

Breastfeeding support during COVID-19

A summary report in collaboration with
the Breastfeeding Network

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In May 2020, researchers from Swansea University and Imperial College conducted research in collaboration with the Breastfeeding Network to explore families' experiences of breastfeeding support during COVID-19. This is a summary of what we found. We plan to submit our full findings for publication in a journal later this year. For any queries please contact Professor Amy Brown a.e.brown@swansea.ac.uk

The Breastfeeding Network provides independent, evidence-based information and support on infant feeding to women, parents and families. We offer support through a peer model and have over 600 trained peers across England, Scotland and Wales. For more details visit www.breastfeedingnetwork.org.uk



1. Background

The COVID-19 pandemic brought global change to our everyday lives. On the evening of March 23rd, a UK lockdown was imposed with the majority of public places closing, travel restricted and meeting up with others from outside your own household largely prohibited. It is undeniable that individuals from across society were deeply affected by restrictions on social contact and ability to work and we know that the pandemic will have long lasting repercussions outside of the physical impact of the virus.

One group who were significantly affected were new families. Even before lockdown, changes started to be made to services and support around perinatal care, including restrictions on face to face support. Breastfeeding organisations had to quickly think about how they could continue to deliver support to the families they serve, with a large focus on moving delivery online. This situation was novel and an experiment no one would have volunteered to be part of outside of a pandemic.

We know that breastfeeding works best when women receive high quality support both in hospital and the community¹. We also know that clear, consistent information is valuable. Yet many avenues of support for breastfeeding were removed. Many health visitors for example were deployed into different roles. Meanwhile, misinformation circulated about the safety of breastfeeding, despite rapid action by UK breastfeeding and public health organisations to emphasise its safety and importance².

Our research set out to explore families' experiences of breastfeeding and receiving support during the pandemic to share their voices but also ensure if similar events happen in the future that we learn lessons from this time.

2. Methods

Women who were breastfeeding their baby when lockdown changes started to occur in the UK (from March 2020 onwards) were invited to complete an online questionnaire about their experiences of breastfeeding support at this time. We asked them whether they accessed any support, what about, and how they felt about changes to how support was being delivered.

3. Results

1360 mothers completed our survey during May and June 2020. They were feeding babies from birth up to five years old, but the majority (90%) had a baby under a year old.

Although all had breastfed at least once since lockdown commenced, at the time of completion 60% were giving their babies just breastmilk, 17% just formula milk and 23% both breast and formula milk.

3.1. Feeding experiences during lockdown

The average age of babies both at introduction to formula milk and stopping breastfeeding was 3 weeks. Only 13% of mothers who had stopped breastfeeding were ready to do so although 19% were breastfeeding longer than they had planned. Meanwhile 69% of those who had introduced formula milk had never intended to do so.

The most common reasons for stopping breastfeeding were insufficient professional support, physical issues such as difficulties with latch, exhaustion, insufficient milk and pain. In terms of how COVID-19 had affected their decision to stop, 70% said a lack of face to face support led to their decision to stop breastfeeding. Meanwhile 21% had been worried about the safety of breastfeeding during the pandemic. A further 4% had been told by a health professional that breastfeeding may not be safe during COVID-19.

3.2 Accessing remote breastfeeding support

Mothers were asked whether they sought any support with breastfeeding during lockdown via remote methods such as phone, social media or online video messaging. Half of participants said they did not need support during this time. Of those who needed support, 43% contacted a health professional and 42% contacted a breastfeeding organisation. Only one third of participants perceived they received enough support from health professionals during the pandemic with over two thirds believing they received less support than usual.

Reasons for not accessing online / phone breastfeeding support when needed during lockdown included not knowing support was available (48%), only wanting face to face support (32%), not wanting to burden the system (15%), perceptions remote support would not be high quality (12%), a lack of technology (6%) or a poor internet connection (5%).

3.3. Reasons for seeking breastfeeding support from charity organisations during lockdown

Participants who had contacted a charity breastfeeding organisation were asked the reason for doing so. Queries included 30+ different topics across practical and emotional breastfeeding support, including stopping breastfeeding, mixed feeding and giving formula milk. The most common are shown in Table 1:

Table one: Reasons for seeking breastfeeding support

Positioning	Pain	Frequency of feeds	Weight gain
52%	32%	29%	29%
Tongue tie	Expressing milk	Making enough milk	Medications
26%	25%	22%	21%
Mastitis	Family pressures	Mental health support	Stopping breastfeeding
19%	17%	17%	13%

Of those mothers who had stopped breastfeeding during lockdown (n = 231), only 16 stated they had not needed breastfeeding support during this time. Looking at those who needed support, those who contacted a breastfeeding charity were more likely to still be breastfeeding at the time of completing the survey than those who did not.

3.4. Perceptions of breastfeeding support from charity organisations during lockdown

We asked participants how useful they found different formats of breastfeeding support offered by breastfeeding organisations during lockdown. The percentage of women who accessed these services and found them at least 'moderately useful' is shown in Table 2:

Table two: Percentage of women who found different formats of support useful

Phone calls	One to one video	Group video	Text messages	Social media
68%	86%	75%	70%	84%

When asked how useful they found face to face support outside of lockdown, 97% of those who had ever accessed such support stated they found it useful and 98% agreed that online support during COVID-19 had been important. For all participants, 81% believed these options should remain once face to face support was possible again, although most stated it should not replace face to face support.

When asked to explain their experiences of accessing online support, participants were split broadly into three groups. The first valued it during lockdown but very much wanted a return to face to face options too when possible. Some participants in this group believed both options could be delivered together to provide an enhanced service:

“I think video support is great when you have a query you need answering and quickly, but I really miss going along to my local group and seeing people, or being able to ask someone to have a closer look if I’ve got a problem.”

The other two groups of responses reflected women who had a very positive experience, even preferring it to face to face support, or conversely had a much more challenging time:

Positive aspects

There were many positive aspects to accessing breastfeeding support remotely through video, phone and social media. Participants talked about the convenience, how rapid it could be and feeling less pressure and more comfortable in their own surroundings. For peer support, some described how they would feel less overwhelmed at meeting new people when they could do it online rather than needing to walk into somewhere:

“It’s easy to access from home, doesn’t disrupt your routine and is available at many different times.”

“So much easier and more comfortable to access this from the comfort of your own home. It’s often hard to get out to baby groups in the early days due to postpartum recovery and lack of routine.”

“Some people are too self-conscious to come to a group or may find it difficult to get there especially in the early days”

Negative aspects

Unfortunately, others described less positive experiences. Although many noted that online support was better than no support, they explained that they would have preferred a face to face option too. Mothers struggled with not having someone in the room to assist with things like latch, having issues with technology and internet and simply wanting the emotional support and connection face to face support and groups could offer.

“Really need someone in the room, not easy/calming to try and feed a crying baby and have a discussion whilst trying to hold a phone and be heard or show the right angle.”

“It helps mum access support at difficult times and more easily, but it doesn't beat a hot cuppa and a real face.”

“I find video calls etc annoying and laggy at the best of times and I was incredibly exhausted and stressed by my labour and birth that the prospect of messing around with video calls to explain complex issues did not appeal.”

4. Summary and conclusions

COVID-19 and lockdown has been a challenging time for breastfeeding families. Many have stopped sooner than they planned. Although this is unfortunately a common issue even outside of the pandemic³, many blamed a lack of support and lockdown experiences upon their decision to stop.

We know that breastfeeding works best when women receive high quality practical and emotional support from professionals and peers including in the community¹. This support had to change once lockdown was in place, with breastfeeding charity organisations making rapid alterations to the way they delivered their service.

Some women were fortunate to be able to access this, evidenced by the multiple, varied queries they had answered during this time, covering both practical and emotional support needs. The majority of those who accessed this support found it useful and wanted it to stay, albeit alongside the benefits of face to face support once possible. For these women, their experience was positive, giving them easy and rapid access to support from the comfort of their homes. Notably, some women accessed this support over and above health professional support during the pandemic. It is clear that breastfeeding organisations provided a valued and needed service at this time - a finding reflected in similar previous research exploring the impact of the Australian Breastfeeding Association during this time⁴.

Unfortunately, two further groups of women did not have the benefit of this support including those who did not realise it was available, and those who accessed it but either struggled or had a strong preference for face to face provision. These women found a lack of in person care challenging, struggling to convey issues or with technology, or simply wanted the reassurance of someone in the room. It is likely these experiences are not equal; those with more resources and fewer challenges at home will find accessing different sources of support in during difficult times easier.

We found that women who did access charity support when they needed it were more likely to still be breastfeeding at the time of completing the survey compared to those who did not. To some extent their ability and willingness to seek support will in itself have supported these mothers' ability to continue breastfeeding, most likely reflecting high motivation. However, given what we know about the impact of breastfeeding support for new families¹, the range of queries posed to teams, and the positive experiences from some women in this survey, it is evidence that charity breastfeeding organisations have played an important role in ensuring mothers could continue breastfeeding through lockdown.

In terms of where we go from here, the good news is that online breastfeeding support services are working well for many women, helping them to breastfeed for longer. However, many challenges and questions have been set, with some of the answers likely outside the control or remit of organisations offering support. Namely:

- How do we ensure better promotion of availability of online breastfeeding support so that more families know they can access it?
- How do we ensure these organisations are well funded to be able to meet the needs of more women?
- How do we enable all populations to access online support, including those who may not be able to afford technology or high-speed internet connections?
- What is needed to recommence face to face breastfeeding support, given other public spaces such as restaurants and public spaces are open?

Given the known impact of breastfeeding upon population health⁵ and maternal wellbeing⁶, the government urgently needs to review its provision of care for new families, considering how it can ensure that more are protected in similar circumstances in the future. Although almost all mothers valued the option to receive online or phone support during lockdown, many expressed a wish for face to face support to continue. Recent press reports have stated that Health Secretary Matt Hancock wishes to encourage future virtual GP appointments unless clinical need, but caution must be urged in relying too heavily on a lack of in person support. It was clear mothers valued both the information they were being

given, but also the warmth and connection from face to face support, and engagement with other mothers.

Finally, the impact of breastfeeding charities in supporting mothers practically and emotionally through this stressful period should be celebrated. They have served a community of new mothers, whom without their support may have had a much more challenging breastfeeding experience and likely a premature end to breastfeeding altogether. Their value and contribution must be recognised.

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