acquired about their bodies to the changes they were physically experiencing. *He hasn't latched on perfectly, because they told me at the breast feeding clinic... when he comes on, off, your nipple,... should be kind of like nice and round and not look like a lipstick and actually mine looks like a lipstick at the moment,... the nipple's like at an angle, so that means that he wasn't latched on a hundred percent properly... That's probably why it was hurting,... didn't have enough in his mouth.* (Phase 2 diary, Leeming 2015, pp. 696-697) *And, so I think the thing that kept me going then was the fact that I'd been told by the midwife that when they're born, their stomach's only as big as a two-pence-piece, so that's so little,*	Methodological limitations: minor concerns (methodological concerns based on CASP checklist was moderate for Beake 2005 and Thomson 2012a, and minor for Graffy 2005 Leeming 2015. None of the papers discussed data saturation or the relationship between the researcher and participants. Moreover, Beake 2005 did not mention the use of predefined methods from the literature and Thomson 2012a did not state whether or how the credibility of findings was checked. Other quality issues outlined in evidence tables). Relevance: minor concerns (there were moderate concerns for Beake 2005 as it did not report on participants' characteristics. For all other studies, concerns were minor. In Graffy 2005 women represented a range of socioeconomic groupings, while in Leeming 2015 two-thirds of the women had professional or managerial occupations, and Thomson 2012 did not report on the socio-economic status of participants. There were	High

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
• Thomson 2012a To evaluate Star Buddies peer support service. All women had an intention to breastfeed	*will fill them up, so actually even though I think they must be starving they're not actually*. (Phase 2 Interview, Leeming 2015, p. 697) *I did not knew that the actual milk comes after couple of days. So simple but I did not knew and no-one told me.* (Post implementation questionnaire) (Beake 2005, p. 40)	concerns relating to under-representation of ethnic minorities for Leeming 2015, and Thomson 2012a did not report on ethnicity).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: no or very minor concerns (4 studies that offered moderately rich data)	
Sub-theme 7.5: Information and support with assessment of milk sufficiency			
2 studies: • Beake 2005 To evaluate the use of health care assistants in the community to support disadvantaged women breastfeeding • Hoddinott 2012 To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised	Women were concerned about sufficiency of milk and wanted to focus on measurements. Having a breastfeed observed would increase the mothers' confidence that their baby is getting enough milk. *It appeared that for some women, external reassurance such as the ability to visualize and formally measure the amount of milk taken was important*. (Beake 2005, p. 40)	Methodological limitations: minor concerns (methodological concerns based on CASP checklist was moderate for Beake 2005 and minor for Hoddinott 2012. None of the papers discussed the relationship between the researcher and participants. Moreover, Beake 2005 did not discuss data saturation, did not mention the use of predefined methods from the literature and did not discuss the transferability of findings to other populations).	Moderate
		Relevance: minor concerns (there were moderate concerns for Beake 2005 as it did not report on participants' characteristics. For	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge.		Hoddinott 2012, concerns were minor; this paper did not report on socioeconomic status).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: minor concerns (2 studies that offered moderately rich data)	
Sub-theme 7.6: Healthcare professionals have all the solutions			
3 studies: • Hinsliff-Smith 2014 To explore the experiences of primigravid mothers choosing to breastfeed • Leeming 2015 To explore the experiences of breastfeeding first-time mothers in the first 5 weeks postpartum • Thomson 2012a To evaluate Star Buddies peer support service	Healthcare professionals were thought of as the experts to whom women could turn for solutions to any breastfeeding difficulties. They were also a source of reassurance for new mothers and were seen as having 'all the answers' to problems associated with breastfeeding, including mastitis, thrush, engorgement and achieving a successful latch. Where problems were not resolved, this was associated with discontinuation of breastfeeding. *I did get into paranoid mummy mode when she spent [baby] about 3 hours during the night latching on for about 5 mins at a time. Luckily, the midwife came to check she came to check if feeding correctly. The midwife reassured me that some babies cluster feed plus she was latching on fine, I feel loads better* (Diary, Hinsliff-Smith 2014, p. e17) *'She [Star Buddy] just saw what he was doing and she said he is a large baby, get rid of his nursing pillow, get rid of this and she sorted it out in a way that no-one else had thought of, it was a different hold than anyone else had tried on me before and she had him latched on in ten minutes … and I burst into tears.* (Thomson 2012a, p. 346)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was moderate for Thomson 2012a, and minor for Hinsliff-Smith 2014 and Leeming 2015. None of the papers discussed data saturation or the relationship between the researcher and participants. Moreover, Thomson 201a2 did not state whether or how the credibility of findings was checked. Other quality issues outlined in evidence tables).	Moderate
		Relevance: minor concerns (there were moderate concerns for Hinsliff-Smith 2014 as it did not report on participants' characteristics. For Leeming 2015 and Thomson 2012, concerns were minor. In Leeming 2015 two-thirds of the women had professional or managerial occupations, while Thomson 2012a did not report on the socio-economic status of participants. There	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
	… you feel sort of powerless because you don't know, well she's just had 10 minutes, does that mean she's only had the, the bit that sends her to sleep at the beginning or has she had that and full milk… maybe I just like my life too regimented, but, it really would be nice to know. (Leeming 2015, p. 695)	were concerns relating to under-representation of ethnic minorities for Leeming 2015, and Thomson 2012a did not report on ethnicity).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: minor concerns (3 studies that offered moderately rich data)	
Sub-theme 7.7: Simple Language			
2 studies: • Hoddinott 2012 To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge. • Thomson 2012a To evaluate Star Buddies peer support service.	Women appreciated information being delivered using lay language rather than technical or clinical language. Women also appreciated information given from the perspective of the breastfeeding mother. *I think anyone would have felt comfortable with them. Because they were just really nice em, explained things, in layman's terms you know, and just were very understanding so, em, I, I really liked having them there.* (Woman in proactive calls group, formula milk at 6 to 8 weeks, Hoddinott 2012, p. 7)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Hoddinott 2012 and moderate for Thomson 2012a. None of the papers discussed the relationship between the researcher and participants. Moreover, Thomson 2012a did not discuss data saturation and did not state whether or how the credibility of findings was checked).	Moderate
		Relevance: minor concerns (concerns were minor for both papers; none of the studies reported the socioeconomic status or ethnicity of participants).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
		Adequacy: minor concerns (2 studies that offered moderately rich data).	
Study 7.8: Knowing the benefits			
2 studies: • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding • Thomson 2012a To evaluate Star Buddies peer support service.	Women valued knowing the benefits of breastfeeding, as in times of difficulty this would help their motivation. Being able to explain why they had chosen to breastfeed helped them explain to others who viewed breastfeeding negatively. *I am surprised to find that I hardly know any people who breastfed their babies, so it was difficult to have a role model. I feel that more should be done to encourage mothers to breastfeed at parentcraft classes*. (Graffy 2005, p. 182) [*Star Buddies] made me see many more benefits ...some of health benefits to mum and baby that I didn't realise ...the muscles we use in the face for feeding can actually protect ear infections ...never gave that a second thought before.* (Thomson 2012a, p. 350)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was moderate for Thomson 2012a, and minor for Graffy 2005. None of the papers discussed data saturation or the relationship between the researcher and participants. Moreover, Thomson 2012a did not state whether or how the credibility of findings was checked. Other quality issues outlined in evidence tables).	Moderate
		Relevance: minor concerns (for both studies, concerns were minor. In Graffy 2005 women represented a range of socioeconomic groupings, while Thomson 2012a did not report on the socio-economic status of participants. Thomson 2012a did not report on ethnicity).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: minor concerns (2 studies that offered moderately rich data)	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Study 7.9: Supplementation in the early postpartum period			
5 studies: • Cloherty 2004 To explore mothers' and healthcare professionals' beliefs, expectations and experiences in relation to supplementation of breast feeding in the postnatal ward and newborn-baby unit • Cloherty 2005 the cup-versus-bottle debate, and this forms the subject of this article • Hoddinott 2012 To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge. • Keely 2015	Women were not always suitably informed of the options available and the benefits and harms associated with these options when it came to supplementing feeds in the early postpartum period. *Maybe if someone had said to me when I gave him his first top up of Aptamil: 'You do realise if you start topping him up you're probably not going to get him over to the breast?' [But..] there wasn't that level of information given to me* (Primiparous woman, spontaneous vaginal birth, Keely 2015, p. 536) Many women did not know supplementing feeds was an option until the midwife had suggested it. Some women appreciated the flexibility of mixed feeding and a non-judgemental approach when discussing all feeding options. Other women's accounts focused on how they were tired, anxious and vulnerable in the early postpartum period, and this contributed to their decision to accept suggestions of supplementary feeds from professionals, however some women regretted this later. *The first one the midwife suggested, as the baby was upset and I was so tired, and he would not settle at all... The second time I asked for it, because he was very hungry, my milk's not come in, he'd been feeding three times in a row for 20 min, so I suggested it this morning at 5 am* (Cloherty 2004, p.198) *I was a bit disappointed actually because the first night in hospital, because she wasn't settling they suggested that I gave her one of these bottled things that they had. Not knowing, I took that, you know accepted it and gave it her and when I came home the community midwife said 'no don't it's best not to really mix them' and I was a bit disappointed that the midwives at the hospital suggested that and I believed it*	Methodological limitations: minor concerns (methodological concern based on CASP checklist was moderate for Whelan 1998, minor for Cloherty 2004, Cloherty 2005, and Hoddinott 2012, and no or very minor for Keely 2015. Relationship between researchers and participants was not discussed for any of the studies except Keely 2015. See evidence tables for more quality issues). Relevance: minor concerns (concerns were moderate for Cloherty 2004 and Cloherty 2005 because all participants were supplementing breastfeeding with supplements of formula or expressed breast milk; concerns were minor for Hoddinott 2012, Keely 2015 and Whelan 1998. Hoddinott 2012 did not report on socioeconomic status or ethnicity; Keely included women that represented different socioeconomic groupings, but only one woman was not white; Whelan 1998 focused on women with low income and all were white). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	High

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
To explore the experiences of obese women who at 6-10 weeks had stopped breastfeeding or were no longer exclusively breastfeeding, despite an original intention to do so • Whelan 1998 To identify factors which promote or discourage successful breast feeding in a sample of women with a low income	*was the thing to do.* (woman exclusively breastfeeding) (Whelan 1998, p. 98) *I regretted letting him have the cup feeds, if I'd done my homework better I wouldn't have let him have them. I panicked that he hadn't got enough milk from me…* (Mother 21, Q7, L1).(Cloherty 2004, p.199)	Adequacy: no or very minor concerns (4 studies that offered moderately rich data)	
Sub-theme 7.10: Other useful or not useful information			
5 studies: • Edwards 2018 To explore women's and midwives' expectations, knowledge and experiences of breastfeeding initiation using Social Cognitive • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding	Women wanted information about the feeding cues at birth, the benefits of skin to skin contact, instinctive feeding, how to enable their baby to attach, and the possible effects of the birth or drugs on breastfeeding initiation. Women wanted information on the timing and frequency of feeds, how to express milk, wet and dirty nappies, nappy colour, baby contentment and sleeping. Discussions surrounding breast fullness or heaviness, length of feeds, feeding from one or both breasts, settling after feeds were also welcomed. Women also wanted reassurance, encouragement to relax, rest, get comfortable when feeding and to look after themselves. *Express when breasts are very hard and uncomfortable and enable the baby to latch on more easily.* (Graffy 2005, p. 182) *Make sure you are relaxed, with "facilities" at hand; i.e., cushions, drink, snack, telephone, TV, etc*. (Graffy 2005, p. 182)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was moderate for Thomson 2012a, and minor for the other studies. None of the papers discussed the relationship between the researcher and participants except Edwards 2018. Only Hoddinott 2012 discussed data saturation. Thomson 2012a did not state whether or how the credibility of findings was checked. Other quality issues outlined in evidence tables). Relevance: minor concerns (concerns were moderate for Hinsliff-Smith 2014, who did not report participants' characteristics; for the other studies, concerns were minor.	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
• Hoddinott 2012 To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team-initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge. • Hinsliff-Smith 2014 Primigravid mothers choosing to breastfeed: experiences in the first 6 to 8 weeks • Thomson 2012a To evaluate Star Buddies peer support service. All women had an intention to breastfeed	However, women found they were being taught skills that they felt were unnecessary, for example how to hand express even though they were trying to establish breastfeeding. Women wanted to know why they should hand express. *I had no knowledge of hand expressing, I was encouraged to express using a syringe and midwifes helped me to feed by syringe* (Interview, Hinsliff-Smith 2014, p. e17) *I said I was struggling and they gave me a cup and said have a go at expressing but I did not understand that at all* (Diary, Hinsliff-Smith 2014, p. e17)	Edwards 2018 only included women that had at least a degree and there were concerns about the underrepresentation of ethnic minorities. In Graffy 2005 women represented a range of socioeconomic groupings, and there was some significant representation of ethnic minorities; Hoddinott 2012 and Thomson 2012a did not report on socio-economic status or ethnicity of participants). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: minor concerns (5 studies that offered moderately rich data, each study on separate topics)	
Sub-theme 7.11: Importance of support			
6 studies: • Beake 2005 To evaluate the use of health care assistants in the community to support	Having support increased women's confidence to continue breastfeeding. However, women were aware that support was not always available. Women regretted being unable to maintain breastfeeding for as long as they had desired, and felt this was a consequence of being unsupported. Interestingly,	Methodological limitations: minor concerns (methodological concern based on CASP checklist was moderate for Beake 2005 and Thomson 2012a, minor for Graffy 2005, Hinsliff-Smith 2014 and Ingram 2013, and no or very minor for Keeely 2015. Only Keely	High

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
disadvantaged women breastfeeding • Graffy 2005 To examine women's perspectives on the information, advice and support they receive with breastfeeding • Hinsliff-Smith 2014 To explore the experiences of primigravid mothers choosing to breastfeed • Ingram 2013 To evaluate a peer support service with an online survey and semi-structured interviews. Mixed durations of breastfeeding • Keely 2015 To explore the experiences of obese women who at 6-10 weeks had stopped breastfeeding or were no	many women would not seek support from local established breastfeeding support groups or NHS breastfeeding clinics. *Breastfeeding isn't easy and I would have loved it to be and still be able to breastfeed my second child. I hope if I have another child more help will be available.* (Pre-implementation questionnaire) (Beake 2005, p. 40) "*I feel very strongly that this useful and practical advice given in the comfort of your own home environment in those very early days was an invaluable support. I can only believe that if more women were given this support there would be much more tendency to breastfeed. I just wanted to say how much it has made a difference to me and how much I valued the breastfeeding support provided by the peer supporter".* (Primiparous woman, Ingram 2013, p. 6)	2015 discussed data saturation and the relationship between researchers and participants. Moreover, Beake 2005 did not mention predefined methods from the literature and Thomson 2012a did not discuss whether, and how, they checked the credibility of their findings. Other quality issues are highlighted in the evidence tables) Relevance: minor concerns (for Beake 2005 and Hinsliff-Smith 2014, there were moderate concerns, as they reported limited information on the characteristics of participants. For the rest of the studies there were minor concerns. Graffy 2005 and Keely 2015 included a range of socioeconomic groupings, while Ingram 2013 and Thomson 2012 did not report on socio-economic status. Graffy 2005 had a consistent representation of ethnic minorities, while in Keely 2015 all but one participant were white, and Ingram 2013 and Thomson 2012a did not report on ethnicity. In Thomson 2012a, according to the study authors, it is likely that ongoing use of the peer support service was due to difficulties with breastfeeding, thus leading to sampling bias). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
longer exclusively breastfeeding, despite an original intention to do so • Thomson 2012a To evaluate Star Buddies peer support service.		Adequacy: no or very minor concerns (6 studies that offered moderately rich data).	

1 *CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research*

2 **Table 13: Clinical evidence profile for theme 8: reasons for not seeking support**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 8.1: Poor advertising			
2 studies: • Islam 2016 To investigate why women were not engaging in the Mum2Mum programme, which had a poor uptake. • Keely 2015 To explore the experiences of obese women who at 6-10 weeks had stopped breastfeeding or were no longer exclusively	Despite advertising, women are unaware of the support services available to them. *Knew nothing until somebody phoned me* (Islam 2016, p. 41) Some women did not have a good understanding of the purpose of NHS breastfeeding clinics, and so thought that the support available there was not targeted at women like them. *Well, I kind of knew about them, but I thought you would only go to something like that if you had latching on problems and I never had latching on problems*. (Primiparous woman, emergency caesarean section, Keely 2015, p. 536) *…the first couple of weeks you're kind of in the house aren't you? You dinnae want to go out... and then, when you do start to venture out, you've got everybody that wants you to come and see them, or wants to come and see you, so by the time I was ready to go to the breastfeeding group we were having issues, and I did'nae really want to go because I felt like I was*	Methodological limitations: minor concerns (methodological concern based on CASP checklist was no or very minor for Keely 2015 was and moderate for Islam 2016). Relevance: minor concerns (concerns were moderate for Islam 2016 because it excluded those that had started formula feeding at 48-hour telephone call; concerns were minor for Keely 2015; in Keely 2015 participants were from a range of socioeconomic groupings, in Islam 2016 they had low income; in Keely 2015 all but one participant was white and in Islam 2016 all were white; all women were obese in Keely 2015).	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
breastfeeding, despite an original intention to do so	*failing, so...* (Primiparous woman, spontaneous vaginal birth, Keely 2015, p. 536)	Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: minor concerns (2 studies that offered moderately rich data).	
Sub-theme 8.2: Feeling unable to ask for help or lack of clear reasons for not accessing support			
2 studies • Hoddinott 1999 To examine antenatal expectations and postnatal experiences of first-time mothers. • Islam 2016 To investigate why women were not engaging in the Mum2Mum programme, which had a poor uptake.	Women found asking for help difficult and struggled on until they gave up breastfeeding. *I was a bit like 'I don't want to ask for help', I'm like that anyway, I'm very, I have to get to the point where I have to ask, have to be really desperate to ask for help.* (Islam 2016, p. 41) Many women knew that help was available and had the phone numbers that should be called to receive support from midwives, health visitors or voluntary organisations. However many women did not access support during difficult times. The majority of women waited for help to be offered. Women often had difficulty explaining the reason why they had not sought help and blamed themselves.	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Hoddinott 1999 because data saturation was not discussed, and moderate for Islam 2016 because the study author did not justify the methods used, data saturation was not discussed, and one author did all the work and analysis, which could potentially bias the results).	Moderate
		Relevance: minor concerns (Hoddinott 1999 used purposive sampling to ensure that both women intending to breastfeed and women intending to formula feed were included; Islam 2016 excluded those that had started formula feeding at 48-hour telephone call, and those that were not white British).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
		Adequacy: minor concerns (2 studies that offered moderately rich data)	
Sub-theme 8.3: Not wanting to rely on others			
1 study • Islam 2016 To investigate why women were not engaging in the Mum2Mum programme, which had a poor uptake.	Some women would rather not rely on someone else for support, in case that person lets them down.	Methodological limitations: moderate concerns (methodological concern based on CASP checklist was moderate for Islam 2016 because the study author did not justify the methods used, data saturation was not discussed, and one author did all the work and analysis, which could potentially bias the results).	Very low
		Relevance: moderate concerns (Islam 2016 excluded those that had started formula feeding at 48-hour telephone call, and those that were not white British).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: serious concerns (1 study that offered thin data).	
Sub-theme 8.4: Lack of confidence			

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
2 studies • Hoddinott 1999 To examine antenatal expectations and postnatal experiences of first-time mothers. • Keely 2015 To explore the experiences of obese women who at 6-10 weeks had stopped breastfeeding or were no longer exclusively breastfeeding, despite an original intention to do so	Women who actively sought help were more self-confident and often had experience communicating with unknown people through their work. Other women found it difficult to initiate contact with people they did not know well and to admit that they were having difficulties. A woman described her lack of confidence when explaining why she did not go to a breastfeeding clinic. *It's maybe the kind of person I am, I am not really into going to groups where I don't know anybody... Maybe because I'm not very confident* (Woman with second baby, emergency caesarean section) (Keely 2015, p. 536)	Methodological limitations: no or very minor concerns (methodological concern based on CASP checklist was minor for Hoddinott 1999 because data saturation was not discussed; no or very minor for Keely 2015).	High
		Relevance: minor concerns (Hoddinott 1999 focused on women living in a deprived area and used purposive sampling to ensure that both women intending to breastfeed and women intending to formula feed were included, however all women were white; Keely 2015 included a range of socioeconomic groupings. However only one study participant was from an ethnic minority background. All women were obese).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: minor concerns (2 studies that offered moderately rich data).	
Sub-theme 8.5: Preference for online support			
1 study • Islam 2016 To investigate why women were not engaging in the	When evaluating delivery of a face-to-face peer support service, the authors found women actually preferred to seek support online.	Methodological limitations: moderate concerns (methodological concern based on CASP checklist was moderate for Islam 2016 because the study author did not justify the methods used, data saturation was not discussed, and one author did all the work	Very low

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
Mum2Mum programme, which had a poor uptake.	*I'm quite a private person; I don't really go out anywhere anyway so it wasn't for me. But I've got online support, like on social networking and stuff* (Islam 2016, p. 41)	and analysis, which could potentially bias the results).	
		Relevance: moderate concerns (Islam 2016 excluded those that had started formula feeding at 48-hour telephone call, and those that were not white British).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data)	
		Adequacy: moderate concerns (1 study that offered moderately rich data)	
Sub-theme 8.6: Wary of support from a stranger and not knowing what to expect			
1 study • Islam 2016 To investigate why women were not engaging in the Mum2Mum programme, which had a poor uptake.	Women felt anxious about meeting their breastfeeding supporter who was an unfamiliar person. Women did not know what this stranger could offer them. *I still wasn't confident to meet someone, who I already didn't know. I think because you don't have a face*. (Islam 2016, p. 41) *I didn't know what she would be able to do for me but she just said it was a mum and I just thought, 'I don't know, I don't know', I just thought negative things instead of just thinking this person can help me*. (Islam 2016, p. 41)	Methodological limitations: moderate concerns (methodological concern based on CASP checklist was moderate for Islam 2016 because the study author did not justify the methods used, data saturation was not discussed, and one author did all the work and analysis, which could potentially bias the results).	Very low
		Relevance: moderate concerns (Islam 2016 excluded those that had started formula feeding at 48-hour telephone call, and those that were not white British).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 8.7: Delay in establishing contact			
1 study • Paranjothy 2017 To assess the feasibility and acceptability of providing motivational interviewing-based breastfeeding peer support to women living in areas with high levels of social deprivation	Any delay in initiating contact with the peer supporter due to delayed birth notification from hospital staff could potentially have a detrimental effect on subsequent engagement with the peer supporter and motivation to continue with breastfeeding *I had the sticker on the front of the folder, but nobody [from the hospital] had actually rung [the Mam-Kind buddy]. And then it was, I think it was 2, 2 or 3 days after he'd been born, because I just completely forget really to be honest. Yeah, so then she didn't really get a chance to come up, but then we'd switched over in the hospital.* (Paranjothy 2017, p. 57)	Methodological limitations: minor concerns (Rating for Paranjothy 2017 was moderate quality).	Low
		Relevance: minor concerns (Paranjothy 2017 included women with different results in relation to breastfeeding at 10 days and different levels of engagement with the intervention. Socioeconomic status and ethnicity of participants not reported).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 8.8: Physical discomfort and practicalities of transport arrangements and preference for home support			
1 study • Keely 2015 To explore the experiences of obese women who at 6-10 weeks had stopped breastfeeding or were no	Some women did not attend breastfeeding clinics due to physical discomfort during recovery from a caesarean section and the practicalities of transport arrangements. *I didn't go because I wasn't driving and [my husband] went back to work and um... I couldn't have... I think I was still quite sore when I came home. I was quite sore from the [caesarean] section and the thought of going out for that first week when I*	Methodological limitations: no or very minor concerns ((methodological concern based on CASP checklist was no or very minor for Keely 2015).	Moderate
		Relevance: minor concerns (the study included a range of socioeconomic	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
longer exclusively breastfeeding, despite an original intention to do so.	*was home didn't really appeal* (Primiparous woman, emergency caesarean section, Keely 2015, p. 536) Several women said they would have preferred to receive support from health professionals in their own homes. *I think if there was - I mean there is never, ever going to be a resource in the NHS for it to happen - but if there is somebody you could phone and they pop up and see you straight away and physically help you. I think that's obviously utopia, isn't it?* (Primiparous woman, emergency caesarean section, Keely 2015, p. 536)	groupings. However only one study participant was from an ethnic minority background. All women were obese). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: moderate concerns (1 study that offered moderately rich data).	

1 *CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research*

2 **Table 14: Clinical evidence profile for theme 9: antenatal breast expression**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall confidence
1 study: • Fair 2018. To explore women's knowledge, practices and opinions of antenatal breast expression.	Some women had positive perceptions of antenatal breast expression. They saw it as preparation for successful breastfeeding, which would be especially useful in the eventuality of complications after birth. *A good idea to have some milk stored to avoid formula top ups if struggling to feed.* (Fair 2018, p. 7) *I would have found it helpful…to have already got used to hand expressing as this was something I needed to do a lot once baby was born.* (Fair 2018, p. 7) *If there are any complications during labour which meant that you were unable to feed initially (I.e. PPH*	Methodological limitations: moderate concerns (methodological concern based on CASP checklist was moderate. The study authors did not mention the use of predefined methods of analysis from the literature, did not discuss the relationship between participants and researchers and did not discuss whether or how they ensured credibility of findings). Relevance: moderate concerns (the study authors commented that women in the sample had much higher breastfeeding rates than that of	Very low

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall confidence
	[postpartum haemorrhage], or surgery was required taking you away from baby) baby could be spoon or cup feed colostrum. Equally if baby is struggling with blood sugars, jaundice, weight loss. (Fair 2018, p. 6) A few women also thought that antenatal breast expression could be beneficial in promoting the onset of spontaneous labour; *"…It is used to induce labour naturally."* (Fair 2018, p. 7) Other women had negative perceptions. They were concerned it would be harmful, painful to undertake, stressful, and that women would be pressured to do antenatal breast expression. They were also concerned that it could interfere with the natural process of pregnancy, labour and breastfeeding, for example inducing early labour or making the colostrum go away before the baby arrived. *I worried it would cause early labour.* (Fair 2018, p. 7) *Nature gets this right, no need to interfere.* (Fair 2018, p. 7) *Worried of making that [colostrum] go and turn straight into milk when baby arrives.* (Fair 2018, p. 7) Other women were unsure if they were in favour of antenatal breast expression as they lacked information. *Have never heard of it or its benefits /negatives.* (Fair 2018, p. 7) *I didn't know it could be done.* (Fair 2018, p. 7) *I…was never given any information.* (Fair 2018, p. 7) Women wanted evidence-based information about the benefits and harms of antenatal breast expression; and believed that the support of midwives in the antenatal period and the provision of equipment to undertake antenatal breast	the national childbearing population in England, as well as being on average from higher socioeconomic status and predominantly white). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: moderate concerns (1 study that offered moderately rich data)	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall confidence
	expression were factors that would encourage antenatal breast expression.		

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2 **Table 15: Clinical evidence profile for theme 10: young women**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 10.1: Antenatal education			
1 study: • Condon 2012 To explore teenagers' experiences of the breastfeeding promotion and support delivered by health professionals	Few young women had considered the subject of infant feeding prior to the first antenatal appointment and wanted information so that they could make a choice about infant feeding. Health benefits were cited as a primary reason for intending to breastfeed. Midwives were considered to be 'pro-breastfeeding' but participants only expressed resentment if they felt pressured to breastfeed.	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor because saturation of data was not discussed and the authors did not discuss the potential influences of the researchers on the study findings).	Very low
		Relevance: minor concerns (socio-economic status not reported, majority of participants were white).	
		Coherence: no or very minor concerns (no data that contradict the review finding; no ambiguous data).	
		Adequacy: serious concerns (1 study that offered thin data with no quotes).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 10.2: Emotional Support			
1 study: • Dykes 2003 To explore the experiences and support needs of adolescent mothers who start breastfeeding.	Young women valued continuity of care because they felt connected to their midwife and were more comfortable asking for information. Young people felt more supported by people who had personal knowledge of their experiences, either had breastfed themselves or were pervious young mothers *At the point I decided to bottle-feed there were midwives on there that I had never met and they didn't know me. Because I didn't know them—I just felt uncomfortable asking. So I think if I'd stayed with the other ones I would have carried on.* (Dykes 2003, p. 395) *I had different midwives coming… I would have to explain all over again what was the problem.* (Dykes 2003, p. 396) *She connects very well with younger people, she understands what I think. It's as though she was talking to a friend and it does make you feel a lot more comfortable.* (Dykes 2003, p. 396)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for both studies; because the relationship between researcher and participants was not discussed). Relevance: minor concerns (socio-economic status not reported, all participants were white). Coherence: no or very minor concerns (no data that contradict the review finding; no ambiguous data). Adequacy: moderate concerns (1 study that offered moderately rich data).	Low
Sub-theme 10.3: Esteem Support			
1 study: • Dykes 2003 To explore the experiences and support needs of adolescent mothers who start breastfeeding.	Young women wanted to be treated like an adult and valued receiving a lot of encouragement with breastfeeding as this enhanced their feelings of self-worth and being valued as a mother. Encouragement was valued from both partners and healthcare professionals. Young women who were not encouraged with their breastfeeding were more likely to feel disillusioned and potentially give up. *I thrive on praise and I've had a lot.* (Dykes 2003, p. 396) *They (midwives) said 'you're doing really really well" and that's when I really wanted to persevere with it'.* (Dykes 2003, p. 396)	Methodological limitations: minor concerns (methodological concerns based on CASP checklist was minor, because the relationship between researcher and participants was not discussed). Relevance: minor concerns (socio-economic status not reported, all participants were white).	Low

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
	If they had encouraged me a bit more when I was thinking about putting him on the bottle… like said why don't you give it another day I would have carried on… but they were just well… it's up to you. (Dykes 2003, p. 396) *I was worried at first, 'cause I thought they (health professionals) might have been funny with me being a young mother and everything, but they have just treated me like any normal person really.* (Dykes 2003, p. 396)	Coherence: no or very minor concerns (no data that contradict the review finding; no ambiguous data). Adequacy: moderate concerns (1 study that offered moderately rich data)	
Sub-theme 10.4: Midwife Support			
2 studies: • Condon 2012 To explore teenagers' experiences of the breastfeeding promotion and support delivered by health professionals • Dykes 2003 To explore the experiences and support needs of adolescent mothers who start breastfeeding.	Young women felt unsupported by midwives who rushed off rather than spending time with the mother. Young women felt midwives would push them towards breastfeeding without helping practically. Young women valued practical support, particularly with being shown how attachment should work. *It was a bit pushy. I think they were coming in every half an hour to check, trying to get me to breastfeed a lot. There was a lot of pressure. I didn't get much help with the practical side of it at all.* (Dykes 2003, p. 396) *She was putting him on for me but not showing me how to do it myself very well* (Dykes 2003, p. 396) Some women reported that once the baby was attached to the breast, they received insufficient support or were left alone to manage subsequent feeds.	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for both studies; Condon 2012 did not discuss data saturation; none of the studies discussed the relationship between researcher and participants). Relevance: minor concerns (none of the studies reported on socio-economic status, most participants were white in Condon 2012, all participants were white in Dykes 2003). Coherence: no or very minor concerns (no data that contradict the review finding; no ambiguous data). Adequacy: minor concerns (2 studies that offered moderately rich data)	Moderate

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 10.5: Informational Support			
2 studies: • Condon 2012 To explore teenagers' experiences of the breastfeeding promotion and support delivered by health professionals. • Dykes 2003 To explore the experiences and support needs of adolescent mothers who start breastfeeding.	Young women felt they were unable to make informed decisions as they felt they did not have all the necessary information, or the information was not consistent. Young women felt they were not given the opportunity to fully discuss decisions being made. One mother was shown where formula milk was stored in the hospital and subsequently bottle fed her baby, although she had initially wanted to breastfeed. *Well, when she was first born, I actually wanted to breastfeed but . . . like, everyone was like, oh this is where the bottle things are, like where the little stashes of bottles were, but I didn't see anything wrong with bottle-feeding so I didn't really care. At first I did want to breastfeed but as soon as I got the bottle out and fed her, it was fine.* (Marianne, 18 years old, baby aged 11 months) (Condon 2012) Young women wanted individualised information that reflected their particular situation, ideally delivered visually (pictures or videos). *I was told you can't mix them… I got told it was like one or the other*. (Dykes 2003, p. 397) *They would say different things… all of them… which was confusing*. (Dykes 2003, p. 397) Young women valued being told that there might be early difficulties, but that these would then be resolved. *I didn't want to breastfeed, my partner wanted me to, so I tried it and my midwife said, the first few days are going to be the worst but after the three days then it would be fine and ever since I've just breastfed. It's fine, it's brilliant.* (Tara, 17 years old, baby aged three months)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for both studies; Condon 2012 did not discuss data saturation; none of the studies discussed the relationship between researcher and participants). Relevance: minor concerns (none of the studies reported on socio-economic status, most participants were white in Condon 2012, all participants were white in Dykes 2003). Coherence: no or very minor concerns (no data that contradict the review finding; no ambiguous data). Adequacy: minor concerns (2 studies that offered moderately rich data)	Moderate

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1 **Table 16: Clinical evidence profile for theme 11: partners**

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
Sub-theme 11.1: Involvement in the antenatal period			
2 studies: • Sherriff 2009 To explore fathers' perspectives of breastfeeding • Ingram 2013 To evaluate a peer support service with an online survey and semi-structured interviews.	Fathers had received limited information about breastfeeding because either the antenatal classes had not covered it, they had not received relevant literature or they were not held at times when the father could attend. Fathers did not feel that breastfeeding was something they could help with and consequently had limited knowledge about it. However, this was not the case for all fathers, as some were involved in discussions surrounding breastfeeding. *... I was always at work ... it wasn't an evening which would have been easier to attend … there was a separate breastfeeding session which dads were invited to but ... one person attended apparently, but that wasn't me ... it was probably a bit funny because this isn't something I can help with, probably that was the impression*. (Father of one, Sherriff 2009, p. 224) *... probably more understanding around the actual process. It's not as simple as the books and everything make out, because everyone's got busy lifestyles and everyone tries to get on with their life, and breastfeeding doesn't necessarily fit into normal society …* (Father of one, Sherriff 2009, pp. 224-5) *Yes well I just kept quiet for a bit, and then she told us about the size of the baby's stomach over a period of time, that was interesting,… she brought a knitted breast and doll to show how to breastfeed.....I think it was the first chat that we'd had with a third party, I suppose, and so for the first 10 minutes I just let her chat, but she was just really easy to talk to and very friendly and nice.* (Father of twins, Ingram 2013, p. 5)	Methodological limitations: moderate concerns (methodological concern based on CASP checklist was serious for Sherriff 2009 and minor for Ingram 2013. In both studies, data saturation was not discussed, and the relationship between the researcher and the participants was not discussed. In Sherriff 2009, the study authors did not justify the methods they used, and they did not discuss whether or how they checked the credibility of their findings. The authors did not discuss the transferability of findings either.) Relevance: minor concerns (In Sherriff 2009 there was very limited information on fathers' characteristics, but they were drawn from different socio-economic groupings; in Ingram 2013 socio-economic status and ethnicity were not reported). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: minor concerns (2 studies that offered moderately rich data).	Low
Sub-theme 11.2: Interventions aimed at involving family members			

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
2 studies: • Ingram 2004 To assess fathers' and grandmothers' knowledge of breast feeding and their ability to support successful breast feeding. To design a suitable intervention for fathers and grandmothers to support breast-feeding mothers, to assess the acceptability and feasibility of the intervention. • Thomson 2012a To evaluate Star Buddies peer support service.	Fathers' knowledge around breastfeeding was typically learnt from partners or books. Fathers would have liked to have received more information, particularly antenatally. They wanted to know how breast feeding worked, about responsive feeding, positioning, expressing milk and how they could help. Fathers had a preference for receiving this information as a leaflet with some explanations, as opposed to attending a group session for fathers. Partners with knowledge around breastfeeding were better able to support mothers' breastfeeding and mothers were grateful for their support. *The leaflet was good. It was interesting to see how the milk changes through the feed – with more fat towards the end. It was helpful to remind people about being supportive – with a drink, having a bath etc*. (Father of two children) (Ingram 2004, p. 376) *I liked the leaflet, read it and like the pictures. It is better with the extra explanation, to make things clear. I don't read much, so the pictures are useful. You can ask if you don't understand things if there is someone there'*. (Father of three children) (Ingram 2004, p. 376) *They [Star Buddies] did do a section on breastfeeding and she was excellent and X (partner) came away from that completely sold on it. He doesn't usually bother reading things, but he absorbed all that and he came away saying it's so good for her ...He was adamant that was what we were going to try and do. He has been amazing.* (Thomson 2012a, p. 348)	Methodological limitations: minor concerns (methodological concern based on CASP checklist was minor for Ingram 2004 and moderate for Thomson 2012a. In both studies, data saturation was not discussed, and the relationship between the researcher and the participants was not discussed. In Thomson 2012a, the study authors did not discuss whether or how they checked the credibility of their findings). Relevance: minor concerns (in both studies, socioeconomic status and ethnicity of participants was not reported; in Thomson 2012a the study authors commented that it is likely that ongoing use of the peer support service was due to difficulties with breastfeeding, thus leading to sampling bias). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data) Adequacy: minor concerns (2 studies that offered moderately rich data).	Moderate

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Table 17: Clinical evidence profile for theme 12: financial incentives

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
Sub-theme 12.1: Facilitating connections – encouraging access			
1 study: • Thomson 2012b To evaluate an incentive scheme within the Star Buddies peer support service	Moderate quality evidence from one study reported on this sub-theme. Delivering gifts on a weekly basis facilitated repeated, regular and proactive face to face contact with women participating in an incentive scheme embedded within a peer support programme. Proactive contact, as opposed to responsive contact when problems arose, facilitated access to vulnerable women. *I suppose the thing about the gift scheme is you're signed up to see them every week, to have contact with them every week...* (Thomson 2012b, p.7). *I'm glad I ended up [seeing the Star Buddies] because I don't have loads of people come to my house, I'm quite a private person..... but overall, if I did have questions, she was there and she'd reassure me, so I'd feel reassured rather than panicking and thinking, oh I don't know what's what* (Thomson 2012b, p.7).	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed). Relevance: minor concerns (socio-economic status of participants not reported; only women who had or were engaging with the incentive intervention were recruited). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: moderate concerns (1 study that offered moderately rich data).	Low
Sub-theme 12.2: Weekly gifts to motivate women through the early 'difficult' periods			
One study: • Morgan 2015 To explore the mechanisms of action and interactions of incentives and the unintended consequences of incentives	Women were motivated to get through some difficult days because they knew that there was a close point in time when the peer supporter would come to see how they were doing and bring gifts for them. *Whereas you know if you had the X [peer supporter] popping round every week seeing how you were doing, and bringing, you know, some sort of goody you are thinking if you can get through the next couple of days and I will have achieved another week.* (T6, I, mother) (Morgan 2015, p.240)	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed). Relevance: minor concerns (Diverse sociodemographic characteristics and feeding intentions; the great majority were white).	Low

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 12.3: In the early stages support by health professionals is more important than incentives.			
One study: • Morgan 2015 To explore the mechanisms of action and interactions of incentives and the unintended consequences of incentives	In the early stages, breastfeeding was considered a difficult skill to acquire and so health professional help and support was considered to be more important than an incentive programme.	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed).	Low
		Relevance: minor concerns (Diverse sociodemographic characteristics and feeding intentions; the great majority were white).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 12.4: Appropriateness of gifts			

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	Overall Confidence
1 study: • Thomson 2012b To evaluate an incentive scheme within the Star Buddies peer support service	Women participating in an incentive scheme made highly positive comments about their appropriateness and the discussions they stimulated. *It was a really, really nice touch I thought and the gift themselves were very, very well thought out, in the way that they gave like the healthy snacks and the magazine, which is great to have when you're breastfeeding. Every gift that I received was really appropriate and I've enjoyed every one, it's been really good* (Thomson 2012b, p.7)	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed).	Low
		Relevance: minor concerns (socio-economic status of participants not reported; only women who had or were engaging with the incentive intervention were recruited).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 12.5: Facilitating connections – connecting to self and others.			
1 study: • Thomson 2012b To evaluate an incentive scheme within the Star Buddies peer support service	Women who participated in an incentive scheme embedded within a peer support programme said that the gifts reminded them of their individuality and re-connected them to their sense of self when they were adjusting to the mother role. Gifts gave women the feeling of being cared for and reminded them of the need for self-care. *I think it reminds you of you being an individual.*	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed).	Low
		Relevance: minor concerns (socio-economic status of participants not reported; only	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
	I've been constantly like X (son) on the breast and sorting the kids out and she came with a gift and it's like, oh yes, this is for me.....who am I again? It reminds you that you need to look after yourself as well sort of thing (Thomson 2012b, p.8). The nature of the gifts and associated discussions with peer supporters also motivated women to focus on quality time with their partner, families and babies. *Even a simple gift like a cup of coffee and a voucher, it seems like giving us, me and my husband, time to spend outside* (Thomson 2012b, p.8).	women who had or were engaging with the incentive intervention were recruited). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 12.6: Facilitating connections – relating to the outside world.			
1 study: • Thomson 2012b To evaluate an incentive scheme within the Star Buddies peer support service	Visits from peer supporters within an incentive scheme helped protect women against maternal isolation. *Because when you're sitting in your house on your own and your other half is at work, and it's just you day after day after day at home with your child, you begin to feel very isolated and you begin to feel very on your own. And having her coming every Friday, you know, it's a colossal difference* (Thomson 2012b, p.8). The gifts and associated discussions encouraged women to breastfeed outside the home environment and facilitated access to breastfeeding groups or social activities at community locations.	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed). Relevance: minor concerns (socio-economic status of participants not reported; only women who had or were engaging with the incentive intervention were recruited). Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data). Adequacy: moderate concerns (1 study that offered moderately rich data).	Low
Sub-theme 12.7: Facilitating relationships and wellbeing – being on the journey together			

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
1 study: • Thomson 2012b To evaluate an incentive scheme within the Star Buddies peer support service	Repeated contacts with the peer supporter within a weekly incentive scheme led to continuity of care, and women valued that the peer supporter became familiar with the baby and the women's values, families and lives, which made it easier for women to raise issues with the peer supporters. *With X (Star Buddy), knowing that he was a placid baby and then suddenly changing into this crazy, screaming banshee that he was. And the fact that she rang the health visitor and said, look, no he's not himself, you know, he's being different, I think that really helped* (Thomson 2012b, p.9).	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed).	Low
		Relevance: minor concerns (socio-economic status of participants not reported; only women who had or were engaging with the incentive intervention were recruited).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 12.8: Facilitating relationships and wellbeing - encouraging sensitive dialogues and opportunities for support			
1 study: • Thomson 2012b To evaluate an incentive scheme within the Star Buddies peer support service	Women who participated in an incentive scheme embedded within a peer support programme reported that the incentives created opportunities to meet up when no specific problems were identified, so the discussions often went beyond breastfeeding and women could ask for advice on other personal and family issues, for example co-sleeping, smoking, alcohol consumption, relationship issues and mental health concerns. *He (husband) was getting a bit frustrated, so I couldn't really vent as much to him. So as soon as X*	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed).	Low
		Relevance: minor concerns (socio-economic status of participants not reported; only women who had or were engaging with the incentive intervention were recruited).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
	(Star Buddy) came round I was like, just let rip. So yes, I definitely did look forward to it (Thomson 2012b, p.9)	Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	
Sub-theme 12.9: Facilitating relationships and wellbeing - being rewarded			
1 study: • Thomson 2012b To evaluate an incentive scheme within the Star Buddies peer support service	Most women who participated in an incentive scheme embedded within a peer support programme reported that the gifts per se did not alter their decision or intention to breastfeed. However the gifts provided incentives, as they were an 'instant encouragement', a 'treat', a 'bonus', something to 'look forward to' and a recognition of their breastfeeding achievements. Women saw the support from peer supporters as crucial to their breastfeeding success. Almost all the women perceived that on-going support from the programme had enabled them to breastfeed for longer. *It was fantastic, it was such a treat to get something. It's (gifts) been really, really nice but breastfeeding is so important to me that I can't imagine stopping ..... I already know that I'm breastfeeding for a year minimum and that's it. So ..... I 2wasn't going to be persuaded by gifts but they were very lovely all the same and I'm very grateful'* (Thomson 2012b, p.9) *I mean I was just so happy to be getting her time and her advice, the fact that I was getting like a magazine and so many little treats to go along with it, was just a massive bonus really* (Thomson 2012b, p.9).	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed).	Low
		Relevance: minor concerns (socio-economic status of participants not reported; only women who had or were engaging with the incentive intervention were recruited).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	

Study information	Description of review finding	CERQual Quality Assessment	
		Assessment of CERQual components	**Overall Confidence**
	When you're doing something that's painful and hard work and exhausting and pins you to a sofa for hours and hours of a day and means that you're the only one who can get up and feed in the middle of the night, then I suppose it's nice to get something that's thanking you almost, telling you you're doing a good job and that you deserve to be treated (Thomson 2012b, p.10).		
Sub-theme 12.10: Receiving a breast pump.			
One study: • Morgan 2015 To explore the mechanisms of action and interactions of incentives and the unintended consequences of incentives	A few women felt that it was most appropriate to receive a breast pump as an incentive immediately after birth but some women pointed out that this should only be used from 4-6 weeks after birth and so they questioned whether receiving this incentive immediately after birth would motivate women to breastfeed. *They mentioned . . . try and wait till 4–6 weeks before you can do that [express milk], I mean that's 4–6 weeks where you might not necessarily get to 4–6 weeks and make use of it.* (5, pregnant woman) (Morgan 2015, p.241)	Methodological limitations: minor concerns (quality rating based on CASP checklist was minor because data saturation was not discussed).	Low
		Relevance: minor concerns (Diverse sociodemographic characteristics and feeding intentions; the great majority were white).	
		Coherence: no or very minor concerns (no data that contradict the review finding or ambiguous data).	
		Adequacy: moderate concerns (1 study that offered moderately rich data).	

1 *CASP: Critical Appraisal Skills Programme; CERQual: Confidence in the Evidence from Reviews of Qualitative Research*

2

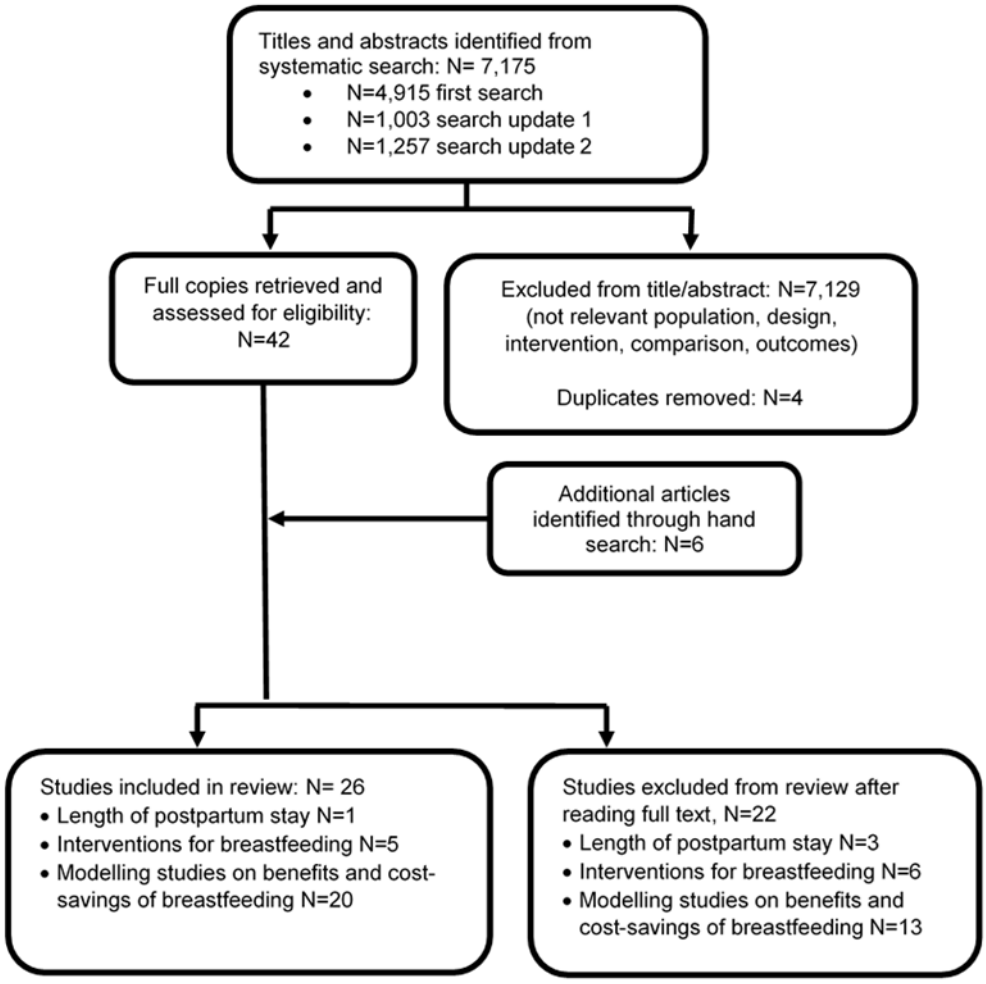
Appendix G – Economic evidence study selection

Economic evidence study selection for review questions:

- **What information on breastfeeding do parents find helpful (single births)?**
- **What information on breastfeeding do parents find helpful (twins or triplets)?**
- **What support with breastfeeding do parents find helpful (single births)?**
- **What support with breastfeeding do parents find helpful (twins or triplets)?**

A global health economics search was undertaken for all areas covered in the guideline. **Figure 2** shows the flow diagram of the selection process for economic evaluations of postnatal care interventions, including modelling studies on the benefits and cost-savings of breastfeeding.

Figure 2. Flow diagram of selection process for economic evaluations of postnatal care interventions and modelling studies on the benefits and cost-savings of breastfeeding



Appendix H – Economic evidence tables

Economic evidence tables for review questions:

What information on breastfeeding do parents find helpful (single births)?

What information on breastfeeding do parents find helpful (twins or triplets)?

What support with breastfeeding do parents find helpful (single births)?

What support with breastfeeding do parents find helpful (twins or triplets)?

No economic evidence was identified which was applicable to these review questions.

Appendix I – Economic evidence profiles

Economic evidence profiles for review questions:

What information on breastfeeding do parents find helpful (single births)?

What information on breastfeeding do parents find helpful (twins or triplets)?

What support with breastfeeding do parents find helpful (single births)?

What support with breastfeeding do parents find helpful (twins or triplets)?

No economic evidence was identified which was applicable to these review questions.

Appendix J – Economic analysis

Economic analysis for review questions:

- **What information on breastfeeding do parents find helpful (single births)?**
- **What information on breastfeeding do parents find helpful (twins or triplets)?**
- **What support with breastfeeding do parents find helpful (single births)?**
- **What support with breastfeeding do parents find helpful (twins or triplets)?**

No economic analysis was conducted for these review questions.

Appendix K – Excluded studies

Excluded studies for review questions:

What information on breastfeeding do parents find helpful (single births)?

What information on breastfeeding do parents find helpful (twins or triplets)?

What support with breastfeeding do parents find helpful (single births)?

What support with breastfeeding do parents find helpful (twins or triplets)?

Clinical studies

Table 18: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Breastfeeding support lacking in England, RCM Midwives, 7, 324-324, 2004	News Article.
Welsh breastfeeding support group launched, Practising Midwife, 10, 13-13, 2007	News article.
English hospitals offer poorest hospital breastfeeding support, Practising Midwife, 7, 9-9, 2004	News Article.
Breastfeeding support grants, Practising Midwife, 5, 9-9, 2002	News Article.
Bradford pioneers breastfeeding video...Breastfeeding -- A Gift for Life, RCM Midwives Journal, 1-1, 2001	News Article.
Midwives needed to assess breastfeeding advice at Healthtalkonline, Practising Midwife, 16, 7-7, 2013	Letter.
Abbott, Laura, Scott, Tricia, Women's experiences of breastfeeding in prison, MIDIRS Midwifery Digest, 27, 217-223, 2017	Not a qualitative study.
Abbott, S., Lay and professional views on health visiting in an orthodox Jewish community, British journal of community nursing, 9, 80-86, 2004	Paper not exclusively about breastfeeding.
Afoakwah, Georgina, Smyth, Rebecca, Lavender, Dame Tina, Women's experiences of breastfeeding: A narrative review of qualitative studies, African Journal of Midwifery & Women's Health, 7, 71-77, 2013	Included studies conducted in the UK were checked for inclusion in the present review. The following studies were excluded (see exclusion reason in relevant row of this table): Dykes 1999, McFadden 2006, Andrew 2011, Hoddinott 2012. The primary publication of the following study was included in the present review: Dykes 2005.
Aiken, A., Thomson, G., Professionalisation of a breast-feeding peer support service: issues and experiences of peer supporters, Midwifery, 29, e145-e151, 2013	Population - health care professionals.

Study	Reason for exclusion
Albert,J., Breastfeeding: a personal and professional story, Community Practitioner, 86, 36-37, 2013	Feature article, not a study.
Alexander, J., Anderson, T., Grant, M., Sanghera, J., Jackson, D., An evaluation of a support group for breast-feeding women in Salisbury, UK, Midwifery, 19, 215-20, 2003	Not a qualitative study.
Allen, C., PSHE education on infant feeding: influencing young people's views, British Journal of School Nursing, 3, 331-337, 2008	Population - children in school receiving a lesson on feeding.
Andrew, N., Harvey, K., Infant feeding choices: Experience, self-identity and lifestyle, Maternal and Child Nutrition, 7, 48-60, 2011	Not specific to the antenatal period or to the first 8 weeks after birth. Participants were mothers of infants aged between 7 and 18 weeks.
Andrews, E. J., Symon, A., Anderson, A. S., 'I didn't know why you had to wait': an evaluation of NHS infant-feeding workshops amongst women living in areas of high deprivation, Journal of human nutrition and dietetics : the official journal of the British Dietetic Association, 28, 558-567, 2015	Study focused on weaning.
Anonymous,, Breastfeeding: new mothers' perspectives, Community Practitioner, 87, 38-40, 2014	This is the transcript of an interview with 5 women.
Anonymous,, UK mothers 'let down' by lack of breastfeeding support, Community practitioner : the journal of the Community Practitioners' & Health Visitors' Association, 89, 6, 2016	Not qualitative.
Anonymous,, Government to strengthen support for breastfeeding, The practising midwife, 8, 6, 2005	News Article.
Anonymous,, Mothers need more support with breastfeeding, The practising midwife, 16, 8, 2013	Letter.
Anonymous,, Midwives need more time to support breastfeeding, says RCM report, The practising midwife, 17, 6, 2014	Editorial.
Bailey J., Modern parents' perspectives on breastfeeding: a small study., British Journal of Midwifery, 15, 148-152, 2007	Not specific to the antenatal period or to the first 8 weeks after birth. Babies ranged in age from 3 to 9 months.
Bailey, C., Pain, R., Geographies of infant feeding and access to primary health-care, Health & social care in the community, 9, 309-317, 2001	Not specific to the antenatal period or to the first 8 weeks after birth. Participants breastfed for different durations, ranging from formula feeding from birth to exclusive breastfeeding up to 6 months followed by mixed feeding.
Bailey, C., Pain, R. H., Aarvold, J. E., A 'give it a go' breast-feeding culture and early cessation among low-income mothers, Midwifery, 20, 240-250, 2004	Many of the themes are relevant, but given the age of the paper and that there were no new themes, this paper was excluded due to data saturation.

Study	Reason for exclusion
Bailey, Cate, Breastfeeding mothers' experiences of bedsharing: A qualitative study, Breastfeeding Review, 24, 33-40, 2016	Study was conducted in Australia.
Bailey, S., Postnatal care: exploring the views of first-time mothers, Community practitioner : the journal of the Community Practitioners' & Health Visitors' Association, 83, 26-29, 2010	Paper not exclusively about breastfeeding.
Ball, H. L., Breastfeeding, bed-sharing, and infant sleep, Birth, 30, 181-8, 2003	Most findings are quantitative. Qualitative findings are not specific to the antenatal period or to the first 8 weeks postpartum. Interviews were carried out when infants were aged 1 and 3 months.
Battersby, S., Breastfeeding peer support: Implications for midwives, Practising Midwife, 11, 32-35, 2008	Population - health care professionals.
Battersby, S., The Worldly Wise project. A different approach to breastfeeding support, Practising Midwife, 4, 30-1, 2001	Unclear what time point postnatally interviews happened.
Beake, S., Bick, D., Narracott, C., Chang, Y. S., Interventions for women who have a caesarean birth to increase uptake and duration of breastfeeding: A systematic review, Maternal and Child Nutrition, 13 (4) (no pagination), 2017	1 study from the UK - was not a qualitative study.
Beake, S., McCourt, C., Bick, D., Women's views of hospital and community-based postnatal care: the good, the bad and the indifferent, Evidence Based Midwifery, 3, 80-86, 2005	Paper not exclusively about breastfeeding.
Beake, S., Pellowe, C., Dykes, F., Schmied, V., Bick, D., A systematic review of structured compared with non-structured breastfeeding programmes to support the initiation and duration of exclusive and any breastfeeding in acute and primary health care settings, Database of Abstracts of Reviews of Effects, 141-161, 2012	Only quantitative studies were included, even if the review authors considered qualitative studies for inclusion.
Beake,S., Rose,V., Bick,D., Weavers,A., Wray,J., A qualitative study of the experiences and expectations of women receiving in-patient postnatal care in one English maternity unit, BMC Pregnancy and Childbirth, 10, 70-, 2010	Paper not exclusively about breastfeeding.
Bell, C., Watson, L., An initiative to promote and support breastfeeding, Health visitor, 70, 294-294, 1997	Editorial.
Bell, C., Watson, L., Fillery, D., Barnett, A., The Mothercraft Breastfeeding Support Nursery Nurse Project, RCM Midwives Journal, 3, 82-83, 2000	Feature article.

Study	Reason for exclusion
Bennett, Viv, Breastfeeding mums can get advice through Alexa, Nursing Children & Young People, 14-14, 2018	Unavailable.
Berk, Laura Ellen, If breast is best, why stop now? using the grounded theory method to understand why primiparous mothers stop breastfeeding earlier than planned, Dissertation Abstracts International: Section B: The Sciences and Engineering, 71, 5781, 2011	Dissertation.
Berridge, K., McFadden, K., Abayomi, J., Topping, J., Views of breastfeeding difficulties among drop-in-clinic attendees, Maternal & Child Nutrition, 1, 250-62, 2005	Not specific to the antenatal period or to the first 8 weeks postpartum. Babies' age ranged from 4 days to 5 months.
Bigger, M. T., Long, A., Breastfeeding education for health professionals, Journal of Community Nursing, 22, 4-8, 2008	Population - Health care professionals.
Blair, P. S., Bed-sharing and breastfeeding, the importance of giving the correct advice, Acta Paediatrica, International Journal of Paediatrics, 105, 570-571, 2016	Editorial.
Blair-Stevens, T., Cork, S., "Who wants to eat in a toilet?" A social marketing approach to breast-feeding in public places and at work, The journal of family health care, 18, 167-170, 2008	Summary of qualitative work, not a report of the qualitative work itself.
Blaney, C. L., Involving men after pregnancy, Network, 17, 22-5, 1997	Unavailable.
Blenkinsop, A., Specialist support for breastfeeding: becoming a lactation consultant, RCM midwives journal : official journal of the Royal College of Midwives, 5, 183-185, 2002	Report.
Bowes, A. , and Domokos, T. M., Negotiating Breast-Feeding: Pakistani Women, White Women and their Experiences in Hospital and at Home, Sociological Research Online, 3, 1998	Data collection took place in 1994-5.
Boyer, K., "The way to break the taboo is to do the taboo thing" breastfeeding in public and citizen-activism in the UK, Health & Place, 17, 430-7, 2011	Not specific to antenatal period or to first 8 weeks postpartum.
Boyer, K., Affect, corporeality and the limits of belonging: Breastfeeding in public in the contemporary UK, Health and Place, 18, 552-560, 2012	Themes not on information or support, more location of feeding outside the home.
Britton, C., Clinical issues. The influence of antenatal information on breastfeeding experiences, British Journal of Midwifery, 6, 312-315, 1998	Not specific to the antenatal period or to the first 8 weeks postpartum.

Study	Reason for exclusion
Brooker, S., Infant Feeding Survey 2000. A review of the findings from this new report, The practising midwife, 5, 24-26, 2002	Study design - not qualitative.
Brown, A., Breastfeeding as a public health responsibility: a review of the evidence, Journal of Human Nutrition & Dietetics, 30, 759-770, 2017	Literature review.
Brown, A., What do women really want? Lessons for breastfeeding promotion and education, Breastfeeding Medicine, 11, 102-110, 2016	Not specific to the antenatal period or to the first 8 weeks postpartum.
Brown, A., Davies, R., Fathers' experiences of supporting breastfeeding: Challenges for breastfeeding promotion and education, Maternal and Child Nutrition, 10, 510-526, 2014	Not specific to the antenatal period or to the first 8 weeks postpartum.
Brown, A., Lee, M., An exploration of the attitudes and experiences of mothers in the united kingdom who chose to breastfeed exclusively for 6 months postpartum, Breastfeeding Medicine, 6, 197-204, 2011	Not specific to the antenatal period or to the first 8 weeks postpartum.
Brown, A., Raynor, P., Lee, M., Healthcare professionals' and mothers' perceptions of factors that influence decisions to breastfeed or formula feed infants: a comparative study, Journal of Advanced Nursing, 67, 1993-2003, 2011	Most of the themes are only relevant for the separate review on facilitators and barriers for breastfeeding. A small section would have been relevant for this review but was not extracted due to data saturation.
Brown, S., Peer support for breastfeeding: working with women in the community, Practising Midwife, 1, 20-22, 1998	Study design - not qualitative.
Brown,A., Raynor,P., Lee,M., Young mothers who choose to breast feed: The importance of being part of a supportive breast-feeding community, Midwifery, 27, 53-59, 2011	Not specific to the antenatal period or to the first 8 weeks postpartum. Mothers who completed a semi-structured interview had breastfed for at least 6 months.
Browne, S., Dundas, R., Wight, D., Assessment of the Healthy Start Voucher scheme: A qualitative study of the perspectives of low income mothers, The Lancet, 388 (SPEC.ISS 1), 12, 2016	Abstract.
Burden,B., Privacy or help? The use of curtain positioning strategies within the maternity ward environment as a means of achieving and maintaining privacy, or as a form of signalling to peers and professionals in an attempt to seek information or support, Journal of Advanced Nursing, 27, 15-23, 1998	Paper not exclusively about breastfeeding.
Burgess, J., Breast feeding: the baby friendly initiative. Support must continue beyond	Letter to editor.

Study	Reason for exclusion
hospital, BMJ (Clinical research ed.), 317, 1385, 1998	
Bylaska-Davies, Paula, Exploring the effect of mass media on perceptions of infant feeding, Health care for women international, 36, 1056-1070, 2015	Study was conducted in the United States.
Cabieses, B., Waiblinger, D., Santorelli, G., McEachan, R. R. C., What factors explain pregnant women's feeding intentions in Bradford, England: A multi-methods, multi-ethnic study, BMC Pregnancy and Childbirth, 14 (1) (no pagination), 2014	Themes not relevant - qualitative part on study was on why women intend to breastfeed.
Callaghan, Jane E. M., Lazard, Lisa.,Please don't put the whole dang thing out there!: A discursive analysis of internet discussions around infant feeding, Psychology & health, 27, 938-955, 2012	Paper not exclusively about breastfeeding.
Campbell, C. M. A., Pay attention to the first week, BMJ (Online), 338, 557, 2009	Editorial.
Campbell, H., Gorman, D., Wigglesworth, A., Audit of the support for breastfeeding mothers in Fife maternity hospitals using adapted 'Baby Friendly Hospital' materials, Journal of Public Health Medicine, 17, 450-454, 1995	Not qualitative - survey of healthcare professionals.
Canicali Primo, Cândida, de Oliveira Nunes, Bruna, de Fátima Almeida Lima, Eliane, Costa Leite, Franciele Marabotti, Barros de Pontes, Monica, Gomes Brandão, Marcos Antônio, Which factors influence women in the decision to breastfeed?, Investigacion & Educacion en Enfermeria, 34, 198-210, 2016	Review, no relevant qualitative papers included.
Carr, S. M., Lhussier, M., Forster, N., Geddes, L., Deane, K., Pennington, M., Visram, S., White, M., Michie, S., Donaldson, C., Hildreth, A., An evidence synthesis of qualitative and quantitative research on component intervention techniques, effectiveness, cost-effectiveness, equity and acceptability of different versions of health-related lifestyle advisor role in improving health, Health Technology Assessment, 15, 1-284, 2011	Systematic review - 2 studies on breastfeeding, both not UK based.
Cash, Keith, Breastfeeding beliefs of low-income primigravidae, International journal of nursing studies, 34, 144-150, 1997	No relevant themes about information or support.
Caswell, H., A summary of the Infant Feeding Survey, Nutrition Bulletin, 33, 47-52, 2008	Study design - not qualitative.
Chamberlain, R., Newburn, M., The more things change, The practising midwife, 2, 27-29, 1999	Paper not exclusively about breastfeeding.

Study	Reason for exclusion
Chang, Y. S., Davie, P., Sayer, L., Donetto, S., Robert, G., Bick, D., Supporting overweight and obese women to breastfeed: Experiences and perspectives of midwives, Maternal and Child Nutrition. Conference, 14, 2017	Conference abstract.
Chapman, T., Pincombe, J., Harris, M., Antenatal breast expression: A critical review of the literature, Midwifery, 29, 203-210, 2013	Literature review.
Charlick, Samantha J., McKellar, Lois, Fielder, Andrea, Pincombe, Jan, Interpretative Phenomenological Analysis: Implementing Research to Influence Breastfeeding Education, International Journal of Childbirth Education, 30, 49-54, 2015	Study design - not qualitative.
Cheung, N. F., Chinese zuo yuezi (sitting in for the first month of the postnatal period) in Scotland, Midwifery, 13, 55-65, 1997	Paper not exclusively about breastfeeding.
Chin, N. P., Cuculick, J., Starr, M., Panko, T., Widanka, H., Dozier, A., Deaf mothers and breastfeeding: do unique features of deaf culture and language support breastfeeding success?, Journal of human lactation : official journal of International Lactation Consultant Association, 29, 564-571, 2013	Study was conducted in the United States.
Choudhry, K., Wallace, L. M., 'Breast is not always best': South Asian women's experiences of infant feeding in the UK within an acculturation framework, Maternal and Child Nutrition, 8, 72-87, 2012	Not specific to the antenatal period or to the first 8 weeks postpartum. Women were either expecting a baby or already with a child under the age of 5. Breastfeeding duration ranged from formula feeding from birth to breastfeeding for 5 months or more.
Cleminson, J., Oddie, S., Renfrew, M. J., McGuire, W., Being baby friendly: Evidence-based breastfeeding support, Archives of Disease in Childhood: Fetal and Neonatal Edition, 100, F173-F178, 2015	Study design - not qualitative.
Clift-Matthews, V., Good advice: 'breast is best' and 'an apple a day...', British Journal of Midwifery, 15, 532-532, 2007	Editorial.
Coates, R., Ayers, S., de Visser, R., Women's experiences of postnatal distress: A qualitative study, BMC Pregnancy and Childbirth, 14 (1) (no pagination), 2014	Not specific to the antenatal period or to the first 8 weeks postpartum.
Condon, L. J., McClean, S., Maintaining pre-school children's health and wellbeing in the UK: a qualitative study of the views of migrant parents, Journal of Public Health, 39, 455-463, 2017	Paper not exclusively about breastfeeding.

Study	Reason for exclusion
Condon, L. J., Salmon, D., 'You likes your way, we got our own way': Gypsies and Travellers' views on infant feeding and health professional support, Health ExpectationsHealth Expect, 18, 784-95, 2015	Not in the antenatal or first 8 weeks postnatal periods – retrospective.
Condon, L., Ingram, J., Increasing support for breastfeeding: What can Children's Centres do?, Health and Social Care in the Community, 19, 617-625, 2011	Unclear what time point postnatally interviews happened.
Condon, L., Ingram, J., Hamid, N., Hussein, A., Cultural influences on breastfeeding and weaning, Community Practitioner, 76, 344-349, 2003	No relevant themes about information or support.
Condon, L., Rhodes, C., Warren, S., Withall, J., Tapp, A., 'But is it a normal thing?' Teenage mothers' experiences of breastfeeding promotion and support, Health Education Journal, 72, 156-162, 2013	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers with children up to 2 years old.
Copeland, L., Merrett, L., Grant, A., Phillips, R., Tedstone, S., Sanders, J., Robling, M., Rollnick, S., Gobat, N., Hunter, B., Paranjothy, S., Mam-Kind, a novel peer support intervention of motivational interviewing for breastfeeding maintenance: A feasibility study in the UK, The Lancet, 388 (SPEC.ISS 1), 38, 2016	Conference Abstract.
Copeland, L., Merrett, L., Grant, A., Phillips, R., Tedstone, S., Sanders, J., Robling, M., Rollnick, S., Gobat, N., Hunter, B., Playle, R., Trickey, H., Brown, A., Fitzsimmons, D., Paranjothy, S., Mam-kind study: A novel peer support intervention using motivational interviewing for breastfeeding maintenance: A U.K. feasibility study, Maternal and Child Nutrition. Conference, 14, 2017	Conference Abstract.
Costa, M., A group for new mums and their views on breast-feeding, The journal of family health care, 17, 138, 2007	Letter.
Crossland, N., Thomson, G., Morgan, H., Dombrowski, S. U., Hoddinott, P., Incentives for breastfeeding and for smoking cessation in pregnancy: An exploration of types and meanings, Social Science and Medicine, 128, 10-17, 2015	Not specific to the antenatal period or to the first 8 weeks postpartum.
Crossland, N., Thomson, G., Morgan, H., MacLennan, G., Campbell, M., Dykes, F., Hoddinott, P., Breast pumps as an incentive for breastfeeding: a mixed methods study of acceptability, Maternal & Child Nutrition, 12, 726-39, 2016	Population - healthcare professionals.

Study	Reason for exclusion
Crossland, Nicola, Thomson, Gill, Morgan, Heather, Dombrowski, Stephan U., Hoddinott, Pat, Corrigendum to 'incentives for breastfeeding and for smoking cessation in pregnancy: An exploration of types and meanings', Social Science & Medicine, 128, 272, 2015	Addendum.
Curtis,P., Woodhill,R., Stapleton,H., The peer-professional interface in a community-based, breast feeding peer-support project, Midwifery, 23, 146-156, 2007	Population - healthcare professionals.
Darwent, K. L., McInnes, R. J., Swanson, V., The Infant Feeding Genogram: a tool for exploring family infant feeding history and identifying support needs, 16, 315, 2016	This study focuses on two women only as case examples.
Datta, Jessica, Graham, Berni, Wellings, Kaye, The role of fathers in breastfeeding: Decision-making and support, British Journal of Midwifery, 20, 159-167, 2012	No relevant themes about information or support.
Davies, J., Completing the maternity jigsaw, Practising Midwife, 11, 12-4, 2008	Discussion paper.
Davis, C., Breastfeeding support, Nursing standard (Royal College of Nursing (Great Britain) : 1987), 25, 61, 2011	Editorial.
Deave, T., Johnson, D., Ingram, J., Transition to parenthood: The needs of parents in pregnancy and early parenthood, BMC Pregnancy ChildbirthBMC pregnancy and childbirth, 8 (no pagination), 2008	Paper not exclusively about breastfeeding.
Dickens, V., Every drop counts: report of a study day: understanding and supporting preterm breastfeeding for optimal nutrition -- Bristol, 6 July 2007, MIDIRS Midwifery Digest, 17, 422-425, 2007	Overview of presentations given on a study day.
Douglas, N., Befriending breastfeeding: a home-based antenatal pilot for south Asian families, Community practitioner : the journal of the Community Practitioners' & Health Visitors' Association, 85, 28-31, 2012	Study design - not qualitative.
Dykes, F., Government funded breastfeeding peer support projects: Implications for practice, Maternal and Child Nutrition, 1, 21-31, 2005	Study design, not qualitative.
Dykes, F., Western medicine and marketing: construction of an inadequate milk syndrome in lactating women, Health care for women international, 23, 492-502, 2002	Not specific to the antenatal period or to the first 8 weeks postpartum. Women were interviewed at 6, 12 and 18 weeks postpartum. Themes are not presented separately based on interview times. Breastfeeding duration varied and for some women it lasted more than 8 weeks.

Study	Reason for exclusion
Dykes, F., Richardson-Foster, H., Crossland, N., Thomson, G., 'Dancing on a thin line': evaluation of an infant feeding information team to implement the WHO code of marketing of breast-milk substitutes, Midwifery, 28, 765-71, 2012	Population - views of healthcare professionals.
Dykes, Fiona, Review of Militant lactivism? Attachment parenting and intensive motherhood in the UK and France, Sociology of Health & Illness, 35, 1128-1129, 2013	Not exclusively about breastfeeding.
Dykes,F., 'Supply' and 'demand': breastfeeding as labour, Social Science and Medicine, 60, 2283-2293, 2005	No relevant themes about information or support.
Dykes,F., Williams,C., Falling by the wayside: a phenomenological exploration of perceived breast-milk inadequacy in lactating women, Midwifery, 15, 232-246, 1999	Not specific to the antenatal period or to the first 8 weeks postpartum. Women were interviewed at 6, 12 and 18 weeks postpartum, and the author did not separate findings from different interview times.
Dyson, L., Green, J. M., Renfrew, M. J., McMillan, B., Woolridge, M., Factors influencing the infant feeding decision for socioeconomically deprived pregnant teenagers: the moral dimension, Birth, 37, 141-9, 2010	No relevant themes about information or support.
Earle, S., Why some women do not breast feed: bottle feeding and fathers' role, Midwifery, 16, 323-330, 2000	Not specific to the antenatal period or to the first 8 weeks postpartum. Women were interviewed both in pregnancy and between 6 and 14 weeks postpartum, and the findings for pregnant women are not presented separately for the postnatal findings.
Earle, S., Factors affecting the initiation of breastfeeding: Implications for breastfeeding promotion, Health promotion international, 17, 205-214, 2002	Not specific to the antenatal period or to the first 8 weeks postpartum. Women were interviewed both in pregnancy and between 6 and 14 weeks postpartum, and the findings for pregnant women are not presented separately from the postnatal findings.
Earle, Sarah, Hadley, Robin, A systematic review of men's views and experiences of infant feeding: implications for midwifery practice, MIDIRS Midwifery Digest, 28, 91-97, 2018	Included studies were checked for inclusion in the present review. Some of the studies were conducted outside the UK and therefore were not relevant. The following studies were conducted in the UK but were excluded (please see relevant row in this table for exclusion reason): Brown 2014, Datta 2012, Henderson 2011, Hoddinott 2012, Okon 2004, Sherriff 2011, Sherriff 2014. The primary publication of this study was included in the present review: Sherriff 2009.
Ebersold, S. L., Murphy, S. D., Paterno, M. T., Sauvager, M. D., Wright, E. M., Nurses and	Study design, not qualitative.

Study	Reason for exclusion
breastfeeding: are you being supportive?, Nursing for Women's Health, 11, 482-487, 2007	
Edmunds, A., Nevill, C., Breastfeeding and expressing for a sick or premature baby: an overview of 500 women's experiences, Journal of Neonatal Nursing, 14, 139-143, 2008	This paper was checked to see if there was data relating to healthy preterm multiple pregnancies, but there is no mention of multiple pregnancies.
Elliott, H., Gunaratnam, Y., Talking about breastfeeding: Emotion, context and 'good' mothering, Practising Midwife, 12, 40-46, 2009	Whole paper not specific to the antenatal period or to the first 8 weeks postpartum.
England, R., Doughty, K., Genc, S., Putkeli, Z., Working with refugees: Health education and communication issues in a child health clinic, Health Education Journal, 62, 359-368, 2003	Study design - not specifically on postnatal feeding but children under 5 eating in general.
Entwistle, F., Kendall, S., Mead, M., Breastfeeding support - the importance of self-efficacy for low-income women, Maternal and Child Nutrition, 6, 228-242, 2010	Not specific to the antenatal period or to the first 8 weeks postpartum. Breastfeeding duration ranged from 4 days to 14 weeks (a mother was interviewed at 14 weeks and was still breastfeeding).
Fahlquist, J. N., Experience of non-breastfeeding mothers: Norms and ethically responsible risk communication, Nursing Ethics, 23, 231-41, 2016	Not a UK based study.
Fahlquist, Jessica Nihlén, Experience of non-breastfeeding mothers, Nursing ethics, 23, 231-241, 2016	Not a UK based study.
Farah, Erin, Understanding how Women with Low Milk Supply Experience Breastfeeding, Understanding How Women with Low Milk Supply Experience Breastfeeding, 1-1, 2016	Dissertation.
Farrow, Alice, Lactation Support and the LGBTQI Community, Journal of Human Lactation, 31, 26-28, 2015	Study design - not qualitative.
Fern, Victoria Anne, Buckley, Emily, Grogan, Sarah, Women’s experiences of body image and baby feeding choices: Dealing with the pressure to be slender, British Journal of Midwifery, 22, 788-794 7p, 2014	On body image of feeding.
Finigan, V., Providing breastfeeding support to ethnically diverse groups of mothers, Professional nurse (London, England), 18, 524-528, 2003	Not specific to the antenatal period or to the first 8 weeks postpartum. Babies' age at time of interview was not reported.
Finigan, V., A day in the life of ... a consultant midwife for infant feeding, RCM Midwives, 14, 50, 2011	Editorial.
Finigan, V., Davies, S., 'I just wanted to love, hold him forever': women's lived experience of skin-to-skin contact with their baby immediately	Paper not exclusively about breastfeeding.

Study	Reason for exclusion
after birth, Evidence Based Midwifery, 2, 59-65, 2004	
Finigan, V., Long, T., Skin-to-skin contact: multicultural perspectives on birth fluids and birth 'dirt', International nursing review, 61, 270-277, 2014	Paper not exclusively about breastfeeding.
Fitzharris, L., An infant feeding journey, Community Practitioner, 89, 16-7, 2016	Editorial.
Foster, A., Foster, Alison, A topic in 10 questions. How to give feeding and nutrition support to new parents, Journal of Family Health Care, 22, 24-25, 2012	News article.
Fox, Rebekah, McMullen, Sarah, Newburn, Mary, UK women.s experiences of breastfeeding and additional breastfeeding support: a qualitative study of Baby Café services, BMC Pregnancy & Childbirth, 15, 1-12, 2015	Not specific to the antenatal period or to the first 8 weeks postpartum.
Fulton, C., Kentley, L., Swift, S., Breastfeeding support: in a deprived area, Community Practitioner, 71, 172-174, 1998	Study design - not qualitative.
Furber, C. M., Thomson, A. M., The power of language: a secondary analysis of a qualitative study exploring English midwives' support of mother's baby-feeding practice, Midwifery, 26, 232-240, 2010	Population - healthcare professionals.
Furber, C. M., Thomson, A. M., The emotions of integrating breastfeeding knowledge into practice for English midwives: A qualitative study, International Journal of Nursing Studies, 45, 286-297, 2008	Population - healthcare professionals.
Furber,C.M., Thomson,A.M., 'Breaking the rules' in baby-feeding practice in the UK: deviance and good practice?, Midwifery, 22, 365-376, 2006	Population - healthcare professionals.
Gallagher, J., James, D., Infant feeding in the north east of England: Stories, choice and influence, Maternal and Child Nutrition. Conference, 14, 2017	Conference Abstract.
Gallegos, Danielle, Russell-Bennett, Rebekah, Previte, Josephine, An innovative approach to reducing risks associated with infant feeding: The use of technology, Journal of Nonprofit & Public Sector Marketing, 23, 327-347, 2011	Study was conducted in Australia.
Giles, M., Connor, S., McClenahan, C., Mallet, J., Attitudes to breastfeeding among adolescents, Journal of Human Nutrition & Dietetics, 23, 285-93, 2010	Population - school children’s thoughts on breastfeeding.
Grainger, Angela, Joseph, Joanne, Sherring, Nicola, The role of midwifery care support	Information document on being a midwifery care support worker.

Study	Reason for exclusion
workers (MCSWs) in breast feeding, British Journal of Healthcare Assistants, 9, 386-393, 2015	
Griffin,Richard, Richardson,Margaret, Morris-Thompson,Trish, An evaluation of the impact of maternity support workers, British Journal of Midwifery, 20, 884-889, 2012	Paper not exclusively about breastfeeding.
Guyer, Julie, J. Millward, Lynne, Berger, Israel, Mothers' breastfeeding experiences and implications for professionals, British Journal of Midwifery, 20, 724-733, 2012	No relevant themes - Mothers breastfeeding experiences and implications for professionals.
Halliday, J., Wilkinson, T., Young, vulnerable and pregnant: family support in practice, Community Practitioner, 82, 27-30, 2009	Paper not exclusively about breastfeeding.
Hargreaves, Kelda, Crozier, Kenda, A conceptual understanding of the factors that influence breastfeeding cessation, Evidence Based Midwifery, 11, 81-87, 2013	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers with children 6 to 28 months.
Hawkins, A., Heard, S., An exploration of the factors which may affect the duration of breastfeeding by first time mothers on low incomes -- a multiple case study, MIDIRS Midwifery Digest, 11, 521-526, 2001	Many of the themes are relevant, but given the age of the paper and that there were no new themes, this paper was excluded due to data saturation.
Henderson, L., McMillan, B., Green, J. M., Renfrew, M. J., Men and infant feeding: perceptions of embarrassment, sexuality, and social conduct in white low-income British men, Birth (Berkeley, Calif.), 38, 61-70, 2011	No relevant themes about information or support.
Herron, Maria, Sinclair, Marlene, Kernohan, W. George, Stockdale, Janine, Tapping into authentic presence: key components arising from a concept analysis of online breastfeeding support, Evidence Based Midwifery, 13, 76-83, 2015	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers with children under 1 year and not all women from the UK.
Higginbottom, G., Breastfeeding and black women: a UK investigation, Health visitor, 71, 12-15, 1998	Not specific to the antenatal period or to the first 8 weeks postpartum. Participants had breast fed their infants in the previous 5 years or were currently breastfeeding. Duration of breastfeeding was not reported.
Higginbottom, G. M., Breast-feeding experiences of women of African heritage in the United Kingdom, Journal of transcultural nursing : official journal of the Transcultural Nursing Society / Transcultural Nursing Society, 11, 55-63, 2000	Study design - not qualitative study.
Higham, B., La Leche League: The ultimate mother's help, Practising Midwife, 9, 22, 2006	Editorial.

Study	Reason for exclusion
Hinton, L., Locock, L., Knight, M., Maternal critical care: what can we learn from patient experience? A qualitative study, BMJ Open, 5, e006676, 2015	Paper not exclusively about breastfeeding.
Hoddinott, P., Britten, J., Lay support for breastfeeding [2], British Journal of General Practice, 56, 461-462, 2006	Letter.
Hoddinott, P., Britten, J., Pill, R., Why do interventions work in some places and not others: A breastfeeding support group trial, Social Science and Medicine, 70, 769-778, 2010	Population - healthcare professionals.
Hoddinott, P., Britten, J., Prescott, G. J., Tappin, D., Ludbrook, A., Godden, D. J., Effectiveness of policy to provide breastfeeding groups (BIG) for pregnant and breastfeeding mothers in primary care: cluster randomised controlled trial, BMJ (Clinical research ed.), 338, a3026, 2009	Study report - paper does not report the qualitative element to this study
Hoddinott, P., Chalmers, M., Pill, R., One-to-one or group-based peer support for breastfeeding? Women's perceptions of a breastfeeding peer coaching intervention, Birth, 33, 139-46, 2006	Not specific to the antenatal period or to the first 8 weeks postpartum. Interviews took place between 6 weeks and 8 months after birth.
Hoddinott, P., Craig, L. C. A., Britten, J., McInnes, R. M., A serial qualitative interview study of infant feeding experiences: Idealism meets realism, BMJ Open, 2 (2) (no pagination), 2012	Limited relevant information (paper did not provide comprehensive information). Excluded due to data saturation.
Hoddinott, P., Craig, L., MacLennan, G., Boyers, D., Vale, L., The FEeding Support Team (FEST) randomised, controlled feasibility trial of proactive and reactive telephone support for breastfeeding women living in disadvantaged areas, BMJ Open, 2 (2) (no pagination), 2012	Study design - not qualitative.
Hoddinott, P., Pill, R., Qualitative study of decisions about infant feeding among women in east end of London, British Medical Journal, 318, 30-34, 1999	No relevant themes about information or support.
Hoddinott, P., Thomson, G., Morgan, H., Crossland, N., Maclennan, G., Dykes, F., Stewart, F., Bauld, L., Campbell, M. K., Perspectives on financial incentives to health service providers for increasing breast feeding and smoking quit rates during pregnancy: A mixed methods study, BMJ Open, 5 (11) (no pagination), 2015	No relevant themes - How women and healthcare professionals feel about incentives for healthcare professionals meeting targets.
Hoddinott,P., Lee,A.J., Pill,R., Effectiveness of a breastfeeding peer coaching intervention in rural Scotland, Birth, 33, 27-36, 2006	Quantitative results. The study authors mention that there were some open questions in the survey; however, no qualitative findings are presented.

Study	Reason for exclusion
Hoddinott,P., Pill,R., A qualitative study of women's views about how health professionals communicate about infant feeding, Health Expectations, 3, 224-233, 2000	Many of the themes are relevant, but given the age of the paper and that there were no new themes, this paper was excluded due to data saturation.
Hoddinott,P., Pill,R., Chalmers,M., Health professionals, implementation and outcomes: reflections on a complex intervention to improve breastfeeding rates in primary care, Family Practice, 24, 84-91, 2007	Unclear what time point postnatally interviews happened.
Hopper, H., Skirton, H., Factors influencing the sustainability of volunteer peer support for breast-feeding mothers within a hospital environment: An exploratory qualitative study, Midwifery, 32, 58-65, 2016	Population: Healthcare professionals.
Huber,U., Sandall,J., Continuity of carer, trust and breastfeeding, MIDIRS Midwifery Digest, 16, 445-449, 2006	Paper not exclusively about breastfeeding.
Hufton, E., Raven, J., Exploring the infant feeding practices of immigrant women in the North West of England: A case study of asylum seekers and refugees in Liverpool and Manchester, Maternal and Child Nutrition, 12, 299-313, 2016	Not specific to the antenatal period or to the first 8 weeks.
Hughes, P., Rees, C., Clinical. Artificial feeding: choosing to bottle feed, British Journal of Midwifery, 5, 137-142, 1997	No relevant themes about information or support for breastfeeding.
Hunt, L., Peer support for breastfeeding: effective or affected?, The practising midwife, 13, 24, 26, 2010	Editorial.
Hunt, L., Thomson, G., Pressure and judgement within a dichotomous landscape of infant feeding: a grounded theory study to explore why breastfeeding women do not access peer support provision, Maternal and Child Nutrition, 13 (2) (no pagination), 2017	Not specific to the antenatal period or to the first 8 weeks postpartum.
Hunter, L., The views of women and their partners on the support provided by community midwives during postnatal home visits, Evidence Based Midwifery, 2, 20-27, 2004	Paper not exclusively about breastfeeding.
Hunter, L., Teenagers' experiences of postnatal care and breastfeeding, British Journal of Midwifery, 16, 785-790, 2008	This paper was excluded due to data saturation. It includes some findings on the importance of practical support for breastfeeding by health professionals. This theme is already covered by a more comprehensive paper on young women (Dykes 2003) that was included in the review.
Hunter, L., Magill-Cuerden, J., McCourt, C., Disempowered, passive and isolated: How teenage mothers' postnatal inpatient experiences in the UK impact on the initiation	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers with children between 2 weeks and 21 months.

Study	Reason for exclusion
and continuation of breastfeeding, Maternal and Child Nutrition, 11, 47-58, 2015	
Hunter, Louise, Magill-Cuerden, Julia, Young mothers' decisions to initiate and continue breastfeeding in the UK: tensions inherent in the paradox between being, but not being able to be seen to be, a good mother, Evidence Based Midwifery, 12, 46-51, 2014	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers with children between 2 weeks and 21 months.
Inch, S., Law, S., Wallace, L., Hands off! The Breastfeeding Best Start project (1), The practising midwife, 6, 17-19, 2003	Study design - not qualitative.
Inch, S., Law, S., Wallace, L., Hands off! The Breastfeeding Best Start Project (2), The practising midwife, 6, 24-25, 2003	Not a qualitative study design.
Ineichen, B., Pierce, M., Lawrenson, R., Teenage mothers as breastfeeders: attitudes and behaviour, Journal of Adolescence, 20, 505-9, 1997	Survey.
Ingram, J., The father factor: Men can make the difference, Practising Midwife, 11, 15-16, 2008	Discussion paper and literature review.
Ingram, J., Cann, K., Peacock, J., Potter, B., Exploring the barriers to exclusive breastfeeding in black and minority ethnic groups and young mothers in the UK, Maternal and Child Nutrition, 4, 171-180, 2008	Not specific to the antenatal period or to the first 8 weeks postpartum. The study aimed to explore the barriers to exclusive breastfeeding to 6 months.
Ingram, J., Johnson, D., Hamid, N., South Asian grandmothers' influence on breast feeding in Bristol, Midwifery, 19, 318-27, 2003	The qualitative part of the study was not specific to the antenatal period or to the first 8 weeks postpartum.
Ingram, J., Rosser, J., Jackson, D., Breastfeeding peer supporters and a community support group: evaluating their effectiveness, Maternal & Child Nutrition, 1, 111-8, 2005	Limited relevant information (paper did not provide comprehensive information). Excluded due to data saturation.
Ingram,J., Johnson,D., Using community maternity care assistants to facilitate family-focused breastfeeding support, Maternal and Child Nutrition, 5, 276-281, 2009	Limited relevant information (paper did not provide comprehensive information). Excluded due to data saturation.
Jeffries, D., Breastfeeding problems, British Journal of General Practice, 47, 401, 1997	Letter.
Johnson, A., Hilary Myers, lactation consultant, The practising midwife, 12, 28-29, 2009	This article describes the personal and professional experience of a lactation consultant.
Johnson, M., Whelan, B., Relton, C., Thomas, K., Strong, M., Scott, E., Renfrew, M. J., Valuing breastfeeding: A qualitative study of women's experiences of a financial incentive scheme for breastfeeding, BMC Pregnancy and Childbirth, 18 (1) (no pagination), 2018	Unclear what time point postnatally interviews happened.

Study	Reason for exclusion
Johnson, S., Leeming, D., Williamson, I., Lyttle, S., Maintaining the 'good maternal body': Expressing milk as a way of negotiating the demands and dilemmas of early infant feeding, Journal of Advanced Nursing, 69, 590-599, 2013	No relevant themes about information or support.
Johnson, S., Williamson, I., Lyttle, S., Leeming, D., Expressing yourself: A feminist analysis of talk around expressing breast milk, Social Science & MedicineSoc Sci Med, 69, 900-907, 2009	No relevant themes about information or support.
Johnson, Sally, Working with the tensions between critique and action in critical health psychology, 17-28, 2012	Study Design: Not qualitative study.
Jolly, K., Ingram, L., Freemantle, N., Khan, K., Chambers, J., Hamburger, R., Brown, J., Dennis, C. L., MacArthur, C., Effect of a peer support service on breast-feeding continuation in the UK: a randomised controlled trial, MIDIRS Midwifery Digest, 23, 231-232, 2013	Quantitative study.
Jones,E., Emmett,C., Spencer,S.A., An evaluation of preterm breastfeeding information and support, Infant, 5, 116-120, 2009	This paper was checked to see if there was relevant data on multiple pregnancies, but there was no mention of multiple pregnancies.
Jones,E., Jones,P., Dimmock,P., Spencer,A., Evaluating preterm breastfeeding training, Practising Midwife, 7, 19-4, 2004	The study was conducted in a neonatal intensive care unit, and the present review only covers healthy babies.
Jones-Hughes, C., Naughton, L., Changing attitudes, Community Practitioner, 87, 18-9, 2014	News article.
Kaunonen, Marja, Hannula, Leena, Tarkka, Marja-Terttu, A systematic review of peer support interventions for breastfeeding, Journal of Clinical Nursing, 21, 1943-1954, 2012	Included studies that were qualitative or used a combination of qualitative and quantitative methods were checked for inclusion in the present review. The primary publication of Ingram 2004 was included in the present review. Some studies were not conducted in the UK and therefore were not relevant. The following studies were conducted in the UK but were excluded from the present review (see relevant rows in this table for exclusion reasons): Scott 2003, Raine 2003, Alexander 2003, Finigan 2003, Hoddinott 2006a, Hoddinott 2006b, Muirhead 2006.
Keeling, June, Exploring women's experiences of domestic violence: Injury, impact and infant feeding, British Journal of Midwifery, 20, 843-848, 2012	Paper not exclusively about breastfeeding.
Lagan, B. M., Symon, A., Dalzell, J., Whitford, H., 'The midwives aren't allowed to tell you': perceived infant feeding policy restrictions in a	Data saturation. Mainly themes on formula feeding.

Study	Reason for exclusion
formula feeding culture - the Feeding Your Baby Study, Midwifery, 30, e49-e55, 2014	
Lakshman, R., Griffin, S., Hardeman, W., Schiff, A., Kinmonth, A. L., Ong, K. K., Using the Medical Research Council Framework for the Development and Evaluation of Complex Interventions in a Theory-Based Infant Feeding Intervention to Prevent Childhood Obesity: The Baby Milk Intervention and Trial, Journal of Obesity, 2014 (no pagination), 2014	Study design - not qualitative.
Lakshman, R., Landsbaugh, J. R., Schiff, A., Cohn, S., Griffin, S., Ong, K. K., Developing a programme for healthy growth and nutrition during infancy: understanding user perspectives, Child: care, health and development, 38, 675-682, 2012	Not specific to the antenatal period or to the first 8 weeks after birth.
Lakshman, R., Ogilvie, D., Ong, K. K., Mothers' experiences of bottle-feeding: a systematic review of qualitative and quantitative studies, Archives of Disease in Childhood, 94, 596-601, 2009	Included studies were assessed for inclusion in the present review. There were 4 qualitative studies from the UK (Bailey 2004, Cloherty 2004, Earle 2000, Lee 2007). Bailey 2004, Earle 2000 and Lee 2007 were excluded from the present review (see exclusion reason in relevant row if this table). The primary publication of Cloherty 2004 was included in the present review.
Lavender, T., McFadden, C., Baker, L., Breastfeeding and family life, Maternal & Child Nutrition, 2, 145-55, 2006	Not specific to the antenatal period or to the first 8 weeks postpartum. Duration of breastfeeding ranged from 1 week to 32 weeks.
Lavender, T., Thompson, S., Wood, L., Supporting teenage mothers with breastfeeding guardians, British Journal of Midwifery, 13, 354-359, 2005	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers with children up to 224 days old.
Lawton, Kath, Robinson, Ann, Midwives' experiences of helping women struggling to breastfeed, British Journal of Midwifery, 24, 248-253, 2016	Population - Healthcare professionals.
Lazenbatt, A., Sinclair, M., Salmon, S., Calvert, J., Telemedicine as a support system to encourage breast-feeding in Northern Ireland, Journal of telemedicine and telecare, 7, 54-57, 2001	Study design - not qualitative.
Lee, E., Health, morality, and infant feeding: British mothers' experiences of formula milk use in the early weeks, Sociology of Health & Illness, 29, 1075-90, 2007	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers with children under 1 year.
Lee, E. J., Infant feeding in risk society, Health, Risk and Society, 9, 295-309, 2007	Not specific to the antenatal period or to the first 8 weeks postpartum. Participants were selected because they used formula milk to feed their

Study	Reason for exclusion
	babies wholly or in part when their babies were aged 0 to 3 months.
Lee, E. J., Living with risk in the age of 'intensive motherhood': maternal identity and infant feeding, Health, Risk & Society, 10, 467-477, 2008	Study design - not qualitative.
Leeming, D., Williamson, I., Lyttle, S., Johnson, S., Socially sensitive lactation: Exploring the social context of breastfeeding, Psychology & Health, 28, 450-468, 2013	Themes in this paper are only relevant for a separate review on facilitators and barriers for initiating and continuing breastfeeding.
Leung, Georgine, Cultural considerations in postnatal dietary and infant feeding practices among Chinese mothers in London, British Journal of Midwifery, 25, 18-24, 2017	No relevant themes about information or support.
Locke, Abigail, 'Natural versus taught': Competing discourses in antenatal breastfeeding workshops, Journal of Health Psychology, 14, 435-446, 2009	No relevant themes about information or support.
Lopez-Bassols, Indira, Supporting breastfeeding, one mother and baby at a time, Community Practitioner, 86, 36-37, 2013	Editorial.
Ly, K., Breastfeeding: supporting work throughout the year, Community practitioner : the journal of the Community Practitioners' & Health Visitors' Association, 83, 14-15, 2010	News Feature.
Lyons, S., Smith, D., Currie, S., Peters, S., Lavender, D. T., Understanding how to support breastfeeding behaviour in women with a BMI >=30 kg/m², Maternal and Child Nutrition. Conference, 14, 2017	Conference Abstract.
MacGregor, E., Hughes, M., Breastfeeding experiences of mothers from disadvantaged groups: a review, Community Practitioner, 83, 30-3, 2010	Included studies conducted in the UK were assessed for inclusion in the present review. The primary publications of Dykes 2003 and Whelan 1998 were included in the present review. Scott 2003, Bailey 2003, and Hoddinott 1999 were excluded (please see exclusion reason in relevant row of this table).
MacVicar, S., Kirkpatrick, P., The effectiveness and maternal satisfaction of breast-feeding support for women from disadvantaged groups: A comprehensive systematic review, JBI Database of Systematic Reviews and Implementation Reports, 12, 420-476, 2014	Included studies that were qualitative and conducted in the UK were assessed for inclusion in the present review. The primary publications of Condon 2012, Dykes 2003 and Whelan 1998 were included in the present review. Bailey 2004, Entwistle 2010, Hunter 2008, McFadden 2006 were excluded, see exclusion reasons in relevant rows of this table. The abstract of Ingram 2002 was checked but no full text was requested because the abstract indicated that this was a quantitative study.

Study	Reason for exclusion
MacVicar, S., Kirkpatrick, P., Humphrey, T., Forbes-McKay, K. E., Supporting Breastfeeding Establishment among Socially Disadvantaged Women: A Meta-Synthesis, Birth (Berkeley, Calif.), 42, 290-298, 2015	Included studies were checked for inclusion in the present review. Four studies were conducted in the UK. Bailey 2004, Entwistle 2010 and McFadden.
MacVicar,S., Wilcock,S., The effectiveness and maternal satisfaction of interventions supporting the establishment of breast-feeding for women from disadvantaged groups: A comprehensive systematic review protocol, JBI Database of Systematic Reviews and Implementation Reports, 11, 48-63, 2013	Study design - Systematic review protocol.
Mahon-Daly, P., Andrews, G. J., Liminality and breastfeeding: women negotiating space and two bodies, Health & Place, 8, 61-76, 2002	It is unclear if the themes in the study refer to the first 8 weeks postpartum. Participant observation of a support group was the data collection method, complemented by interviews with women who wanted to talk further, but it is unclear how long after birth mothers attended the support group and the interviews.
Manchester, A., Every baby's right, Nursing New Zealand (Wellington, N.Z, : 1995). 3, 26-27, 1997	Study not in UK.
Marshall, J., Infant feeding. 3. Skills to support infant feeding, The practising midwife, 15, 43-46, 2012	Discussion paper and literature review.
Marshall, J. L., Godfrey, M., Renfrew, M. J., Being a 'good mother': Managing breastfeeding and merging identities, Social Science and Medicine, 65, 2147-2159, 2007	Some relevant information (paper did not provide comprehensive information). Excluded due to data saturation.
Martyn, T., How mothers choose babymilk brands, Modern midwife, 7, 10-14, 1997	Not relevant study aim ('to explore the influences determining how and why mothers choose one brand of baby milk rather than another').
Mason, L., Inconsistent breastfeeding advice photograph...October issue of the British Journal of Midwifery, British Journal of Midwifery, 10, 776-776, 2002	Letter.
McFadden, A., Atkin, K., Renfrew, M. J., The impact of transnational migration on intergenerational transmission of knowledge and practice related to breast feeding, Midwifery, 30, 439-46, 2014	Not specific to the antenatal period or to the first 8 weeks postpartum. Participants were grandmothers and mothers who had breast fed within the previous five years. The length of time mothers had breastfed their youngest child ranged from 2 days to 2 years.
McFadden, A., Renfrew, M. J., Atkin, K., Does cultural context make a difference to women's experiences of maternity care? A qualitative study comparing the perspectives of breast-feeding women of Bangladeshi origin and health practitioners, Health Expectations, 16, e124-35, 2013	Not specific to the antenatal period or to the first 8 weeks postpartum. Age of youngest child was between 3 weeks and 6 years.

Study	Reason for exclusion
McFadden, A., Renfrew, M. J., Dykes, F., Burt, S., Assessing learning needs for breastfeeding: setting the scene, Maternal & Child Nutrition, 2, 196-203, 2006	Study design - not qualitative.
McFadden, A., Toole, G., Exploring women's views of breastfeeding: a focus group study within an area with high levels of socio-economic deprivation, Maternal and Child Nutrition, 2, 156-168, 2006	Not specific to the antenatal period or to the first 8 weeks postpartum. Inclusion criteria were women who had one or more children under 4 years old or who were pregnant at the time of the study. Themes for pregnant women were not separated from themes for women in the postnatal period. The length of time that women had breastfed ranged from 1 day to over 1 year.
McFadden, Alison, Renfrew, Mary J., Atkin, Karl, Using qualitative research findings to analyse how breastfeeding public health recommendations can be tailored to meet the needs of women of Bangladeshi origin living in England, Journal of Research in Nursing, 17, 159-178, 2012	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers who had breastfeed within the last 3 years.
McFadden,C., Baker,L., Lavender,T., Exploration of factors influencing women's breastfeeding experiences following a caesarean section, Evidence Based Midwifery, 7, 64-70, 2009	This paper focused on early breastfeeding experiences right after a caesarean section. The NICE guideline on caesarean section already recommends to provide additional support for starting breastfeeding after a caesarean section, so this paper was excluded due to overlap with the caesarean section guideline.
McInnes, R. J., Chambers, J. A., Supporting breastfeeding mothers: Qualitative synthesis, Journal of Advanced Nursing, 62, 407-427, 2008	Included studies from the UK were assessed for inclusion in the present review. The primary publications of the following studies were included: Cloherty 2004, Dykes 2003, Dykes 2005b, Graffy 2005, Stewart-Knox 2003, and Whelan 1998. The following studies were excluded (see exclusion reason in relevant rows of this table): Bailey 2004, Bailey 2007, Condon 2003, Dykes 1999, Dykes 2002, Dykes 2005a, Furber 2006, Furber 2008, Hall Moran 2006, Higginbottom 1998, Hoddinott 1999, Hoddinott 2000, Huber 2006, Mahon-Daly 2002, Pain 2001, Scott 2003, Shakespeare 2004, Shaw 2003, Smale 2006. The abstract for Tennant 2006 was checked but a full text was not requested because this study is about the views of health professionals and lay counsellors rather than about the views of parents receiving information or support.
McInnes, R. J., Gillespie, N., Hall Moran, V., Crossland, N., Hoddinott, P., The BABI study: Breastfeeding and breastpumps interventions, Maternal and Child Nutrition. Conference, 14, 2017	Conference Abstract.

Study	Reason for exclusion
McInnes, R. J., Hoddinott, P., Britten, J., Darwent, K., Craig, L. C., Significant others, situations and infant feeding behaviour change processes: a serial qualitative interview study, BMC Pregnancy & Childbirth, 13, 114, 2013	Not specific to the antenatal period or to the first 8 weeks postpartum. Interviews were conducted approximately 4 weekly from late pregnancy to 6 months after birth.
McInnes, R. J., Love, J. G., Stone, D. H., Evaluation of a community-based intervention to increase breastfeeding prevalence, Journal of Public Health Medicine, 22, 138-145, 2000	Study design - not qualitative.
McInnes, R. J., Stone, D. H., The process of implementing a community-based peer breast-feeding support programme: the Glasgow experience, Midwifery, 17, 65-73, 2001	Study design - not qualitative.
McInnes, R. J., Tappin, D. M., Value of milk tokens for breast feeding mothers should be increased [11], British Medical Journal, 313, 1484-1485, 1996	Letter.
McIntyre, E., Hiller, J. E., Turnbull, D., Attitudes towards infant feeding among adults in a low socioeconomic community: what social support is there for breastfeeding?, Breastfeeding Review, 9, 13-24, 2001	Study was conducted in Australia.
McKune, I., Supporting breastfeeding mothers, Paediatric nursing, 10, 17-18, 1998	Study design - not qualitative.
McLean, R., Nutrition in the under-fives pack: breast-feeding advice, British Journal of Midwifery, 10, 59-59, 2002	Editorial review.
Miller, Joyce, Beharie, Monica Christine, Simmenes, Elisabeth Berg, Taylor, Alison M., Way, Susan, Parent Reports of Exclusive Breastfeeding After Attending a Combined Midwifery and Chiropractic Feeding Clinic in the United Kingdom, Journal of evidence-based complementary & alternative medicine, 21, 85-91, 2016	Study design - not qualitative.
Monica, K. C., du Plessis, R. A., Discussion of the health benefits of breastfeeding within small groups, Community Practitioner, 84, 31-4, 2011	Limited relevant information (paper did not provide comprehensive information). Data saturation.
Moran VH, Dykes F, Burt S, Shuck C., Breastfeeding support for adolescent mothers: similarities and differences in the approach of midwives and qualified breastfeeding supporters, International Breastfeeding Journal, 1, 2006	Themes were identified from responses of midwives and qualified breastfeeding supporters.
Moran, V. H., Edwards, J., Dykes, F., Downe, S., A systematic review of the nature of support for breast-feeding adolescent mothers, Midwifery, 23, 157-171, 2007	Included studies were checked for inclusion in the present review. There were only two studies from the UK (Dykes 2003 and Lavender 2005). The primary publication for Dykes 2003 has been included in the present review. Lavender

Study	Reason for exclusion
	2005 was checked full text and excluded (please see exclusion reason in the list of excluded studies).
Moran, V. H., Morgan, H., Rothnie, K., MacLennan, G., Stewart, F., Thomson, G., Crossland, N., Tappin, D., Campbell, M., Hoddinott, P., Incentives to promote breastfeeding: a systematic review, Pediatrics, 135, e687-702, 2015	Systematic review - all included studies were set in the US except one (Thomson 2012) that was included.
More, Judy, Understand infant feeding to best support mothers' choices, Independent Nurse, 21-27, 2015	Discussion paper and literature review.
More, Judy, Understand infant feeding to best support mothers' choices, Independent Nurse, 3-7, 2016	Duplicate.
Morris, C., Zarate de la Fuente, G. A., Williams, C. E., Hirst, C., UK Views toward Breastfeeding in Public: An Analysis of the Public's Response to the Claridge's Incident, Journal of Human Lactation, 32, 472-80, 2016	No relevant population. Views of the public rather than views of mothers.
Morton, A., Breastfeeding: looking beyond the debate, Practising Midwife, 15, 30-3, 2012	Discussion paper, literature review and case report.
Muirhead, P. E., Butcher, G., Rankin, J., Munley, A., The effect of a programme of organised and supervised peer support on the initiation and duration of breastfeeding: a randomised trial, British Journal of General Practice, 56, 191-7, 2006	Quantitative study.
Murphy, E., 'Breast is bestâ€ ™: Infant feeding decisions and maternal deviance, Sociology of Health & Illness, 21, 187â€“208, 1999	No relevant themes about information and support for breastfeeding.
Murphy, Elizabeth, Risk, responsibility, and rhetoric in infant feeding, Journal of Contemporary Ethnography, 29, 291-325, 2000	Many of the themes are relevant, but given the age of the paper and that there were no new themes, this paper was excluded due to data saturation.
Murphy, Elizabeth, Expertise and forms of knowledge in the government of families, The Sociological Review, 51, 433-462, 2003	No data on information or support.
Neil, H., NCT Conference: making breastfeeding a reality. Effective breastfeeding support -- an impetus to act, Practising Midwife, 9, 37-40, 2006	Duplicate.
Neil, H., Effective breastfeeding support--an impetus to act, The practising midwife, 9, 37, 39-40, 2006	Discussion paper and literature review.
Nelson, A. M., A meta-synthesis related to infant feeding decision making, MCN, American	Included studies conducted in the UK were assessed for inclusion in the present review. Bailey 2004, Hughes 1997, Hoddinott 1999a,

Study	Reason for exclusion
Journal of Maternal Child Nursing, 37, 247-52, 2012	Hoddinott 1999b, Earle 2000, Earle 2002, Murphy 1999 were excluded, see exclusion reasons in relevant rows of this table.
Nolan, M., Couples' relationships and breastfeeding, Practising Midwife, 7, 37-9, 2004	Critical appraisal of a quantitative study conducted in Brazil on couples' relationships and breastfeeding.
Okon, M., Health promotion: partners' perceptions of breastfeeding, British Journal of Midwifery, 12, 387-393, 2004	Not specific to the antenatal period or to the first 8 weeks. The study authors do not specify when interviews were conducted.
Olander, E. K., Atkinson, L., Edmunds, J. K., French, D. P., The views of pre- and post-natal women and health professionals regarding gestational weight gain: An exploratory study, Sexual and Reproductive Healthcare, 2, 43-48, 2011	Not specific to breastfeeding.
Pain R, Bailey C, Mowl G. , Infant Feeding in North East England: Contested Spaces of Reproduction, Area, 33, 2001	Not specific to the antenatal period or to the first 8 weeks after birth. One baby was aged 11 months and the other babies were aged 4 to 14 weeks.
Paisley, S., Topic: Support for breastfeeding mothers, Journal of Clinical Excellence, 2, 68-71, 2000	Not qualitative study.
Pallotti, P., Supporting young mothers who want to breastfeed, Practising Midwife, 19, 8, 10-2, 2016	Not specific to the antenatal period or to the first 8 weeks after birth. This paper focused on mothers' experiences until weaning onto solid food.
Palmer, G., 'It's the belief that's important! Interview by Mary Stewart, The practising midwife, 6, 20-22, 2003	Interview.
Peacock-Chambers, E., Dicks, K., Sarathy, L., Brown, A. A., Boynton-Jarrett, R., Perceived Maternal Behavioral Control, Infant Behavior, and Milk Supply: A Qualitative Study, Journal of developmental and behavioral pediatrics : JDBP, 38, 401-408, 2017	Study was conducted in the United States.
Penfold, Julie, Free online resource offers support for breastfeeding women, Primary Health Care, 28, 8-9, 2018	Unavailable.
PhDmacVicar, Sonya, PhDhumphrey, Tracy, PhDforbes-McKay, Katrina E., Breastfeeding support and opiate dependence: A think aloud study, Midwifery, 50, 239-245, 2017	Population opiate dependent - also women were within 6 months post birth.
Phillips, Karen, A phenomenological study exploring the perceptions and lived experiences of first-time breast-feeding mothers, Ed.D., 340 p-340 p, 2010	Study was conducted in the United States.
Phillips, R., Copeland, L., Grant, A., Sanders, J., Gobat, N., Tedstone, S., Stanton, H., Merrett, L.,	Unclear when postnatally interviews happened.

Study	Reason for exclusion
Rollnick, S., Robling, M., Brown, A., Hunter, B., Fitzsimmons, D., Regan, S., Trickey, H., Paranjothy, S., Development of a novel motivational interviewing (MI) informed peer-support intervention to support mothers to breastfeed for longer, BMC Pregnancy and Childbirth, 18 (1) (no pagination), 2018	
Phipps, B., Phipps, Belinda, Peer support for breastfeeding in the UK, British Journal of General Practice, 56, 166-167, 2006	Discussion paper and literature review.
Potter, B., Women's experiences of managing mastitis, Community Practitioner, 78, 209-12, 2005	Not specific to the antenatal period or to the first 8 weeks postpartum - mothers on average 15 months postpartum.
Raine, P., Promoting breast-feeding in a deprived area: The influence of a peer support initiative, Health and Social Care in the Community, 11, 463-469, 2003	Not specific to the antenatal period or to the first 8 weeks postpartum.
Raine, Pamela and Woodward, P., Promoting breastfeeding : a peer support initiative., Community Practitioner, 76, 2003	Unclear if specific to the time period relevant for this review (antenatal period or first 8 weeks postpartum).
Rayment, J., McCourt, C., Vaughan, L., Christie, J., Trenchard-Mabere, E., Bangladeshi women's experiences of infant feeding in the London Borough of Tower Hamlets, Maternal & Child Nutrition, 12, 484-99, 2016	Not specific to the antenatal period or to the first 8 weeks postpartum.
Redshaw, M., Henderson, J., Learning the Hard Way: Expectations and Experiences of Infant Feeding Support, Birth-Issues in Perinatal Care, 39, 21-29, 2012	Some relevant information (paper did not provide comprehensive information). Excluded due to data saturation.
Renfrew, M. J., McFadden, A., Dykes, F., Wallace, L. M., Abbott, S., Burt, S., Anderson, J. K., Addressing the learning deficit in breastfeeding: Strategies for change, Maternal and Child Nutrition, 2, 239-244, 2006	Study design - not qualitative.
Renfrew, M. J., McLoughlin, M., McFadden, A., Cleaning and sterilisation of infant feeding equipment: a systematic review, Public Health Nutrition, 11, 1188-99, 2008	Included studies were assessed for inclusion in the present review. None of the studies was relevant. This was due to publication date, non-UK setting or study design.
Renfrew, M. J., Spiby, H., D'Souza, L., Wallace, L. M., Dyson, L., McCormick, F., Renfrew, M. J., Spiby, H., D'Souza, L., Wallace, L. M., Dyson, L., McCormick, F., Rethinking research in breast-feeding: a critique of the evidence base identified in a systematic review of interventions to promote and support breast-feeding, Public Health Nutrition, 10, 726-732, 2007	No list of included studies is provided.
Renfrew, M., Woolridge, M., Focus on promoting and supporting breastfeeding...part 2, Community Practitioner, 76, 2-3, 2003	Literature review.

Study	Reason for exclusion
Renfrew, M., Woolridge, M., Focus on promoting and supporting breastfeeding, Community Practitioner, 76, 2-3, 2003	Literature review.
Richard Williamson, Iain, Mahomed Sacranie, Safiya, Nourishing body and spirit: exploring British Muslim mothers' constructions and experiences of breastfeeding, Diversity & Equality in Health & Care, 9, 113-123, 2012	Not specific to the antenatal period or to the first 8 weeks after birth. For the first interview women needed to have had 'contemporaneous, ongoing experience of breastfeeding of at least 3 months' duration'.
Robb, Y., McInery, D., Hollins Martin, C. J., Exploration of the experiences of young mothers seeking and accessing health services, Journal of Reproductive and Infant Psychology, 31, 399-412, 2013	Paper not exclusively about breastfeeding.
Roll, C. L., Cheater, F., Expectant parents' views of factors influencing infant feeding decisions in the antenatal period: A systematic review, International Journal of Nursing StudiesInt J Nurs Stud, 60, 145-55, 2016	Included studies conducted in the UK were assessed for inclusion in the present review. The primary publication of Stewart-Knox 2003 was included in the present review. Dyson 2010, Earle 2002, Hoddinott 1999 were excluded (see exclusion reasons in relevant rows of this table).
Rundall, P., Introducing the baby feeding law group, Practising Midwife, 10, 38-41, 2007	This paper describes a group that works to strengthen UK and European legislation relating to breastfeeding.
Ryan, K., Team, V., Alexander, J., The theory of agency and breastfeeding, Psychology & Health, 32, 312-329, 2017	Not specific to the first 8 weeks postpartum.
Ryan, K., Todres, L., Alexander, J., Calling, permission, and fulfillment: the interembodied experience of breastfeeding, Qualitative health research, 21, 731-742, 2011	Not specific to the antenatal period or to the first 8 weeks after birth. Women were included if they were breastfeeding or had done so within the previous 2 years.
Schalla, S. C., Witcomb, G. L., Haycraft, E., Body shape and weight loss as motivators for breastfeeding initiation and continuation, International Journal of Environmental Research and Public Health, 14 (7) (no pagination), 2017	Themes are not about information and support. This paper is not specific to the antenatal period or to the first 8 weeks after birth.
Schmied, Virginia, Beake, Sarah, Sheehan, Athena, McCourt, Christine, Dykes, Fiona, Women's perceptions and experiences of breastfeeding support: A metasynthesis, Birth: Issues in Perinatal Care, 38, 49-60, 2011	Included studies that were conducted in the UK were checked for inclusion in the present review. Bailey 2004, Hoddinott 2000, Ingram 2005, Marshall 2007, McFadden 2006, Raine 2003, Scott 2003, and Shakespeare 2004 were excluded from the present review (see list of excluded studies for exclusion reason). Beake 2005, Dykes 2003, Dykes 2005, and Graffy 2005 were included in the present review. The full text of Baker 2005 was not checked because the paper's main aim was not exclusively about feeding.
Schmied, Virginia, Beake, Sarah, Sheehan, Athena, McCourt, Christine, Dykes, Fiona, A meta-synthesis of women's perceptions and	Included studies conducted in the UK were assessed for inclusion in the present review. The primary publications of Beake 2005, Dykes

Study	Reason for exclusion
experiences of breastfeeding support, JBI Library of Systematic Reviews, 7, 583-613, 2009	2003, Dykes 2005, Graffy 2005 were included in the present review. Bailey 2004, Bowes 1998, Hoddinott 2000, Ingram 2005, Marshall 2007, McFadden 2006, Raine 2003, Scott 2003, Shakespeare 2004 were excluded, see relevant rows in this table for exclusion reasons. The full text of Baker 2005 was not checked because no full reference was provided and based on the summary given in the review, the paper's main aim was not exclusively about feeding.
Schmied, Virginia, Sheehan, Athena, Fenwick, Jenny, Dykes, Fiona, Embodied knowledge and emotional labour in family conversations about breastfeeding: A discourse analysis, Women & Birth, 26, S18-S18, 2013	Conference abstract.
Scott, J. A., Mostyn, T., Women's experiences of breastfeeding in a bottle-feeding culture, Journal of human lactation : official journal of International Lactation Consultant Association, 19, 270-277, 2003	Not specific to the antenatal period or to the first 8 weeks postpartum. Women were recruited between January and March 2001, after they participated in a peer-support programme between September 1997 and December 2000. It is unclear to what postpartum period themes refer to.
Shakespeare, J., Blake, F., Garcia, J., Breast-feeding difficulties experienced by women taking part in a qualitative interview study of postnatal depression, Midwifery, 20, 251-260, 2004	Not specific to the antenatal period or to the first 8 weeks postpartum.
Shaw, R. L., Wallace, L. M., Bansal, M., Is breast best? Perceptions of infant feeding, Community Practitioner, 76, 299-303, 2003	Not specific to the antenatal period or to the first 8 weeks postpartum. Antenatal interviews were followed by 2 postnatal interviews at 6 and 17 weeks. Themes are not presented separately by different interview times. Breastfeeding duration varied and in at least one case it was longer than 8 weeks.
Shaw,R., Wallace,L., Cook,M., Phillips,A., Perceptions of the Breastfeeding Best Start project, Practising Midwife, 7, 20-24, 2004	This study explores the experiences of midwives, midwifery care assistants, breastfeeding trainers, and midwifery managers, rather than the views of parents.
Sheridan, V., Organisational culture and routine midwifery practice on labour ward: implications for mother-baby contact, Evidence Based Midwifery, 8, 76-84, 2010	Paper not exclusively about breastfeeding.
Sherriff, N., Hall, V., Engaging and supporting fathers to promote breastfeeding: A new role for Health Visitors?, Scandinavian Journal of Caring Sciences, 25, 467-475, 2011	Not specific to the antenatal period or to the first 8 weeks postpartum. Age of infants 'ranged from 6 weeks to 11 months, with 2 breastfed exclusively, 4 breastmilk and solids, and 2 formula only.'
Sherriff, N., Hall, V., Panton, C., Engaging and supporting fathers to promote breast feeding: a concept analysis, Midwifery, 30, 667-77, 2014	Not specific to the antenatal period or to the first 8 weeks postpartum.

Study	Reason for exclusion
Sherriff, N., Panton, C., Hall, V., A new model of father support to promote breastfeeding, Community Practitioner, 87, 20-4, 2014	Unclear when in the postnatal period interviews happened.
Shloim, N., Hugh-Jones, S., Rudolf, M. C. J., Feltbower, R. G., Lans, O., Hetherington, M. M., "It's like giving him a piece of me.": Exploring UK and Israeli women's accounts of motherhood and feeding, Appetite, 95, 58-66, 2015	Not specific to the antenatal period or to the first 8 weeks after birth. Women in the UK were interviewed when their infants' age was on average 11.8 weeks.
Shulver, D., Shaw-Flach, A., Enabling women to breastfeed, The practising midwife, 7, 12-14, 16, 2004	No relevant study design. A questionnaire was used, which included closed, open or ranking questions.
Sikorski, J., Renfrew, M. J., Review: Support interventions reduce cessation of breast-feeding within 2 months of delivery, Evidence-Based Medicine, 4, 150, 1999	No qualitative studies were included.
Simmons, V., Exploring inconsistent breastfeeding advice: 1, British Journal of Midwifery, 10, 297-301, 2002	Limited relevant information - methods to Simmons 2002.
Simmons, V., Professional issues. Exploring inconsistent breastfeeding advice: 2, British Journal of Midwifery, 10, 615-619, 2002	Limited relevant information - paper was about consistency of advice rather than what the advice needed to be. Excluded due to data saturation.
Simpson, E., Garbett, A., Comber, R., Balaam, M., Factors important for women who breastfeed in public: A content analysis of review data from FeedFinder, BMJ Open, 6 (10) (no pagination), 2016	Study design - not qualitative.
Sloan, Seaneen, Sneddon, Helga, Stewart, Moira, Iwaniec, Dorota, Breast is Best? Reasons Why Mothers Decide to Breastfeed or Bottlefeed their Babies and Factors Influencing the Duration of Breastfeeding, Child Care in Practice, 12, 283-297, 2006	Qualitative findings are not about information and support.
Smale, M., Renfrew, M. J., Marshall, J. L., Spiby, H., Turning policy into practice: More difficult than it seems. The case of breastfeeding education, Maternal and Child Nutrition, 2, 103-113, 2006	Not specific to the antenatal period or to the first 8 weeks after birth. The paper does not specify how long after birth women were interviewed.
Soltani, H., Fair, F. J., Watson, H., Gardner, R., Women's perspectives on antenatal breast expression: A cross-sectional survey, Maternal and Child Nutrition. Conference, 14, 2017	Conference Abstract.
Soltani,H., Dickinson,F.M., Kalk,J., Payne,K., Breast feeding practices and views among diabetic women: a retrospective cohort study, Midwifery, 24, 471-479, 2008	Population - Women with review diabetes.
Spencer, R. L., Greatrex-White, S., Fraser, D. M., 'I thought it would keep them all quiet'.	Not specific to the antenatal period or to the first 8 weeks postpartum.

Study	Reason for exclusion
Women's experiences of breastfeeding as illusions of compliance: an interpretive phenomenological study, Journal of Advanced Nursing, 71, 1076-1086, 2015	
Spencer, Rachael, Greatrex-White, Sheila, Fraser, Diane M., â€˜I was meant to be able to do thisâ€™: a phenomenological study of womenâ€™s experiences of breastfeeding, Evidence Based Midwifery, 12, 83-88, 2014	Not specific to the antenatal period or to the first 8 weeks postpartum - infants at time of interview ranged from 3 to 6 months old.
Spiro, Alison, 1/2: How we can improve the breastfeeding support we give mothers and babies, British Journal of Healthcare Assistants, 11, 224-229, 2017	Discussion paper and literature review.
Stapleton, H., Fielder, A., Kirkham, M., Breast or bottle? Eating disordered childbearing women and infant-feeding decisions, Maternal & Child Nutrition, 4, 106-20, 2008	Population - Women with eating disorders.
Stapleton, H., Fielder, A., Kirkham, M., Managing infant feeding practices: the competing needs of bulimic mothers and their children, Journal of Clinical Nursing, 18, 874-883, 2009	Population - Women with bulimia.
Stephenson, Jo, 'Chatbot' launched to provide online breastfeeding support, Nursing times, 113, 1-3, 2017	This article describes a new online initiative and reports a few quotes by people involved in implementing it.
Stewart-Moore, Jill, Furber, Christine M., Thomson, Ann M., Postnatal care across the Northern Ireland and Republic of Ireland border: a qualitative study exploring the views of mothers receiving care, and midwives and public health nurses delivering care, Evidence Based Midwifery, 10, 16-22, 2012	Not specific to the antenatal period or to the first 8 weeks after birth. Women were interviewed between 3 and 14 weeks after birth.
Swanson, V., Power, K. G., Initiation and continuation of breastfeeding: theory of planned behaviour, Journal of Advanced Nursing, 50, 272-282, 2005	Quantitative data analysis.
Symon, A. G., Whitford, H., Dalzell, J., Infant feeding in Eastern Scotland: a longitudinal mixed methods evaluation of antenatal intentions and postnatal satisfaction--the Feeding Your Baby study, Midwifery, 29, e49-e56, 2013	Not specific to the antenatal period or to the first 8 weeks postpartum.
Takemoto, Angélica Yukari, Santos, Aliny de Lima, Okubo, Patrícia, Bercini, Luciana Olga, Marcon, Sonia Silva, Support and preparation of adolescent mothers for breastfeeding, Ciencia, Cuidado e Saude, 10, 444-451, 2011	Not in English language.
Tan, Monique, Rheeston, Mary, Douglas, Hazel, Using the Solihull Approach in breastfeeding	Not specific to the antenatal period or to the first 8 weeks postpartum.

Study	Reason for exclusion
support groups: Maternal perceptions, British Journal of Midwifery, 25, 765-773, 2017	
Tetteh, J., Factors that motivate young white mothers from low socio-economic or deprived backgrounds to successfully breastfeed-a qualitative exploratory study in Birkenhead, United Kingdom, Annals of Nutrition and Metabolism, 71 (Supplement 2), 491, 2017	Conference abstract.
Thelwell, Emily, Rheeston, Mary, Douglas, Hazel, Exploring breastfeeding peer supporters experiences of using the Solihull Approach model, British Journal of Midwifery, 25, 639-646, 2017	Population - peer supporters.
Thomson, G., Crossland, N., Dykes, F., Sutton, C. J., UK Breastfeeding Helpline support: An investigation of influences upon satisfaction, BMC Pregnancy and Childbirth, 12 (no pagination), 2012	The abstract states that a mixed methods design was used. However the full-text paper only reports the results of quantitative analyses.
Thomson, G., Dykes, F., Women's sense of coherence related to their infant feeding experiences, Maternal & Child Nutrition, 7, 160-74, 2011	Not specific to the antenatal period or to the first 8 weeks postpartum.
Thomson, G., Ebisch-Burton, K., Flacking, R., Shame if you do - shame if you don't: Women's experiences of infant feeding, Maternal and Child Nutrition, 11, 33-46, 2015	Not specific to the antenatal period or to the first 8 weeks postpartum. The length of time women breastfed ranged from a few days to more than 12 months.
Trickey, H., Thomson, G., Grant, A., Sanders, J., Mann, M., Murphy, S., Paranjothy, S., A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings, Maternal and Child Nutrition, 14 (1) (no pagination), 2018	Included studies were assessed for inclusion in the present review. Some studies were quantitative and some were conducted outside the UK, and therefore were not relevant for the present review. Graffy 2005 was relevant and the primary publication was included in the present review. Jolly 2012 and Muirhead 2006 were excluded, see exclusion reason in relevant rows of this table.
Trickey, H., Thomson, G., Grant, A., Sanders, J., Parnjothy, S., Realist review of experimental studies of breastfeeding peer support-What works, how, where, why, and for whom?, Maternal and Child Nutrition. Conference, 14, 2017	Conference Abstract.
Trotter, Sarah, Support for the most vulnerable, Midwives, 17, 52-52, 2014	This article describes the work performed by two maternity support workers.
Tully, K. P., Ball, H. L., Maternal accounts of their breast-feeding intent and early challenges after caesarean childbirth, Midwifery, 30, 712-719, 2014	This paper focused on early breastfeeding experiences right after a caesarean section. The NICE guideline on caesarean section already recommends to provide additional support for starting breastfeeding after a caesarean section,

Study	Reason for exclusion
	so this paper was excluded due to overlap with the caesarean section guideline.
Twamley, K., Puthussery, S., Harding, S., Baron, M., Macfarlane, A., UK-born ethnic minority women and their experiences of feeding their newborn infant, Midwifery, 27, 595-602, 2011	Not specific to the antenatal period or to the first 8 weeks postpartum. Some women introduced artificial milk feeding in the first 48 hours, some women in the first 6 months, some women after 6 months.
Vincent, S., 'The best breastfeeding website in the world', The practising midwife, 14, 35-36, 2011	Description of new features on the Baby Friendly website and interview with the Baby Friendly web editor.
Wade, D., Haining, S., Day, A., Breastfeeding peer support: are there additional benefits?, Community practitioner : the journal of the Community Practitioners' & Health Visitors' Association, 82, 30-33, 2009	Not specific to the antenatal period or to the first 8 weeks postpartum.
Ward, S., Wynn-Jones, J., 'Boom or bust?' Building sustainability into community breastfeeding support services, Community Practitioner, 86, 34-35, 2013	This article describes the changes undertaken by an NHS Trust and associated local authorities in order to achieve the Baby Friendly Initiative award.
Warren, J., Progress of support for breastfeeding in Scottish maternity hospitals, MIDIRS Midwifery Digest, 9, 212-214, 1999	Not a qualitative study design. Views of staff rather than parents' views.
Watkinson, M., Murray, C., Simpson, J., Maternal experiences of embodied emotional sensations during breast feeding: An Interpretative Phenomenological Analysis, Midwifery, 36, 53-60, 2016	Not specific to the antenatal period or to the first 8 weeks postpartum.
Wells, B., Sure Start: 1: breastfeeding support, Midwifery Matters, 12-13, 2003	This article describes a breastfeeding support initiative. Not a qualitative study design.
White, M., Breast intentions, Nursing Standard, 15, 12, 2001	Discussion paper.
Whitford, H. M., Wallis, S. K., Dowswell, T., West, H. M., Renfrew, M. J., Breastfeeding education and support for women with twins or higher order multiples, Cochrane Database of Systematic Reviews, 2017 (2) (no pagination), 2017	Systematic review - three included studies based in the UK. one was included in our review (Hoddinott 2012) and two were excluded (Graffy 2004 and Winterburn 2003) as both quantitative studies.
Whitford, Heather, Whelan, Barbara, van Cleemput, Patrice, Thomas, Katharine, Renfrew, Mary, Strong, Mark, study, Nourishing Start for Health, Encouraging breastfeeding: financial incentives, Practising Midwife, 8, 18-21, 2015	Population - women were of childbearing age, not specifically a postnatal population.
Whitmore, M., Peer support: helping to influence cultural change, Practising Midwife, 18, 25-8, 2015	This article describes some breastfeeding peer support initiatives. Not a qualitative study design.
Wilby, L., Research unwrapped. Postnatal breastfeeding support, The practising midwife, 9, 32, 34-35, 2006	Critical appraisal of a paper (Dykes 2005, which was assessed for inclusion separately for this review).

Study	Reason for exclusion
Winterburn, S., Jiwa, M., Thompson, J., Maternal grandmothers and support for breastfeeding, Journal of Community Nursing, 17, 4-9, 2003	Not qualitative study.
Wood, L., Young, D., Expecting twins and more: support and information, British Journal of Midwifery, 12, 610-615, 2004	Not specific to the antenatal and postnatal period.
Youens, Karen, Chisnell, Debbie, Marks-Maran, Di, Mother-to-mother breastfeeding peer support: The Breast Buddies project, British Journal of Midwifery, 22, 35-43, 2014	Qualitative data refer to an evaluation of a training programme that prepares peer supporters to start their role.

Economic studies

No economic evidence was identified for these review questions.

Appendix L – Research recommendations

Research recommendations for review questions:

What information on breastfeeding do parents find helpful (single births)?
What information on breastfeeding do parents find helpful (twins or triplets)?
What support with breastfeeding do parents find helpful (single births)?
What support with breastfeeding do parents find helpful (twins or triplets)?

Research question: What support with breastfeeding do parents of twins or triplets find helpful?

Why this is important

The Committee were keen to make recommendations for specific support with breastfeeding for expectant parents/new parents of twins / triplets, however were unable to do so due to a lack of evidence. Undertaking research on this will provide evidence to inform future guidelines

Table 3: Research recommendation rationale

Research question	What support with breastfeeding do parents of twins or triplets find helpful?
Why is this needed	
Importance to 'patients' or the population	There is an extensive amount of evidence stating the benefits of breastfeeding as well as facilitators and barriers experienced by pregnant women/new mothers and their partners when expecting a singleton baby. However, the evidence for expectant/new parents of twins/triplets is scarce. It is imperative for clinicians to understand the needs of parents (expectant or new) of twins/triplets (new or expectant) in order support them to both initiate and maintaining breastfeeding and realise their choices.
Relevance to NICE guidance	There is currently insufficient evidence on any additional needs for parents expecting twins/triplets during the antenatal and postnatal period in order to support them to achieve breastfeeding. Understanding particular needs for this group will support clinicians to provide appropriate support and improve breastfeeding rates.
Relevance to the NHS	Breastfeeding is associated with a number of health benefits including; gastrointestinal, lower respiratory tract infections and also lower rates of type 2 diabetes for babies as well as reduction in breast and ovarian cancer for the mother. Therefore, increase in breastfeeding rates, will lead to significant cost-savings for the NHS and improve parent's satisfaction with their care.
National priorities	Improving breastfeeding support and focus on evidence based intervention is a national priority, as stated in the "NHS Long Term Plan" and "Better Births"

Research question	What support with breastfeeding do parents of twins or triplets find helpful?
Current evidence base	The current evidence addresses the needs of parents who are expecting a singleton baby in relation to breastfeeding support, There is no evidence to address the needs or views of expectant or new parents of twins/triplets
Equality	None known
Feasibility	-
Other comments	-

Table 4: Research recommendation modified PICo table

Criterion	Explanation
Population	Pregnant women and their partners expecting twins/triplets. New mums and their partners of twins/triplets.
Phenomenon of interest	Views and experiences of the barriers, facilitators and specific support that would be helpful in relation to breastfeeding twins or triplets (as oppose to singletons)
Context	Antenatal and postnatal period
Study design	Qualitative, interviews or focus groups
Timeframe	In time for the next update of the NICE guideline
Additional information	-