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### **Paper:**

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## **Abstract**

Breastfeeding support is integral to many women's successful breastfeeding experiences. However cuts to professional and peer support services, distance from family, and a predominant formula feeding culture mean that many women in the UK do not receive the support they need. Turning to online support is an increasingly popular means of gaining both informational and emotional support but research into online breastfeeding support groups is sparse in the UK. Data from Australia and the USA tends to focus on the positives: women value such groups, finding information, reassurance and a feeling of belonging. This study explored 14 women's experiences of using online support for breastfeeding in the UK, using semi structured interviews to understand their motivations, positive and negative experiences. Mothers were drawn to online support due to a lack of professional, familial and partner support. Online support was reassuring, empathetic and available around the clock, and less daunting than attending a face-to-face group. Many attributed their continued breastfeeding to the support they received. However women also experienced negativities: judgement for using formula, polarised debate and a lack of regulation meaning that unhelpful information was sometimes posted. The findings have important implications for those working to support mothers. These groups provide a safe space for breastfeeding mothers but moderation is needed of such groups to ensure information is accurate and debate respectful. Online support groups are currently plugging a gap in funded support; they should be in addition not in replacement to professional and trained peer support services.

**Key words; Breastfeeding; Social media; Facebook; Online support; Peer support; Formula feeding**

## **Key Messages**

Women use online groups for breastfeeding support as they feel unsupported and isolated. Groups provide a safe space where breastfeeding is normal and accepted.

Online groups can be especially effective for women who are feeling anxious or intimidated. They can be a stepping stone to seeking face to face support.

Women do have negative experiences in online groups including feeling judged for using formula, polarised and emotive debate around infant feeding and a lack of regulation of who can give advice.

Online groups are plugging a gap in service provision, often due to disinvestment in breastfeeding support services.

## **Introduction**

Considerable research has highlighted the importance of practical, social and emotional support in women meeting their breastfeeding goals (Hatami & Motamed, 2012). This includes accurate, timely and consistent professional support (McFadden et al, 2017) which takes a person-centred approach, focusing on relationships rather than just practical assistance (Schmied et al, 2011). However, disinvestment in breastfeeding support means that professionals are often stretched and unable to provide the care they wish to give (Anstey et al, 2018; McInnes & Chambers, 2008) leaving women without the services they need.

Social support from friends and family is also a key influence upon breastfeeding success. Mothers who feel encouraged to breastfeed by others (Brown, Raynor & Lee, 2011; Meedy, Fahy & Kable, 2010; Asiodu, Waters, Dailey & Lyndon, 2017). Yet due to geographical mobility many mothers are isolated from family (Arendell, 2000).

Breastfeeding peer support from trained mothers who have themselves breastfed can fill this gap. Typically provided in group settings or on a one to one level mothers highly value the emotional and practical support it brings (Hoddinott, Chalmers & Pill, 2006).

Although evaluations of peer support on breastfeeding rates are not always conclusive due to variations in how support is measured (Trickey et al, 2017), mothers value the opportunity to ask questions (Rossman et al, 2011), talk freely about their experiences (Nankunda, Tumwine, Nankabirwa & Tylleskär, 2010) and be in a setting where breastfeeding is normal and achievable (Burns and Schmied, 2017).

Despite these benefits, many women report challenges in attending face to face peer support groups. Due to cuts in funding and services breastfeeding peer support is not available equally to everyone in the UK (Grant et al., 2017). Women can also be reluctant to attend face to face groups due to anxiety, or feeling like a failure (Hunt & Thomson, 2016). Group environments may be particularly daunting to younger or less confident women, particularly where they perceive that they would not 'fit in' (Fox, McMullen & Newburn, 2015). Practically, new mothers may struggle to leave the house at a certain time (Valtchanov, Parry, Glover & Mulcahy, 2014).

Increasing numbers of new mothers are therefore turning to online support groups, predominantly hosted on social media, to find information and peer support around breastfeeding (Bridges, 2016; Slomian, Bruyère, Reginster & Emonts, 2017; Brown, 2016). Pregnant and new mothers are high users of social media (Duggan, Lenhart, Lampe & Ellison, 2015), valuing the ability to establish social connections it brings (Lupton, 2016). Social media can bring social connection during frequent or long feeds (Tomfohrde & Reinke, 2016).

One study in Australia found that online breastfeeding support groups are a source of information and emotional reassurance (Bridges, Howell and Schmied, 2018). Queries can often be answered quickly and easily due to the history of the group who have stored simple responses such as images and memes that can answer common questions (Mecinska, 2018). However, it is often the emotional aspect, and 'authentic presence' that women value, typically when feeling isolated and alone during night feeds (Bridges et al,

2018). In a UK based study of online breastfeeding support mothers valued empathy from others who knew what they were experiencing, alongside a feeling of empowerment from other supportive women. Practically women valued its convenience, round the clock accessibility and ability to express themselves in writing rather than needing to speak (Burman, 2012).

In terms of outcomes, one study in Australia found that women's experience was key. Mothers who found their interactions helpful were more likely to be breastfeeding at six months than those who had found it unhelpful (Newby, Brodribb, Ware & Davies, 2015). In a randomised controlled trial of online peer support for mothers with a baby in neonatal intensive care, although no impact was seen upon breastfeeding duration, mothers valued the emotional support membership of the group brought (Niela-Vilén, Axelin, Melender, Löyttyniemi & Salanterä, 2016).

However we know that all social media use is not positive. Although causality is difficult to establish, high levels of social media use are associated with increased levels of depression (Lin et al, 2016), anxiety (Primack et al, 2017) and low self-esteem (Woods & Scott, 2016). Information shared online is not always accurate (Allcott, Gentzkow & Yu, 2019) and women can feel like a failure comparing themselves to other mothers stories (Brown, 2016). Conversations around breastfeeding online can become judgemental and polarised (Mecinska, 2018), particularly on open forums and comments sections (Grant, 2016). However, the majority of research in this area highlights only positive outcomes.

The aim of the current research was to explore the impact of social media support upon women's experiences of breastfeeding in a UK setting, specifically exploring their motivations for use alongside positive and negative outcomes they experience.

## **Methodology**

### **Participants**

Mothers aged 18+ with a child up to three years old, who had breastfed or were currently breastfeeding, and who had used online breastfeeding support. Breastfeeding support was

defined as Facebook groups and forums where individuals engaged with each other, as against information provided passively online. All participants were based in South Wales, UK. Exclusion criteria included inability to consent, aged <18 years, and inability to complete the interview in English or Welsh.

Ethical permission was granted by a University research ethics committee and the research was carried out in line with the Declaration of Helsinki. All participants gave informed consent.

### **Tools**

A semi-structured interview topic guide (table one) was developed to explore women's experiences of breastfeeding, their motivations for accessing online breastfeeding support, and their experiences (positive and negative) of using online support.

### **Procedure**

Participants were recruited via an online advert via local online parenting and breastfeeding support groups. Potential participants were asked to contact the researcher if they had an interest in taking part, whereby they were sent a study information sheet. Visits were also made to local breastfeeding groups where a brief presentation on the research was given so that those who were interested in the study could sign up to take part if interested.

Interviews were arranged at a convenient time and place.

At the start of the interviews participants re-read the information sheet and if they wished to continue signed a consent form. All interviews were audio recorded (with permission) and lasted around 30 – 60 minutes. After the interview, participants were debriefed and given information about who they could contact if they had any concerns about their baby or their breastfeeding experience.

## **Data Analysis**

Interviews were transcribed. Data analysed using a descriptive qualitative approach focussing on describing the experiences of the respondents in everyday language rather than attributing inferred meaning to them (Sandelowski, 2010). A thematic analysis was conducted to identify key themes in the data (Braun & Clarke, 2006). Aspects of trustworthiness were maintained (Lincoln & Guba, 1985).

To conduct the analysis the lead researcher scripts were read and re-read, identifying, adjusting and refining codes across scripts. Codes were then merged into sub themes and overarching themes. A sample of scripts and codes were checked by a second rater with agreement in over 90% of cases. Where disagreement occurred themes were discussed until agreed. Data saturation was reached.

## **Results**

Fourteen women took part. Their characteristics are shown in table two. All mothers used a mixture of social media groups and online forums as their sources of online support. The predominant format was through Facebook, with the majority of conversations happening in smaller closed local groups, and on open pages and groups which attracted a much larger following. Some were specific to general breastfeeding, particularly those in local areas. Some large groups were also broad, with other more specific support groups for issues such as breastfeeding a premature baby or tongue tie used.

The thematic analysis identified three core themes, with 11 sub themes: Motivation for using social media groups for breastfeeding support, benefits of using social media groups and limitations of using social media groups (Table 3).

### **1. Motivation for using social media groups for breastfeeding support**

Mothers described a number of motivators for seeking out online support which were based around feelings of isolation, a lack of professional services and feeling that no one around them understood their breastfeeding experiences.



### **a) Lack of professional support**

Participants felt that those who should have been providing them with breastfeeding support through their professional roles often could not do so, whether this was through lack of specific training or that these services were often under pressure from being overstretched in terms of time and resources. This was experienced from the very start when their babies were born.

*“We had a very difficult labour and sadly he was born at shift change over in theatre and then we didn't have a room to go back to. So we didn't actually have anyone to help us when he was born. My partner put him on the breast. I was half paralysed so the initial bit didn't go very well.” (Mother 2)*

Conversely, some described receiving support from a number of midwives and breastfeeding support workers, but that this could also be unhelpful as the advice could be contradictory leaving them feeling overwhelmed.

*“People were trying but we got very conflicting advice between them all. They were trying but the facilities just aren't there to support it. Especially at the hospital, it was useless.” (Mother 3)*

Mothers often felt that the message that they were given during pregnancy that “breast is best” was then not backed up by the support available postnatally, and this left them feeling let down.

*“There seemed to be a lot of ‘breastfeeding's best’ and ‘you've got to breastfeed’ and all that beforehand and then you give birth and the first question I was asked was do you want cow and gate or SMA. No-one talked to me about breastfeeding.” (Mother 13)*

### **b) Isolation as a breastfeeding mother**

Socially, mothers often reported that they felt isolated. For some, this might be geographical – they had no close family nearby, or didn't know any other breastfeeding mothers.

*“With me, out of all my friends I’m the only one to breastfeed so it was literally just me on my own breastfeeding.” (Mother 4)*

Others were less physically isolated but friends and family did not always understand why the mother was breastfeeding or how to support her. Mothers felt very emotionally alone.

*“I think there's a generational thing from when my mum fed to how we feed now is completely different. So they find that difficult to accept. She never fed on demand, that wasn't a thing then.” (Mother 2)*

Often a mother’s key support system was their partner. However, a common experience was that they felt their partner was unable to support them in the way they needed. The time where a father returned to work after paternity leave was described as a pivotal moment for mothers, who were then left to deal with breastfeeding challenges on their own.

*“The first time I used the online group for support was when she was coming up to 6 weeks old. My partner had just gone back to work. He worked offshore at the time and he'd been doing everything as well so I was left in the house with this tiny baby and having to keep both of us alive and well.” (Mother 6)*

However, even when fathers were present, they weren’t always seen as the most helpful sources of support as they weren’t see as being able to really understand what the mothers were going through.

*“If I said to my husband, “it's awful, I can't even sleep because I wake up drowned in milk”, that seems like such a small thing to him.” (Mother 13)*

### **c) Difficulty accessing face to face support**

Some participants felt unable to access local face-to-face support even when they knew it was there. Some felt so physically exhausted that it was easier to seek support online.

*“Pretty much as soon as I got home and I realised that the effort of going out to breastfeeding support groups was too much for me at the time. So I started looking online to see what was going on.” (Mother 14)*

Others felt incredibly anxious at the idea of seeking face-to-face support.

*“I was really scared to go to the actual group. ...I try and take J out every day and I try and go out and meet people and things but I was really nervous of going, because I was thinking oh what if it is a group of people who already know each other and things.” (Mother 10)*

For some mothers who were particularly anxious at attending a new group, the online nature allowed them to get to know people before meeting them face to face. Being able to ‘put a face to a name’ was seen as a benefit of accessing first online then offline support from a local group.

*“I’ve never been to the (local) meeting ...but I could just turn up to this meeting and everyone would welcome me because they’ve seen my name on their forum. It’s weird isn’t it. Although I’ve never been to the group I’m pretty sure they’d give me whatever help I needed, if I’d needed it at that time.” (Mother 13)*

#### **d) Round the clock availability**

Participants described how they often first sought online support during the night or at weekends when they couldn’t contact their health professional.

*“There’s no midwives and no health visitors at midnight, unless I rang the ward and then they’re busy so I basically went online, went on a site called Parents of Premies and asked on there and on there they signposted me to loads of Facebook-orientated groups.” (Mother 1)*

Participants described that when there was an issue they needed support with, they needed that help straight away. They didn’t want to wait until office hours for them to be able to

ring the health visitor, for clinic times to be able to see the lactation specialist or for a weekly group to speak to a peer supporter. This was particularly valued when feeling isolated during night feeds.

*“In the middle of the night when you're feeling down and you're feeding for hours, just being able to say 'argh this is really hard' and having somebody just there to say 'yeah we're struggling too', or 'yeah, I've been up for an hour.’” (Mother 14)*

Some attributed this timely support to being able to continue breastfeeding. Without it they would have turned to formula.

*“I probably would have quit. The amount of times in the middle of the night you're like 'I'm feeding for the tenth time' and you put it on the group and they're like 'Keep going, we're up as well!' And then you have a chat in the middle of the night!” (Mother 8)*

#### **e) Variety of online support available**

A further reason women sought online support was the sheer variety of online spaces for breastfeeding mothers. Mothers felt that whatever their issue or need, there was a space for them.

*“You can have breastfeeding younger babies, breastfeeding older babies, breastfeeding toddlers, breastfeeding twins, tandem feeding. So no matter what part of breastfeeding you need help with it's there.” (Mother1)*

This was particularly important for mothers who had specific complications that perhaps those at a face to face group had not experienced. For example mothers of premature babies, or babies with tongue tie could find other mothers who shared their specific lived experience. This was often seen as more valuable than the informational support a health professional could offer.

*“It's so personal. If I could have found a way to connect with someone with this particular issue I think it would have been, it would have been nice to talk*

*to someone else going through it.” (Mother 14 – talking about her experience of breastfeeding a baby with allergies)*

## **2. Benefits of online support**

Mothers described a number of positive aspects they experienced when using online support. These included practical information but focussed particularly on the emotional support and reassurance that such groups could bring through their shared experiences.

### **a) Reassurance and normalising**

Participants often described using the online forums for fast and reassuring advice that what they were experiencing was normal. This was typically based around normal baby behaviour rather than more complex situations that needed professional support.

*“Being able to ask really trivial things that you probably wouldn't go to group, like my friend says this is that true - I wouldn't go to group for that but you can immediately get an answer that's a little bit more specific than Google.”*

*(Mother 12)*

This was particularly valued amongst mothers who did not know anyone else who was breastfeeding.

*“When you're the only one in your friendship group feeding and their baby sleeps for 4/5 hours a night and you're up hourly, you need that reassurance from people saying it's perfectly normal. Doesn't last forever. Just embrace it.”*

*(Mother 2)*

Again, participants attributed this support to helping them to continue breastfeeding.

*“That's what I need to know. Is it normal what he's doing. I think if I'd found online groups and things earlier than I had we might not have had so many tears in the first few weeks.” (Mother 13)*

**b) Someone who's been through it**

Online means provided a platform for accessing information and hearing the stories of other women, but beyond this it was seen as a way of connecting with other breastfeeding women and receiving emotional support from them. Participants valued support from others who knew the reality of what it is like to be a breastfeeding mother.

*"Like saying yeah, you feel really horrible and ugly at first with the cracked nipples and just all swollen and just like a big milk machine so it's nice to be able to say to people you do come through it." (Mother 11)*

This wasn't necessarily seen as something that health professionals were able to provide. Instead they tended to be seen as the people to go to for support with physical breastfeeding challenges.

*"It's like you could go to your GP and say I've got a screaming baby but actually they're a male GP and they don't really know. It's not quite the same. It's not that I don't trust the doctor but you have a bit more faith in someone who's been there, someone who's been in the situation and can sympathise and say yeah, it's not easy to breastfeed." (Mother 13)*

Partners and families, although closer to the situation, were still not perceived as being able to provide emotional support in the same way, as they hadn't experienced the situation themselves.

*"These forums are full of women who are going through the same thing, it also feels quite empowering I think. I love my husband but you don't get the whole 'yeah but you should feel happy, and you should feel great.'" (Mother 10)*

Participants described making a real connection online with other mothers. For those Facebook groups that were online versions of local support groups, the online methods facilitated relationship building with other mothers going through the same thing.

*“You feel so much, you feel like you're almost part of a little team I suppose. And actually you feel like people care even if they've never met you before.”*  
(Mother 10)

### **c) Circle of peer support**

As participants gained their own experiences of being a breastfeeding mother, and developed in knowledge and confidence, they were then in a position to pass this on to others.

*“It's funny that the questions that come up are the same questions we were going through. It's a circular thing.”* (Mother 2)

For some this was in an official capacity, in that they had undergone training to become peer supporters at their local breastfeeding support group and were offering support via the online version of these groups. For others they were answering questions and providing advice from mother to mother based on their own experiences. They felt able to provide the reassurance that they had once sought online.

*“One of the girls is talking about going back to work. Her baby's only 6 months but she's already worrying. Because I breastfed both of my children and went back to work afterwards I gave her a bit of reassurance then about how it was ok for me.”* (Mother 9)

Participants reported positive feelings about being able to give back. Being in the position to provide support was an indication of how far along they had come.

*“I think also it's nice to be able to give support, because on these groups you've got people who have just had babies and it's nice to be able to say actually I've been there now. So where people have answered my questions I can hopefully answer theirs.”* (Mother 10)

### **3. Limitations of online support**

Although many reported that they don't know what they would have done without online breastfeeding support, the accounts were not wholly positive. Participants spoke about a number of downsides to accessing support online.

#### **a) Judgement**

A key concern around accessing breastfeeding support online was the feeling that there was a lot of judgement on the groups. A number of participants reported that either they had witnessed, or been on the receiving end of, comments they perceived as being judgemental. The lack of body language and physical context added to this feeling.

*“Talking to someone face to face you don't feel the same judgement. You can't interpret someone's tone online.” (Mother 5)*

This was a particular concern when using large national breastfeeding support groups, especially compared to the local support groups. They felt this was because others were less guarded in their opinions when they were speaking to others who they didn't know (although as discussed above, this frankness was seen as a positive by some participants).

*“I thought I'm getting annoyed with these people and they're not even real, they're just in my phone. So I just had a massive argument with someone I've never even met. It wouldn't happen in real life I don't think.” (Mother 12)*

#### **b) Polarised debate**

One particular issue that was reported as being a cause of judgement was using formula. Many of the participants reported using formula alongside breastfeeding, either when facing breastfeeding challenges when their babies were very young, or that they wanted to move to combination feeding as their babies grew older. Participants felt that they weren't able to discuss this in the online breastfeeding groups because they felt it would invite judgement from others.



*'No matter what kind of site you're on, you always get formula negativity. You'll always get that one person who says 'Oh I need to combi-feed, I'm going away for the weekend', and you'll have ten other mums jump on - "that's disgusting, you shouldn't be going away for the weekend, if you're breastfeeding you should be with your baby." (Mother 1)*

Online spaces were described as being very polarised between exclusively breastfeeding mothers and those who used formula, and those groups that advertised themselves as breastfeeding support groups were perceived to be only for those mothers who solely breastfed.

*"If you say, I'm struggling and thinking about formula feeding they get quite judgemental. It's like if you're breastfeeding then you only breastfeed. I think that's quite common. You either fall into one category or the other. And they don't sway from that. There's nothing in between. And you get some backlash for it." (Mother 5)*

This meant that even those who were passionate about breastfeeding didn't feel welcome in these groups if they had used some formula. One participant described how another mother had excluded herself from a group that she had been receiving support from because she felt that once she'd used formula the group was no longer the right place for her.

*"There was a woman who was quite active on one of the online groups, and she was passionate about breastfeeding and talking about it. Her baby was premature and she was pumping and she was still really passionate about it, having loads of skin-to-skin and trying to make it work. About 8 weeks in and someone said 'has anyone heard from X?' and she popped back in and said 'I started combi-feeding and I don't really feel like I belong here any more'. I thought that was a bit sad because everyone had been so behind her journey. But because everyone's so exclusive breastfeeding she felt like she didn't have a place any more." (Mother 12)*

Even asking for support with feeding a baby using expressed breast milk in a bottle was seen as a potentially contentious topic in these groups.

*“I’m a bit nervous to ask about bottle feeding on a breastfeeding forum. And I know that sounds stupid and I think that’s more my hang ups than anything but yeah, I was worried because the one I was on previously I was nervous if I mentioned anything about a bottle people would be like ‘get off, this isn’t the place for you!’.” (Mother 10)*

### **c) Lack of regulation**

Participants reported that, although they were aware that breastfeeding groups on Facebook tended to be moderated by administrators, they still had concerns around the unregulated nature of online support. Participants acknowledged that these groups did often have members playing a moderating role, particularly in those online versions of local groups where the peer supporters often played a significant role. However, they felt that this didn’t always stop community members overstepping what they felt should be the boundaries of support. There was unease about not being able to be sure about who it was they were receiving support from.

*“With the likes of Facebook, it’s not regulated, it’s not monitored and any Jo Public can set up a site. You know, the 12yr old next door could set up a site all about breastfeeding. People could jump on there, They’re not to know who’s behind it.” (Mother 1)*

Without being able to guarantee who it was they were speaking to, there could sometimes be a lack of confidence in the information they were being given.

*“The only nagging doubts I had in my mind, particularly for what I was specifically looking at, was that you’re getting information from a woman somewhere, you’re getting messages off individuals. So there was some information I was thinking how accurate is that?” (Mother 14)*

It was reported as particularly concerning when mothers were seen to be giving medical advice via online methods, diagnosing physical symptoms in others they hadn't met and without any training. This went beyond providing emotional support and sharing experiences, and was seen as inappropriate.

*"You don't know who's the other side of that screen, and you don't know their background and you don't know if they've got any medical training. And that's another negative of Facebook. People give medical advice. I see that a lot. I'm nurse-trained but I wouldn't give advice on Facebook, that's not my role."  
(Mother 1)*

Although some participants felt that they themselves were able to manage the lack of boundaries online through their own healthy scepticism, they felt that others might be in a more vulnerable position.

*"Because I've got a scientific background and I've done my research then I'll think well that's wrong. Some people are being given poor information and it might be well meant but it's still poor information, and if you trust everything that's online then I guess it can get you into trouble." (Mother 13)*

## **Discussion**

This study explored women's motivations and experiences of accessing breastfeeding support in social media online groups. It highlighted that these groups fill a gap, not only in their round the clock accessibility but through women turning to peers when they feel unsupported by health professionals, family and friends. The groups provide feelings of reassurance and acceptance but can come with a downside: feelings of judgement, polarised and emotive debate, and a lack of regulation. The findings have importance implications for those working to support breastfeeding mothers both in highlighting how many women are not receiving the face to face support they desire but also in ways that the benefits of online support can be harnessed to increase the number of women benefitting from support in these formats.

A key driver for women seeking out social media support groups was a lack of practical support from health professionals and unavailability of peer breastfeeding support services. Given the significant recent cuts in breastfeeding support last year (Guardian, 27/07/2018) exacerbating patchy provision of peer support (Grant et al 2017) this is unsurprising. Many health professionals describe how they want to provide the one to one, in depth and emotional support that women value (Dykes, 2005) but staffing and resource pressures mean that they do not have the capacity (McInnes and Chambers, 2008; Burns, Schmied & Sheehan, 2010).

Instead women are asking such questions of online support communities. Women valued the practical information they could find, echoing previous research (Bridges, 2016; Asiodu et al, 2015). Women credited this information with helping them to continue and also valued the circularity of the information they learned. They too could pass on this to new, less experienced members creating a community of trust and learning.

However, some of these groups were unmoderated or may be moderated by trained peer supporters who could understandably not moderate comments in real time around the clock. This meant that misinformation, or anecdotes, were often shared which could lead to women being given incorrect support. Given previous research has highlighted that breastfeeding information online can often be inaccurate or incorrect this is a concern (Dornan & Oermann, 2006).

One solution would be for greater moderation of such groups, but this would take time and investment. Bridges, Howell and Schmied (2018) highlighted the importance of group administrators on the Australian Breastfeeding Association's (ABA) Facebook groups that they analysed, where they played a vital role in ensuring that discussions remained evidence-based and adhered to the ABA's Code of Ethics.

However, practical information was not the core reason women joined such groups. Instead women talked about the reassurance they received from others, feeling like others understood what they were going through and that they shared a lived experience of breastfeeding. Groups were a safe space for mothers where everyone had experience of breastfeeding and breastfeeding was the norm. Belonging in a safe space is a core part of breastfeeding success

(Boyer, 2012) and a number of research studies have shown the power social media groups have to provide reassurance about parenting behaviours and norms (Madge & O'Connor, 2006; Brady & Guerin, 2010; Bartholomew et al, 2012). Indeed, in one qualitative interview study in the USA with mothers in a pro breastfeeding social media group mothers attributed the group to increased confidence, feeling normal and ability to breastfeed for longer (Skelton, Evans LaChenaye, Amsbary, Wingate & Talbott, 2018).

Acknowledgement was also important to women, which is an aspect consistently valued by breastfeeding mothers (Trickey et al., 2017). The value of being supported by someone who has been through what you're experiencing is the mechanism that breastfeeding peer support interventions are built around. This study showed that women were finding this support online, both from trained breastfeeding peer supporters who were affiliated with local groups and from women in an untrained capacity. This finding confirms the results of previous studies on online breastfeeding support that found emotional support to be a key theme (Cowie, Hill & Robinson, 2011; Burman, 2012; Alianmoghammad, Phibbs & Benn 2018; Bridges, Howell & Schmied, 2018).

This online solidarity was particularly protective for women who felt too anxious, introverted or simply exhausted to attend face to face groups, which is a barrier for some women in seeking support (Hunt and Thompson, 2016). Previous research has shown that women who are more anxious and introverted are less likely to continue breastfeeding and experience greater difficulty breastfeeding (Brown, 2013). This is potentially due to not feeling confident or comfortable in accessing face to face support and therefore these groups could be particularly beneficial for women who traditionally do not access services. Some women also reported how after initial online discussion they felt the confidence to attend a group in person. Removing barriers to access is a key factor of a successful breastfeeding peer support intervention (Trickey et al., 2017). This is important as in the long-term face to face groups may provide better practical breastfeeding support (Trickey & Newburn, 2014).

The practicality of receiving support without having to leave the house, or at any time day or night was also valued. The value that is placed on being able to access support online without leaving home is well-evidenced (Nieuwboer, Fukkink & Hermanns, 2013) and

previous research has shown how much women value this in helping them to breastfeed (Burman 2012; Bridges 2016).

Notably, the circularity of this support (as identified by Herron, Sinclair, Kernohan & Stockdale, 2015; Bridges, 2016,) was also present, where mothers felt motivated to 'give back' to the online community by providing support as well as receiving it. This finding is consistent with the concept of the 'helper-therapy' principle, which has been described as important within health-based online support groups more generally (Shaw et al., 2008).

The experience of accessing support online did have some negative aspects for some of the women in this study however. These were centred on the judgement they felt was expressed more freely by some online, or polarised breast versus bottle feeding debates. This is in contrast to previous research that has not typically identified negative outcomes of using social media groups for breastfeeding support (Bridges, Howell & Schmied, 2018; Bridges, 2016; Cowie, Hill & Robinson, 2011) but is consistent with women's broader experiences of using online parenting groups (Strange, Fisher, Howat & Wood, 2018).

In particular women felt that they could not talk about using formula milk or mixed feeding. Online breastfeeding discourse can be polarised, with some using it to express very strong attitudes around the importance of exclusive breastfeeding in a way that is not always helpful (Mecinska, 2018). Research shows that women often feel pressure to breastfeed exclusively (Sheehan & Schmied, 2011), feel shamed or ostracised if they discuss formula milk (Thomson, Ebisch-Burton & Flacking, 2015), or struggle to find information around mixed feeding (Brown, 2016) despite the majority of women in the UK using formula at some point (McAndrews et al, 2014).

This may lead to mothers having to choose between different needs, ultimately the need for social connection and support they have gained in the group and the need for support and information they may need to feed their baby. They may feel they cannot raise these concerns for risk of being criticised or ostracised from the group This fits with a wide body of research more broadly into social conformity, especially in online groups. Humans have an innate desire for social connection and can feel distressed if excluded (Maner, DeWall,

Baumeister & Schaller, 2007). Individuals often feel that they need to hold certain views to remain within the group and reap the social benefits that this brings rather than risking criticism or ostracism (Brandtzæg, Lüders, & Skjetne, 2010; Baumeister & Tice, 1990). This means for some that the experience is not always positive, and may be one explanation for why negative experiences of social media are associated with increased risk of depression and anxiety (Schoppe-Sullivan et al, 2017).

This is a difficult topic to broach. On the one hand all women's experiences should be valued and support freely given. However women noted how the groups were often their safe space in a world that encourages them to formula feed. Women often receive information about formula milk and suggestion or pressure to formula feed frequently in their day to day lives e.g. through advertising, partner, family, and the general public (Brown, 2016) and therefore value a place where breastfeeding is the norm, reacting negatively if they feel pressure is seeping into their 'safe place' (Skelton et al, 2018; Bridges et al, 2018). However, given many women decide or need to use formula at some stage, and struggle to find clear information (Brown, 2016), preventing this discussion can alienate mothers from each other, fuelling negative constructions of breastfeeding supporters (Foss, 2017). Again, careful moderation may enable such conversations to take place in a productive way.

Bringing the findings together, this paper adds to a large body of work and theory underpinning breastfeeding peer support in the UK and around the world including social support theory, ecological systems theory, theory of planned behaviour, health belief model, models of health literacy and stages of change model (For an extensive review see Trickey, 2019). Considering the findings in light of support theory, women were gaining social support at numerous levels including informational, instrumental, emotional and appraisal support (Tardy, 1985), reflecting previous research highlighting the bridge peer support can provide into a supportive network (Dennis, 2003).

Specifically, Dennis translates these types of support as having 1) a direct effect e.g. providing info, accessing healthcare, introduction to a social support network, 2) a buffering effect e.g. helping reduce maternal stress or protecting against harmful messages or others, and 3) a mediating effect e.g. helping soothe experiences for mothers. Although Dennis was

theorising before the rise of online support networks for breastfeeding, each of these effects clearly emerged in an online context; women gained information and practical guidance, but also social support and recognition, often against a backdrop of a lack of understanding or criticism. These groups clearly buffered women against the harms of family, friends and society who often did not understand breastfeeding (Brown, 2017).

This paper has highlighted a number of ways in which online breastfeeding peer support aids women, and the disadvantages that can arise. Further research may wish to examine the outcomes of such support seeking. Are the underlying mechanisms the same? Does it benefit women from specific backgrounds, locations or personalities? What is the impact upon breastfeeding continuation and experience, and maternal wellbeing and mental health? Although the impact of peer support on breastfeeding duration is not conclusive, often due to methodological issues (Thomson & Trickey, 2013; Trickey et al, 2018), maternal experience of breastfeeding rather than simply duration matters too. Women may persevere with breastfeeding because it is important to them (Brown, 2018), yet experience significant complications and perceived lack of support which can affect their wellbeing (Brown, Rance & Bennett, 2016).

The research does have its limitations. Women who have had negative experiences around breastfeeding support on social media may have removed themselves from social media or would not want to take part. However recruitment did not only use online adverts but visits to local breastfeeding support groups. Mothers who took part were also older than average and all were of White British origin. If the study was to be repeated, a purposive sampling strategy could be used in order to ensure a wider variation and to ensure the voices of younger mothers and people of colour are captured.

Limitations aside, the findings add to a growing body of research in other regions that highlight the reassurance, encouragement and social support social media breastfeeding groups can bring. They will be important to those supporting breastfeeding mothers, both in understanding how the positive elements of online breastfeeding support can be harnessed and reach more mothers, whilst also working to reduce the impact of negative online encounters. Importantly the findings also point to a growing gap in professional service



provision that is being met by lay peers, often unmoderated. Although these groups are highly valued, with benefits to those who are anxious at seeking face to face support, they should exist in addition to a fully funded professional and peer support system for breastfeeding mothers.

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**Table One: Interview schedule**

1. Can you tell me about your experiences of breastfeeding?
2. Can you tell me about your internet use in general?
3. Can you tell me about where you looked for breastfeeding support online?
4. Can you tell me about why you looked for breastfeeding support online?
5. Why did you look for breastfeeding support online rather than other forms of support?
6. Can you tell me about any positive experiences you had of using online breastfeeding support?
7. Can you tell me about any negative experiences you had of using online breastfeeding support?
8. Did you use any other forms of breastfeeding support?
9. If you used it, what did you find were the main differences between using online support and other forms of support?
10. Based on your experiences, how, if at all, do you think online support could be improved?

**Table two: Participant characteristics**

<b>Participant Number</b>	<b>Age</b>	<b>Details of the participants' children</b>
1	38	6 children. Currently breastfeeding 3 and 1 year old.
2	28	Currently breastfeeding 4 month old.
3	27	2 yr old (not currently breastfeeding).
4	30	4 children. Currently breastfeeding 11 month old
5	31	2 children. Currently breastfeeding 14 week old.
6	31	Currently breastfeeding 5 month old.
7	37	2 children. Currently breastfeeding 11month old.
8	33	2 children. Currently breastfeeding 8 month old.
9	34	3 children. Currently breastfeeding 6 month old.
10	31	Currently breastfeeding 3 month old.
11	34	2 children. Currently feeding 15 month old.
12	35	2 year old. (Not currently breastfeeding)
13	39	2 year old. (Not currently breastfeeding)
14	36	2 children. Youngest is 2 (not currently breastfeeding).



**Table three: Thematic analysis**

Motivation for using online forums	<ul style="list-style-type: none"><li>a) Lack of professional support</li><li>b) Isolation as a breastfeeding mother</li><li>c) Difficulty accessing face to face support</li><li>d) Round the clock availability</li><li>e) Variety of online support available</li></ul>
Benefits of online support	<ul style="list-style-type: none"><li>a) Reassurance and normalising</li><li>b) Someone who's been through it</li><li>c) Circle of peer support</li></ul>
Limitations of online support	<ul style="list-style-type: none"><li>a) Judgement</li><li>b) Polarised debate</li><li>c) Lack of regulation</li></ul>