Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

Using the Solihull Approach in breastfeeding support groups: maternal perceptions in a socioeconomically-contrasted borough

BACKGROUND: UK breastfeeding rates are among the lowest in the world, so it is necessary to understand what makes breastfeeding support successful. Anecdotal reports of a West Midlands breastfeeding support group noted the benefits of using a psychosocial model called "Solihull Approach" in their staff training.

AIMS: The study aim was to formally explore maternal perceptions of this breastfeeding service.

METHODS: Subgroup sampling resulted in nine semi-structured interviews which were then analysed with thematic analysis.

FINDINGS: The Solihull Approach helped create safe spaces, both literally (between supporters and mothers) and literally (atmosphere of trust and acceptance in the venues). It also ensured tailored informational support and attuned emotional support, which sustained the mothers' attendance to the group.

CONCLUSIONS: Breastfeeding support groups can gain in consistency from being underpinned by a model: Solihull Approach would be a promising candidate, as its influence can be helpful to the emotional wellbeing and breastfeeding outcomes of all mothers regardless of their socioeconomic background.

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

INTRODUCTION

Breastfeeding is a public health priority in the UK (Public Health England, 2016). While the World Health Organization recommends using peer support to increase both initiation and duration of breastfeeding (World Health Organization, 2015), a survey of Infant Feeding Co-ordinators in the UK concluded that more evidence was needed to inform the provision of breastfeeding peer-support services (Grant et al., 2017). An evidence-based model called the “Solihull Approach” (Douglas, 2012) has been used in a Local Authority as a basis for the training of breastfeeding supporters. Anecdotal reports suggested that this was helpful and contributed to earning the service a Baby Friendly Award, a best practice accreditation scheme of the Baby Friendly Initiative (UNICEF UK, n.d.). A formal qualitative study has been conducted on the experience of the Solihull Approach-based breastfeeding support group (Thelwell et al, 2017) from the point of view of the breastfeeding peer supporters. This article reports the mothers’ perspectives.

BACKGROUND

Despite increasing awareness of the health benefits of breastfeeding (Brown, 2015), only about a third (34%) of British mothers are still breastfeeding at six months (McAndrew et al., 2012) and 0.5% at twelve months, making it the lowest rate in the world (Victora et al., 2016). Furthermore, health inequalities prevail, as young, single mothers with low educational achievement are less likely to breastfeed, especially in areas of high deprivation where formula feeding is the norm (Brown et al., 2010; National Institute for Health and Care Excellence, 2008; Stuebe and Bonuck, 2011). Proactive provision of skilled peer or professional support is effective in increasing breastfeeding duration rates (Renfrew et al., 2012). To the best of our knowledge,

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

however, most research focused on one-to-one support. The few studies conducted on the effectiveness of breastfeeding support groups reported inconsistent results, as it seemed to largely depend on how the support groups were implemented, since the organisation of maternity services affects the quality of the partnership between midwives, health visitors and women (Alexander et al., 2003; Hoddinott, Lee, et al., 2006; Hoddinott et al., 2009; Ingram et al., 2005). It might therefore be more informative to shift from *whether* breastfeeding support groups are effective, to *what* can make them helpful.

A few studies provide useful starting points: what mothers have been found to appreciate most in breastfeeding support groups is being able to talk about breastfeeding, see it happen, increase their confidence in breastfeeding practices, and socialise (Ingram et al., 2005). Additionally, special training in breastfeeding counselling reportedly makes supporters more helpful (Ekstrom et al., 2006). While professional facilitators can act as gatherers of community experience, normalising or counteracting extreme views and distinguishing facts from anecdotes and myths (Hoddinott, Chalmers, et al., 2006), trained peer supporters are helpful too: thanks to their experiential insights, they are able to inform from a breastfeeding mother's perspective (rather than a clinician's). They also tend to forge mutually-supportive relationships with the mothers, which provides the basis for a more holistic and emotional-based care (Thomson et al., 2012).

More research is needed to strengthen the evidence base on breastfeeding support groups, given the inconsistency in the results of the most robust studies (Hoddinott et al., 2009; Hoddinott, Lee, et al., 2006). The breastfeeding support groups that have been studied so far were also rarely underpinned by any model of support. Yet,

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

a model could help systematise the most helpful aspects in breastfeeding support groups.

The Solihull Approach

The Solihull Approach (Douglas, 2012) is an integrated psychotherapeutic and behavioural model that is widely used in work with infants and parents. First developed in the 1990s for health visitors to work on parent-child relationships, its scope and application have steadily broadened and it is nowadays used in the training of most health visitors, child and family practitioners across the UK. By providing a strong theoretical framework for working with emotional and behavioural difficulties, the aim of the Solihull Approach is to increase emotional health and well-being. It is based on three theoretical components: containment, reciprocity and behaviour.

- *Containment* is the process whereby a breastfeeding supporter is able to help a mother process intense emotions and anxiety related to breastfeeding.
- Containment facilitates *reciprocity*, which is the way people tune into each other. In breastfeeding support, this means that a supporter is “in tune” with the mother’s emotions – instead of imposing their “expertise”. The supporter could for example temporarily suspend their knowledge in order to give the mother the opportunity to make her own discoveries, providing support, interest, and encouragement.
- Both containment and reciprocity lead to sensitive and effective *behaviour change.* Supportive behaviour change happens when the mother is ready to feel safe enough to explore and try out new things. Being “in tune” helps

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

customise the behaviour change, instead of using a “one size fits all” approach with every mother.

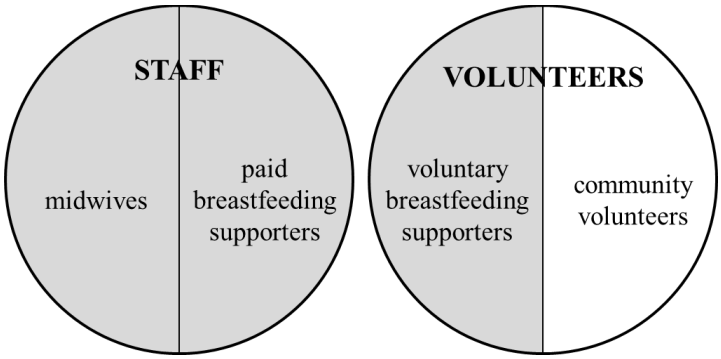
The Solihull Approach therefore focuses on mothers experiencing emotional *containment*, which facilitates the development of *reciprocity* within a relationship, and in turn creates a framework for effective and sensitive *behaviour change*.

The Solihull Approach has the potential to make breastfeeding support conducive to emotional health and well-being in a more systematic fashion. To the best of the authors’ knowledge, no study has been published on breastfeeding support groups that is informed by such a strong theoretical model on emotional well-being. Thus, the aim was to explore maternal perceptions of a breastfeeding support initiative underpinned by the Solihull Approach.

METHODS

Study context

The breastfeeding cafés (BF Cafés) used in this study are drop-in venues, open 4 days a week in various parts of Solihull, West Midlands, by midwives and peer breastfeeding supporters trained in the Solihull Approach. Community volunteers are also involved to assist as hosts in the most popular venues (see Figure 1).



Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

Figure 1. Terminology used in this paper to designate the different people working at the BF Cafes. The categories that are considered "breastfeeding supporters" are greyed out.

The broadly affluent borough of Solihull is challenged by a prosperity gap, with its northern part being considered a regeneration area (Figure 2) (Solihull Observatory, 2016).

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

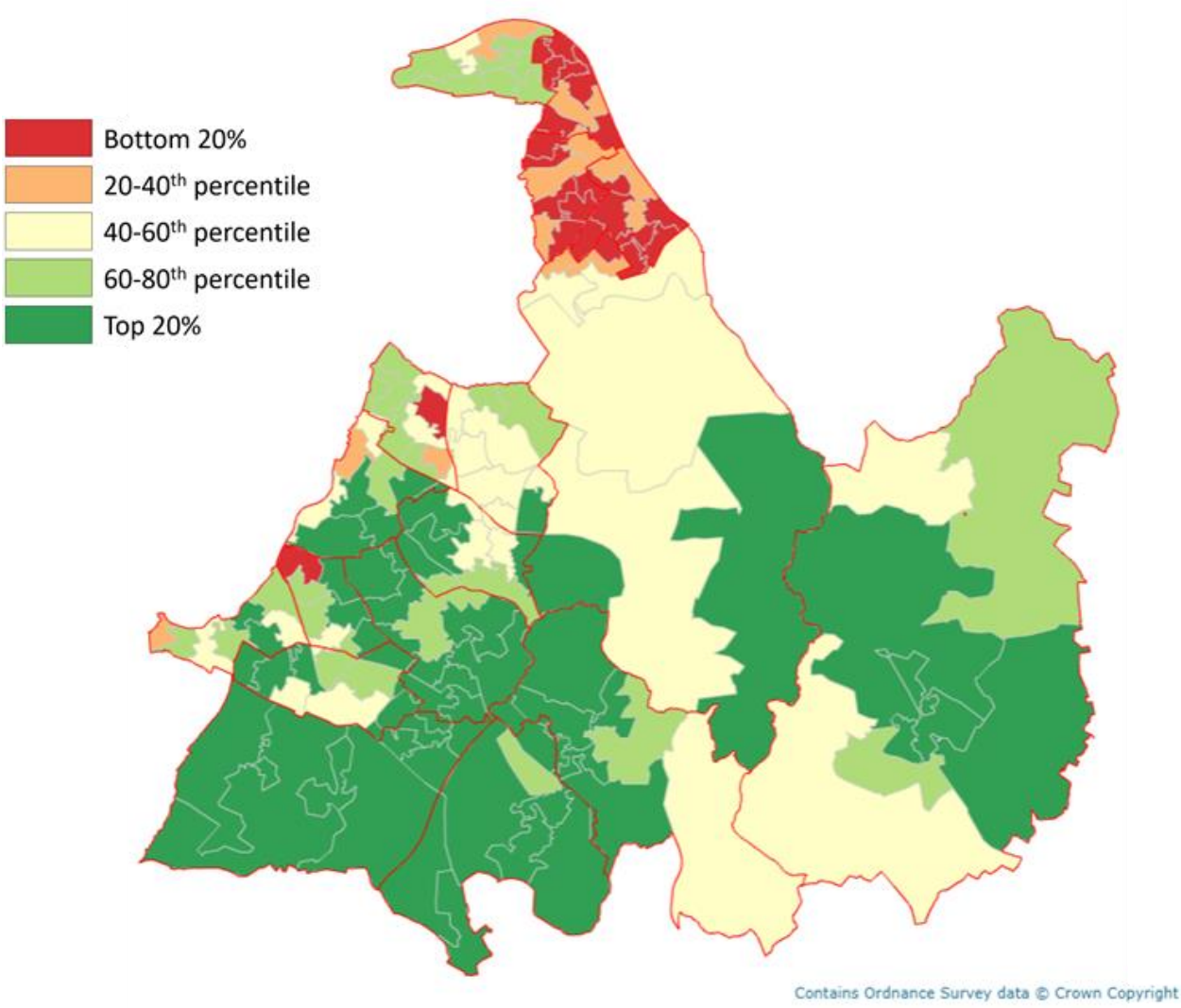


Figure 2. Index of Multiple Deprivation, a single deprivation score combining economic, social, and housing indicators to show the deprivation rank in 2015 for each of Solihull's 134 neighbourhoods (InstantAtlas^{TM} Server, 2015), depicting the prosperity gap between North Solihull (deprived area) and South Solihull (affluent area).

Participants recruitment

A sample of nine mothers was interviewed in November 2016. Recruitment took place in the BF Cafés (with the exception of one mother who was contacted by phone by a midwife). A subgroup sampling design (Onwuegbuzie and Leech, 2007) has been used in order to facilitate credible comparisons between North Solihull

mothers and South Solihull mothers. Four out of five mothers attending the BF Café in North Solihull were interviewed and in order not to over-represent the affluent participants in the analysis, this was matched with a convenience sample of five mothers in south Solihull. Reasons given for non-participation included: not feeling experienced enough about the BF Cafés to talk about it, being too busy, and having recently been interviewed about the BF Cafés by the Solihull Metropolitan Borough Council for their annual report.

Table 1 contains information on the participants. Aged 28 to 43, their first attendance to the Café dates back from a week to six years prior to the interview. They first heard about the BF Cafés from a friend, the family information service, or a health visitor or midwife during a home visit, and all but one attended the BF Cafés weekly or fortnightly (data not shown).

Table 1. Participant characteristics

Mother	Solihull area	Age	Date of 1st attendance	Reason for 1st attendance	Child's age at 1st attendance
1	North	28	Aug 2016	Suspicion of tongue tie	5 weeks
2	South	34	2010	Difficulties in breastfeeding	1-2 week(s)
3	South	29	Aug 2016	Pain during breastfeeding	2 weeks
4	South	34	2012	Cluster feeding + proving to herself she could get out of the house	13 days
5	South	31	Nov 2016	Pain during breastfeeding	6 weeks
6	South	36	Nov 2016	Pain during breastfeeding	2 days
7	North	34	2014	Seeking information on breastfeeding	Not born yet
8	North	43	Jun 2016	Concerns about the quantity of breast milk + social contact	5 months
9	North	29	Sep 2016	Practice feeding out of her house	4 months

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

Data collection

Semi-structured interviews were conducted in a separate room at the BF Café venues. They lasted 20-40 minutes, were audio-recorded and transcribed verbatim. A testimonial about the BF Cafés shared by one of the participants has also been included in the data analysis. Before the interviews, two BF Café sessions (one in North and one in South Solihull) were visited by the main investigator to gather observational data, which consisted of overt participant observation as well as informal and opportunistic conversations. The purpose of the observation was to understand the context in which breastfeeding support occurred. This helped to improve the nature and the phrasing of the interview questions, provide a yardstick against which to measure the completeness of the data gathered with the interviews, and create opportunities to talk about the study and recruit participants.

Data analysis

Thematic Analysis (Braun and Clarke, 2006) has been used in an inductive fashion, which included coding, theme formation, and generation of a thematic map (example in Figure 3).

Ethical considerations

This study was part of a service evaluation, so ethical approval was not required. Nevertheless, all steps were taken to ensure coverage of ethical considerations, including written informed consent forms and confidentiality for all participants. The participant observation was overt and anyone contributing to the observational data was informed about the study.

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

Transcript	Generating initial codes	Searching for themes		Final theme
"Boobs are, sort of, just for sexual pleasure aren't they, you know, they are on page 3, you see them on billboards everywhere, sexy underwear… so it's almost like they are not for what they are meant…." - Participant 1	Breasts are sexualised			
"*When I just started breastfeeding, I think it was just a bit out of the blue for everybody. […] It's not as normal… so, it was a bit more… a bit more discussion, and a bit more, sort of, uncomfortableness for, for the family, and friends*" - Participant 1	Friends and family uncomfortable with breastfeeding	Pervasive bottle-feeding culture		
"*So my mom bottle fed. A lot of my family bottle fed. It was only my aunt, who lives you know Stratford way, that I'd got as a… as a help in my family!"* - Participant 9	Breastfeeding isn't the norm anymore			
"*My mom is a real advocate of breastfeeding but it's a long time since she's done it and she wasn't really able to offer me the support that I needed with this. She's been great but she can't check for tongue tie you know*" - Participant 5	Family unable to help	Isolation as a breast-feeding mother	Social climate that normalises breast-feeding amidst a bottle-feeding culture	"For once, we are the majority": isolation of the breast-feeding mother in a bottle-feeding culture
"Unfortunately you know my partner and my mom were quick to say "well why, you know, why don't you just give up breastfeeding and formula feed, you know, it won't do him any harm"" - Participant 8	Partner and mother quick to suggest quitting breastfeeding			
"*It is how friendly the support staff are. That for me is the best thing. You come in, they recognise you. […] they sit you down with somebody and introduce you to, you know, and make you sort of be part of the group straight away.*" - Participant 5	BF Café staff makes you feel welcome and at ease	BF Café as a safe and welcoming place		
"*The first time I came back, this time, um, people... were just very friendly. 'cause I've obviously haven't been here for four years.*" - Participant 2	Still welcome at the BF Café after years of absence			
…	…	…	Strong network of peer breastfeeding mothers and supporters	
…	…	…	Breastfeeding mothers' isolation, anxiety, and vulnerability	

Figure 3. Example of several steps of the Thematic Analysis **(Braun and Clarke, 2006)**: inductive generation of initial codes from the transcript searching for potential themes, and defining a final theme

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

RESULTS

Three prominent themes were found and arranged in a conceptual model (Figure 4). “Peerness” in the BF Cafés was related to personal experience of breastfeeding, rather than shared socio-economic background. While mothers in South Solihull were generally more familiar with breastfeeding, mothers in North Solihull struggled to find any breastfeeding role model among family, friends, and health professionals. Nonetheless, as all participated felt isolated as breastfeeding mothers in the prevailing bottle-feeding culture.

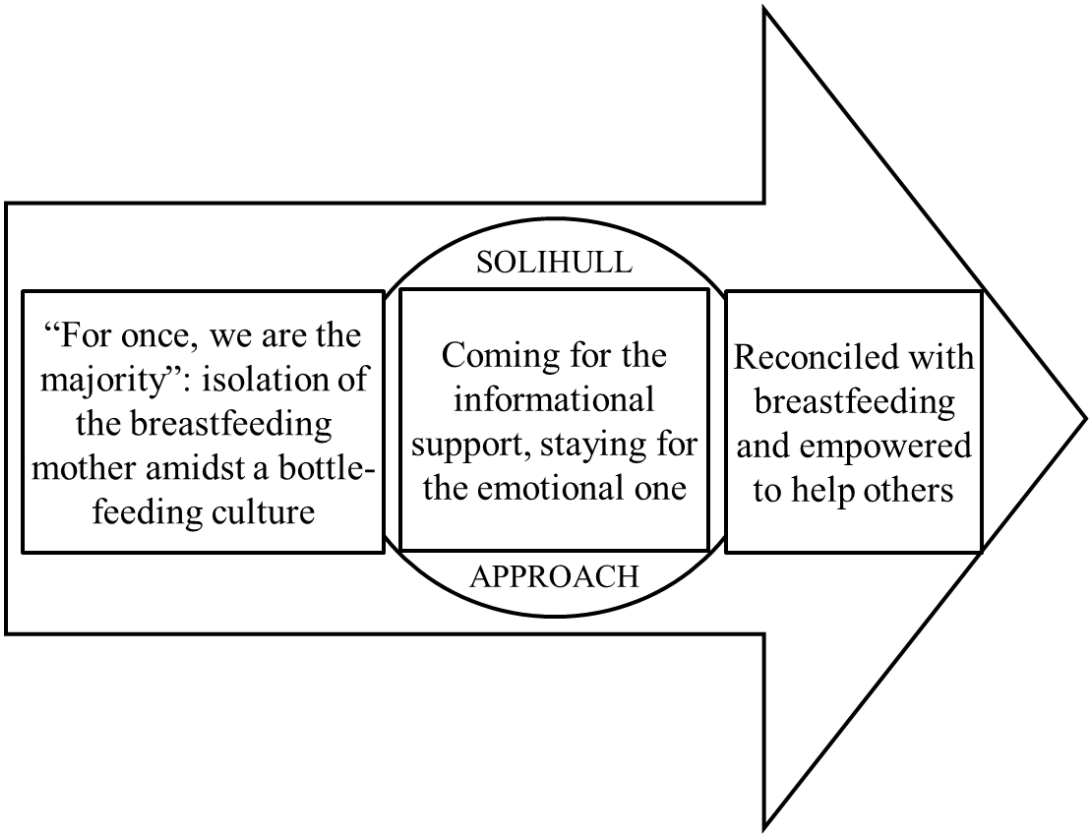


Figure 4. Conceptual model of the support provided at the Breastfeeding Cafes, underpinned by the Solihull Approach. Similarly to Finfgeld-Connett’s model of social support **(2005)** and Dennis’ model of peer support **(2003)**, the inductive findings of the present findings have been arranged into Walker and Avant’s matrix: antecedents, critical attributes, and consequences or outcomes **(1995)**. Here, what must precede the provision of support is a need, manifested in the breastfeeding mothers’ sense of isolation; the support is of informational and emotional nature, and is informed by the Solihull Approach; and the outcomes encompass both the mothers’ reconciliation with breastfeeding as well as their desire to help other mothers.

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

“For once, we are the majority”: isolation of the breastfeeding mother amidst a bottle-feeding culture

There was a self-imposed pressure to be the perfect mother, which could become particularly demoralising when breastfeeding and parenting proved to be more difficult than expected.

> ‘You are putting a lot of pressure on yourself as a mum anyway. You want to do what’s best for them. And, and like I’ve said, if I would have stopped breastfeeding, I would have felt like such a *failure* [*emphasis original*].’
>
> (Participant 6, South Solihull, 36y)

Participants also felt isolated because of important events that came with motherhood, such as transitioning from full-time employment to maternity leave, or being socially alienated due to their shifting priorities and interests.

> ‘Your group of friends change […] you are not boring your friends that are, I don’t know, in college or like, they are unaware of… their priorities is to going out, drinking, and… you are on different, yeah, different pages at that point.’
>
> (Participant 1, North Solihull, 28y)

Another cause of their isolation was the bottle-feeding culture, which seemed more pervasive in North Solihull.

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

> ‘I don’t know about you but I only saw one woman breastfeed before I had my own. […] So my mum bottle-fed. A lot of my family bottle-fed.’
>
> (Participant 9, North Solihull, 29y)

Amidst this social climate, the BF Cafés were described as “inviting” and “welcoming”. The Solihull Approach informed the culture of welcoming into a place. There, breastfeeding was the norm and the mothers felt at ease and accepted, even when they were “feeling down”, “quiet”, “nervous”, “upset”, have been absent for several years, or were no longer experiencing problems with breastfeeding.

> ‘It doesn’t seem to matter whether you come every week or whether you just come for the first time. […] When new mums come for the first time, they feel… welcome. […] The first time I came back, this time, um, people… were just very friendly. ‘cause I obviously haven’t been here for four years.’
>
> (Participant 2, South, 34y)

BF Cafés staff and volunteers were seen as available, reliable, and trustworthy. Their availability was demonstrated in three ways: the BF Cafés being held four days a week; their ability to assist everyone, even when attendance is high; and the possibility to reach them by phone or text messages.

> ‘They are on every day, various places around… […] There is always somebody there who would answer your questions, […]

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

> watch your baby latch on and, you know, any, any kind of query you might have or concern, um, you can go to the Cafés and you can ask, or get, get reassurance from them, which is brilliant.'
>
> (Participant 7, North Solihull, 34y)

The staff's reliability and trustworthiness was seen by participants in this study as a being related to their theoretical and experiential knowledge on breastfeeding. Some mothers forged a trust relationship with particular staff members. Of importance was also what seemed like an unconditionally positive regard. This was most evident in the community volunteers, who described themselves as maternal figures during one of the participation observation session.

> 'I remember walking nervously through the doors and being greeted by the biggest smile and most reassuring hug from [*community volunteer*], it was all too much and the tears began, a packet of tissues was provided, hot tea (which any parent will know is very rare), and wonderful non-judgemental ears. It was the first time in weeks that I felt like me again and not just Mummy or a milk machine!'
>
> (Participant 4, South Solihull, 34y, testimonial)

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

Seeking information, finding emotional support

Informational support was what most mothers were seeking when they attended the BF Cafés for the first time. Information from the staff was said to be accurate, up-to-date, and personalised, comprising medical diagnoses by a midwife (e.g. that of tongue ties), factual input (e.g. how common cluster feeding is), technical advice (e.g. practical demonstrations of latching and positioning), and feedback on performance with comments such as "you are doing fine". The quality of the information at the BF Cafés was said to surpass that of GPs, and participants reported that they preferred to that of "over-stretched", "pushy" hospital midwives or from telephone or online support.

> 'It's nice to speak to people face to face as well. Rather than just, you know, over a, just a telephone, or blogs or forums.'
>
> (Participant 8, North Solihull, 43 years)

The Solihull Approach was seen in the emotional support provided. Mothers were able to discuss their personal difficulties in an attuned relationship (in *reciprocity*) with the supporters, who practiced containment by avoiding exhortatory advice-giving, leading to tailored advice.

> 'You know if there is anything ever, ever wrong, it's almost like that friend that you can confide in. I feel like I can… I've only known [*paid breastfeeding supporter*] for a couple of months and I can tell her anything. She *listens* [emphasis original]… it's not about her story, and she'll jump in with advice, which is brilliant, but she doesn't take over, she's just there to listen and

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

> to let me offload… and she seems very interested at the time [*laughs*]'
>
> (Participant 1, North Solihull, 28 years)

Emotional support also provided in the form of encouragement, reassurance, and verbal and non-verbal expressions of caring. As one mother explained:

> 'It's silly things like that, it really is, just someone holding the baby for 5 minutes so you can sit down and drink a cup of tea and it's hot and it's just… it's great.'
>
> (Participant 4, South Solihull, 34 years)

Reconciled with breastfeeding and empowered to help others

Support from the BF Cafés improved the mothers' breastfeeding via three different mechanisms.

First is by direct effect: medical advice, information, and practical demonstrations influenced breastfeeding practices and deterred maladaptive behaviours. Attending the BF Cafés also directly decreased the mothers' feeling of isolation.

> 'When you are a new mum and you kind of have these expectations of how it's going to be like. And they are days when it's going to be really heard and you're going to say that it was quite nice to be with people in the same boat.'
>
> (Participant 2, South Solihull, 34y)

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

Second is the buffering effect: protecting mothers from harmful stressors by providing information on the nature of their problems and by discussing problem-solving strategies. Additionally, being at the BF Café subjected the mothers to social controls and pressures, which induced normative behaviours by response regulation and prevented maladaptive responses such as extreme reactions or self-recrimination.

> ‘[It] made me feel like it’s not just me, so there was everybody else talking about how it’s hard for them as well. […] I was quite… at the end of my tether. When I’ve been here in the morning, I went away feeling like pretty happy and kind of ready to… yeah, be able to… to do it.’
>
> (Participant 5, South Solihull, 31 years)

Third is the mediating effect, in which the mothers’ interpretation of their issues is positively influenced with the aim of increasing their self-confidence in breastfeeding. This was done by providing anticipatory guidance, normalising certain emotional arousals, and appraising their breastfeeding performance. Being surrounded by other mothers also gave the opportunity of social comparison, which was helpful for self-evaluation and motivation.

> ‘I don’t want to sound horrible, but when you see other people struggling as well, then you know… “oh… it’s not just me. It’s everyone.” You feel… that gave me more confidence, definitely.’

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

(Participant 3, South Solihull, 29 years)

One aspect that made the BF Cafés helpful and that differentiated them from one-on-one support is the multiplicity of the sources of support, as it did not only come from the staff.

> ‘All of them are helpful. Because… I don’t know. […] You’ve got obviously the people who work here who are going to be helpful, the volunteers are helpful, but the other mums are helpful too, you know, everybody is going to bring up different perspectives, have different experience.’

(Participant 5, South Solihull, 31 years)

Another outcome was the desire generated in the mothers to help other breastfeeding women. This desire was manifested in several ways: by enjoying feeling able to give advice to other mothers at the BF Cafés; by suggesting during the interviews different ways the BF Cafés could be better promoted, despite the already high attendance or the small size of some venues; by seeking connections with other women they would witness breastfeeding in public; and by training themselves to become volunteer peer breastfeeding supporters.

> ‘I started [the training]. […] Really, really good move to make, ‘cause I thought, I’m quite passionate about breastfeeding, and I had such a troublesome time at the beginning, that without

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

this sort of service I would have quit. So it's nice to be able to see other mums, and give that bit back.'

(Participant 1, North Solihull, 28 years)

DISCUSSION

Given the low breastfeeding rates, it is of public health importance to understand what can make breastfeeding support helpful. The study aim was to explore maternal perceptions of a breastfeeding support initiative in Solihull of a peer breastfeeding support group in drop-in venues, informed by a particular theoretical model. Qualitative data were collected with semi-structured interviews and participant observation. It was found that the BF Cafés represented safe environments where breastfeeding mothers in need of emotional and information support could find a network of peers, and such a support not only improved their breastfeeding outcomes via various mechanisms but also generated a desire in them to help other mothers.

Underpinning the training of all BF Café staff with the same theoretical model ensured consistency in the support provided across all types of staff in every BF Café. Thereby, even if a mother became closer to a particular supporter, she knew she could find the same quality of support with another supporter in any other BF Café. Benefits that were more specific to the use of the Solihull Approach were also evident. *Containment* created safe spaces, figuratively (between a supporter and a mother) but also literally – the particularly inviting atmosphere reigning at the BF Cafés made all participants feel welcome and accepted. Knowing that a BF Café staff was reachable at all times (if not at a BF Café held somewhere that day, by telephone) was yet another form of containment. *Containment* and *reciprocity*

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

enabled the BF Café staff to provide emotional support in a way that satisfied all participants and made them continue attending the BF Café even after their initial problems were solved. Sustained attendance at the breastfeeding support group may support persistence in breastfeeding. *Containment* and *reciprocity* also helped the staff tailor their informational and emotional support to each mother and make it appropriate for each situation (e.g. making a diagnosis, demonstrating, giving feedback on performance, following-up on an issue, but also chatting and developing trustful relationships), leading to effective *behaviour change*.

Most findings in the present study were in accordance with the previous literature, notably in terms of the vulnerability of new parents (Ekstrom et al., 2006); the positive atmosphere of the breastfeeding support group (Hoddinott and Pill, 1999), where mothers felt they could talk openly (Hoddinott, Chalmers, et al., 2006; Ingram et al., 2005) and practice their breastfeeding skills freely (Hoddinott, Chalmers, et al., 2006); the appreciation for supporters with personal breastfeeding experience, be they health professionals (Hoddinott, Chalmers, et al., 2006), trained volunteers (Mongeon and Allard, 1995), or other mothers (Timms, 2002); the forging of trust relationships between mothers attending the same support group (Thomson et al., 2012) and between mothers and supporters (Schmied et al., 2011).

Elements that are reminiscent of the Solihull Approach could also be found in previous studies: breastfeeding supporters have been described as the “calm in the storm” because they helped the mothers regain composure, re-establish focus, and direct their energy towards breastfeeding (Thomson et al., 2012); and the fact of giving sufficient time for the mothers to “touch base” and not feel rushed was one component of effective breastfeeding support, in contrast to the disconnected and time-constrained encounters in medical settings (Schmied et al., 2011). Other

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

concordant observations were the upwards and downwards comparisons according to the social comparison theory (Perry and Furukawa, 1986), which explains why mothers that were perceived to perform better were considered role models, while at the same time self-esteem and motivation were enhanced when perceiving others' breastfeeding performance as worse off. The mediating effect relates to the concept of self-efficacy (Bandura, 1977), where affirmation, reassurance, encouragement, and social integration enhanced the mothers' perception of their own ability, which in turn increased initiation and perseverance in attempts, leading to better performances.

Strengths and limitations

The transferability of the study findings is limited by a selection bias, as our sampling heavily relied on onsite recruitment, thereby automatically excluding all those who never attended or ceased attending the BF Cafés (because they did not find them helpful for example). Although most participants in this study enjoyed leaving their home to socialise at the BF Cafés, for other mothers the requirement to attend group support sessions could be too great of a constraint.

Strengths of the present study include the use of a conceptual model to make sense of the inductive findings, which has not been done in the previous literature on breastfeeding support, except for Thomson et al. who used a theory of hope (2012). What happens in breastfeeding support groups can be difficult to understand as it can be approached from a certain number of ways. Explicitly using conceptual models can improve understanding and highlight the most important aspects. The present study was the first one in the literature on breastfeeding support groups to

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

distinguish between the reasons for first attendance and those for sustained attendance.

Conclusion

This study highlights the importance of emotional support to increase attendance at breastfeeding support groups and to use models such as the Solihull Approach to develop a supportive culture. Provision of breastfeeding support would benefit from being underpinned by a theoretical model in order to systematise the most helpful aspects of breastfeeding support. The Solihull Approach is a promising candidate to serve as such a model: this study showed that it can help ensure consistent and tailored informational support as well as responsive emotional support across all staff of breastfeeding support groups, which mothers of highly-contrasting socioeconomic backgrounds greatly enjoyed. Suggestions for future research however include approaching women who never attended, or are no longer attending breastfeeding support groups.

Key Points

- Breastfeeding support is needed in the UK and underpinning it with a theoretical model could help systematise the most helpful aspects
- This research took place in a social-economically contrasted borough in the West Midlands, where peer breastfeeding support groups are based on a psychosocial model called ‘Solihull Approach’
- Mothers attending the group perceived it a s a safe space where they felt welcomed, accepted, and listened to
- The breastfeeding supporters, trained in the Solihull Approach, were able to deliver tailored informational and emotional support: while most mothers came

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

for the former, it is for the latter that they continued their attendance at the groups

- Although future research should include women who are not using the service, this study suggests that the Solihull Approach may well serve as a model for other breastfeeding support groups, as its influence was enjoyed by all mothers, regardless of their socioeconomic background.

KEY PHRASES

- Breastfeeding support is needed in the UK and underpinning them with a model could help systematise their most helpful aspects.
- In a socioeconomically-contrasted borough in the West Midlands, a peer breastfeeding support group is based on a psychosocial model called “Solihull Approach”.
- Mothers attending the group perceived it as a safe space where they felt welcomed, accepted, and listened to.
- The breastfeeding supporters, trained in the Solihull Approach, were able to deliver tailored informational support and attuned emotional support: while most mothers came for the former, it is for the latter that they continued their attendance to the groups.
- Although future research should include women who are not using the service, this study suggests that the Solihull Approach may well serve as a model for other breastfeeding support groups as its influence was enjoyed by all mothers regardless of their socioeconomic background.

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

ACKNOWLEDGEMENTS

The authors wish to thank all the mothers who took part in the study, as well as the staff and volunteers at the Breastfeeding Cafes, who made the evaluation possible. Thanks to Elaine Bates, Infant Feeding Co-ordinator, and Amy Sadler, Infant Feeding Specialist, for their help during the data collection period. The authors would also like to thank the anonymous reviewers for their insightful and constructive comments and suggestions.

Declaration of interests: *The authors have not conflict of interest to declare.*

Ethical approval: *As this was part of a service evaluation ethical approach was not required.*

Funding: *This article received no specific grant from any funding agency in the public, not-for-profit, or commercial sector.*

Review: *This article was subject to double-blind peer review and was accepted for publication on 30 October 2017.*

Acknowledgements: *This authors wish to thank all the mothers who took part in the study, as well as the staff and volunteers at the breastfeeding café's, who made the evaluation possible. Thanks to Elaine Bates, Infant Feeding Co-ordinator, and Amy Sadler, Infant Feeding Specialist, for their help during the data collection period. The authors would also like to thank the anonymous reviewers for their insightful and constructive comments and suggests.*

REFERENCES

Alexander J, Anderson T, Grant M, et al. (2003) An evaluation of a support group for breast-feeding women in Salisbury, UK. *Midwifery* 19(3): 215–220.

Bandura A (1977) Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review* 84(2): 191–215.

Braun V and Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101.

Brown A (2015) Breast is best, but not in my back-yard. *Trends in Molecular Medicine* 21(2): 57–59.

Brown AE, Raynor P, Benton D, et al. (2010) Indices of Multiple Deprivation predict breastfeeding duration in England and Wales. *European Journal of Public Health* 20(2): 231–235.

Dennis C-L (2003) Peer support within a health care context: a concept analysis. *International Journal of Nursing Studies* 40(3): 321–332.

Douglas H (2012) *Solihull Approach resource pack: The first five years*. 5 th ed. Updated 2012. Cambridge: Jill Rogers Associates.

Ekstrom A, Widstrom A-M and Nissen E (2006) Does Continuity of Care by Well-Trained Breastfeeding Counselors Improve a Mother's Perception of Support? *Birth* 33(2): 123–130.

Finfgeld-Connett D (2005) Clarification of social support. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing* 37(1): 4–9.

Grant A, McEwan K, Tedstone S, et al. (2017) Availability of breastfeeding peer support in the United Kingdom: A cross-sectional study. *Maternal & Child Nutrition*: e12476.

Hoddinott P and Pill R (1999) Qualitative study of decisions about infant feeding among women in east end of London. *BMJ (Clinical research ed.)* 318(7175): 30–34.

Hoddinott P, Lee AJ and Pill R (2006) Effectiveness of a breastfeeding peer coaching intervention in rural Scotland. *Birth (Berkeley, Calif.)* 33(1): 27–36.

Hoddinott P, Chalmers M and Pill R (2006) One-to-One or Group-Based Peer Support for Breastfeeding? Women's Perceptions of a Breastfeeding Peer Coaching Intervention. *Birth* 33(2): 139–146.

Hoddinott P, Britten J, Prescott GJ, et al. (2009) Effectiveness of policy to provide breastfeeding groups (BIG) for pregnant and breastfeeding mothers in primary care: cluster randomised controlled trial. *BMJ* 338(jan30 1): a3026–a3026.

Ingram J, Rosser J and Jackson D (2005) Breastfeeding peer supporters and a community support group: evaluating their effectiveness. *Maternal and Child Nutrition* 1(2): 111–118.

InstantAtlas™ Server (2015) Solihull Lower Layer Super Output Areas (2011). *Deprivation*. Available from: https://eservices.solihull.gov.uk/IAS/dataviews/view?viewId=193 (accessed 8 December 2017).

McAndrew F, Thompson J, Fellows L, et al. (2012) *Infant Feeding Survey 2010*.

Mongeon M and Allard R (1995) [Controlled study of a regular telephone support program given by volunteers on the establishment of breastfeeding]. *Canadian journal of public health = Revue canadienne de sante publique* 86(2): 124–127.

National Institute for Health and Care Excellence (2008) Maternal and child nutrition. Available from: https://www.nice.org.uk/guidance/ph11/chapter/1-key-priorities#breastfeeding (accessed 15 August 2017).

Onwuegbuzie A and Leech N (2007) Sampling Designs in Qualitative Research: Making the Sampling Process More Public. *The Qualitative Report* 12(2): 238–254.

Perry M and Furukawa M (1986) Modeling methods. In: Kanfer F and Goldstein A (eds), *Helping people change*, New York: Pergamon Press, pp. 66–110.

Public Health England (2016) Health matters: giving every child the best start in life. Available from: https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life (accessed 15 August 2017).

Renfrew MJ, McCormick FM, Wade A, et al. (2012) Support for healthy breastfeeding mothers with healthy term babies. In: The Cochrane Collaboration (ed.), *Cochrane Database of Systematic Reviews*, Chichester, UK: John Wiley & Sons, Ltd.

Schmied V, Beake S, Sheehan A, et al. (2011) Women's Perceptions and Experiences of Breastfeeding Support: A Metasynthesis: BIRTH. *Birth* 38(1): 49–60.

Solihull Observatory (2016) Solihull People and Place. Solihull Metropolitan Borough Council.

Stuebe AM and Bonuck K (2011) What predicts intent to breastfeed exclusively? Breastfeeding knowledge, attitudes, and beliefs in a diverse urban population. *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine* 6(6): 413–420.

Thomson G, Crossland N and Dykes F (2012) Giving me hope: women's reflections on a breastfeeding peer support service: Women's reflections on a breastfeeding peer support service. *Maternal & Child Nutrition* 8(3): 340–353.

Timms M (2002) What are Osmaston and Allenton Sure Start doing towards community based breastfeeding support. *A midwife's story. MIDIRS Midwifery Digest* 12(2): 278–279.

UNICEF UK (n.d.) The UNICEF UK Baby Friendly Initiative. *Baby Friendly Initiative*. Available from: https://www.unicef.org.uk/babyfriendly/ (accessed 19 August 2017).

Victora CG, Bahl R, Barros AJD, et al. (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet* 387(10017): 475–490.

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.

Walker LO and Avant KC (1995) *Strategies for theory construction in nursing*. 3rd ed. Norwalk, CT: Appleton & Lange.

World Health Organization (2015) Global Strategy for Infant and Young Child Feeding.

Monique, Tan. Heston, M and Douglas, H. (2017) Using the Solihull Approach in breastfeeding support groups: Maternal perceptions. British Journal of Midwifery 25(12), pp 765-773.