A photo-elicitation exploration of UK mothers' experiences of extended breastfeeding

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Abstract

In this qualitative study we explored the experiences of women breastfeeding children over 12 months of age. Data were collected from 24 participants using semi-structured photo-elicitation interviews and photo-prompted online surveys. Participants took photographs of their extended breastfeeding experiences over one week and reflected on how the events depicted made them feel, and what they represented in terms of their experience. Data were analysed using interpretative phenomenological analysis. Four themes were developed; parenting through breastfeeding: meeting the needs of my child, my body is not my own, social influences on the breastfeeding experience, and thinking about stopping: my choice or theirs? Findings highlight that extended breastfeeding was experienced as beneficial for both mother and child, promoting closeness, and bonding, and providing a valued parenting tool. However, some mothers reported conflict between their desire for child-led extended breastfeeding and the need to regain autonomy and control of their own bodies. The dangers of negative societal responses to extended breastfeeding and risks to mental health posed by cultural constructions of 'ideal' motherhood are discussed.

Key Words: breastfeeding, motherhood, interpretative phenomenological analysis, photo-elicitation, qualitative

1. Introduction

World Health Organization guidelines recommend the continuation of breastfeeding for up to two years and beyond (World Health Organization, 2021). Despite this, breastfeeding uptake varies with the highest levels found in low-income countries such as sub-Saharan Africa, South Asia and Latin America, and lowest rates in the USA and Europe (Victora et al., 2016). Current United Kingdom (UK) policy promotes exclusive breastfeeding for a minimum of six months and then continued breastfeeding alongside solid foods (Public Health England, 2016), however, levels of exclusive breastfeeding at 6-8 weeks are only around 32% in England (Public Health England, 2019) and Scotland (National Services Scotland, 2019).

Breastfeeding is biologically normal and, in some countries, including Rwanda, Sri Lanka and India, over 75% of babies continue to receive breastmilk at 2 years old (UNICEF, 2012). Statistics on extended breastfeeding in the UK are lacking, however in Scotland 18% of infants aged 13-15 months consume some breastmilk (National Services Scotland, 2019). Women engaged in what the literature largely labels ‘extended breastfeeding’, but is also termed ‘prolonged’, ‘sustained’, ‘long-term’, ‘child-led’ and ‘natural-term’ (Brockway & Venturato, 2016) are an under researched population. Understanding this experience is important as evidence suggests children experiencing longer breastfeeding duration have reduced numbers of infections and dental malocclusions, higher intelligence, and potential protection against overweight and diabetes in later-life (Victora et al., 2016). For mothers, breastfeeding protects against various cancers, diabetes and potentially obesity (Victora et al., 2016). Furthermore, children report breastfeeding as something that they enjoy, comforting, and assisting them when they are sad, unwell, or wanting to sleep (Gribble, 2009).

The UK ranks as one of the lowest for family friendly policies, including paid maternity leave across a review of 41 high-middle income countries (Chzhen et al., 2019)

creating barriers for extended breastfeeding. Short maternity leave and lack of flexible working opportunities are associated with reduced breastfeeding duration (de Lauzon-Guillain et al., 2019), with extended duration of legislated paid maternity leave encouraging breastfeeding for longer (Chai et al., 2018). In addition, poor healthcare professional interactions or attitudes (Rollins et al., 2016) and lack of NHS peer support in the UK, something that varies across the country, can result in shorter breastfeeding duration (Grant et al., 2018). However, the United States has higher breastfeeding rates than the UK at 12 months (Victora et al., 2016) despite poorer family policies (Chzhen et al., 2019) suggesting cultural factors specific to the UK must be playing a role in uptake and maintenance.

Women engaged in extended breastfeeding report feeling stigmatised, reduced support after 6-8 months, and pressure to end breastfeeding after 12 months (Brockway & Venturato, 2016). Despite breastfeeding being validated and promoted by policy initiatives in the UK, women engaged in extended feeding feel marginalised and a constant need to defend and rationalise their actions (Faircloth, 2010). Members of breastfeeding mother's social networks, who are initially supportive of breastfeeding, can change their views and level of support once a mother is perceived as exceeding the 'normal' breastfeeding duration (Dowling & Pontin, 2017; Faircloth, 2010; Newman & Williamson, 2018) and sensationalised media portrayals of extended breastfeeding can cause women to feel stigmatised (Newman & Williamson, 2018). These issues could have important implications for self-efficacy and confidence and contribute to breastfeeding cessation (Brown, 2017) but may be bolstered by supportive cultural environments. For example, a recent study exploring the influence of an online support group illustrated how peer support and observational learning helped mothers engaged in extended breastfeeding boost their self-efficacy and confidence (Black et al., 2020).

There is a lack of visibility of extended breastfeeding in UK culture, with bottle

feeding more commonly depicted than breastfeeding in print and TV media (Henderson, L. et al., 2000; O'Brien et al., 2017). Boon and Pentney (2015) have argued how sharing breastfeeding images can challenge cultural conventions regarding what should and should not be made public. Similarly, Locatelli (2017) analysed public discourses about breastfeeding by collating breastfeeding images shared on Instagram. The sharing and discussion of images can act as a platform for illustrating the embodied journey of breastfeeding while challenging stigmatization and seeking to normalise breastfeeding practices. Talking to mothers about their own images of extended breastfeeding is therefore a valuable approach to understanding these experiences.

This study is the first to explore experiences of extended breastfeeding using photo-elicitation and seeks to answer the question: how is extended breastfeeding experienced by women in the UK?

2. Methods

2.1 Design

IPA (Smith et al., 2009) was used combining in-depth individual interviews and online open-ended surveys with photo-elicitation (Collier, 1957; Harper, 2002). Photo-elicitation enables participant selected images to act as a catalyst for experiential accounts helping to equalize the inevitable power imbalance created by researcher devised interview schedules (Burton et al., 2017). Furthermore, the combination of photo-elicitation and interpretative phenomenological analysis (IPA; Smith et al., 2009) allows the researcher to develop a deeper understanding behind the meaning of individual experiences (Burton et al., 2017).

2.2 Participants

Faculty ethical approval was granted prior to data collection. Following sample size recommendations for IPA (Smith et al., 2009) nine women breastfeeding children over 12

months of age were recruited through advertisements on social media. Initial high response rates resulted in a long waiting list for interviews illustrating a strong desire in this population to share their experience. Resource restrictions limited the number of interviews that could be conducted therefore 25 waiting list participants were given the option to take part via online survey mirroring the questions asked during interviews. While there may be limitations to this, we felt providing opportunity to more women to share experiences outweighed any costs. Fifteen women accepted this invitation.

Participants were living in the UK. Most were currently breastfeeding one child, one interview and two online survey participants were breastfeeding two children. Interview participants were aged 30-42, the majority had either one or two children, age of the currently breastfed child ranged from 13 months to three years, and all were living with a partner. Online survey participants were aged between 27-43 and age of the currently breastfed child ranged from one to four years. For online participants no specific questions were asked about living circumstance or employment, however 12 mentioned a husband or partner and eight mentioned working either full or part time. Characteristics for all participants can be seen in Table 1.

2.3 Procedure

Following response to adverts, respondents were emailed a link to an online information sheet and consent form. Consenting participants were asked to spend one week taking photographs of their breastfeeding experiences using their own devices. Interview participants were asked to select around six photographs they felt most significantly represented their experiences, replicating the method used in previous research (Burton et al., 2017; Hughes et al., 2019; Mansfield & Burton, 2020). Survey participants were asked to select up to four photographs to be submitted via email. We reduced the number of images to be submitted for these participants in the hope that more detailed responses would be

provided for all photographs through reducing the time required for typed answers and decreasing participant burden. Participants were given the option of consenting to the use of their images, either anonymised, with facial blurring or unaltered, in both the consent form and verbally during interview.

Interview participants completed semi-structured online (N=7) or telephone (N=2) photo-elicitation interviews which began by exploring background and family circumstances, followed by sequential photograph discussion. For each photograph participants were asked: Why did you choose this photograph? What does it represent in terms of your breastfeeding experience? How did you feel when you were taking it? What is the particular importance of this photograph? How do you feel looking back on the photograph? Follow up questions explored reasons for choosing to breastfeed beyond 12 months, perceptions of the benefits of and barriers to extended breastfeeding, and anything else the participants would like to add. Interviews were conducted by the first author, lasted between 35-75 minutes, and were audio recorded. Anonymised verbatim transcripts were produced, and pseudonyms were chosen by the participants or allocated by the authors.

Online survey participants were sent a link to a survey that mirrored the questions used in the semi-structured interviews by asking about each photograph in turn before follow-up questions. Responses varied in level of detail and richness with some providing long paragraphs and others one or two sentence responses. This represented a limitation to this form of data collection when compared to interviews, however the opportunity for additional mothers to contribute was still valuable for understanding shared experiences.

2.4 Interviewer

The interviewer was the first author, a mother who breastfed her two children exclusively for the first 6 months and then breastfed alongside complementary foods for 14 and 18 months respectively. The interviewer kept a reflexive diary examining any influence

of her own experiences.

2.5 Analytic Strategy

Interpretative phenomenological analysis (IPA) was conducted in an iterative and inductive cycle, following the guidance of Smith et al., (2009). Each analyst was allocated several participants to review. Each represented an idiographic case-study and was attended to individually before progressing to more general categorisation across the sample. Interview transcripts and sets of photographs were reviewed several times for familiarisation. Photographs were used to help the analyst visualise and identify with the experience. Line-by-line transcript annotations were made identifying descriptive, linguistic, and conceptual codes. Initial coding was clustered and developed into broader theme categories. Once completed for each participant a comparison of theme clusters across cases was made and collaboratively developed into a master list of themes and subthemes. The first author reviewed all transcripts and photographs using this master list to check for analytic coherence.

The first author read the online survey data several times for familiarity before coding the responses using the *a prior* theme structure developed from the interview transcripts and remaining mindful of possible new themes. This process was reviewed and confirmed by the third author who agreed no new themes were present.

Data from the interview participants has been used to illustrate themes due to the added depth provided by the interview format. Additional examples from online participants can be found in Table 2 to illustrate the rigour of our analysis and the transparency and coherence (Yardley, 2000) of the themes.

Table 1

Participants Descriptive Characteristics

Pseudonym	No of photos	Age	No. of children	Breastfed child's age (s)	Relationship status*	Employment*	Previous breastfeeding experience**
Interview participants							
CJ	6	41	6	17 Months	Husband	Postgraduate student	Breastfed all children
June	7	30	1	18 Months	Husband	Working part time	No prior experience
Annie	6	37	2	3 years	Partner	Working	Breastfed first child
Rosie	6	42	1	27 months	Husband	Working part time	No prior experience
Stephanie	5	34	2	23 months	Husband	Not working	Breastfed first child until 13 months
Sally	6	31	2	13 months	Husband	Working part time	Tried to breastfeed first, switched to formula before she was ready
Adele	7	35	2	18 months	Husband	Working	Breastfed first child
Emma	8	36	2	3 years	Husband	Working part time	Breastfed first child until 3 years
Nicky	7	34	2	19 months 3 years	Husband	Working	Currently breastfeeding both first and second child
Online participants							
Eleni	4	36	2	2 years	Husband	Working full time	Breastfed first child until 2 years
Lolanthe	4	37	5	4 years 4 years	Not reported	Not reported	Not reported
Francesca	4	27	3	2 years	Husband	Not reported	Not reported

				1 year			
Zoe	4	40	2	4 years	Not reported	Not reported	Not reported
Stacey	4	35	3	18 months	Husband	Working part time	Breastfed first two children until 3 years
Laura	4	37	2	16 months	Husband	Working	Breastfed first child until 13 months
Claire	4	37	1	2 years	Husband	Working full time	No prior experience
Cat	4	32	1	2 years	Not reported	Working	No prior experience
Plum	4	28	1	3 years	Husband	Not reported	No prior experience
Sylvia	4	36	2	2 years	Partner	Working full time	Breastfed first child until 27 months
Ruby	4	40	2	2 years	Husband	Working	Breastfed first child until 1 year
Ella	4	39	1	2 years	Husband	Not working	No prior experience
Elizabeth	4	34	1	18 months	Husband	Working	No prior experience
Louise	4	27	1	2 years	Husband	Working	No prior experience
Joy	4	43	3	4 years	Husband	Not reported	Not reported

*Online participants were not asked about this directly. Detail is taken from spontaneous information provided in the accounts. **Participants were not asked about this directly. Detail is taken from spontaneous information provided in the accounts.

3. Results

Four themes were developed from the data; parenting through breastfeeding: meeting the needs of my child, my body is not my own, social influences on the breastfeeding experience, and thinking about stopping: my choice or theirs? Example images supporting each theme can be seen in Figure 1.

Figure 1

Participant photographs

Table 2

Example Data extracts from online participants

Theme	Subtheme	Pseudonym	Example
Parenting through breastfeeding	It's about closeness and connection	Francesca	My little boy finds it a comfort […] I love making eye contact with them
		Plum	[This photo is] Typical but magical in terms of bonding and feeling needed but also protective, watching him as he drifts off to sleep makes me feel connected to him
	One fix fixes all	Zoe	breastfeeding is to child tantrums like control alt delete is to windows, it's like a reset button for a bad mood.
		Claire	Boobs solve everything. Tired? Boobs. Cranky? Boobs. Hyper? Boobs. Sad? Angry? Scared? Hungry?.....it's always boobs […]It's an easy way to parent. I don't know how to be a parent without boobs
My body is not my own		Eleni	In terms of intimacy with my partner, the fact that I am breastfeeding particularly at night is hard sometimes. I would also like an uninterrupted night's sleep!
		Ruby	[This photograph] represents the part which makes me sometimes think about stopping feeding, he gets very active, climbs over me will lie on my throat and generally it becomes an uncomfortable experience for both myself and my husband as he starts to kick out sideways.
The sociocultural nature of breastfeeding	Social support and role modelling	Stacey	I had friends around me that were also tandem feeding/extended feeding so I felt supported in my choices.
		Ella	I think my confidence in breastfeeding came from a very small number of positive experiences when young. Seeing a small number of people nursing on public transport. Experiencing my mum,

			when I was ten, nursing my baby sister.
	Perceived societal views	Lolanthe	Even my pro-breastfeeding family started asking when I was going to stop around 15/16m. Although they gave that up long ago now!
		Joy	[In reference to a bedtime feeding photo] [I felt] slightly stressed as my father stayed the night and I knew he was waiting downstairs for me to put my son to bed and I'm not sure if he knew I still fed him. […] [it] made me think about what wider family would think if they knew I still fed my son. Only our immediate family and my mother know.
Thinking about stopping: My choice or theirs?		Eleni	With my first daughter I really found breastfeeding harder towards the end, wanted my body back and in the end we ended the feeding probably a bit to abruptly, (at age 2 years and 1 month), and I do regret that in some ways. This time I've decided to go on for a bit longer, although at some point I would like to start gently weaning. I would love for things to come to a natural end but I am not sure I can feed for another 18 months if that's how long it will take.
		Claire	[this photo is] At the park with friends, my girl was asking for milk even though she knows we don't do feeding during the day much anymore and I've been trying to curb it. She kept on asking so eventually I gave in because I'm a soft touch […] [I felt] guilty for giving in when I'm trying to wean. But I was laughing too because she's hilarious and was dancing her legs around while feeding.

3.1 Parenting through breastfeeding: meeting the needs of my child

This theme encapsulates the normality of extended breastfeeding as an embodied parenting practice that facilitated parental social roles and responsibilities. There were two distinct links between breastfeeding practices and parenting, firstly that breastfeeding promoted connection and closeness, and secondly as a valued practical parenting tool.

3.1.1 It's about closeness and connection

Extended breastfeeding was depicted as a pleasant and enjoyable experience with value for one-to-one bonding and closeness. For example, June who was breastfeeding her first child, described a photograph of herself watching her son breastfeed as a time where you spend time with just the child:

> *It's just that connection, it's just that connection, that quiet time for the two of you, neither of you are kind of distracted with anything else. It's just a nice kind of snuggle.*

For June extended breastfeeding provided one-to-one time to focus on her child and nurture their bond. June describes mutual benefits and the repetition of '*connection*' illustrates how this was central to the relationship. Annie also discussed this and shared a photograph of herself breastfeeding her youngest child while her eldest lay beside them:

> *It's just part of your morning routine basically, it's just a way to reconnect after you've been apart for a night.*

Normality was emphasised by Annie with repeated use of the word 'just', also used by June, to indicate how extended breastfeeding has become an established part of their routine. June and Annie also expressed the value for connection when returning from work. For example, in response to an image of her child playfully tugging her nose while breastfeeding June explained:

> *It's kind of one of the times of day where it's nice to have that connection at the end of*

the day before he goes up to bed, especially if I have been at work or not being with him during the day.

Here extended breastfeeding served the role of re-establishing the mother-child bond after a period of separation.

For Rosie intimacy was important as extended breastfeeding created a strong physical and emotional bond that was strengthened through the physical skin-to-skin contact. Referring to a photo of herself stood up with her child clinging to her while breastfeeding (Figure 2) Rosie explained:

[I took this photograph] because it is so typical it's the opportunism but it's just the relationship that she and I have, we are just very very close, and physically as well as mentally it gives her a lot of comfort, she really loves to be touching me, to be on me, to be holding me, and I love to do the same with her.

The strength and importance of the reciprocal bond was highlighted by Rosie who went on to talk about how breastfeeding was no longer about providing food for her daughter but about comforting and reassuring her through the closeness established between them: "*it's not the feeding side, it's out and out emotional comfort".*

3.1.2 "One fix fixes all"

Extended breastfeeding was described as a convenient tool for fulfilling parenting tasks supporting a variety of functions within daily routines. When responding to a question about the benefits Nicky linked the connection and closeness discussed in the previous theme with the value as a parenting '*tool*':

That connection with him and his connection with me. It's an amazing tool for illnesses or teething, or if they've got bumps or cuts or scrapes or anything like that. If they're not happy then it's an instant way to calm them down"

For Nicky closeness and connection were inseparable from the functional benefits of

breastfeeding for easing distress and illness. In this example and others, extended breastfeeding was presented as an easy and instant solution to a range of parenting challenges. This was captured by Emma who described it as '*one fix fixes all'*. In reference to an image of her child breastfeeding while falling asleep on the sofa Emma explained:

> *You hear of so many people that who are like, 'Oh my God, they won't go down for a nap', […] I'm like 'it's fine, she has boob and off she goes'. (Laughs) It's so much easier! It's just so much easier. She's happier then when she wakes up and I'm not going to stress or to fight to put her down.*

The value of breastfeeding to sleep was experienced both for her child who fell asleep easily and awoke relaxed, happy, and well rested and for Emma as the simplicity meant she did not experience the parenting-stress she had heard in other's accounts. Extended breastfeeding also served as a tool to comfort injured or sick children. June talked about breastfeeding being '*an instant fix'*, for example if her son had hurt himself or was feeling unwell:

> *It's kind of an instant fix […] a couple of times he's fallen and cut his lip […] soon as he has that [breastfeeding] it's, he's instantly fine so it's quite a nice quick fix for that sort of thing.*

For some, breastfeeding was perceived as the only solution. Rosie described how breastfeeding settled her daughter when she was upset and that she also needed to feed her to sleep. Like June, the speed at which breastfeeding resolved the challenge, in this case helping to settle her daughter, was something Rosie emphasised:

> *It's the calm in the storm, it's the time when all the screaming and the crying is done, and we still love each other and she's safe, and I think that picture represents that […] if I wasn't breastfeeding I don't know how I would have calmed her down so quickly so it's good from that perspective.*

Rosie explained that her child's needs strongly outweighed her own, and she would never decline her daughter's requests to breastfeed. This was despite the restrictions that being constantly on call placed on Rosie discussed further in the next theme '*my body is not my own'*.

3.2 My body is not my own

Expressions of commitment to extended breastfeeding meant that challenges were accepted and justified through the perception that sacrifice enabled them to be a good mother. However, some experienced this as a conflict that was difficult to resolve.

Children were presented as more active decision makers regarding when and where to feed than they had been as young infants. They were able to communicate and ask for breastfeeding, something which some participants were proud of but also presented challenges. For example, Emma experienced conflict between the desire to be child-led and a feeling of being overwhelmed and irritated by lack of personal boundaries (Figure 2):

> *she's like a boob ninja.[…] It can get irritating (laughs) very quickly […] you've been touched so many times, you just don't want anyone to touch you […] especially if I'm walking around ASDA and she's trying to get her hand down to play with my [breasts]...and I'm just like...stop it I can't stand...she doesn't do it discreetly, she'll pull my top fully down […] it's just...I love her to bits but God...some days.*

The stop start commentary in Emma's account illustrates grappling with the frustration of the events being recounted. While presented with humour, there is conflict between Emma's desire to parent in a way where breastfeeding can be central to her relationship but also to retain ownership of her body and control over when breastfeeding was appropriate.

Prioritising her child was not easy for Rosie and could require a lot of effort, with at one-point Rosie describing how her body "*is not her own*". Rosie highlighted the lack of

freedom she experienced when discussing a photo of breastfeeding while watching television:

> *My body is not my own, […] I can't just get up and do things, I can't just chill out on the sofa, I can't even give her a cuddle without "oh bubbies" (laughs) so it's very much how it's important to her but it is a bit of a tie for me […] I find it hard to not have that space for myself and to just be able to, when I'm all touched out, just sit there and I do sometimes have to grit my teeth and bare it because I know it's important to her.*

CJ also described the conflict of wanting to comfort her child and the risk of becoming physically 'stuck' when breastfeeding. Referring to a photograph of her child asleep lying on CJs stomach, she explained:

> *The feeding inevitably, not always, but quite often during the day will lead to a nap, […] if I'm sitting in the chair that means she's then asleep on me […] I'm a bit trapped. [...] I'm always like, slightly frustrated because I'm, I can't do anything else, but equally I really love it because I feel quite content because she's, she's my youngest and we are not going to have any more children, so I actually really love those moments.*

In contrast to the conflicts discussed by some, Nicky was comfortable with her child's actions to decide when and where to feed. Nicky was available to breastfeed whenever her child required. In response to an image of her 19-month-old daughter breastfeeding while Nicky was getting dressed, she explained:

> *I'd wandered into the room half-dressed and she saw the opportunity (laughs) and just toddled on over and sat down and helped herself which is quite a normal occurrence (laughs).*

Nicky was breastfeeding more than one child a 19-month-old and a 3-year-old. Despite openness to her youngest feeding whenever was needed Nicky had experienced

challenges and described her experiences with breastfeeding aversion:

> *As soon as I hit my second trimester, I just couldn't deal with [my eldest] feeding at all. […] I'd committed to feeding him and it seemed wrong for me to stop. But the feelings I got towards him were just horrible when I was feeding. I just…it sounds absolutely awful, but I just wanted to like bite him. […] it just made my skin crawl. It was awful. […] having the two of them on me at the same time it was just too much.*

Like Rosie's account of being '*touched out'* with her only child, Nicky had needed to fight through feelings of aversion with her older child following pregnancy with her second. Nicky's willingness to experience discomfort was justified through her position as 'committed' to breastfeeding and Nicky had implemented a strategy to set boundaries with her son and enable him to continue to breastfeed while giving herself more control and a safety net when feelings of aversion became too much:

> H*e understands if I start counting down, or counting up to twenty, he knows that when I get to twenty, that's it and it's me kind of controlling it in a way because I can count really really fast if it's getting too much*.

Nicky described conflict between her commitment to breastfeeding her child and her bodily response. The severity of her feelings and levels of distress are emphasised in her language, "*skin crawl"* and later through her personification of the aversion as an "*ugly head*" rudely interfering with her desire to comfort and breastfeed. The extreme conflict this caused is evident in Nicky's description of *"heartbreak"* at her own physical response to her son's breastfeeding.

3.3 Social influences on the breastfeeding experience

The mothers acknowledged two different cultural spheres within which extended breastfeeding practices were enacted and perceived. The first was relationships with family and friends offering social support and role modelling, the second was broader cultural

expectations and perceived judgements of breastfeeding an older child.

3.3.1 Social support and role modelling

Support from others was crucial for enabling extended breastfeeding. Many were surrounded by likeminded others also feeding older children, this vicarious experience legitimised, and role modelled longer term feeding. Support was also essential for progressing through early breastfeeding challenges.

June talked about how breastfeeding was not discussed within her family, but that she perceived them to be supportive of her decision to continue breastfeeding:

> *My family I guess are quite supportive even though it's not something that's really common or something that you really see extended feeding past one, it's not really something they were familiar with, they understand the benefits too*

June's account constructs feeding beyond 12 months as unusual resulting in the potential for it to be misunderstood, however her positive personal experiences led her to feel that her family share her perspective on the benefits. Both June and Emma contrasted positive family responses with negative in-law reactions to breastfeeding and the '*push'* (Emma) not to breastfeed: *"my in-laws were a bit funny about it, they don't like seeing it in front of them* (June)", *"[my in-laws] said that I was being selfish because then no-one else could feed the baby"* (Emma). June and Emma's husbands played a valuable role in their ability to remain unphased by this potential set back: *"I think my husband would have said something if it had carried on, he's very supportive of it, he kind of understands all the benefits of it so I think he would have just kind of had a quiet word if it had carried on*" (June).

Support for extended breastfeeding was found in peers, particularly those who were breastfeeding their own children. For example, Stephanie discussed the benefits of having friends with similar attitudes:

> *I think if I was the only one out of my friendship group that was still feeding, I think I*

> *might find that a bit awkward, to feed in front of them, to talk about it, I feel like I've got a good support group, because I've got several friends who have fed past a year, I've got a friend who is feeding her almost 4 year old still and I've got a kind of view of what it's going to look like in the future and I've got people I can ask questions of if I feel I need any support on things.*

Stephanie felt privileged to have found a supportive network, her child was 23 months at the time of the interview, and the modelling of others had supported Stephanie to continue breastfeeding to this stage and was likely to continue to support into the future.

Sally had experienced difficulties with a caesarean birth and latch issues with her first child resulting in a switch to formula. Family and friend's awareness of Sally's disappointment at this were perceived by Sally to be the reasons for being supportive of her want to breastfeed her second child, describing them as her "*cheerleaders"*. Sally had pro-actively sought the support of a breastfeeding group who, like for Stephanie, had been a source of support and advice:

> *I think it's really nice to, to know different mums at different stages, because it, it shows how it can fit into your life, because at the very beginning you think, you're going to be attached to this baby for the next like another two years and you are never going to be able to leave the house or wash your hair without, you know, but when you actually speak to mums at different stages and you realise that that is not the case.*

Sally's reference to the WHO guidance for two years breastfeeding illustrates how this could be daunting without the realisation and modelling by others, that illustrated the time commitment needed for breastfeeding changes and soon becomes a better "*fit into your life"*.

3.3.2 Perceived societal views: "I think people expect you to have stopped by the time your child is that age"

While few suggested that they had directly experienced negative comments, many alluded to the potential negativity of others. Rosie appeared to be the most confident interview participant with regards to breastfeeding in public. In response to an image of herself breastfeeding on a park bench she explained:

> *I'm just not self-conscious about it, I've never had any bad experiences but I think I don't always notice when people are maybe making side-eyes or comments under their breath, I tend to just be head down in my own little world, but in a way that's a good thing because it's meant I've kept my confidence up*

Together with her daughter breastfeeding created the safety of their '*own little world*', a time when Rosie's attention was fully invested in her child, as discussed in the '*closeness and connection*' subtheme. However, the unprompted disclosure of never having been the recipient of any overt negativity and the suggestion that she may not consciously notice negativity that occurs, indicates Rosie felt aware of some negativity surrounding public breastfeeding but had protected herself from this to ensure her continued confidence. Rosie's final remarks ("*I can be positive for [my daughter] and hopefully for anyone else who's thinking 'oh I'd like to but I'm a bit shy or nervous'*") suggest that her choice to publicly breastfeed had the underlying motivation of normalising the behaviour for others.

Like Rosie, Stephanie also shared an image of herself breastfeeding on a park bench. She had chosen the image to explain that she was able to breastfeed in public but also to illustrate her changing comfort levels as her child had gotten older:

> *[I] chose that [photograph] because it was one out and about, which I feel as your child gets older breastfeeding out and about is a little bit more kind of frowned upon. I have never ever had any comments, but I do feel a little bit more conscious now that she is older of what people might be thinking. […] I don't see other people feeding a child that age very often, and I think people expect you to have stopped by the time*

your child is that age

Stephanie highlighted the lack of visibility of extended breastfeeding and how this might contribute to her increasing discomfort due to a perception that she may be judged. Like Rosie, Stephanie seemed to be consciously challenging this lack of visibility by the selection of this image. The example illustrates an internal narrative about the thoughts of others that impacts on confidence. Something Adele also expanded upon when discussing an image of herself breastfeeding in public (Figure 2):

> *[when I feed in public] people will be looking at me, and I know in their head that they're either thinking "Good for you, I fed my children" or could be an 80 year old woman, and there'd be an 80 year old woman sitting next to me thinking, "that's disgusting" […] you're always slightly on guard, waiting, for something to happen or be said, but nothing did.*

The feared judgement was never enacted, however like many of the participants it was described as a perception regarding the internal narratives of others.

3.4 Thinking about stopping: My choice or theirs?

For some, there was a growing awareness that the breastfeeding relationship may be coming to an end. This was a conflicted position; there was a desire for the process to be child-led, but also a need to regain body ownership, and concerns about at what age the child may choose to stop.

Some were beginning to stop breastfeeding by gradually reducing opportunities. For example, when further explaining the image of herself feeding her child on a park bench, Stephanie explained:

> *I have been [breastfeeding in lots of situations] up until really recently, now I am trying to restrict her out of the house, just because of the constant demands of it […] I'm telling her 'no, we will do it when we get home', and she doesn't really like it.*

[…] She normally cries, pulls at my top, screams milk (laughs)[…] I feel really conflicted at that point because I sort of think, if that's what she wants, why aren't I doing it? Am I not doing it because of other people's perceptions?

Stephanie struggled with justifying her reasons for reducing her child's control over breastfeeding and questioned the influences on her decision. Her child's distress was also distressing for Stephanie, and the reflection on the perceptions of other's suggests that Stephanie was unsure whether this decision was for her own benefit or because this might be a cultural expectation that she felt pressured to adhere to.

CJs conflict related to the desire to continue to breastfeed her final child but also a need for self-care. When reflecting on a photograph of her sleeping child (Figure 2) CJ explained:

it's got harder for me to sleep while she feeds because she's, her suck has got much more powerful, it's quite, quite uncomfortable to feed her, so actually at night time I don't manage feeding and sleeping as well as when she was younger.[…] some days it makes me want to stop breastfeeding […] I get really frustrated and really tired and I'm grumpy the next day, and it's just, it makes me think, 'oh maybe we should just stop', and then I think I don't want to because we, we have got that closeness and she's very content and, and I think also, it soothes her and that's not a bad thing either. So very mixed feelings about it.

The lack of sleep for CJ was difficult to manage and had implications for her emotional wellbeing and her perceived ability to parent the following day, something important for her ability to home-educate her older children.

Other participants were not actively stopping but expressed awareness that breastfeeding would end at some point. Annie shared a photograph of herself looking at her daughter while they were laying down and breastfeeding:

I know that [breastfeeding] isn't going to continue for that long because she's nearly 3 and I can't really see she'll still be having milk in a years' time[…] I don't want to stop it basically, I want it to be something that she loses interest in.

Annie was uncertain about when breastfeeding might stop but was determined to enable the final decision to be led by her child and hoped that when it ends breastfeeding would be replaced by a new form of '*closeness*'.

Like Annie, Emma's account suggested a strong desire for stopping to be child-led ("*I can't just strip away from her, or him, until they're ready*" Emma). However, this was set within limits as she went on to reflect on continuing to breastfeed once her child reached school age:

Maybe when she starts school, it'll peter off more[…] if it's still not winding me up and it's something that she still wants, I'll be happy to follow her lead until it gets a little bit much for me […]it's a little bit inconvenient now, you know, you're fine now, you don't really sort of, I don't know, I haven't really sort of thought about it.

Emma's account portrays a struggle to resolve a strong desire for child-led weaning and a growing awareness that breastfeeding may become "*inconvenient"* as time goes on. Emma's accounts of frustration and lost body ownership discussed in the '*my body is not my own*' theme is echoed here in the suggestion that breastfeeding could become '*a little bit much'* illustrating that the decision to stop may need to be child-led but with limits.

4. Discussion

This study is the first to use photo-elicitation to explore women's experiences of breastfeeding a child beyond 12 months of age. The analysis presents four themes; (1) Parenting through breastfeeding: meeting the needs of my child, (2) My body is not my own, (3) Social influences on the breastfeeding experience, and (4) Thinking about stopping: My choice or theirs?

Extended breastfeeding was depicted as a normal part of daily routine and as an empowering parenting tool for both practical tasks and the provision of comfort and support. The benefits and reasons for breastfeeding described by these women mirrored the value as described by children themselves including enjoyment and comfort, and practical benefits such as supporting sleep and illness (Gribble, 2009).

The perceived value of extended breastfeeding for fostering closeness and connection described is well documented and affirms the link between extended breastfeeding and attachment parenting practices (Brockway & Venturato, 2016). Rather than encouraging the independence and individualism common in parenting in western cultures (Green & Groves, 2008), attachment parenting promotes connection, caregiving, responsiveness to crying, co-sleeping, baby wearing and longer-term breastfeeding on demand (Green & Groves, 2008; Miller & Commons, 2010). Whilst not all mothers in this study engaged in all these practices, for example some did not co-sleep, there was evidence of attachment parenting ethos across the accounts. This form of parenting seeks to form secure attachments with argued psychological and physiological benefits for children including reduced stress, enhanced emotional regulation, and reduced mental health concerns later in life (Miller & Commons, 2010).

The tool of extended breastfeeding enabled a feeling of confidence when managing difficult parenting situations such as ensuring quality sleep. Poor infant sleep is associated with poor maternal sleep and poorer maternal mood (Meltzer & Mindell, 2007) while parental perceptions of problematic infant sleep have been associated with higher levels of parenting stress (Sinai & Tikotzky, 2012). Extended breastfeeding for some mothers appeared to protect against these negative impacts of poor sleep. In addition, extended breastfeeding enhanced perceptions of self-efficacy in terms of supporting the child to sleep and in response to other parenting stressors such as illness, injury, or tantrums. Parenting self-

efficacy has been illustrated to be associated with reduced parental stress (Bloomfield & Kendall, 2012) and therefore viewing extended breastfeeding as ‘one fix fixes all’ potentially provided a protective effect.

Reflections on the extended breastfeeding experience were also conflicted. Despite valuing the benefits some spoke of feeling ‘touched out’ and associated internal conflict. These descriptions paralleled accounts of breastfeeding aversion where common emotional responses are anger, agitation, skin crawling, wanting to unlatch the child and feelings of guilt and shame (Yate, 2017). Participants described frustration, and a struggle to resolve the desire for autonomy and control while fulfilling their preferred parenting practices and ensuring breastfeeding choices were child led. This conflict was justified through narratives of sacrifice and perseverance in the interests of doing what was best for the child. These feelings were also closely linked in some accounts to conflicted reflections on the experience of stopping breastfeeding. There is potential for feelings of shame or guilt about infant feeding choices (Thomson et al., 2015) and our findings suggest that these emotions can persist beyond infant breastfeeding and affect the experience of extended breastfeeding.

As with perceptions of feeling ‘touched out’, for some participants the challenges of meeting ideal parenting standards while stopping breastfeeding was causing conflict. Some reflected on how this conflict may be grounded in concerns about the perceptions of others regarding their choices. These conflicted positions can be understood by considering evidence that high levels of discrepancy between perceptions of actual mothering and ideal mothering can lead to increased feelings of shame and guilt, particularly for mothers who fear negative evaluation by others (Liss et al., 2013).

It could be argued that the source of these conflicts lies in the internalisation of western views of ‘perfect motherhood’ (e.g. Henderson, A. et al., 2016) where women feel pressure to devote themselves to their children, putting the child’s needs above their own.

This pressure has parallels to central tenants of attachment parenting highlighted earlier (Green & Groves, 2008) raising the question of how long commitment to this form of mothering is sustainable for mothers themselves, particularly as pressure to be the perfect mother is associated with increased risk of burnout and stress (Meeussen & Van Laar, 2018). There is a clear need to challenge these cultural perceptions of motherhood and enable mothers to develop their own definitions of what it means to be a 'good' mother based on what is best for both themselves and their child, to reduce feelings of guilt and support mental health (e.g. Henderson, Harmon, & Newman, 2016).

Participants highlighted how sociocultural views, opinions, and expectations could be challenging, with initial barriers within social networks stemming from well documented negative cultural responses to extended breastfeeding (Dowling & Brown, 2013; Dowling & Pontin, 2017; Hills-Bonczyk et al., 1994; Kendall-Tackett & Sugarman, 1995a; Newman & Williamson, 2018). Participants explained perceptions of negativity rather than enacted negativity but also provided examples of how this could play out through close family relationships such as in-law responses to breastfeeding. This social coercion to wean (Morse & Harrison, 1987) represents a barrier to extended breastfeeding that was overcome by strong social support networks. This support boosted resilience in the face of negativity with networks 'championing' mother's decisions.

For some participants, the availability of extended breastfeeding role models within breastfeeding support groups helped them to see the behaviour as acceptable and possible. Previous research has highlighted the value of such support groups for breastfeeding decision making (Black et al., 2020; Faircloth, 2010; Gribble, 2008; Skelton et al., 2018) and participants spoke about role modelling within peer and support groups as both supporting and normalising extended breastfeeding and as facilitating self-confidence in breastfeeding

from birth. This mirrors findings from research exploring experiences of ‘baby cafes’ (Fox et al., 2015) and reinforces the value of social support based breastfeeding interventions (Black et al., 2020; Skelton et al., 2018). Like in Fox et al.’s (2015) study participants explained how seeing and talking to women breastfeeding children older than their own helped them visualise breastfeeding beyond early challenges and view these as temporary therefore supporting breastfeeding continuation. The mothers also spoke about how seeing older children being breastfed helped them see extended breastfeeding as achievable and therefore supported extended breastfeeding in addition to breastfeeding initiation.

Outside of breastfeeding support groups extended breastfeeding remains largely invisible. For example, in women’s magazines imagery of formula-feeding appears substantially more often than breastfeeding (O'Brien et al., 2017). This is problematic as embodied knowledge gained from seeing others breastfeed is proposed to have a greater influence on decisions to breastfeed than theoretical knowledge about the benefits of breastfeeding (Hoddinott & Pill, 1999). This lack of visibility may also contribute to the feelings of conflict regarding public breastfeeding. Most participants no longer breastfed in public and described reduced confidence in public breastfeeding as their child got older or an increasing perception that the activity would be viewed negatively by others. This judgement by others is a commonly perceived challenge for extended breastfeeding (Faircloth, 2010; Newman & Williamson, 2018). However, some chose images of public breastfeeding, perhaps as a challenge to the cultural invisibility of extended breastfeeding.

Public campaigns to help increase the visibility of extended breastfeeding, such as the Association of Breastfeeding Mother’s (ABM) “#FeedOn” campaign (Association of Breastfeeding Mothers, 2019) are an opportunity to facilitate this role-modelling benefit beyond breastfeeding support groups. Exposure to breastfeeding images can help normalise the behaviour and challenge stigma (Locatelli, 2017) and taken for granted sexualisation of

the breast (Boon & Pentney, 2015). Photo-exposure interventions have been shown to improve attitudes towards extended breastfeeding in healthcare professionals (Cockerham-Colas et al., 2012) and would benefit from formalised evaluation in other populations as potential public health initiatives.

4.1 Limitations

Participants were recruited for this study via social media, through breastfeeding and parenting support groups. This is a helpful platform for finding participants, however it does mean that participants were limited to those who had chosen to access such groups. Research has found that people who are members of breastfeeding social media groups often share characteristics, for example the majority are white, married and are educated to degree level (Morse & Brown, 2021). In the current study participants were largely white, in employment, and living with a partner. We cannot be sure whether those with differing circumstances would have talked about similar experiences.

5. Conclusion

This participant-led approach to data collection has facilitated rich and in-depth understandings of the experiences of mothers engaged in extended breastfeeding. Participants were empowered to collect images of personal importance, and some presented these as an opportunity to challenge negative cultural perceptions of extended breastfeeding. While the aim of research of this type is not to generalise, this multi-modal approach has enabled analysis to be conducted with enhanced access to and illumination of the participants lifeworld uncovering important new patterns and insights into extended breastfeeding**.** Extended breastfeeding is perceived by mothers to have benefits for the child through comfort, support and bonding, these benefits also apply to mothers in addition to providing a valued tool for completing daily parenting tasks such as easing illness or assisting sleep. Social relationships influence the experience of extended breastfeeding: facilitating, through

support and role modelling, and creating barriers through negative cultural perceptions. Furthermore, experiences of pressure to be 'ideal' mothers sacrificing their own needs for those of the child can create conflict, illustrating a need to challenge the moral implications of not fulfilling these expectations to support mothers' mental health both during and at the time of ending the breastfeeding relationship.

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6. Author Contributions

CRediT Statement:

Burton A: Conceptualization, Methodology, Formal Analysis, Data Curation, Writing-Original Draft, Writing – Review & Editing, Visualization, Supervision **Taylor, J:** Methodology, Formal Analysis, Data Curation, Writing-Original Draft, Writing – Review & Editing, Visualization **Owen A:** Methodology, Formal Analysis, Data Curation, Writing – Original Draft, Writing – Review & Editing **Renshaw, J E:** Formal Analysis, Writing – Review & Editing **Williams L E:** Formal Analysis, Writing – Review & Editing **Dean, S.E.:** Conceptualization, Methodology, Writing – Review & Editing

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