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Publication date: 2023

Document Version Peer reviewed version

Link to publication in Discovery Research Portal

Citation for published version (APA):

Buchannan, P., McFadden, A., Marshall, J. L., Shinwell, S., Farre, A., Cumming, S., Hay, L., & Gavine, A. (2023). Stakeholder and parent co-production within an NHS-tailored evidence synthesis of breastfeeding support in the UK: the Action4Breastfeeding project. Abstract from Maternal and Infant Nutrition and Nurture Unit (MAINN) Conference, Cumbria, United Kingdom.

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Download date: 03. Sep. 2023

(eds) 2023, 'Stakeholder and parent co-production within an NHS-tailored evidence synthesis of breastfeeding support in the UK: the Action4Breastfeeding project', Maternal and Infant Nutrition and Nurture Unit (MAINN) Conference, Cumbria, United Kingdom, 19/04/23 - 21/04/23.

# Stakeholder and parent co-production within an NHS-tailored evidence synthesis of breastfeeding support in the UK: the Action4Breastfeeding project

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#### Abstract

#### Background

Co-production in research enhances the quality and relevance of research findings. Stakeholder engagement was integral to the Action4Breastfeeding project. Our approach to stakeholder and parent involvement was 'active involvement' (Pollock et al 2018) throughout the process of evidence synthesis including planning, production and dissemination.

#### Methods

Engagement was achieved through a stakeholder working group and a parents' panel, supplemented by focus group discussions with women from groups least likely to breastfeed. All four UK countries were represented. The stakeholder working group included members of third sector organisations, policymakers, NHS practitioners, and commissioners. The parents' panel included women who had breastfed a child within the last three years and fathers. Focus group participants were recruited by a peer support organisation working with disadvantaged families. The three groups met separately four times during the study. Co-production activities included: a) discussing priorities for breastfeeding support, b) agreeing criteria to assess transferability of effective interventions from global evidence to the UK setting; c) identifying barriers to implementing breastfeeding support in NHS settings, and d) developing and prioritising strategies to overcome the identified barriers. The online meetings were supplemented with a modified Delphi survey. Focus groups were held online and in-person. Members of the stakeholder working group and parents panel attended in-person workshops held around the UK as the final stage of the project. A project extension for women with multiple long-term conditions mirrored this work.

## Results/findings

Practical elements of engaging stakeholders and parents in co-creation within an evidence synthesis will be presented, including achieving trust, confidentiality, and good working relations, valuing contributions and maintaining engagement. Examples of diversity and differing priorities within the various stages of the evidence synthesis will be provided. Ways of managing these to produce an NHS-tailored implementation and evaluation strategy framework will be discussed. We plan to continue engagement beyond the funded project to ensure effective knowledge mobilisation (Grindall et al 2022)

## Conclusion

Co-creation was essential to this evidence synthesis and whilst not always easy to achieve, resulted in rich discussions and diverse priorities that will contribute to the development of cost-effective breastfeeding support interventions in the UK.

## References

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