Accepted Manuscript

Why aren't you stopping now?!' Exploring accounts of white women breastfeeding beyond six months in the East of England

Kristina L. Newman, Iain R. Williamson

PII: S0195-6663(18)30452-5

DOI: 10.1016/j.appet.2018.06.018

Reference: APPET 3925

To appear in: *Appetite*

Received Date: 5 April 2018

Revised Date: 23 May 2018

Accepted Date: 13 June 2018

Please cite this article as: Newman K.L. & Williamson I.R., Why aren't you stopping now?!' Exploring accounts of white women breastfeeding beyond six months in the East of England, *Appetite* (2018), doi: 10.1016/j.appet.2018.06.018.

Why aren't you stopping now?!' Exploring accounts of white women breastfeeding beyond six months in the East of England.

Kristina L Newman[1] and Iain R Williamson[2]

1 Doctoral Candidate, School of Life and Health Sciences, Aston University, Birmingham, UK

2 Associate Professor in Applied Psychology, School of Applied Social Sciences, Leicester, UK

Correspondence:

Dr Iain Williamson, Hawthorn 0.17A, De Montfort University, The Gateway, Leicester, LE1 9BH

+44 (0)116 207 8393, iwilliamson@dmu.ac.uk

ABSTRACT

Breastfeeding infants for a period of two years is endorsed by international health agencies such as the World Health Organisation. However, discourses of breastfeeding in a British context are complex and contradictory, juxtaposing representations of breastfeeding as healthy and a moral obligation for mothers with views of the act as unseemly and an expectation that nursing women practice 'socially sensitive lactation' especially in public spaces. Sustained breastfeeding rates in the UK are poor and most British women discontinue breastfeeding well before six months. Mothers who elect to feed their infants at the breast for longer than these normative periods appear to experience suspicion and disapproval, especially in a public context and breastfeeding women are only legally protected in feeding their infants in public for up to six months. Although breastfeeding research is flourishing, research on this particular population of mothers remains relatively limited. Therefore, in this study, we explore in-depth experiential accounts of eight women, resident in a town in the East of England, who breastfed their infants beyond six months. Using interpretative phenomenological analysis four themes are presented. *Really horrible looks': stigma from families and the community*', '*Feeling quite exposed': managing extended breastfeeding etiquette'*, '*Weird freaky paedophiles': representations of extended breastfeeding women in the media'* and '*You really need that': the importance of support for longer-term breastfeeding women*'. Applications to extended breastfeeding promotion and advocacy are discussed.

The benefits of breastfeeding to both maternal and child health are now widely accepted. Various studies, including a number of meta-analyses have shown that breastfeeding reduces the risk of breast-fed infants developing asthma, various allergies, obesity, otis media, digestive conditions including gastroenteritis and enterocolitis, and respiratory tract infections, and there is emerging evidence suggesting protection against diabetes and advantages in cognitive development and intelligence. (Horta, Bahl, Martines & Victora 2007; Arendt, 2008, Godfrey and Lawrence, 2010; Horta & Victora 2013, Binns, Lee & Low, 2016). Breastfeeding also reduces the risk of maternal ovarian and breast cancer (Chowdhury et al., 2016). Furthermore, it has also been argued that breastfeeding has considerable economic and environmental benefits (Palmer, 20090 Not surprisingly, breastfeeding is a public health priority for improving population health and reducing health inequalities (Rollins et al., 2016).

However, disappointingly and in common with all countries that form the United Kingdom, England has one of the shortest breastfeeding duration rates of developed Western countries. Annual data collected and published by Public Health England in April 2018 demonstrated that fewer than half (44.4% per cent) of new born infants are receiving any breast milk at six-to-eight weeks (PHE, 2018) and it has been estimated that only around one in a hundred infants are meeting the six month exclusive breastfeeding duration target recommended by both the British Government and the World Health Organisation (Department of Health, 2018; WHO, 2015). Furthermore and or particular relevance to the present study only few women in England continue to provide breast milk for the two year duration further recommended by the World Health Organisation (WHO, 2015).

As well as falling short of public health targets, these figures are low compared to women in several other countries, even in those countries where maternity leave arrangements are typically shorter than England (Boyer, 2012; McAndrew et al. 2012). It is

also worth noting that many women are breastfeeding for less time than they had intended with McAndrew et al. (2012) reporting that 60 per cent of British breast feeding mothers stop earlier than they wanted to.

In recent years there has been a considerable amount of research (both qualitative and quantitative) that has looked at the early experiences of breastfeeding –much of which focuses on what predicts and explains breastfeeding cessation (e.g. McInness & Chambers, 2008; Burns, Schmied, Sheehan & Fenwick, 2010: Mangrio, Persson & Bramhagen, 2017) . However research about breastfeeding beyond six months is considerably rarer (Dowling & Brown, 2012). This is perhaps surprising given evidence that children's health and development continue to benefit from provision of breast milk ideally for two years. This study therefore aims to explore the experiential accounts of white women in the small minority of English mothers who practice what we have labelled 'extended breastfeeding' (i.e. breastfeeding beyond six months), using qualitative methods. We recognise that the terminology in this area is complex and contested (Dowling & Brown, 2013), and the label 'extended breastfeeding' is disliked by some mothers themselves but is the most widely used term in the extant literature and in lay discourse (Stearns, 2011).

In terms of understanding extended breastfeeding it is important to recognise that whilst some mothers have clear intentions to breastfeed for an extended period of time, for many women the process is more gradual and happens more organically (Tomori, Palmquist & Dowling, 2016). It is also salient to note that there are complex dynamics of social class, age and ethnicity in operation (Condon & Ingram, 2011; Santorelli, Petherick, Waiblinger, Cabieses, & Fairley, 2013)). For example data from England and the United Kingdom consistently demonstrate white women are less likely to practice longer-term breastfeeding than women from other ethnic groups in the UK (McAndrew et al., 2012; Santorelli et al. 2013). This is likely to be explained by multiple factors including but not limited to occupational patterns, differing social norms, social capital and social support within various ethno-cultural communities, and cultural or faith-based beliefs which serve to promote (or potentially restrict) breastfeeding in some communities. For example many Muslim women believe it is pleasing to both Allah and the Prophet Mohammed for breastfeeding to be practiced for a full two years (Williamson & Sacranie, 2012).

Whilst there are key aspects to breastfeeding that typically vary across women from different communities, a common concern for most women is managing breastfeeding in the public sphere (Grant, 2016; Boyer 2018). Research shows how many British women experience concerns over breastfeeding their infants in public despite legislation, introduced in the 2010 Equality Act, (Government Equalities Office, 2013) which aims to protect breastfeeding mothers from discrimination. (It is worth noting that neighbouring Scotland has additional and longer-standing protections to the other countries of the United Kingdom through the Breastfeeding etc. Act of 2005 which states that "anyone who tries to stop or prevent a person feeding milk to a child under the age of 2 years can be prosecuted" (Scottish Executive, 2006).

Nonetheless experiencing discomfort when breastfeeding in public is common place and has been linked to lower overall breastfeeding duration (Duong, Lee & Binns, 2005). The last fifteen years has seen a considerable increase in the range and sophistication of theorisation around breastfeeding in public. In their model of 'socially sensitive lactation' (Leeming, Williamson, Johnson & Lyttle, 2013) argue that women often elect not to breastfeed in public as so not to offend people or make them uncomfortable (Leeming et al., 2013). This concern with the comfort of others may explain why the UK has a low duration rate or why some mothers who can breastfeed choose not to (Boyer, 2012). Discomfort around breastfeeding appears to have several elements. One aspect that may put women off the idea of public breastfeeding is the perceived sexualisation of the act due to the exposure of the breast (Hurst, 2013). The visible exchange of bodily fluids can be seen as taboo or disgusting requiring women to make efforts to try and hide their milk and evidence of its transfer from the breast to the infant (Dowling, Naidoo & Pontin, 2012; Dowling & Pontin, 2017).

Research also shows that some mothers may be more stigmatised than others when electing to breastfeed, especially in public. These include younger mothers (Noble-Carr & Bell, 2012) as well as those feeding an infant older than six months, especially a toddler able to ask for milk (Stearns, 2011; Dowling & Pontin, 2017). Some women feel able to resist this perception of public breastfeeding being taboo. Dillard (2015) discusses the concept of 'positive deviance' and how this presents opportunities for women to challenge this stigma and attempt to change attitudes. However, these women tend to be older, married and

have a stable career (Dillard, 2015), suggesting social support and education to be important in women having the confidence to breastfeed publicly whenever and wherever they wish to feed their infants. There also appear to be rather varying local social norms within different community contexts which show effects of class, faith and ethnicity but often also transcend crude classifications of social divisions (Giles, Connor, McClenahan & Mallet, 2010; Scott et al 2003)

Decisions around when to discontinue with breastfeeding are complex and are affected by several factors such as the embodied experience of breastfeeding, work arrangements and continued family and peer support. Research suggests that if women are allowed breastfeeding breaks during work, they are more likely to breastfeed exclusively for six months or more (Johnston Balkam, Cadwell & Fein, 2011; Heymann, Raub & Earle, 2013). Support from fathers (Rempel, Rempel & Moore, 2016) as well as ongoing engagement in social and peer support and health programmes such as Breast Buddies (Youens, Chisnell & Marks-Maran, 2014) also improve breastfeeding duration. As noted previously in communities where continued breastfeeding is unusual the perceived opinions of the woman's family and the wider community appear to be important in shaping both the maintenance and exclusivity of breastfeeding for white mothers in particular (Bai, Wunderlich & Fly, 2011), suggesting the opinions and reactions of people in the community often have a great influence, especially around breastfeeding in public.

With the characterisation of a woman with a new child as a 'mother' and 'provider' and the sociocultural context of what makes a woman a 'good' mother for her child (Lee, 2008; Knaak, 2010), breastfeeding may be perceived in some communities as better mothering and result in a pressure on mothers to breastfeed and guilt if they have difficulty or become unable to continue. However, some feminist researchers (e.g. Taylor & Wallace, 2012) have suggested this pressure to achieve good mothering arguably creates a feeling of shame in both bottle-feeders who fear they are failures as a mother and woman for not breastfeeding and breast-feeders who are socially censured to feed discretely and meet conditions of public decency. Several studies have outlined how breastfeeding in public advice from charities and voluntary organisations priorities concepts like non-negotiable 'discretion' and 'etiquette' with women who appear to be less concerned with concealing

feeding or exposure of body parts risking allegations of being 'exhibitionist' 'gauche' or even 'sexually aggressive and available' (Leeming et al., 2013; Grant 2016) .

Drawing on initial work by Mahon-Daly and Andrews (2002), Dowling and Pontin (2017) have recently applied the notion of liminality, to our understanding of some the challenges women experience if they elect to breastfeed for an extended period. Although an extended, critical discussion of this conceptualisation is beyond the scope of the current paper, liminality is experienced as a psychologically uncomfortable and dangerous state characterised by a sense of ambiguity, disorientation and threatened identity where a sense of belonging is replaced by a sense of 'alterity' or 'otherness'. As a highly non-normative practice (in England) women who chose to breastfeed for longer periods find themselves outside of the standard cycles of motherhood, and therefore in an extended rite of passage, 'betwixt and between' socially accepted transitions through motherhood, commonly balancing a commitment to the behaviour being of continued value to their child and 'just feeling right' (Faircloth, 2010), with a sense of stigma and social disapproval from others. Whilst research has shown that negative feedback can be forthcoming from family members (Dowling & Pontin, 2017), this can have particular effects on breastfeeding older infants in public where women may experience/perceive disapproval more acutely. Ahmed (2004) refers to the concept of 'kill-joys' who are strangers who can make the individual feel a sense of isolation, shame and discomfort through their verbal or non-verbal behaviours (Tomori et al., 2016), which can create a sense of 'alien affect' where the mother questions her own right to continue to enjoy feeding her child. A body of work shows thus how (extended) breastfeeding can become a scrutinised socially uncomfortable public 'performance' or an underground, marginalised phenomena (Dowling & Pontin, 2017; Boyer, 2018).

Despite these advances in both theory and research, there remains only limited literature around the experiences and challenges for women who are breastfeeding past six months in England. Therefore, this research therefore aims to provide additional insight into the experiences of longer-term breastfeeding in a context where the practice is non-normative and societal views are typically negative. In order to differentiate the study from previous research, the approach taken uses a phenomenological paradigm and data were

collected from participants living in a mid-size market town (approximate population of 40,000 people) in the East of England.

Material and Methods

Mothers over the age of sixteen, living in the urban demarcation and civil parish of the town where the study was based, and who were currently breastfeeding an child over the age of six months were invited to attend semi-structured interviews to explore their breastfeeding experiences.

A recruitment poster was handed out at three children's centres in the town and posted on two local breastfeeding groups on Facebook with the researchers' contact details. When potential participants contacted the researchers via email, they were provided with an electronic version of the information sheet in order provide sufficient information about the study requirements to decide whether they wished to consider taking part in an interview. After arranging an interview, participants were provided with a hard copy of this information sheet followed by a consent form and short demographics questionnaire to help situate the sample. A semi-structured interview schedule was used and sample questions appear in table one below. The schedule aimed to elicit a holistic account of breastfeeding experiences and in particular the interviewer was careful not to ask direct questions about challenges around extended breastfeeding but to let these aspects emerge spontaneously (or not) during the interview. The interviews were audio-recorded.

Table One here

Although we defined 'extended breastfeeding' as simply the provision of the women's breast milk to the child, most women in our sample continued to nurse the child at the breast on a daily basis and also provided pumped breast milk through bottles. To decrease the likelihood of mothers experiencing distress during the interview and in keeping with the requirements of the ethics committee, only women with healthy babies were

invited to take part. All names were replaced by pseudonyms in the transcription process and other identifiers changed.

Qualitative methods are considered to well-suited to researching women's breastfeeding experiences (Leeming, Locke & Marshall, 2017). Semi-structured qualitative interviews were used to collect data. Interviews were undertaken because of their flexibility and in allowing the participant to contribute to the research agenda (Pope, van Royen & Baker, 2002). Following data collection, interpretative phenomenological analysis (IPA) was used to outline and interpret the experiences of the participants in order to better understand the challenges and experiences by longer-term breastfeeding women (Biggerstaff and Thompson, 2008). IPA prioritises in-depth analysis of a small number of accounts (typically ten or fewer is recommended) and adopts an epistemological position of critical realism and produces a series of themes which represent shared elements of experience for all or most participants. Themes are viewed as a co-construction between the participants' accounts and the research team's interpretation of those accounts (Smith, Flowers and Larkin, 2009).

Participants

IPA requires the employment of a purposive sampling frame where participants are relatively homogenous and align with the research aims (Smith et al., 2009). Of the 12 women who responded to study publicity of posters in the community library and social media advertisements through Facebook breastfeeding and community groups, eight met the inclusion criteria for the study. The participants had a range of current breastfeeding experience; three of the women were breastfeeding their first child whereas other participants had multiple children. All women were white, heterosexual, and in a long-term co-habiting relationship with a partner or spouse although none of these represented inclusion criteria. As can be seen generally the sample comprised well educated women (all

had participated in post-compulsory education and six had completed at least one University degree). Women were aged between 26 and 36 years. Table 2 provides demographic details of participants.

Table Two Here

Procedure

Following full faculty ethical approval at De Montfort University, the study was advertised locally. All interviews were carried out face-to-face by the first author in the town library in a private room or at participants' homes depending on preferences. Lone researcher arrangements were implemented. In most cases some or all of the participants' children were present. Four of the participants breastfed their child during part of their interview.

The participants were asked questions from the semi-structured interview schedule, which was used flexibly and adapted to reflect the participants' circumstances. Participants were invited to discuss whatever they wished and interviews explored the overall breastfeeding experiences thus far of the women, with some general prompts towards areas of feeding, support and experiences outside of the home. Interviews were of 60 to 80 minutes' duration Participants were subsequently thanked and debriefed. Data were transcribed in full.

In the analysis phase data were analysed through Biggerstaff and Thompson's (2008) guide for using interpretative phenomenological analysis. To retain the 'idiographic sensibility' (Smith et al., 2009) of IPA, each account was analysed as an individual case study in the first instance and a set of eight detailed theme tables (i.e. one per participant) produced. Subsequently, emergent themes of particular interest and relevance to the research question were clustered together and developed into overarching themes aiming to capture significant data for further analysis. Interpretation of themes involved further re-reading, development of thematic mind-maps and super-ordinate theme tables to attempt an accurate reflection of the interviewed women. Initial analysis was conducted by the first

author and audited and refined by the second. This involved the second author reading all transcripts thoroughly and independently coding half the transcripts before meeting to discuss where analysis of the two researchers converged and diverged. Through research team meetings the analysis was subsequently refined including condensation to four themes and the shared decision to use 'in vivo' theme labels. All identifying data was replaced by pseudonyms to protect participant confidentiality and ensure anonymity.

Findings

In the analysis we present four themes which we argue are key to understanding the lived experience of extended breastfeeding women in the East of England: *'Really horrible looks': stigma from families and the community*', '*Feeling quite exposed': managing extended breastfeeding etiquette'*, '*Weird freaky paedophiles': representations of extended breastfeeding women in the media'*, and '*You really need that': the importance of support for longer-term breastfeeding women*'. Relevant quotations from transcriptions were highlighted as evidence of these themes to be included in the report.

'Really horrible looks': Enduring stigma from families and the community

Participants generally reported a range of experiences in breastfeeding outside of the home. They sometimes were able to breastfed in public unproblematically. However, at other times breastfeeding outside the home caused discomfort through perceptions of disapproval. These experiences were often associated with the gaze of other women– noticeably other mothers.

> *I don't do it at the school we usually wait until we get in the park behind the school and I take the kids there and I'll feed her there so they can play around. I don't know why they're very weird mums who are very judgemental* (Amy)

> *It's usually women older women maybe forty plus that tend to give me really horrible looks* – Lindsey

Judgement from strangers has been shown to be one of the top concerns of extended breast-feeders (Faircloth, 2010) and these individuals have been labelled as 'kill-joys' (Ahmed, 2004) who create 'affective atmospheres' which can render an breastfeeding episode into an emotionally unpleasant experience (Boyer, 2018). Other research has shown that bottle-feeding mothers or mothers who had fed for a short time can be uncomfortable around publicly breastfeeding mothers and this may be due to perceived norms of breastfeeding as better mothering (Lee, 2008; Knaak, 2010). However, for our participants, concerns around breastfeeding in public tended to have more effect if it came from family members, especially if comments came from their parents – even within community contexts within which the participant was well known and respected. For example, Ebony experienced disapproval from her parents who were attending a church service with her when she indicated she was going to nurse during a service.

> *you know my parents view of not wanting me to breastfeed in church and the only reason bearing with that is this [breast] as a sexual object*.

Lindsey's mother was very uncomfortable with her daughter feeding in the local supermarket:

> *I remember breastfeeding… in Waitrose* [British supermarket chain]*… and my mum like tried to put a little hanky over me and I'm like 'what are you doing?' she was like 'oh well, you know people can see your breast'* (Lindsey)

Ebony's parents in particular were disapproving about her continued breastfeeding generally, especially as she fed her children for what they considered to be a particularly long time and during pregnancy.

> *They'd be… like 'oh why aren't you stopping now?' and then when I was pregnant 'oh you can't be doing that, that's dangerous'* (Ebony)

Like Ebony (who was a local general practitioner) the majority of our participants were mostly over the age of 30 and professional women who arguably felt able to resist negative familial comments and pressures (Dillard, 2015). However parents were not the

only family members to raise objections. For other participants disbelief and discomfort was voiced by siblings:

> *My sister still thinks it's a bit weird that I breastfeed now because she just she never considered it, she was straight away when she found out she was pregnant it was 'nope not doing it' so I do get the… 'She's over one now, are you <u>really</u> still feeding her?'* (Summer)

This perceived difference between breastfeeding and bottle-feeding mothers may offer support for previous research suggesting that breastfeeding is a liminal experience (Mahon-Daly & Andrew, 2002; Dowling & Pontin, 2017) and suggests social and symbolic barriers which isolate bottle-feeding mothers from breastfeeding mothers (Larsen, Hall & Aagaard, 2008).

It is recommended to breastfeed your child exclusively for six months in the UK and the law protects mothers who are breastfeeding their child in public. However, it appears that many people take that the six month 'milestone' as a 'natural' time for the committed breastfeeding mother to stop and perceive it as odd when mothers breastfeed past this stage, breaking a perceived social norm. Stigma appeared to increase particularly when the child was over a year. Dowling and Brown (2013) have argued that breastfeeding may be perceived as primitive and indecent at all ages, however the stigma surrounding the child being able to consciously ask for breastmilk is often seen as particularly deviant and improper (Stearns, 2011).

> *Most people don't breastfeed beyond six months so they just assume it's a kind of a tiny child thing rather than actually a toddler thing. Because my daughter is that little bit older… that's when you tend you get more dirty looks the older your child gets so if they can walk like that's really a no-no, if they can ask for it that's also a bit of a stigma* (Lindsey)

'Feeling quite exposed': Managing extended breastfeeding etiquette

Concerns around managing discretion in public breastfeeding are well highlighted in recent research (Leeming et al. 2013; Boyer, 2013). Feminist researchers have discussed that the need for discretion suggests shame whilst breastfeeding as women attempt to meet social rules of female modesty (Taylor & Wallace, 2012) especially in relation to not exposing the breast. Because of the potential negativity that women could experience nursing an older child, our participants expressed relief if the child fed quickly and highlighted the need for discretion using various strategies.

Methods to increase discretion mainly focused on having breastfeeding-friendly clothing that would limit the level of skin exposure. This extended beyond the breast to too much exposure of the post-pregnancy body with some participants reporting that they were as equally motivated to hide the stomach, which was an area the participants were particularly uncomfortable exposing due to being considered unsightly. The stomach was the area that was felt to have had the most change post-partum and the participants felt quite insecure about this. Also, when speaking about exposing the breast, it was stated that the baby's head covered the nipple and breast, whereas depending on the hold, the stomach was left exposed. Methods to increase discretion included using baggy materials or multiple layers.

> *Things like you know sort of vest top under the top so your belly is not exposed at the same time… because I had to feed them kind of in the rugby ball hold round the across me a lot of the time so that was always we just knew a feeling that you were quite exposed by lifting your top up* (Ebony)

> *Just a little bit of flesh is fine... then you know maybe I'd cover up my tummy with a band or a different t-shirt or something* (Amanda)

Many women experience a sense of body shame post-pregnancy and this has been argued to be exacerbated by representations of the postpartum body in the media. (Liechty, Coyne, Collier, & Sharp, 2017). Whilst not sexualised as much as the breasts, exposure of the post-pregnancy stomach has also been shown to be a particular concern to women in recent research by Nash (2016) who reports that mothers (especially after a first pregnancy) are often surprised and disturbed by what Nash calls their 'post-natal embodiment' and how

long it takes to return to an aesthetic that they feel comfortable with. Although the participants in her study had not typically breastfed for as long as our participants, many voiced frustrations that post-partum weight loss was not as automatic nor as rapid as they had expected.

These various methods employed to be discrete and follow the perceived etiquette of breastfeeding (Leeming et al., 2013) may reduce perceived stigma. Sarah withdraws to another room when her father-in-law is visiting so as '*not to put it you know put it in his face'* (Sarah, 357). As both Grant (2016) and Leeming et al. (2012) argue not appearing to be concerned with being discreet and limiting exposure can position a nursing woman as exhibitionist or immodest. Discretion, on the other hand, would appear to represent an appropriately modest image of maternal femininity.

The idea of place (Dowling et al., 2012) and acceptability (Nelson, 2006) was also discussed by participants. As mentioned previously most participants felt there were inappropriate places to breastfeed in public, such as a place of worship whilst others sometimes felt the need to cover up more in certain contexts such as '*at a posh restaurant*' (Sam) and in some situations, withdraw to nurse more privately.

> *Being at an 80th birthday party when it came to breast feeding I thought 'oh I better take myself away' (Jenny)*

Using varying degrees of discretion methods also reduced the perceived sexualisation as there was less skin on show and the participants felt less embarrassed. There was also less chance of others seeing milk or the breast, as visible breastmilk is often perceived as unclean, distasteful and 'matter out of place' (Mahon-Daly & Andrew, 2002; Dowling & Pontin, 2017) Having a range of methods to increase discretion helped the participants feel more confident when breastfeeding their child in public. Strategies also needed to be developed to manage the particular needs and the increasing size of their infants. Ebony moved primarily to providing expressed milk in a bottle to her daughter after three years:

As they get older that tend to lose the latch it often seems to be associated with their milk teeth anyway… when she got to probably about three actually she was really starting to struggle

'Weird freaky paedophiles': Media representations of extended breastfeeding

In contrast with some of the more subtle and typically non-verbal forms of stigma discussed in the first theme, participants reported that they found media coverage surrounding feeding older children to be generally overtly hostile. This confirms previous cases of media representations of extended breastfeeding through television, newspapers and discussion boards are almost invariably negative (Dowling & Pontin, 2017; Hitt, Zuang & Anderson, 2017). Our participants spontaneously spoke about derogatory media coverage and what they perceived as '*the negative backlash*' from these stories. This was particularly upsetting for the two participants feeding children over two or planning to.

The participants generally felt that the women in the media feeding older children were represented as sexually inappropriate and/or psychologically maladjusted. Previous research has considered that people believe that the longer that a mother continued breastfeeding the increased the perceived risk may be that they may negatively affect emotional and social development of their children (Faircloth, 2010). Lindsay aspired to feed her daughter breast milk for three years but was fearful of how she would be viewed if she breastfed for this duration.

For some reason, the only media coverage they show of breast-feeders are women still breastfeeding their eight year old children that are really extreme stories designed to make breast-feeders look like sort of weird freaky paedophiles… I find that really tough (Lindsay)

Ebony highlighted a discussion forum on a tabloid newspaper site where members of the public posted their feelings about a celebrity from a popular American comedy breastfeeding their four -year-old child. Various contributors lambasted her behaviour as 'selfish', 'disgusting' thwarting the development of her son's independence, providing milk that is 'not good' and even using it as an explanation for the actresses' marital breakdown.

> *There's been a lot of just horrible comments and you know she's obviously kind of put herself in a quite vulnerable position and there's just kind of loads and loads and loads of negative comments from public you know about how sexualised this is it's just awful*

Such a consensus of negativity surrounding women in the media who breastfeed for an extended period of time caused exceptional discomfort for those women who were extended breastfeeders themselves, creating worries over how strangers would react and how feeding their child is perceived. Representations about feeding an older child were routinely negative. Nancy discussed a scenario from her niece's studies:

> *She'd just finished studying childcare at the time and one of the questions on her course was about an older breastfed baby and do they think it is abuse?*

The media was considered one of the main causes of wider negative perceptions of breastfeeding in public. Media coverage was considered sensationalised with a focus on negative reports aimed to sell stories (Lawrence, 2012). Summer felt that the media creates rival groups of women with representations of 'formula versus breastfeeding'.

> *There's a lot there's still a lot of negative attitudes out there that you see in the media with people especially with public breastfeeding* (Nancy)

In common with recent research by Brown (2016) participants noted that there were very few regular, routine representations of breastfeeding women on British television such as in popular television dramas.

> *It'd be nice to just have people breastfeeding in a café or whatever on 'EastEnders'* [a popular British drama screened several times weekly] *or that you know people's go that's normal then you don't need to get the bottle out (Ebony)*

Foss (2012) discussed the normalisation of the bottle in reality television, where television is used as a source of health information and constructed norms and therefore can have an influence on the health choices that individuals make. In selected episodes where breastfeeding was shown on television, it was portrayed as a private activity in the home (Foss, 2012) rather than an activity acceptable to be done in public. In this research, only full-term single young babies were seen being breastfed on television programmes rather than more diverse images. This is unfortunate as television may be an important resource for increasing knowledge and promoting normalisation of breastfeeding.

'You really need that': Importance of support for longer-term breastfeeding women

Maintaining breastfeeding over a prolonged period is challenging. All the participants had faced occasions when they were strongly tempted to abandon breastfeeding prematurely. Certain family members and friends (often other mothers who were also breastfeeding for an extended period) were important in providing support at these moments of crisis, however almost universally particular emphasis was given by participants to support from a partner or husband. His commitment to a prolonged period of breastfeeding was key.

> *I've had a couple of occasions where my partner's prised a bottle out of my hand and he's like 'no… you know we've talked about this and this is what we want and it's hard now but.. you can do this…' and you do you really need that support... a really good partner* (Lindsay)

> *If he'd have just been like 'oh just give up y'know, let's give them this, let's just give her some formula or whatever' it would've been a lot harder for me to continue* (Sam)

Attending breastfeeding groups and public venues such as cafes that endorsed mothers' breastfeeding in the town facilitated feeling more confident as a breastfeeding mother especially as the child aged (Youens et al., 2014) and in cementing and creating a positive identity and chance to meet with other mothers in a similar position (Faircloth, 2010). This may be particularly beneficial for mothers that are less confident breastfeeding

in public, as breastfeeding groups offer the opportunity for group breastfeeding whilst also encouraging normalisation of public breastfeeding (Boyer, 2011).

With the increase in technology and social media usage, mothers have started to use websites such as Facebook and Mumsnet as sources of both support and information and there are several blogs and social media community groups for mothers who are extended breastfeeding whilst a range of applications have been developed where mothers can share information about feeding problems and strategies as well as information about spaces where it is safe to breastfeed an older child in the local community (White, White, Giglia and Tawia, 2016)

> *lots of kind of chatting on Facebook in the middle of the night… just you know sounding off about our night feeds and being tired and that kind of thing so a bit of moral support there* (Sam)

> *I really kind of found out people in similar situations through sort of internet forums and stuff like that* (Ebony)

The opportunity to talk to other mothers at any time of day or night, with the option to choose to be named or anonymous on various media has allowed for a greater exchange of information and support from these sources. Internet discourse from popular forums have been analysed in previous research (Callaghan & Lazard, 2012) and found to present similar themes to those in interviews, suggesting that women feel comfortable discussing experiences and opinions under an anonymous pseudonym. Some women, like Ebony, expressed a preference for specialist groups for women who were breastfeeding older infants as more general breastfeeding forums were not immune from pressure to remove certain breastfeeding photos, experiences of receiving stigma and negative comments and having bad experiences. However, with selective engagement on social media, a multifaceted support network appeared to be most effective in supporting breastfeeding mothers with benefits from partners, families, professionals and peer-support both locally in person and on-line.

Discussion:

Our findings provide further evidence that understanding breastfeeding in the countries of the United Kingdom requires an appreciation of the intersection of 'affect, embodiment and urban subjectivity' (Boyer, 2012, p.552) and how this applies more specifically when understanding accounts of women feeding older infants in public and semi-public milieu. Our findings show how breastfeeding older infants was routinely stigmatised through sensationalised portrayals in the media and through disapproval and embarrassment from many family members and members of the wider community (often other women) who acted as 'kill-joys' (Ahmed 2004). Offering further confirmation of relatively recent studies such as Faircloth (2010) and Dowling and Pontin (2017), our participants reported how some previously highly supportive significant others changed their views and behaviours once breastfeeding was seen as exceeding 'normal' durations. Nonetheless, despite these pressuring and coercive behaviours and often in the context of continued concerns about (exposing) their post-natal bodies, the mothers in our study continued to breastfeed (often proudly and defiantly, as noted previously by Dillard (2015) amongst others) and cited the importance of peer, partner and online support as well as a motivation to increase the visibility and acceptance of longer-term breastfeeding. The focus on feeding older infants has been relatively under-researched and our data provided additional insights into some of the difficulties these women face and some of the strategies that they use. Using a robust and in-depth phenomenological paradigm we have added additional rich, experiential data that show the power of both enacted and felt stigma on these women's comfort and well-being and how a range of both proximal (negative family views and interactions, perceived disapproval in the local community) and more distal (representations in institutions such as education and the media) often make extended breastfeeding a challenging enterprise in an English context. The paper also develops our understandings of salutogenic resources that can support women who wish to breastfeed for longer periods and provides some suggestions for developing these further and potentially supporting women with more limited social support networks.

However, a number of limitations to the current study must be considered. Unlike recent research by Tomori et al. (2016) and Dowling and Pontin (2017), our study used a single method in a lone locale, and arguably it may have been useful to use additional

strategies for recruitment and methods of data collection both to triangulate findings and potentially offer a richer ethnographic context to the study. By recruiting participants that had reached out to breastfeeding support groups and social media communities these women arguably had additional social support compared to many women and therefore may not be reflect an accurate representation of the wider population of women who are feeding their children beyond six months within this geographical area. Given the often secretive and potentially taboo nature of extended breastfeeding our recruitment strategies likely missed some women not affiliated to centres or social media groups. Furthermore, the participants were all white and had received further or higher education and had good breastfeeding literacy. All participants had long-term male partners/spouses and they all highlighted the importance of this support. This threatens the transferability of our findings and it may be that different aspects of experiences would be reported by single or separated mothers, women affected by poverty or significant ill-health or those who are in a same-sex relationship. A majority of the sample had more than one child. Mothers with their first children or who were younger may experience further difficulties with breastfeeding and further stigma (Williamson, Leeming, Lyttle & Johnson, 2013). Younger mothers in particular appear to receive less support with breastfeeding generally and are unlikely to be encouraged to breast feed for longer periods (Noble-Carr & Bell, 2012; Hunter, Magill-Cuerden & McCourt, 2015).

In common with much recent qualitative health research Facebook proved to be a useful tool for promoting the study and for recruiting participants (Gelinas et al., 2017; Sikkens, van San, Sieckelinck, Boeije, & de Winter, 2016) with a majority of participants being accessed via this route rather than researcher visits to groups in centres. However, although participation in social media is now normative for people in the UK, this may also have ended up rather limiting the sample of participants recruited to the study and potentially skewed our findings over the importance of on-line peer support.

Extended breastfeeding is a multi-faceted phenomenon and area of continuing debate and diverse discourses. Whilst rates of breastfeeding initiation have been improving, in the United Kingdom, rates of sustained breastfeeding fall well short of the figures of other European countries and arguably more importantly also of many women's own intentions (Madeeya, Fahy & Kable, 2010). We argue that there needs to be advocacy for extending

further the rights of breastfeeding women and ensuring that institutions are aware of the rights of nursing mothers and to extend their responsibilities in facilitating support for breastfeeding. This could include making it more explicit that legal protection of breastfeeding mothers in public does not end at 26 weeks which is a common misinterpretation (Griffith, 2010) and for the English government to come into line with the WHO recommendation of promoting provision of breast milk for two years (WHO, 2015). Health visitors could be better educated about the continued benefits of extended breastfeeding and trained to understand and offer support around some of the psychosocial challenges women who chose to breastfeed beyond six months can face. Peer support has worked very effectively for women earlier at earlier stages of breastfeeding but a recent UK survey showed how provision is very patchy with only 56% of the United Kingdom covered alongside additional concerns around the quality of some provision, integration with formal health and care and under-participation by poorer and more vulnerable women (Grant et al. 2018). However some women who wish to breastfeed on a longer-term report moving away from general peer support networks because their choices can be challenged by other mothers. Provision of schemes and resources for women who wish to breastfeed for longer need to be extended specifically for women who are breastfeeding for longer – especially for women who lack supportive partners and other close family members. As recognised by several other colleagues there needs to be more interventions to build the self-efficacy of breastfeeding women and further educational and health promotion work to try and ensure that people fully understand the benefits of continued breastfeeding and feel more comfortable with being around a more diverse range of breastfeeding mothers (Brockway, Benzies & Hayden, 2017). Lobbying for a much wider range of mainstream media representations of infant feeding including (but not limited to) older infants would also be helpful (Foss 2013). As advocated by Dowling and Brown (2013) a multi-agency approach is required to normalise extended breastfeeding and challenge common discourses that the practice is pointless, bizarre or in some way harmful to mother or infant.

We collected data through single interviews. Further research around the experiences feeding older children using multiple qualitative methods with different recruitment and sampling techniques may generate greater insights. For example, recent work has used audio-diaries to elicit day-by-day experiences of breastfeeding in the first

month and shown how diary and interview data can both triangulate and also elicit subtly nuanced differences within accounts which can lead to a synergised analysis (Williamson et al., 2013; Williamson, Leeming, Lyttle & Johnson, 2015). In addition, more discursive analyses of support and hostility on internet sources and representations on various media will allow us to understand better, and therefore, potentially tackle the negativity that extended breastfeeding seems to engender.

References

Arendt, M. (2008). Communicating human biomonitoring results to ensure policy coherence with public health recommendations: Analysing breastmilk whilst protecting, promoting and supporting breastfeeding. *Environmental Health, 7*(1), 1-6.

Bai, Y., Wunderlich, S. M. & Fly, A. D. (2011). Predicting intentions to

continue exclusive breastfeeding for 6 months: A comparison among racial/ethnic groups. *Maternal and Child Health Journal, 15*, 1257-1264. DOI:10.1007/s10995-010-0703-7

Brockway, M., Benzies, K., & Hayden, K. A. (2017). Interventions to improve breastfeeding self-efficacy and resultant breastfeeding rates: A systematic review and meta-analysis. *Journal of Human Lactation*, DOI: 0890334417707957.

Biggerstaff, D. and Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, *5,* 214-224.

Brown, A. (2016). What do women really want? Lessons for breastfeeding promotion and education. *Breastfeeding medicine*, *11*(3), 102-110.

Boyer, K. (2011). "The way to break the taboo is to do the taboo thing" breastfeeding in public and citizen-activism in the UK. *Health & Place, 17*, 430-437.

Boyer, K. (2012). Affect, corporeality and the limits of belonging: Breastfeeding in public in the contemporary UK. *Health & Place, 18*, 552-560.

Boyer, K. (2018). The emotional resonances of breastfeeding in public: The role of strangers in breastfeeding practice. *Emotion, Space and Society, 26,* 33-40.

Burns, E., Schmied, V., Sheehan, A., & Fenwick, J. (2010). A meta-ethnographic synthesis of women's experience of breastfeeding. *Maternal & Child Nutrition*, *6*(3), 201-219.

Callaghan, J. E. M. & Lazard, L. (2012). 'Please don't put the whole dang thing out there!': A discursive analysis of internet discussions around child feeding. *Psychology and Health, 27*(8), 938-955.

Chowdhury, R., Sinha, B., Sankar, M. J., Taneja, S., Bhandari, N., Rollins, N., & Martines, J. (2015). Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta Paediatrica*, *104*(S467), 96-113.

Condon, L., & Ingram, J. (2011). Increasing support for breastfeeding: what can Children's Centres do? *Health & Social Care in the Community*, *19*(6), 617-625.

Department of Health (n.d.) Breastfeeding https://www.health-ni.gov.uk/articles/breastfeeding (Accessed 22 May 2018)

Dillard, D. M. (2015). Nurse-ins, #NotCoveringUp: Positive deviance, breastfeeding, and public attitudes. *International Journal of Childbirth Education, 30*(2), 72-76.

Dowling, S., & Brown, A. (2013). An exploration of the experiences of mothers who breastfeed long-term: what are the issues and why does it matter? *Breastfeeding Medicine*, *8*(1), 45-52.

Dowling, S., Naidoo, J. & Pontin, D. (2012). Breastfeeding in public: Women's bodies, women's milk. In P. Hall Smith, B. L. Hausman, & M. Labbok (Eds.), Beyond health, beyond choice: Breastfeeding constraints and realities (pp. 226-236). Chapel Hill: Rutgers Press.

Dowling, S. & Pontin, D. (2017). Using liminality to understand mothers' experiences of long-term breastfeeding: 'Betwixt and between', and 'matter out of place'. *Health,* 21 (1), 57-75. DOI:10.1177/1363459315595846

Duong, D. V. Lee, A. H. & Binns, C. W. (2005). Determinants of breast-feeding within the first six months post-partum in rural Vietnam. *Journal of Paediatrics & Child Health, 41*, 338-343

Faircloth, C. R. (2010). 'If they want to risk the health and well-being of their child, that's up to them': Long-term breastfeeding, risk and maternal identity. *Health, Risk & Society, 12*(4), 357-367.

Foss, K. A. (2012). Breastfeeding in the "Baby Block": Using reality television to effectively promote breastfeeding. In P. Hall Smith, B. Hausman, B. L. & M. Labbok (Eds.), *Beyond health, beyond choice: Breastfeeding constraints and realities.* (pp. 226-236). Chapel Hill: Rutgers Press.

Foss, K. A. (2013). "That's not a beer bong, it's a breast pump!" Representations of breastfeeding in prime-time fictional television. *Health communication*, *28*(4), 329-340.

Gelinas, L., Pierce, R., Winkler, S., Cohen, I. G., Fernandez Lynch, H. & Bierer, B. E. (2017). Using social media as a research recruitment tool: Ethical issues and recommendations. *The American Journal of Bioethics, 17*(3), 3-14.

Giles, M., Connor, S., McClenahan, C. & Mallet, J. (2010). Attitudes to breastfeeding among adolescents. *Journal of Human Nutrition and Dietetics, 23*, 285-293.

Godfrey, J. R., & Lawrence, R. A. (2010). Toward optimal health: the maternal benefits of breastfeeding. *Journal of Women's Health*, *19*(9), 1597-1602.

Government Equalities Office (2013) Equality Act 2010 Guidance https://www.gov.uk/guidance/equality-act-2010-guidance (Accessed 22 May 2018)

Grant, A. (2016). "I… don't want to see you flashing your bits around": Exhibitionism, othering and good motherhood in perceptions of public breastfeeding. *Geoforum*, *71*, 52-61.

Grant, A., McEwan, K., Tedstone, S., Greene, G., Copeland, L., Hunter, B. & Paranjothy, S. (2018). Availability of breastfeeding peer support in the United Kingdom: A cross-sectional study. *Maternal & Child Nutrition*, *14*(1). DOI: 10.1111/mcn.12476

Griffith, R. (2010). The Equality Act 2010: Further protection against discrimination. *British Journal of Midwifery*, 18(11), 732-733.

Heymann, J., Raub, A., & Earle, A. (2013). Breastfeeding policy: A globally comparative analysis. *Bulletin of the World Health Organisation, 91*, 398-406. http://dx.doi.org/10.2471/BLT.12.109363

Hitt, R., Zhuang, J., & Anderson, J. (2017). Media presentation of breastfeeding beliefs in newspapers. *Health communication*, 1-9. DOI:10.1080/10410236.2017.1351275

Hunter, L., Magill-Cuerden, J. & McCourt, C. (2015). Disempowered, passive and isolated: How teenage mothers' postnatal inpatient experiences in the UK impact on the initiation and continuation of breastfeeding. *Maternal & Child Nutrition, 11*, 47-58. DOI:10.1111/mcn.12150

Hurst, C. G. (2013). An initial validation of a measure of sexual perceptions regarding breastfeeding. *Social Work in Public Health, 28*, 21-31.

Johnston Balkam, J. A., Cadwell, K. & Fein, S. B. (2011). Effect of components of a workplace lactation program on breastfeeding duration among employees of a public-sector employer. *Maternal and Child Health Journal, 15*, 677-683. doi:10.1007/s10995-010-0620-9

Knaak, S. J. (2010). Contextualising risk, constructing choice: Breastfeeding and good mothering in risk society. *Health, Risk & Society, 12*(4), 345-355.

Larsen, J. S., Hall, E. O. C. & Aagaard, H. (2008). Shattered expectations: When mothers' confidence in breastfeeding is undermined – a metasynthesis. *Scandinavian Journal of Caring Sciences, 22*, 653-661. DOI:10.1111/j.1471-6712.2007.00572.x

Lawrence, R. A. (2012). Breastfeeding triumphs. *Birth: Issues in Perinatal Care, 39*(4), 311-314.

Lee, E. J. (2008). Living with risk in the age of 'intensive motherhood': Maternal identity and child feeding. *Health, Risk & Society, 10*(5), 467-477.

Leeming, D., Marshall, J., & Locke, A. (2017). Understanding process and context in breastfeeding support interventions: The potential of qualitative research. *Maternal & Child Nutrition*. DOI:10.1111/mcn.12407

Leeming, D., Williamson, I., Johnson, S. & Lyttle, S. (2013). Socially sensitive lactation: Exploring the social context of breastfeeding. *Psychology and Health 28*(4), 450-468. DOI:10.1080/08870446.2012.737465

Liechty, T., Coyne, S. M., Collier, K. M., & Sharp, A. D. (2018). "It's just not very realistic": Perceptions of media among pregnant and postpartum women. *Health Communication*, *33,* 851-859.

Mahon-Daly, P. & Andrews, G. J. (2002). Liminality and breastfeeding: Women negotiating space and two bodies. *Health & Place,* 61-76. DOI: 10.1016/s1353-8292(01)00026-0

Mangrio, E., Persson, K., & Bramhagen, A. C. (2017). Sociodemographic, physical, mental and social factors in the cessation of breastfeeding before 6 months: a systematic review. *Scandinavian Journal of Caring Sciences* DOI: 10.1111/scs.12489

McInnes, R. J., & Chambers, J. A. (2008). Supporting breastfeeding mothers: qualitative synthesis. *Journal of Advanced Nursing*, *62*(4), 407-427.

Nash, M. (2015). Shapes of motherhood: exploring postnatal body image through photographs. *Journal of Gender Studies*, *24*(1), 18-37.

Nelson, A. M. (2006). A metasynthesis of qualitative breastfeeding studies. *Journal of Midwifery & Women's Health, 51*, e13-e20 DOI:10.1016/j.jmwh.2005.09.011

Noble-Carr, D. & Bell, C. (2012). Exposed: Younger mothers and breastfeeding. *Breastfeeding Review, 20*(3), 27-38.

Pope, C., van Royen, P. & Baker, R. (2002). Qualitative methods in research on healthcare quality. *Quality and Safety in Healthcare, 11*(2), 148-152. DOI: 10.1136/qhc.11.2.148

Public Health England (2018). Breastfeeding at 6 to 8 weeks after birth: 2017 to 2018 Quarterly Data. https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-2017-to-2018-quarterly-data (Accessed 22 May 2018)

Rempel, L. A., Rempel, J. K., & Moore, K. C. (2016). Relationships between types of father breastfeeding support and breastfeeding outcomes. *Maternal & Child Nutrition*. DOI:10.1111/mcn.12337

Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C., & Victora, C. G. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, *387*, 491-504.

Santorelli, G., Petherick, E., Waiblinger, D., Cabieses, B., & Fairley, L. (2013). Ethnic differences in the initiation and duration of breast feeding–results from the born in Bradford Birth Cohort Study. *Paediatric and Perinatal Epidemiology*, *27*(4), 388-392.

Scottish Executive (2006). *The Breastfeeding etc. (Scotland) Act 2005: Advice for Employers.* Scottish Government Publications: http://www.gov.scot/Publications/2006/07/04152607/1 (Accessed 18.05.18)

Sikkens, E., van San, M., Sieckelinck, S., Boeije, H. & de Winter, M. (2016). Participant recruitment through social media: Lessons learned from a qualitative radicalization study using Facebook. *Field Methods, 29*(2), 130-139. DOI: 10.1177/1525822X16663146

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: theory, method and research.* London: Sage

Stearns, C. A. (2011). Cautionary tales about extended breastfeeding and weaning. *Healthcare for Women International, 32*, 538-554. DOI:10.1080/07399332.2010.540051

Taylor, E. N. & Wallace, L. E. (2012). For shame: Feminism, breastfeeding advocacy, and maternal guilt. *Hypatia, 27*(1), 76-98. DOI:10.1111/j.1527-2001.2011.01238.x

Tomori, C., Palmquist, A. E. L. & Downing, S. (2016). Contested moral landscapes: Negotiating breastfeeding stigma in breastmilk sharing, night-time breastfeeding, and long-term breastfeeding in the U.S. and U.K. *Social Science & Medicine, 168*, 178-185. DOI:10.1016/j.socscimed.2016.09.014

Williamson, I., Leeming, D., Lyttle, S., & Johnson, S. (2012). '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 & Child Nutrition*, *8*(4), 434-447.

Williamson, I., Leeming, D., Lyttle, S., & Johnson, S. (2015). Evaluating the audio-diary method in qualitative research. *Qualitative Research Journal*, *15*(1), 20-34.

Williamson, I. R. & Sacranie, S. M. (2012). Nourishing body and spirit: exploring British Muslim mothers constructions and experiences of breastfeeding. *Diversity & Equality in Health and Care*, *9*(2) 113-123.

World Health Organisation. (2015). *Child and young child feeding*. http://www.who.int/mediacentre/factsheets/fs342/en/ (Accessed 10 February 2018)

White, B., White, J., Giglia, R., & Tawia, S. (2016). Feed Safe: a multidisciplinary partnership approach results in a successful mobile application for breastfeeding mothers. *Health Promotion Journal of Australia*, *27*(2), 111-117. DOI: 10.1071/he15114

Youens, K., Chisnell, D. & Marks-Maran, D. (2014). Mother-to-mother breastfeeding peer support: The Breast Buddies project. *British Journal of Midwifery, 22*(1), 35-43. DOI:10.12968/bjom.2014.22.1.35

Table One: Sample Questions from Interview Schedule

How have you found the experience of breastfeeding your infant?
What influenced your views on anticipated breastfeeding duration?
Have your breastfeeding experiences changed as feeding has progressed? If so, how and why?
What are the best aspects of breastfeeding for you?
Are there elements of breastfeeding that you have found challenging or difficult?
Where do you feel comfortable breastfeeding?

Table Two: Participants' Details

Participant pseudonym	Age	Highest level of education	Occupation at time of interview	Religion	Number of children	Duration of current breastfeeding
Sam	31	University degree (BA/BSc)	Maternity leave	None	2	48 weeks
Jenny	36	University degree (BA/BSc)	Maternity leave	None	1	60 weeks
Amy	31	University degree (BA/BSc)	Housewife	None	4	27 weeks
Amanda	36	University degree (MA/MSc)	Lecturer	Christian	2	52 weeks
Nancy	31	University degree (BA/BSc)	Paramedic	Christian	1	105 weeks
Lindsey	28	Further Education 16-18	PR Executive	Agnostic	1	60 weeks
Ebony	35	University degree (MA/MSc)	Doctor	Christian	2	182 weeks
Summer	26	Further Education 16-18	Housewife	None	6	74 weeks