**BSc (Hons) Psychology, Staffordshire University**  
**Psychology Project Report April 2025**

**18012723**

An Exploration into Factors Which Led Young Mothers to Stop Breastfeeding Earlier Than Intended.

* I confirm that I have provided my supervisor with evidence of data collection  
  (please tick): Yes
* I can confirm that I have provided my supervisor with access to consent forms  
  (please tick): Yes
* I understand that it is my responsibility to ensure the statements above are  
  correct. I also understand that if any of the information referred to above is  
  missing, my project may not be given a pass mark.

Student’s signature: OBALL

Supervisor: A. Burton

Abstract

The World Health Organisation (2023) recommends that infants be exclusively breastfed for at least the first six months of their lives. Research has suggested that only 41% of infants under 6 months of age globally were exclusively breastfed (Sinha et al., 2018). Additionally, previous research found that increasing breastfeeding support prenatally and postpartum can improve breastfeeding rates (Huang et al., 2019). However, there is little research on how much support young mothers get when they want to breastfeed their infant, meaning there is a need to explore how young mothers perceive the support they receive for breastfeeding—allowing the right interventions to be put in place to support young mothers in their breastfeeding journey. The research questions explored in this study were:1) What experiences contribute to young mothers stopping breastfeeding before they want to? 2) How do young mothers perceive the support they receive for breastfeeding? 3) What do young mothers believe needs to change to improve breastfeeding support? The current research used Smith et al. (2009) method of Interpretative Phenomenological Analysis. Six female participants aged 17 to 23 were questioned regarding their understanding of breastfeeding support groups, their breastfeeding challenges, their experiences with healthcare professionals and their reasons for stopping breastfeeding earlier than they intended on. Four key themes were identified throughout the data, indicating that young mothers believe they are not adequately informed about breastfeeding, leading to breastfeeding challenges. Also, providing evidence for the quality of breastfeeding support provided by NHS professionals and the effects stopping breastfeeding prematurely has on young mothers. Limitations of this study include online interviews, researcher bias and the topic’s sensitivity.

Introduction

Breastfeeding is one of the foundations of a child’s health and development; breastfeeding should begin in the first hour after birth, and infants should be exclusively breastfed (EBF) for at least the first 6 months of their lives, as recommended by the World Health Organisation (2023). There are many breastfeeding health benefits for the infant, such as reduced risk of hospitalization, promotion of neurodevelopment and reduced risk of sudden infant death syndrome (SIDS) (Huang et al., 2019). Alongside benefits for the infant, breastfeeding provides enormous benefits for the mother, too, including reduction of postpartum stress, breast cancer and ovarian cancer (Huang et al., 2019). Despite this worldwide knowledge, many women stop breastfeeding due to a lack of support. In 2018, only 41% of infants under 6 months old globally were exclusively breastfed, as discovered by Sinha et al. (2018), who explored the benefits of breastfeeding and the adverse effects of not breastfeeding, demonstrated that breastfeeding is not easy and that women do require more support.

Several studies have suggested that counselling might be an effective way to support mothers with breastfeeding. Breastfeeding is physically and mentally challenging, and women need this long-term support to start and continue breastfeeding; counselling women prenatally and soon after birth can improve breastfeeding practices (Sinha et al., 2018). Clifford & McLyntyre (2008) found peer counselling and breastfeeding support groups are very effective, but only if women are aware this support is available and they access it. Highlighting that availability and awareness of support are important, so understanding what support young mothers know and how they access it could inform future interventions. Pérez-Escamilla (2020) explained how, in the 21st century, women are still experiencing barriers that prevent them from achieving their breastfeeding goals; despite decades of evidence on what it takes to make breastfeeding work, women believe choosing to breastfeed their children is the difficult choice and feeding with infant formula is the easier option due to lack of support. Pérez-Escamilla (2020) recommends that breastfeeding counselling services be offered prenatally, perinatally, in the early post-partum and neonatal period, and as needed thereafter. Support during the first days and weeks after delivery is fundamental, and if this support is made available to breastfeeding mothers, then they have a better chance at breastfeeding for the length of time they want to.

Buckland et al. (2020) did a systematic review and meta-analysis on interventions to promote exclusive breastfeeding among young mothers. They found that young mothers are less likely to breastfeed or exclusively breastfeed for a long duration. Despite this research providing evidence that young mothers are less likely to breastfeed their infants compared to older mothers, there is a lack of research into the reasons why young mothers do not breastfeed or stop breastfeeding. The interventions were peer counselling, telephone support, antenatal support, massage, gift packs and financial incentives (Buckland et al., 2020). They found that peer counselling was the most promising strategy associated with EBF and stated that further studies are needed to understand the breastfeeding experiences of young mothers (Buckland et al., 2020). Suggesting that a better understanding of young mothers’ experiences with breastfeeding and what support they receive is needed. Previous research has also shown that social factors influence breastfeeding; negative attitudes towards breastfeeding in public have consistently been identified as a key barrier to breastfeeding continuation (Burton et al.,2021; Burton et al., 2022), and younger women are more affected by negative reactions to breastfeeding in public (Morris et al.,2019). To understand what support is needed and inform new interventions, qualitative research needs to explore breastfeeding experiences and reasons why young women stop breastfeeding before they want to.

Evidence suggests that increasing support prenatally and postpartum can improve breastfeeding rates. For example, Huang et al. (2019) researched antenatal and postnatal care when breastfeeding; there were two groups: a control group that received routine care and an intervention group that received antenatal breastfeeding education and postnatal lactation support. At discharge from the hospital, 43% of the intervention group exclusively breastfed, and 30% of the control group exclusively breastfed; they found after 4 months of being discharged, 70% of the intervention group exclusively breastfed, and 46% of the control group exclusively breastfed (Huang et al., 2019). The intervention group received regular, ongoing phone calls, and the control group, who received routine care, just got the standard face-to-face visits, which stopped once upon being discharged (Huang et al., 2019). Huang et al. (2019) demonstrated that ongoing individualized antenatal education and postnatal support could increase breastfeeding rates from delivery to 4 months postpartum. Clifford & McLyntyre (2008) researched who supports breastfeeding women successfully and found that healthcare professionals are more effective in their support if their attitude to breastfeeding is positive and they have appropriate knowledge and skills to help the breastfeeding mother. However, this is something that is often lacking in their training. If healthcare professionals had training to develop new skills on how to support mothers with breastfeeding, this would improve the breastfeeding support mothers get prenatally and postnatally, which in turn could lead to more mothers breastfeeding for longer.

We know that support is needed to improve breastfeeding; this is both practical support (McFadden et al., 2019) and a need to change how breastfeeding is viewed societally (Morris et al., 2019). Most studies investigate mothers’ experiences with breastfeeding, but they do not specifically research reasons why mothers stop breastfeeding. Buckland et al. (2020) reported that younger mothers are less likely than older mothers to breastfeed exclusively or exclusively for longer. However, there is less research on young mothers and more research on breastfeeding mothers in general. Past research concludes that mothers who wish to breastfeed need more support to allow them to breastfeed successfully and for longer. SL et al. (2022) provided evidence that mothers who intend to breastfeed found breastfeeding support was most useful after birth and up to one week after. In the UK, we have many support options for parents, including family hubs, the Breastfeeding Network (The Breastfeeding Network, 2024), other voluntary support services, and NHS-provided support. There is a lack of research into how aware young mothers are of breastfeeding support groups and all breastfeeding support available. By finding out what support young mothers need to continue breastfeeding, interventions can be put in place to ensure more infants start their lives breastfed rather than formula-fed, mainly due to research showing how beneficial breastfeeding an infant is on the baby and their mother (Mangrio et al., 2017).

A gap in breastfeeding research is on how much support young mothers get when they want to breastfeed their infant, and if that lack of support can cause a young mother to stop breastfeeding before they intended. There is a need to explore how young mothers perceive the support they receive for breastfeeding and what they believe needs to change to improve breastfeeding support. Finding out why young mothers stopped breastfeeding before they wanted to, what support they received, and what support they think is needed will allow the right interventions to be put in place to support young mothers in their breastfeeding journey.

This study explores why young mothers across the UK did not breastfeed for as long as they wanted to. Through online interviews, the researcher will ask about their experiences with breastfeeding while also questioning what support young mothers got from the healthcare system and trained professionals while breastfeeding. Young mothers will be questioned about their understanding of breastfeeding support groups, the challenges they faced while breastfeeding, and their experiences with healthcare professionals while breastfeeding. Once the data is collected, Interpretative phenomenological analysis (IPA) will take place so that a detailed examination of individuals lived personal experiences can be reported through this study (Smith & Osborn., 2015). The researcher will use Interpretative Phenomenological Analysis (IPA) to analyse the interview transcripts, allowing the researcher to thoroughly examine personal lived experiences (Smith & Osborn. 2015). Due to this study researching people’s personal experiences with breastfeeding, this can be an emotional topic to discuss. Smith and Osborn (2015) say that IPA is a valuable methodology for examining complex, ambiguous, and emotional topics, so interpretative phenomenological analysis is used instead of thematic analysis.

The research questions explored in this study were:1) What experiences contribute to young mothers stopping breastfeeding before they want to? 2) How do young mothers perceive the support they receive for breastfeeding? 3) What do young mothers believe needs to change to improve breastfeeding support?

Methods

**Design**

The study will employ a phenomenological approach to investigate the lived experiences of young mothers who had to stop breastfeeding before they intended to. Participants will be recruited through purposive sampling, targeting individuals aged 16 to 24 who had to stop breastfeeding before they wanted to. The researcher will collect data through semi-structured interviews and analyse using interpretative phenomenological analysis (IPA) to identify recurring codes, personal emerging themes, and group emerging themes.

**Participants**

All participants had to meet the following inclusion criteria to participate in this study: (1) must have experiences of breastfeeding where this ended before they had intended it to, and (2) aged 16 to 24 years of age. Using guidance from the NHS, the age range of 16-24 was the most suitable to describe a young mother (NHS,2024).

Six participants took part in this study. This is in line with the guidelines provided by Coyle (2014), who recommends 1-12 participants for an IPA project. Smith et al. (2009, p. 56) suggested that in IPA research, “there is no right answer to the question of...sample size”.

All participants gave written and verbal consent (see *Appendix C)* at the interview, which the researcher stored on a password-protected OneDrive. For further participant information, please see Table 1.

**Table 1.**

*Participant Information.*

ShapeTotal Participants 6

Age in years Range 17 - 23

Mean 21.8

Standard Deviation 2.40

Demographic Participant Pseudonym Rebecca

Information County Wolverhampton

Age 23

Ethnicity White / British

Childs Year of Birth 2023

Wanted to Breastfeed For 12+ Months

Breastfed For 3 Months

Yearly Household Income 20,00 – 39,999 Pounds

Children 2

Participant Pseudonym Kimberly

County Staffordshire

Age 22

Ethnicity White / British

Childs Year of Birth 2024

Wanted to Breastfeed For 1-2 Years

Breastfed For 1 Month

Yearly Household Income Less Than 20,000 Pounds

Children 1

Participant Pseudonym Samantha

County Norfolk

Age 23

Ethnicity White / British

Childs Year of Birth 2024

Wanted to Breastfeed For 12 Months at Least

Breastfed For 1 Month but pumped for 11 Months

Yearly Household Income 20,00 – 39,999 Pounds

Children 1

Participant Pseudonym Evie

County West Midlands

Age 23

Ethnicity Mixed / Multiple Ethnic Background

Childs Year of Birth 2024

Wanted to Breastfeed For 6 Months

Breastfed For 2 Months

Yearly Household Income Less Than 20,00 Pounds

Children 1

Participant Pseudonym Annie

County London

Age 23

Ethnicity Mixed / Multiple Ethnic Background

Childs Year of Birth 2024

Wanted to Breastfeed For 6 – 9 Months

Breastfed For 3.5 Months

Yearly Household Income Less Than 20,00 Pounds

Children 1

Participant Pseudonym Lola

County Lancashire

Age 17

Ethnicity White / British

Childs Year of Birth 2024

Wanted to Breastfeed For Up To 1 Year

Breastfed For 2 Months

Yearly Household Income Less Than 20,00 Pounds

Children 1

Shape

**Materials**

The researcher recruited participants through an advertising postercreated via the mobile app Canva *(Appendix G*), which would encourage people interested in taking part to email the researcher for more information. The researcher created all the participants’ forms through Microsoft Word. The video chat software used was Microsoft Teams, and the researcher used the auto-generated transcript function. Ten open-ended questions with prompts were prepared for the interviews (see *Appendix F*); however, as mentioned during the ethical review process, this qualitative project used semi-structured interviews. Therefore, during the interview process, the researcher didn’t ask some questions. While in some cases, the researcher created new questions depending on the context.

**Procedure**

The researcher published the advertising poster (See *Appendix G*) on their personal social media accounts, such as Facebook and Instagram. Local family social media platforms such as the Breastfeeding Network, Thrive to Five, and family hubs shared the poster with details on contacting the researcher if they are interested. It was advertised on Staffordshire University’s SONA credit systems, where students were offered four SONA credits for participating. Finally, the researcher put physical posters around Stoke-on-Trent in coffee shops, mum groups, and Staffordshire University. An incentive was advertised on the poster disclosing that all participants who took part in an interview had the chance to be entered into a prize draw to win a £60 voucher. All participants were recruited through advertisements on social media.

Individuals who were interested in participation contacted the researcher via email, and the researcher sent a link to the Qualtrics form containing the information sheet (See *Appendix A*), the consent forms (See *Appendix C*) and the demographic questionnaire (See *Appendix E*). Upon completing the Qualtrics form, any participant aged 16-17 was emailed a letter (See *Appendix B)* stating they could show their parent/guardian if they wished. The researcher organised a one-hour Microsoft Team interview mutually via email with the participant.

At the start of each interview, the researcher reminded participants that they could stop and skip questions at any point and asked if they were still happy to participate. Participants were informed of their right to withdraw from the study at any point in the written and verbal format before the interview began. Once the researcher gained both written and verbal consent, the recording started. During the semi-structured interview, the researcher asked ten key questions and additional questions depending on the participants’ responses. The researcher skipped any questions they believed didn’t affect the participants’ experience. The key questions are listed below; please see Table 2:

**Table 2.**

*Key Questions for Semi-Structured Interview.*

Shape1 Can we start with you telling me a little about yourself and your family?

2 Why did you decided to breastfeed your baby / babies?

3 What was your knowledge of breastfeeding prior to having your baby/babies?

4 What was your first breastfeeding experience like?

5 What breastfeeding support did you receive once you left the hospital with your baby?

6 Can you talk to me about any challenges you faced while breastfeeding?

7 What support (if any) did you receive while you were facing these challenges?

8 What experiences / factors led you to having to stop breastfeeding before you wished too?

9 What impact did stopping breastfeeding before you wanted to have on you?

10 Thinking back to your experiences, what support could have been given to allow you to continue

breastfeeding?

Shape

Once the researcher asked all the necessary questions, participants were asked if they wanted to add or talk about other relevant experiences. Once both the researcher and participant were happy, participants were reminded that the incentive winner would be contacted by email, thanked by the researcher and then the interview ended. Following the interview, participants were emailed the debrief form (See *Appendix D*) via Qualtrics link, which contained the research questions for the study, confidentiality information, and direct links to relevant support services available to the participants.

**Ethical Considerations**

Before starting data collection, the Ethics Committee at Staffordshire University approved this qualitative research project while also being checked against the British Psychological Socialites Code of Ethics and Conduct (BPS Ethics Committee, 2021). While completing the ethical application, the researcher considered the well-being of participants, considering the potential harm that discussing a sensitive topic such as infant feeding experiences could bring up feelings of discomfort or distress for the participants. In research, it is essential to respect a participant’s autonomy while also remaining competent to refer participants to the relevant support services if they experience distress or are at risk of harming themselves (Ross et al.,2018). All participants gave written consent (See *Appendix C*) before the interview, and the researcher obtained verbal consent at the start of the interview. The information sheet assured participants they could not be identified from any publication or circulation of the results for this research project (See *Appendix A*). Each participant was informed of their right to withdraw at any point during the study, ensuring participant autonomy and minimizing the risk of harm. The researcher emailed participants the debrief form (See *Appendix D*) containing a list of support services they could contact after the interview.

**Method of Data Analysis**

The researcher analysed the data following Smith et al.’s (2009) Interpretative Phenomenological Analysis. Firstly, the researcher transcribed the interview verbatim, becoming familiar with the content (See *Appendix H*). The researcher then put the transcript into a table, re-read the transcription, and made exploratory notes, noting growing familiarisation with the transcript (See *Appendix H*). The researcher then created coding notes examining semantic content, language use and the growing familiarity of the participants (See *Appendix H*). The researcher put the codes onto a separate Word document, and they were created into key personal experiential themes (PETS), helping the researcher understand the unique perspectives and meanings of individuals lived experiences (See *Appendix I*). The write-up of each theme, the definitions, and coding examples were put into a table (See *Appendix I*). The researcher then followed this process for all six participants, and upon completion, the researcher condensed these tables showing the participants’ links to super-ordinate themes (See *Appendix J*). The researcher then searched for connections across all personal experiential themes, creating a table showing the group’s experiential themes (GETS) and sub-themes (See *Appendix K*). Reflexivity was ensured throughout the Interpretative Phenomenological Analysis (IPA) process using a critical examination of the researchers’ biases, assumptions and experiences to provide a rational interpretation of participants’ experiences (Smith et al.,2009).

Analysis

Following Smith et al.’s (2009) six-step Interpretative Phenomenological Analysis method, the researcher identified four group experiential themes : 1) set up to fail breastfeeding from the start; 2) they weren’t there and they should have been; 3) unforeseen breastfeeding challenges ending a breastfeeding journey and 4) the effects of ending breastfeeding prematurely.

**Set Up to Fail Breastfeeding from the Start**

This first theme was defined as young mothers believing the healthcare system is not providing them with enough information about breastfeeding and the support available, therefore setting them up to fail breastfeeding. The researcher identified three sub-themes.

“I didn’t really know anything about breastfeeding going into it.”

This sub-theme highlights conversations with participants about their breastfeeding knowledge before their own experiences. Multiple participants lacked breastfeeding knowledge before they started breastfeeding.

Rebecca said her mother didn’t breastfeed, but her sister did. Despite this, she didn’t know much about breastfeeding when she started; she stated:

*“I didn’t really know anything about breastfeeding going into it, but I just knew it was better for baby.” (Rebecca)*

Evie explained how her mum didn’t breastfeed, and she didn’t have family around her who had any breastfeeding knowledge. Evie expressed how she lacked breastfeeding knowledge before her own experience, stating:

*“My knowledge about it beforehand, I didn’t really have too much knowledge. All I know is that they say you got to eat quite well, and you’ve got to make sure you’re drinking water.” (Evie)*

Kimberley said she had no idea how to breastfeed. She spoke about how during her antenatal appointments, midwives discussed how she wanted to feed her baby, but breastfeeding information wasn’t provided, and she felt pressured to formula feed; she stated:

*“No idea at all because when I went to the my midwife appointment, funnily enough, they pushed me toward more towards formula. And they didn't advise me on anything for breastfeeding.” (Kimberley)*

Samantha spoke of how healthcare professionals didn’t provide breastfeeding information while in the hospital after the birth of her baby despite giving information on other important topics; she stated:

*“In the hospital there was somebody who came and spoke to us about how to deal with, like, crying. And things like shaking baby syndrome [...] But there wasn’t really any support on breastfeeding” (Samantha)*

These accounts suggest that young breastfeeding mothers feel healthcare professionals didn’t sufficiently inform them about breastfeeding prenatally and during the postpartum period. Suggesting that communication between healthcare professional and young mothers needs to improve.

Not Being Informed about Support Groups

This sub-theme identified that some young mothers were not aware of breastfeeding support groups meaning they couldn’t use these services available to them.

Rebecca was not made aware of local support groups by healthcare professionals before having her babies and only became aware of them due to her own research while breastfeeding her second baby; she stated:

*“I thought the midwife will help me when I give birth and then really, honestly. I didn’t know any other support apart from that, and I’d never been told any. Now I know about breastfeeding groups and the breastfeeding helpline, but pretty much all these was from my own research.” (Rebecca)*

Similarly, when asked if healthcare professionals made her aware of breastfeeding support groups, Samantha stated:

*“No, I wasn’t told about anything like that.” (Samantha)*

When discussing her experience with healthcare professionals, Evie believed they only cared for her baby and not her. Evie mentioned how healthcare professionals did not make her aware of support groups, stating:

*“No, I had to Google that on myself. They didn’t give me any information at all” (Evie)*

Upon being asked if she was aware or informed about support groups, Lola stated:

*“NO” (Lola)*

These accounts indicate that young mothers are not aware of the support that is available to them while breastfeeding, suggesting that more signposting to this support may be needed in healthcare settings.

The Need for a Breastfeeding Support Contact

This sub-theme was present amongst participants when discussing what they believed they needed during their breastfeeding journey to continue breastfeeding.

Rebecca believes having a contact for breastfeeding support would have helped her because she needed someone to talk her through how to latch correctly. She explained that the midwives couldn’t provide this due to being overworked and undertrained. She stated:

*“an infant feeding support worker, I think would have been absolutely amazing.” (Rebecca)*

*“I think the midwife was severely overworked. I think if she could have give me more of the time, she probably would have But. I feel as though she didn't know enough about breastfeeding.” (Rebecca)*

Kimberley spoke about how she needed someone who wasn’t in her family to talk about breastfeeding with because she felt like she couldn’t speak to those close to her, stating:

*“I didn’t feel at the time I’ve talked to my partner about it. So having somebody that didn’t know me. Didn’t know my situation would have helped.” (Kimberley)*

Evie mentioned how she didn’t have someone consistently helping her. The emotional tone implies that Evie would have benefited from having someone to contact to talk through her breastfeeding challenges with; she stated:

*“it’s not like I really had any midwives or anybody that I actually was consistently seeing helping me along with the journey.” (Evie)*

Samantha said she didn’t know who to ring while facing breastfeeding struggles. Suggesting that healthcare professionals may not have signposted Samantha to the breastfeeding support available to her; she stated:

*“I didn’t really know who to ring” (Samantha)*

These accounts suggest that young mothers are not aware of the breastfeeding support available to them, suggesting that better signposting to these services is needed. If healthcare professionals do seem overworked and undertrained maybe more support for healthcare professionals is needed too.

**They Weren’t There, and They Should Have Been**

This second theme was identified as young mothers’ experiences with healthcare professionals when reaching out for breastfeeding support. The researcher captured three sub-themes identifying different experiences with support.

“I was just kind of left on my own.”

This sub-theme was identified when participants discussed the support they received in the hospital, specifically the support they received within the first twenty-four hours after birth.

While her daughter was in the NICU, Evie asked healthcare professionals multiple times if she could stay with her daughter instead of going home two days after her birth. After pushing for support, healthcare professionals advised if she exclusively breastfed, then she would be able to stay with her daughter, stating:

*“I only got that once. I kept asking and pushing. They weren’t trying to tell me that. Yeah, I had to keep pushing them” (Evie)*

Lola said she felt alone in the hospital trying to figure breastfeeding out. She felt unsupported by midwives, and it felt scary that there were plenty of midwives to check on her, but they never did. Lola stated:

*“I was just kind of left on my own.[...] It was really, really scary, they had like quite a lot of staff. They weren't coming to check on any of us.” (Lola)*

Rebecca expressed how, on the first night in the hospital, she needed more breastfeeding support. Explaining how she would have benefitted from someone praising her and giving advice on how to make breastfeeding easier. Rebecca talks about how she rushed to get home so she could do more research on breastfeeding, indicating that Rebecca didn’t feel supported with breastfeeding in the hospital; she stated:

*“I think that first night especially I needed that support. And then I think going home, I wouldn't have just felt like I just wanted to get out of there. I would have kind of leaned into the support a bit more if there were more.” (Rebecca)*

Samantha reached out to the family for breastfeeding support, but they told her she would just get used to the pain. During Samantha’s first breastfeed in the hospital, the midwives were supportive, but after that first feed, she felt like the midwives were ignoring her, stating:

*“my family has been like, oh, yeah, it's gonna hurt. You know, you'll get used to it.” (Samantha)*

*“they were really hands on with that first. Experience. But then, after that, in the hospital, they didn’t really pay me much attention to me” (Samantha)*

Annie had an unexpected home birth. When the paramedics arrived at her house, they rushed her to the hospital, meaning Annie didn’t get immediate breastfeeding support, and it was a few hours later when she got to feed her baby. She stated:

*“And where we didn’t go where I didn’t give birth at the hospital, I didn’t have the support straight away. “(Annie)*

This sub-theme suggests that young mothers do not feel like they received sufficient support from healthcare professionals while they are breastfeeding in the hospital. Indicating that more training for healthcare professionals may be needed.

“I had to fight for further help. I wasn’t told about it.”

All participants experienced this sub-theme, and it identified that young mothers did not feel supported by healthcare professionals when they reached out for breastfeeding support.

Rebecca explained that while she was in the hospital, she asked midwives and the support worker for breastfeeding support multiple times. The support was either never provided or, when it was, Rebecca was left feeling unsupported. She stated:

*“I’*d like some breastfeeding support if po*ssible [...] and I had no breastfeeding support.” (Rebecca)*

*“She came over and she looked right. Oh, no, he's doing fine. He's doing really well [...] just do whatever feels comfortable for you. And that was literally it.” (Rebecca)*

Samantha said upon being discharged from the hospital, midwives didn’t provide her with any information on breastfeeding support contacts or groups. Samantha describes trying to get breastfeeding support from healthcare professionals as a fight, stating:

*“No, not in the first initial appointments. I had to fight for further help. I wasn’t told about it. they didn't bring it up if that makes sense.” (Samantha)*

Lola reached out to multiple healthcare professionals for breastfeeding support and was left feeling unsupported. She spoke of how healthcare professionals didn’t help with latching; she stated:

*“I did try and talk to the midwives and my health visitor, but they didn’t say much. They just kind of told me to keep latching on, and that was it.” (Lola)*

Evie spoke in depth about her experience with healthcare professionals not supporting her decision to breastfeed her child exclusively while she was in the children’s hospital. Healthcare professionals told her she had to express milk for her baby instead because Evie couldn’t stay in the hospital and breastfeed through the night as she wished; she stated:

*“They weren’t letting me stay there, so I couldn’t obviously, just like, you know, I couldn’t basically continue naturally breastfeeding. I had to be asked to pump.” (Evie)*

Annie spoke about when she was going to appointments healthcare professionals were telling her she needed to do more because of her babies' low birth weight but they never provided the breastfeeding support she needed. Annie mentioned that she would have breastfed for longer if the support was there, stating:

*“when we went in to do the checkups, they'd always be saying to me like you need to be doing more. Like, she's she's not gaining weight quick enough.”(Annie)*

*“I didn’t necessarily feel like I was supported in the best way that I could have been. I felt quite pressured, and I wanted to do it for longer, but I didn’t have the full amount of support.” (Annie)*

Kimberley gave insight that even when healthcare professionals do provide breastfeeding support, with resources like booklets, it isn’t always the support that is needed. Kimberley explained how she wished healthcare professionals answered her questions more and gave more physical breastfeeding support, like coming out to see her to support her with breastfeeding; she stated:

*“health visitor, she gave me a booklet [...] I think maybe the if the health visitor or somebody like that has been more understanding. And sort of more open to my questions that would have helped a lot more.” (Kimberley)*

*“If somebody had come out and seen me and sort of viewed what I was doing. Then maybe they could have helped me get a better latch. [..] Then maybe they could have helped me get a better latch” (Kimberley)*

This sub-theme provides evidence that young breastfeeding mothers are not feeling supported enough by healthcare professionals. Identifying that healthcare professionals may need to be more active in the way they give support instead of just handing out resources such as booklets.

Lack of Breast Pumping Support

The sub-theme was common amongst individuals who had to express milk due to health challenges and was identified as young mothers not feeling supported enough by healthcare professionals with breast pumping.

Rebecca shared her experience of not being able to breastfeed her baby due to him being admitted to the hospital and having to be tube-fed. Healthcare professionals told her she could express milk so that her baby could still have breastmilk through the tube. She mentioned how the healthcare professionals provided her with no pumping support or information; she stated:

*“I was shoved a pump in my face. I wasn’t told anything about pumping” (Rebecca)*

*“So, at this point, I had stopped breastfeeding. I was so sad that that had been taken away from me. I was trying to pump with little information I had.” (Rebecca)*

Evie shared a similar experience of how she couldn’t exclusively breastfeed her baby due to hospital admission. Sharing her experience of lack of support from healthcare professionals when they refused to swap the breast pump she was using for a different one when she asked due to struggling to use it, meaning Evie struggled to express milk for her baby, she stated:

*“the one that I had to use. I didn’t get along with it, and I was saying, oh, can I use a Medalla pump? And they says, oh, we can’t do that.” (Evie)*

Samantha informed her health visitor that she had started to express milk, hoping to get some support. However, her health visitor provided no support and made an unprofessional comment, causing her to go into breast pumping, unaware of the commitment that comes with it. Samantha talks about how she wishes she was more informed on breast pumping, stating:

*“My health visitor. She rang me once to see how baby was, and I said, oh, I’m I’m. I’m pumping by the way. And she said, oh, that won’t last long.” (Samantha)*

*“I think just informing them of how much of A commitment pumping is [...] I suppose to be sort of informed on what can go into it”(Samantha)*

These accounts suggest that breastfeeding mothers are not feeling supported by healthcare professionals during their breastfeeding journey, indicating that when supporting young mothers with breast pumping, NHS professionals may need more training and better awareness to be able to help them better.

**Unforeseen Breastfeeding Challenges Ending a Breastfeeding Journey**

The third theme identified was defined as breastfeeding challenges that young mothers experienced, causing their breastfeeding journey to end before they wanted to. All participants faced different challenges during their breastfeeding journey, which were huge factors in why they stopped breastfeeding before they intended to.

Rebecca spoke about her experience with her son being diagnosed with a cow’s milk protein allergy (CMPA). When her son was discharged from the hospital, healthcare professionals provided her with a specialised formula. Rebecca spoke of how they didn’t take into consideration that she may want to continue breastfeeding even with the CMPA diagnosis. This meant Rebecca was not referred to a dietitian to help remove dairy from her diet so she could continue breastfeeding her son, which caused her to stop breastfeeding altogether; she stated:

*“there was no like referral to a dietitian for me [...] About cutting dairy out my diet or what? I should be doing? There was literally nothing [...] Nobody even knew how. Like a healthcare professional wise new I had Stopped breastfeeding.” (Rebecca)*

Kimberley shared a similar experience with her baby being diagnosed with CMPA and having to stop breastfeeding due to not being provided with information from healthcare professionals that she could still breastfeed even with her baby having CMPA; she stated:

*“instead of explaining to me that I could cut dairy out of my diet and continue to breastfeed. They just told me to stop completely. They gave me a tablet to dry my milk up.” (Kimberley)*

Samantha said her breastfeeding journey ended due to her son’s tongue tie. Samantha shared how a midwife noticed her son’s tongue tie within the first 24 hours of being born, but no referral was made for it to be cut by that midwife. Samantha struggled with breastfeeding pain due to the tongue tie, so she expressed milk, and her son developed a bottle preference. Samantha wasn’t aware she could try to breastfeed again after the procedure, she stated:

*“It was literally just. It was the tongue tie [...] And he just sort of developed a bottle preference, and nobody really told me after the tongue tie procedure, you know, you can try, you know, you can try latching him again” (Samantha)*

A challenge that Evie faced while breastfeeding was that her baby had a heart condition, meaning she had to stay in the hospital for a more extended period. Evie talked about her experience with struggling to express enough milk, leading her to decide to give her baby formula in the hospital so she would gain enough weight to come home, thinking she would reestablish breastfeeding once home. However, this led to the end of her breastfeeding journey: she stated,

*“In the hospital, it is uncomfortable. I can’t just pump constantly like that.” (Evie)*

*“give her more formula [...] I’ll just maintain. The breastfeeding when I get home [...] have her on formula solely for like 2 days [...] that two days turned to a whole like, I just can’t do this anymore. It’s too much trying to rebuild my supply now.” (Evie)*

Annie spoke about how her mental health caused the end of her breastfeeding journey. Not knowing how much milk her baby was getting when breastfeeding led to anxieties, and she found pumping eased these anxieties because she could see how much milk her baby was getting. Annie also mentioned how she struggled with cluster feeding, lack of sleep and how she didn’t know enough to breastfeed successfully. She stated:

*“I think my emotions definitely impacted [...] Also. I think lack of sleep and the time because sometimes shed be cluster feeding for hours [...] I never knew just how much she was getting. Pumping. I had a rough idea. There's a lot of things that I didn't know.” (Annie)*

Lola stopped breastfeeding due to her baby gagging every time she latched onto the breast. Lola said it freaked her out when it happened, and she didn’t receive support from healthcare professionals for the latching when she asked for it; she stated:

*“I noticed that every time I latched her on, she would be gagging [...] She wasn’t feeding [...] I just kept latching her on, and nothing was helping” (Lola)*

These accounts indicate that healthcare professionals should ensure young breastfeeding mothers are aware of the support available to them so they can reach out for support when facing breastfeeding challenges instead of just stopping breastfeeding before they want to.

**The Effects of Ending Breastfeeding Prematurely**

The final theme identified was defined as young mothers who said their mental health worsened as a direct result of having to stop breastfeeding before they intended to. All six mothers feel that they would have likely been able to breastfeed longer with more support. All were asked what effect stopping breastfeeding had on them.

Rebecca wanted to breastfeed her son for at least 12 months, so when her breastfeeding journey came to an unexpected ending just three months in, she explained how she felt disheartened and like she had failed. When asked how stopping breastfeeding impacted her, she stated:

*“I just felt very deflated. Very, you know, just not good enough. I felt really awful giving him formula [...] felt like I was giving him the lesser form of nutrition” (Rebecca)*

The effects of prematurely ending breastfeeding impacted her family life and made Kimberley feel alone and angry because she only breastfed for one month, and she intended on breastfeeding for 1 to 2 years; she stated:

*“Made me feel alone [...] I had nobody that would understand how I felt. I did kind of bottle things up a lot about that, And it did make me kind of angry as well, Which led to stresses between me and my partner.” (Kimberley)*

Evie intended to breastfeed for at least 6 months; however, she stopped breastfeeding after 2 months due to struggling to express enough milk, and Evie decided to formula feed. The lack of support from healthcare professionals and having to stop breastfeeding made Evie feel unheard and unimportant, stating:

*“Just unheard, like I didn’t matter I guess, like I didn’t matter to these people [...] if I’m getting down, how’s that going to affect, you know, just me being a parent, let alone being a breastfeeding parent?” (Evie)*

Samantha wanted to breastfeed for one year exclusively, but she stopped breastfeeding after 1 month and exclusively breast-pumped for 11 months. Samantha spoke about how exclusively breast pumping negatively impacted her mental health, and she constantly wished her baby would breastfeed so that she didn’t have to pump; she stated:

*“it had a huge impact on my mental health because there was so many times through exclusively pumping that I was just like, I just wish he would latch. I wish I could latch him.” (Samantha)*

Annie breastfed for three and a half months but wanted to breastfeed for 9 months. Stopping breastfeeding before she had intended to caused Annie to feel upset and that she was letting her daughter down by not giving her breast milk. Annie stated;

*“I was just really upset and really wish that I could have done it for longer, and I felt like I was letting her down in a way because I knew that she would enjoy having my milk.” (Annie)*

Lola wanted to breastfeed for at least one year, but she decided to stop breastfeeding when her baby was two months old due to not knowing why her baby was gagging when she latched onto the breast. Lola said stopping breastfeeding upset her, and she blamed herself, stating:

*“made me really upset because I knew that I wanted to breastfeed [...] then it just kind of it just made me feel like if I was doing something wrong.” (Lola)*

These accounts indicate that young mothers felt a decline in their mental health once they stopped breastfeeding before they intended to. Suggesting that young breastfeeding mothers need to feel supported with breastfeeding or else, it could lead to a negative impact on their mental health.

Discussion

The present study used Smith et al.’s (2009) Interpretative Phenomenological Analysis method to analyse six verbatim transcripts of interviews investigating factors which led young mothers to stop breastfeeding earlier than intended. Following analysis, the researcher identified four key themes from the data: 1) set up to fail breastfeeding from the start; 2) they weren’t there, and they should have been; 3) unforeseen breastfeeding challenges ending a breastfeeding journey; and 4) the effects of ending breastfeeding prematurely. The analysis addressed the research questions: 1) What experiences contribute to young mothers stopping breastfeeding before they want to? 2) How do young mothers perceive the support they receive for breastfeeding? 3) What do young mothers believe needs to change to improve breastfeeding support?

The current research identifies a theme of ‘set up to fail breastfeeding from the start’. This data indicates that young mothers are not aware of breastfeeding support available to them offered by multiple charities and NHS organisations nationwide, such as ABM (2018), The Breastfeeding Network (2024), council-led breastfeeding support (NHS,2020), infant feeding teams (NHS,2020), the national breastfeeding helpline (2021) and many more. This research further supports Clifford & McLyntyre (2008), who found breastfeeding support groups very effective, but only if women know that this support is available and access it. If young mothers are made aware of these support groups at the start of their breastfeeding journey, it could help breastfeeding mothers tremendously. This should be considered when exploring why young mothers aren’t breastfeeding for extended periods. This research also further supports Pérez-Escamilla (2020), who suggested that breastfeeding services should be offered prenatally, perinatally, and early postpartum to mothers. Suggesting a change in what breastfeeding information young mothers are provided with prenatally, perinatally, and postpartum is needed.

Following analysis, the theme of ‘they weren’t there, and they should have been’ was identified due to the lack of breastfeeding support young mothers believed they received from healthcare professionals antenatally and postpartum. This research indicates that young mothers do not feel supported and want more support than the system can provide. Young mothers mentioned that the midwives who were caring for them in the hospital seemed overworked; further research should investigate this. Young mothers explained how they needed more active support from healthcare professionals. For example, instead of being given booklets, healthcare professionals should talk young mothers through breastfeeding and the positions. The current research suggests that young mums need more breastfeeding support from healthcare professionals in the hospital, especially during those crucial first 24 hours when it is essential for mother and baby to establish breastfeeding (World Health Organisation, 2023). This supports SL et al. (2022), who discovered that mothers found breastfeeding support was most useful after birth and up to one week after. More immediate breastfeeding support in hospitals could give young mothers a better chance at breastfeeding for the length of time they intended to. As supported by Pérez-Escamilla (2020), who recommends that breastfeeding support during the first days and weeks after birth is fundamental and gives mothers a better chance at breastfeeding for the length of time they want to. When supporting young mothers with breast pumping, current research indicates that NHS professionals may need more training and better awareness to be able to help young mothers more positively. This is supported by Clifford & McLyntyre (2008), who found that breastfeeding support is more effective when healthcare professionals are positive towards breastfeeding.

The theme ‘unforeseen breastfeeding challenges ending a breastfeeding journey’ highlighted how breastfeeding challenges caused all participants to stop breastfeeding before they wanted to. This theme indicates that young mums are not being provided with information by healthcare professionals that would have allowed them to breastfeed for longer, such as taking dairy out of their diet because their baby had CMPA or getting a tongue tie cut when it was first noticed in hospital. This theme demonstrates how when additional challenges occur, the system is even more likely to fail young breastfeeding mothers. At a time when breastfeeding would be beneficial for mum and baby, the support needed is not available due to a lack of dedicated services and a focus on the presenting health issue alone rather than taking a holistic approach that also includes attention to infant feeding. This research indicates that when breastfeeding challenges occur, then the support needed is not easily accessible, and services need to be developed to meet these needs better.

The theme ‘the effects of ending breastfeeding prematurely’ provides evidence for the effects of stopping breastfeeding before young mothers intended to. All individuals expressed that their mental health worsened when they stopped breastfeeding before wanted too. New mothers are at risk of developing postpartum depression, with statistics showing that 1 in 7 to 10 women experience postpartum depression within the first year after childbirth (NHS,2022). With this statistic, you would expect healthcare professionals to support new mothers through any challenges to reduce the risk of postpartum depression developing. However, this research provides evidence that young mothers don’t feel supported by healthcare professionals. Still, it must be considered that the healthcare professionals might not have the skills, knowledge or time to offer better support to these young mothers. Further research should investigate this.

**Directions for Further Research**

The present study highlighted several areas requiring essential further research. Further research should focus on what support young mothers specifically need from healthcare professionals while facing breastfeeding challenges such as CMPA, tongue tie and latching issues. Allowing services to be developed in healthcare settings to ensure young mothers are getting support that meets their needs and expectations better.

Further research could investigate whether in-person or online support is more beneficial for young mothers. Some individuals who participated in this study spoke about their limitations while accessing in-person breastfeeding support and how online breastfeeding support would have been more beneficial for them *(see Appendix L).* Additionally, future research could look more specifically into young mothers’ awareness of breastfeeding support and investigating the effects of mothers knowing about breastfeeding support/information and mothers not knowing about breastfeeding longevity.

Further research should explore what support young mothers are provided with by healthcare professionals and question what support should be provided when they have to stop breastfeeding before they want to; this would ensure that young mothers are being cared for correctly and would reduce the mental health decline that this research provides evidence for. It also needs to be considered that healthcare professionals may not have the skills, knowledge or time to offer better support to these young breastfeeding mothers. Further research should investigate what healthcare professionals need to be able to support young mothers with breastfeeding better.

**Limitations**

A key limitation of this study is that interviews had to take place virtually via call or video chat. Consequently, some interviews were interrupted by distractions or disruption to audio recordings, such as a baby crying, a boiler making noises and a phone ringing, which is evident in various places on the transcripts. Further research can avoid these limitations by conducting face-to-face interviews in a quiet room without distractions.

Furthermore, researcher bias could lead to possible limitations within this study. The researcher has personal experience of being a young breastfeeding mother who had to stop breastfeeding earlier than they intended. Researchers may interpret data in a way that confirms their expectations, which can lead to a wrong understanding of the phenomenon being researched (Fossey et al.,2022). To avoid researcher bias throughout the analytical process, the researcher critically examined their own biases, experiences and perspectives that influenced the research process and findings (Wadams & Park, 2018). This can be seen in the reflexivity section of this report, which provides evidence that the researcher was thorough and careful while analysing the data set, ensuring their own biases did not impact the outcome of the analytical process. This links to doing good quality Interpretative Phenomenological Analysis (IPA), as Nizza et al. (2021) suggested.

Finally, the sensitivity of the topic ‘young mothers stopping breastfeeding before they intended on’ could be a significant limitation of this study due to challenges in participant recruitment, data collection and data analysis. Due to the sensitivity of the research, individuals may be hesitant to share personal experiences, leading to lower participation rates. The researcher offered a £60 gift voucher incentive to participants who took part, enticing individuals to participate in this study. During data collection, there was a risk of distress or harm to the participants due to the topic’s sensitivity. To ensure participants were safe, the researcher prioritised their well-being by making them aware that they could stop the interview and withdraw from the study within two weeks of taking part. If required, the researcher also provided all participants with links to support in the debrief form. While analysing the data to avoid misinterpretations, the researcher followed an in-depth six-step process to ensure they understood each participant’s experience.

**Conclusion**

This study has contributed to the growing literature on young mothers’ breastfeeding experiences and provides evidence for reasons why young mothers stopped breastfeeding before they intended to. This study has highlighted the importance of healthcare professionals needing to offer more breastfeeding information and better breastfeeding support to allow young mothers to breastfeed for the length of time they wish to. This study has provided evidence that there is an urgent need for an improvement in breastfeeding support for young mothers, or else more young mothers are going to formula-feed their babies when they would prefer to breastfeed. Evidence shows that breastfeeding is better for mum and baby, so healthcare providers need to focus on increasing breastfeeding rates, specifically among young mothers. This study highlighted the importance of healthcare professionals having a positive view of breastfeeding, allowing them to support young mothers in breastfeeding more successfully. There is potential for these findings to contribute to future decisions on how to help young mothers with breastfeeding. However, future research is required to ensure changes are evidence-based.

Reflexivity

Researchers must engage in reflexivity. This is an active process that may be difficult but crucial for researchers to become self-aware and therefore able to see any influences that could affect data collection or analysis; this process will increase understanding and allow for a more rigorous approach (Clancy,2013). Qualitative research is subjective, researchers must identify their biases to reduce the impact on studies (Smith et al.,2009). Reﬂexivity also requires that researchers make transparent, ethical decisions, essential for qualitative research, especially with sensitive topics such as breastfeeding experiences (Etherington, 2017).

Before data collection started, the potential for biases based on race, social class, and personal experiences was identified.

As a white, British, heterosexual female, I understand that I have had different societal experiences that have shaped my views on society. Due to participants completing a demographic questionnaire before the interview, I was aware of the participants’ racial and ethnic identities. Potential biases were checked for after each stage of transcription, coding and interpretive phenomenological analysis.

I am from a working-class family, but growing up, I lived in an area of social deprivation, making me aware that my positive experience with the NHS is not universal. Awareness of this bias allowed me to remain grounded during the interview process because it was important to ensure I was unbiased when a participant held a contradictory viewpoint. This occurred several times, especially when discussing participants’ experience with breastfeeding while they were in the hospital. Bias was checked multiple times during the coding process to maintain a neutral bias throughout the analytical process.

If a researcher has personal experiences in the topic area, it can cause biases in Interpretive Phenomenological Analysis (Alase, 2017). It is important that the researcher avoids interjecting their personal experiences of the topic into the participants lived experiences during the analytical process (Alase, 2017); to avoid this, Salah (2015) recommends that researchers describe their personal experience with the phenomenon under the study. As an individual who is a young mother, who has experience with stopping breastfeeding before I intended to. I wanted to exclusively breastfeed for at least 12 months. However, my breastfeeding journey came to a sudden end at 11 months when he refused to breastfeed due to health complications. My own lived experience made it easy for me to empathize with the participants who, too, suddenly had to stop breastfeeding due to health challenges. I did experience a few situations where I had a lack of support from healthcare professionals while breastfeeding. However, in the hospital, I was well-supported with breastfeeding, and when I was discharged, I was assigned to an infant feeding team for further breastfeeding support. It is important to recognize that this may cause bias, meaning that during the analytical process, I focused on the participants lived experiences without comparing them to mine. Data was checked at each stage of Interpretive Phenomenological Analysis to ensure systematic reflexivity.

Therefore, reflexivity was ensured by acknowledging my potential biases before data collection and following systematic reflexivity at each stage of Interpretive Phenomenological Analysis.

WORD COUNT: 8789

REFERENCE LIST

ABM. (2018). *Home - ABM*. ABM. <https://abm.me.uk/>

Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): a Guide to a Good Qualitative Research Approach. *International Journal of Education and Literacy Studies*, *5*(2), 9–19. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>

BPS Ethics Committee. (2021). *Code of Ethics and Conduct - the British Psychological Society*. [Www.bps.org.uk](https://www.bps.org.uk/); The British Psychological Society. <https://www.bps.org.uk/guideline/code-ethics-and-conduct>

The Breastfeeding Network. (2024). *Home*. The Breastfeeding Network. <https://www.breastfeedingnetwork.org.uk/>

Buckland, C. *et al.* (2020) ‘Interventions to promote exclusive breastfeeding among young mothers: a systematic review and meta-analysis’, *International Breastfeeding Journal*, 15(1). <https://doi.org/10.1186/s13006-020-00340-6>.

Burton, A., Taylor, J., Swain, S., Heyes, J., Cust, F., & Dean, S. (2022). A qualitative exploration of mixed feeding intentions in first-time mothers. *British Journal of Midwifery*, *30*(1), 20–29. <https://doi.org/10.12968/bjom.2022.30.1.20>

Clancy, M. (2013). Is reflexivity the key to minimising problems of interpretation in phenomenological research? *Nurse Researcher*, *20*(6), 12–16. <https://doi.org/10.7748/nr2013.07.20.6.12.e1209>

Clarke, V. (2010). Review of the book “Interpretative Phenomenological Analysis: Theory, Method and Research”. *Psychology Learning & Teaching*, 9, 57-56

Clifford, J., & McIntyre, E. (2008). Who Supports Breastfeeding? Breastfeeding Review, 16(2), 9–19. <https://search.informit.org/doi/10.3316/informit.553206637678989>

Coyle, D. (2014). Phenomenology. In A. McIntosh-Scott, T. Mason, E. Mason-Whitehead, & D. Coyle (Ed.), *Key Concepts in Nursing and Healthcare Research* (pp. 116-124).London: Sage.

Etherington, K. (2017). Personal experience and critical reflexivity in counselling and psychotherapy research. *Counselling and Psychotherapy Research*, *17*(2), 85–94. <https://doi.org/10.1002/capr.12080>

Fossey, E., Harvey, C., Mcdermott, F., & Davidson, L. (2002). Understanding and Evaluating Qualitative Research. *Australian and New Zealand Journal of Psychiatry*, *36*(6), 717–732.

Huang, P. *et al.* (2019) ‘Individualized intervention to improve rates of exclusive breastfeeding’, *Medicine*, 98(47), p. e17822. <https://doi.org/10.1097/md.0000000000017822>.

Morris, C., Schofield, P. and Hirst, C. (2019) ‘Exploration of the Factors Influencing Attitudes to Breastfeeding in Public’, *Journal of Human Lactation*, 36(4), p. 089033441987811. <https://doi.org/10.1177/0890334419878119>.

National Breastfeeding Helpline. (2021). *National Breastfeeding Helpline – Helpline*. National Breastfeeding Helpline. <https://www.nationalbreastfeedinghelpline.org.uk/>

NHS. (2024, September). *Age - NHS digital service manual*. Nhs.uk. <https://service-manual.nhs.uk/content/inclusive-content/age>

NHS. (2020, December 7). *Breastfeeding help and support*. Nhs.uk. <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/help-and-support/>

NHS. (2022, August 4). *Postnatal Depression*. NHS. <https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/>

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving Excellence in Interpretative Phenomenological Analysis (IPA): Four Markers of High Quality. *Qualitative Research in Psychology*, *18*(3), 369–386. <https://doi.org/10.1080/14780887.2020.1854404>

Pérez-Escamilla, R. (2019). Breastfeeding in the 21st century: How we can make it work. *Social Science & Medicine*, *244*. <https://doi.org/10.1016/j.socscimed.2019.05.036>

Ross, M. W., Iguchi, M. Y., & Panicker, S. (2018). Ethical aspects of data sharing and research participant protections. *American Psychologist*, *73*(2), 138–145. <https://doi.org/10.1037/amp0000240>

Salah, H. B. (2015). Creswell, J. W. (2013). Qualitative inquiry and research design. Choosing among five approaches (3e éd.). London : Sage. *Approches Inductives Travail Intellectuel et Construction Des Connaissances*.

Sinha, B. *et al.* (2015) ‘Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis’, *Acta Paediatrica*, 104(S467), pp. 114–134. <https://doi.org/10.1111/apa.13127>.

SL, T., Clark-Carter, D., & Dean, S. (2022). An online questionnaire study investigating the impact of psychosocial factors on the duration of breastfeeding. *Midwifery*, *109*, 103314. <https://doi.org/10.1016/j.midw.2022.103314>

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. SAGE Publications Ltd.

Wadams, M., & Park, T. (2018). Qualitative Research in Correctional Settings. *Journal of Forensic Nursing*, *14*(2), 72–79. <https://doi.org/10.1097/jfn.0000000000000199>

World Health Organization (2023) *Breastfeeding*, *World Health Organisation*. <https://www.who.int/health-topics/breastfeeding#tab=tab_1>.