TITLE

Breastfeeding in Black and Ethnic minority communities in Birmingham.

Authors: Shafak Abdel Aziz, Grace Moyo, George Metsios

INTRODUCTION

Breastfeeding, or nursing, is defined as 'the act of feeding breast milk to an infant'. It is a natural process that provides both nutritional and emotional benefits to both the mother and child. According to guidance from the World Health Organization (WHO), it is recommended that women breastfeed for six months. However, in the UK, out of the 68% of women who breastfeed, only 48% continue to do so beyond 6 - 8 weeks (Nicholson, and Hayward, 2021). These statistics can partly be attributed to the stigmas around breastfeeding that make it hard for mothers to feel comfortable breastfeeding in public, leading to some mothers stopping earlier than they would like to. According to the Office for Health Improvement and Disparities (OHID), the statistics for 6 to 8 weeks after birth show that from 2023 to 2024, the % of infants fully, partially, or not breastfed in Birmingham was 47.6%. Although the rate is slightly higher than average, deprivation levels impact breastfeeding rates. Less deprived local authorities tend to have higher rates of breastfeeding at 6 to 8 weeks after birth. **Birmingham experiences elevated levels of deprivation** and is the most deprived local authority in the West Midlands Metropolitan area and the 7th most deprived out of England's 317 authorities (Birmingham City Council, 2019). "Birmingham City Council (BCC) is the largest local authority in the country by population, with over 1.1 million people living in the city. It is an ethnically diverse city with 51.4% of its population identifying as ethnic minorities, making Birmingham one of the first 'super-diverse' cities in the UK (Care Quality Commission, 2023). Cultural practices can significantly influence breastfeeding rates, and thus, understanding cultural factors is crucial for promoting breastfeeding practices successfully.

This research project, therefore, aims to understand Black and Ethic minority women's breastfeeding practices in Birmingham and the social and economic factors that influence mothers' decisions regarding breastfeeding. Moreover, the study aims to discover how cultural factors affect breastfeeding decisions and identify the barriers around breastfeeding, in an attempt to develop relevant targeted strategies across Birmingham for these groups of individuals.

METHODS

Participants

All participants in this research project were selected from churches, primary schools, neighbourhood parks, youth/community centres, local mom and baby groups, Facebook mom and baby groups and other online platforms. Participants were required to be women aged 18 and above, with or without children living in Birmingham. The women recruited were identified as African/Caribbean, Black British, Black African, and Asian. The women were from both Islamic and Christian communities. Some of the countries that these women originated from are Jamaica, Trinidad, Zimbabwe, Uganda, Somalia and Sudan.

Implementation Research Methodology

Implementation science is important to implement effective interventions in different settings. To achieve this, the first step of implementation research methodology is to understand the barriers and facilitators that may influence the implementation process, particularly those relevant to the target audience (World Health Organisation (WHO),2013), which in this case are women from ethnic minority groups. This step represents the – so-called – implementation intelligence. Implementation intelligence requires different sets of qualitative and quantitative data, which can be obtained via surveys, focus groups and interviews. Utilising only one of these methods and not all of them from a target audience, does not provide the depth and depth of data required to make meaningful change. Thus, the present study utilised all of these forms of data collection.

Surveys

Survey questions were developed using questions identified in relevant research studies, as well as the objectives of the present study, which were in line with the needs and behaviours in the wider Birmingham area (please see Appendix 1, in separate document). The data from the survey were collected using multiple different methods, but the information provided to the participants to fill in the questions was always the same. In specific, the methods of collecting the data for the survey were face-to-face, via mobile phones, and online via Google Forms. The survey consisted of 17 questions with multiple question types to provide breadth and depth of data, including open-ended, multiple-choice, and demographic questions. A Likert scale was utilised to score the answers, and the data obtained from the survey were always anonymous.

Interviews

Semi-structured interviews were conducted on the phone and in person, and audio recordings were made with participants' consent to ensure data capture accuracy. Written notes were also taken during interviews to document critical points and observations. The questions from the interviews and the focus groups appear in Appendix 2, at the end of this document. The equipment used to collect the data was a recorder, the Zoom online platform, an online survey system (Google Forms), mobile phones, pen and paper for the written notes.

Focus Groups

Two focus groups took place in two different communities by the community researchers.

Group 1 (20 participants): After ensuring the manager's permission, the focus group took place at a youth club in Small Heath during a community event. The participants were a part of the surrounding Muslim community. After receiving comprehensive information about the study's purpose, procedures, potential risks, and benefits, the research objectives were introduced to all participants and all provided consent forms. Topics discussed were personal experiences, influences, decision-making processes for breastfeeding, and possible barriers and facilitators, such as individual, social, and systemic factors affecting breastfeeding behaviours. At the same time, all participants were asked to make recommendations and potential suggestions for

enhancing the support and facilitation of breastfeeding. The results were audio recorded, and notes were taken during the group. All personal data collected during the study were anonymised to protect participants' identities, and all identifiable information was removed. Data were stored securely and were accessible only to the research team on password-protected devices; hard copies were kept in locked cabinets.

Group 2 (6 participants): The participants for this focus group were recruited from online platforms/community groups such as Facebook and WhatsApp, as well as mom and baby groups, specifically Mommy and Kids, which is a part of the wider BME women's friendship group consisting of 83 groups and over 900 members. The focus group took place on the Zoom Platform, allowing participants to attend from home and creating a comfortable, private setting that encouraged an open discussion. This is also a cost-effective method, e.g., there is no need for bookings or travelling for data collection. Beforehand, all interested participants were provided information about the research, including what it would involve, any risks of taking part, and the information used. Participants were also informed that data would be anonymous and all participants signed informed consent. Before the focus group meeting, all information relevant to the project methodology and consent was reiterated, and all volunteers agreed to participate.

Data Analysis

Qualitative and quantitative data analysis methods were utilised for this research project. Qualitative data from interviews and focus groups were thematically analysed to identify critical patterns and themes. This involved transcription, coding, theme development and interpretation to provide insights and practical recommendations for improving breastfeeding support. The project also analysed quantitative data from surveys using descriptive statistics to summarise demographic information and breastfeeding practices, while inferential statistics like chi-square tests and ANOVA examined relationships and differences between groups. Data visualisation techniques illustrated trends, and integrating qualitative themes provided insights into breastfeeding barriers, support system effectiveness, and opportunities for improvement.

RESULTS

Results from Group 1

Demographic information: All participants for the focus groups and interviews were selected from youth/community centres, neighbourhoods, and Muslim communities (Sudanese, Somalian, and British). Participants were women aged 18 and over and were from Birmingham Local Authority.

Focus group and interview findings

Women indicated that they want to be heard and talk about their experiences, and that they prefer to speak and express their preferences and needs directly to a person. They also indicated they would like the survey questions to be more direct (yes or no questions/answers). However, all participants agreed that the survey method was less suitable for providing meaningful answers, compared to the interviews and focus groups. The team already knew that focus groups and interviews could provide more in-depth data. However, the decision to include the survey was a

necessary choice to provide more quantitative data (as per Implementation Science methodology), thus contributing significantly to the outcomes of the present study, despite not being the preferable choice.

In the present study, all women were Ethnic minority British-born women and all mentioned the maternity classes as a positive initiative, where women are offered information about birth and childcare during their first pregnancy; however, they suggested that more focus should be given to non-British-born women since it is not certain that they receive the same information. This is an important matter that merits further investigation, i.e., whether those women were offered those classes, whether they refused to attend, and the reasons behind their choices to attend or not.

Importantly, all participating women significantly valued breastfeeding as the best option to feed their children. The reasons they provided were:

- it is healthy for the child
- it is the natural thing to do
- they had experiences with their mothers and relatives breastfeeding
- it is healthy for the women to help their bodies clear the womb after birth
- it is free as buying milk is very expensive
- it is relevant to religious matters for Muslim women

One woman experienced difficulties breastfeeding her child, but she insisted on feeding her child, so the medical staff supported her to use the pump to get her started. The midwife visits supported her until she managed to manage to breastfeed her child, which was a very positive experience discussed with these participants.

One of the identified themes during focus groups and interviews was *Understanding and Taking into Account Infant Feeding Options***.** All of the women who were interviewed knew about breastfeeding; one participant called it a "barbarian act" at first but then clarified that it might be okay for people who can't afford formula, saying, "thank god I can." Moreover, all participants reported that their health visitors and midwives provided them with information regarding breastfeeding options. During their appointments, they were given leaflets; however, one woman commented on the excessive quantity of "many papers." A mother whose child wasn't gaining weight said she found it demoralising when her health visitor demonstrated the appropriate technique for holding and feeding her child. Focus group discussions highlighted that 60% (6 out of 10) of women felt a decline in midwife services post-COVID, with fewer home visits and assumptions about their knowledge of childcare. Language barriers were noted by 40% (4 out of 10) of women, causing reluctance to ask questions due to fear of misunderstanding or ridicule. Furthermore, some other women were deterred from asking questions due to language barriers, out of concern that they would be misinterpreted or mocked.

Another topic identified was *Social Attitudes Towards Breastfeeding.* Most women said their decision to breastfeed was unaffected by what society thought of them. Participants also recognised that breastfeeding causes fewer infections in infants, and they saw breastfeeding as a natural and healthy way to feed their children. Their decision was strengthened by the support of

their own mothers. Furthermore, participating mothers identified *The Economic Benefits of Breastfeeding*. In specific, every participant concurred that breastfeeding had a beneficial financial impact, saving a significant amount of money. Women emphasised the financial burden from formula purchases, the advantages of breast pumps for working moms, and the general health benefits of breastfed children who require fewer prescription drugs. However, they also expressed views on the necessity of improved nutrition for moms who breastfeed, particularly in the first weeks of breastfeeding.

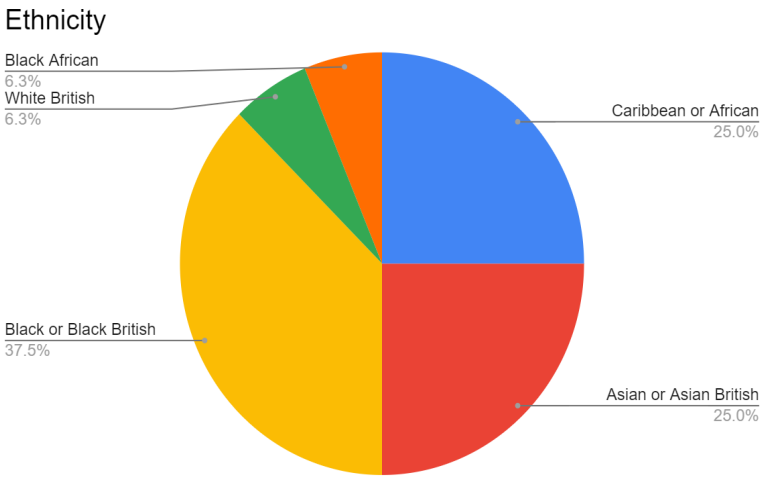
Another topic identified was *When and How to Encourage Breastfeeding*. Women felt that midwives, rather than general practitioners, would be better placed to encourage breastfeeding at the start of pregnancy because of the mother's fatigue while promotion and encouragement for breastfeeding right after delivery was thought to be less effective. One participant talked about how uncomfortable she felt when a midwife tried to teach her how to nurse her baby right away after childbirth. Positive feedback was given to teaching young girls about breastfeeding in schools since their busy lives frequently prevent them from learning about it at home. It was thought that teaching boys how to breastfeed would be helpful for their future. Moreover, an important topic for discussion was the *Places where Women Can Breastfeed in Public*. The participants did not perceive the necessity of breastfeeding in specific spaces, such as feeding rooms in public places. To them, nursing was a loving act that didn't need to be concealed. Women did not want to be separated from their group or other children, and they preferred to breastfeed in public while frequently covering up with scarves. In addition, they voiced worries about communication difficulties and the possibility of being turned away from nursing rooms to justify further their choice to breastfeed in public places. *Educating Men on breastfeeding* was also discussed. All the women in the group agreed that teaching men about breastfeeding could benefit breastfeeding women. They shared stories of men demanding food when the mother was taking care of the infant in order to highlight the need for men to understand the value of rest and nourishing food for nursing mothers.

Survey Findings

The quantitative data from the Group 1 survey provided 16 responses, while participants were from a varied age range of 21 to 60 years old and a majority being Ethnic Minorities (please see Figure 1).

Awareness and Consideration of Infant Feeding Options: Out of the total respondents, 80% indicated they had considered infant feeding options, demonstrating a high level of awareness.

Figure 1: Ethnicity of Respondents. Pie chart showing the ethnicity of the 16 who took the survey—25.0% Asian or Asian British; 6.3% Black African; 37.5% Black or Black British; 25.0% Caribbean or African; 6.3% White British.

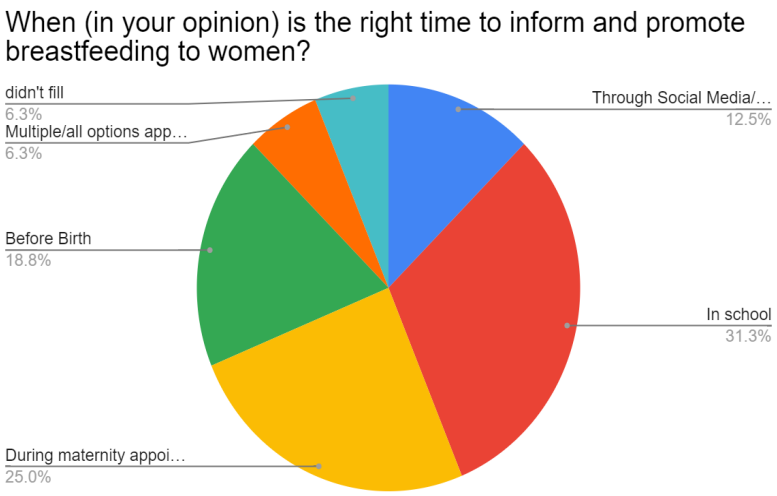


Information Provided on Infant Feeding Options: Among respondents who had children, 60% (6 out of 10) reported receiving information about feeding options from their midwives, with 83.3% (5 out of 6) stating they found this information reasonable and reliable. However, 33.3% (2 out of 6) felt overwhelmed by the information, with one participant mentioning "lots of papers." Additionally, 30% (3 out of 10) felt undermined by health visitors, particularly when guidance was given on feeding techniques, which they perceived as critical rather than supportive.

Societal Views on Breastfeeding: A significant majority, 87.5% (14 out of 16), reported a positive view on breastfeeding, while two respondents had a neutral view. They cited breastfeeding as a natural and healthy way to feed their child and suggested it was a way to allow bonding between the mother and child.

Economic Impact of Breastfeeding: 12 out of 16 agreed that breastfeeding had positive economic effect. They highlighted cost savings from avoiding to buy formula and the benefits of using breast pumps for working mothers. Additionally, they noted that breastfed children tend to be healthier, requiring fewer medications. However, they also mentioned the need for better nutrition for breastfeeding mothers.

Figure 2: When (in your opinion) is the right time to inform and promote breastfeeding to women? Pie chart showing views on the right time to encourage breastfeeding.



Timing and Promotion of Breastfeeding: The majority believed that the best way to promote breastfeeding is by midwives. As seen in Figure 2, the right time to inform and encourage breastfeeding was more debated. One participant shared discomfort with a midwife attempting to demonstrate breastfeeding immediately after delivery. Educating young girls in schools about breastfeeding received positive feedback, as modern lifestyles often prevent them from learning about it at home. The second most popular answer was to inform about breastfeeding during maternity appointments.

Facilities for Public Breastfeeding: Regarding public breastfeeding facilities, 81.3% (13 out of 16) saw the need for designated areas, like feeding rooms, so mothers did not need to worry about how they would feed their children outside their homes. However, concerns about language barriers and fear of rejection was provided as a potential reason from discouraging breastfeeding women from seeking out breastfeeding rooms.

Educating Men About Breastfeeding: 11 out of 16 women agreed that educating men about breastfeeding could help support women. They emphasised the need for men to understand the

importance of rest for women after childbirth and the value of nutritious food for breastfeeding mothers. They shared experiences where men's lack of awareness led to unrealistic demands on the mother.

Results from Group 2

Demographic information: All participants for both the focus groups and interviews were selected from churches, schools, neighbourhood parks, local mom and baby groups, Facebook mom and baby groups and other online/social media platforms. Participants were women aged 18- 50. All the participants had at least one child born in Birmingham and are currently living in Birmingham or lived in Birmingham when the child was born. The women were from an African background (Zimbabwe, Uganda, Gambia) and a Caribbean background (Trinidad, Jamaica and Black British. All the participants were from Birmingham.

Focus group and Interview findings

With regards to the *awareness of feeding choices,* the answers provided by the focus group suggested that the participants were all aware of the different options. Two women spoke about colostrum harvesting, which the community researcher was unaware of and had not added to the prompt. On the same topic, the interview answered all the women were also aware of breastfeeding, bottle feeding, pumping, formula, and expressed milk. Most of the women did not know about donor milk, or they were shocked or disgusted to hear about it. One woman said, "Why would I want my child to drink another person's milk?" Another volunteer said she overheard a conversation with a woman who had just lost her child, offering to donate her milk, and it didn't occur to her that people do that, and she wished that she hadn't heard that conversation. Another woman said she expressed milk when her baby was pre-term.

With regards to *breastfeeding choices*, all women knew about their breastfeeding choice and wanted to breastfeed initially. However, in the interview, the vast majority of women were aware of breastfeeding choices. One was not aware. The women who were aware had grown up seeing family members breastfeed, so it was their natural first choice. A theme that was also identified was the *methods by which information was given about breastfeeding***.** In the focus groups, most women said they had received information about breastfeeding from their midwife, which was also the case from the interview answers. Most women thought that a combination of leaflets, flier classes, and social media would be a suitable method of receiving breastfeeding information. In the interview answers, however, most of the women chose classes as a preferred method of information. They acknowledged that although leaflets and fliers are an excellent way of providing information, they preferred classes because they would have loved to see someone demonstrating breastfeeding. One said, "Everyone knows about breastfeeding, I am sure, but don't know how to do this myself". Most of the women said they would have wanted information during their pregnancy, not prior to giving birth, as this was the time they needed this information, the most. They said having information during pregnancy would have helped them to be prepared for some of the challenges that they faced when they were breastfeeding.

The focus groups also investigated the *preference of who should provide breastfeeding information*. The women preferred people with lived experience to provide information about breastfeeding. They felt that information from the midwife was more generic, yet breastfeeding is and should be tailored to the person. They also felt that midwives sometimes give outdated information. Most said they felt more comfortable getting information from Facebook platforms and WhatsApp baby and women's groups compared to information received from medical professionals because they thought they were not helpful. Some women felt that the midwives provided the correct information, but it was not tailored to their ethnicity; for example, about healthy eating, they would give advice about what to eat (British Food), and that's not the kind of food we eat, with one woman suggesting "they don't know about the types of food we eat culturally which are healthy." They felt that peer support from experienced women was better. For the same topic, and during the interviews, women mostly favoured persons with experience or an expert in breastfeeding to provide that information, i.e. midwives, gynaecologists or any professionals involved in pregnancy. However, most felt that healthcare professionals and/or midwives were too busy, and some of them had just theoretical knowledge and had never breastfed themselves. For *breastfeeding periods,* two women in the focus groups said they were breastfeeding and planned to do it for one year. The other women said they had not completed the time they wanted to breastfeed due to different types of challenges. When the same topic was discussed in the interviews, most women suggested that they also did not breastfeed for the period they wanted, and most breastfed for less than one year. One woman said she breastfed for three years but that she had to stop breastfeeding due to pressure from people who were annoyed as to why she was still breastfeeding the child; she said if she had not stopped, the child would have continued.

An important topic that the present project also addressed was *barriers to breastfeeding and challenges.* The focus group answers highlighted the challenges faced by the women when the baby was born underweight at birth and not comfortable using the rugby method when midwives were not around. One of the women said her baby was tongue-tied, one said there was a lack of support, and another said because she had big breasts, no one seemed to be able to help her or know how to help her and she ended up combination feeding, even though she wanted to exclusive breastfeeding. In the interviews, one woman said she did not face any challenges. Most of the women faced the following challenges:

- lack of support
- two said they did not have enough milk
- few said they had sore nipples
- women said the baby was too hungry, so they needed to supplement with formula
- one said she had to go back to university
- various different health issues
- the was an overall identified lack of knowledge and
- the fact that the baby was losing weight from exclusive breastfeeding, was identified as an important challenge for women breastfeeding.

For *partner support,* all the women in the focus group said their partners were supportive. However, the partner didn't feel involved because the baby preferred breastfeeding. They felt that even with the support from midwives, there is still pressure on the mom because the baby is reliant on them when they are breastfeeding, and their freedom is limited. All the women said whatever their breastfeeding choice was, it was their choice as it was their body, and it would not make a difference if their partners were against it. The interview answers confirmed that all the women felt their partners supported their breastfeeding choice. However, they were firm in saying that even if the partner had not been supportive, it wouldn't make a difference as they would have continued to breastfeed because it was their body, and their partner had no control over that choice to breastfeed. For *community support*, the focus group answers suggested that most of the women wanted to breastfeed in their communities but were primarily concerned about the public's opinions. One woman said, "Maybe people don't know where to look, so maybe they are uncomfortable, but I am just breastfeeding my baby, and I think people are becoming more aware that it's natural and not sexualised anymore*."* Some women said staff in public places can sometimes make comments about breastfeeding, especially on planes, but when a baby needs feeding, there is nothing you can do. During the interviews, most women felt they could not breastfeed in public. However, some said they had breastfed in public with a covering, but they had felt as if people were staring or judging them. One woman said that she thought that breastfeeding was not yet accepted, and society had not embraced the concept of breastfeeding and felt that it was sexualised.

With regards to *finances and breastfeeding,* all women said breastfeeding created a very positive financial balance for them and their families, and this was confirmed in both focus group and interview answers. It is also worth mentioning that one participant said there was a significant negative financial impact of switching from breastfeeding to bottle feeding because she did not have any milk. When the topic of *facilities and support* was discussed, most of the women during the focus group discussions said they were not aware of any breastfeeding facilities and, as such, had not used any, but the one who had used a breastfeeding facility said she had found the facility poor and unclean. Most women did not know what facilities were available. Still, they had seen facilities in other countries such as Spain and Portugal, which they had found excellent and could not understand why there were no facilities like that in Birmingham. In the interview answers on the same topic, most women confirmed that they had never used any facilities for breastfeeding, and, again, some were not even aware that they existed. One woman said, "Maybe only certain people are told about these things." One woman said that the facilities available may not be promoted enough. One woman said, "I have been pregnant in the last year, and I still don't know that there are facilities which exist*."*

For *healthy eating information and education in schools***,** all the women in the focus groups thought breastfeeding was unnecessary to be taught in detail at school but could be introduced on a fundamental level. One woman said maybe it would be beneficial for girls to learn about breastfeeding in school but didn't think it was necessary for boys. "They teach reproduction in school, so why is breastfeeding not considered*.*" During the interviews, most women mentioned

that they were given information about healthy eating, vouchers and vitamins from the midwife. One of the women said she didn't get any information, "I only got a promotion from TV; I bought all my vitamins and folic acid." I saw adverts on TV about pregnancy vitamins." Some said their midwife informed them about vitamins, but they had to buy them themselves.

An important topic of discussion was also *how the NHS and Birmingham City Council can support breastfeeding.* During the focus group, the participating women said that the NHS and Birmingham Council could provide clean facilities for breastfeeding, do breastfeeding awareness campaigns and stigma reduction campaigns, and more organisations should make breastfeeding comfortable. In the interviews, on the other hand, women said there should be more feeding rooms and spaces, more information, advice on healthy eating, and information on how to help with issues like poor milk supply. One of the women said they should put critical information on the Badger app (NHS app for pregnant women's health records, replacing the red book). Women should have a right to breastfeed, a protected characteristic in the Equality Act 2010. Moreover, using highly influential chains like McDonald's and shops like Mother Care to promote breastfeeding was also recommended. It was also mentioned that laws are suitable to protect women who are discriminated from breastfeeding. The government should sign up with Mother Care and give discounts to mothers who are breastfeeding, like discounts on maternity bras. Numbing creams and breast pads should also be free like pads because breastfeeding is a natural process. Finally, it was mentioned that the NHS or Birmingham City Council should provide a space where breastfeeding women can meet and share their experiences, i.e. creating positive community-based environments.

Finally, when the topic of *positive aspects of breastfeeding* was discussed, focus group answers provided information on the fact that all women wanted to breastfeed and enjoyed doing so. However, the challenges they faced were the determining factors that made them stop breastfeeding. In the interview answers, it was clear that most women talked about the positive aspects of breastfeeding because they bonded with their babies and felt close to them, while they also thought it was a good way of interacting. One woman said there was nothing positive about her experience because she struggled with it. However, she feels she would have bonded with her child more if she had managed.

Survey Findings

The survey was the same questionnaire that Group 1 utilised, with 20 participants responding to the questions. The participant's age group ranged from 19 to 40 years old. The ethnicity of the participants was Black African (n=11), Black Caribbean (n=4) and Black British (n=5). The areas of Birmingham recruited from were Erdington, Handsworth, Edgbaston and Small Heath.

Thirteen of the participants had children, five wanted children, and two did not want children. Eighteen had considered breastfeeding options, and two did not. Only five participants had been given information about breastfeeding, and eight had received no information. The rest did not have children. Most of the women were given information by the midwife. Most of the women found the information that they had been given, helpful. All of the women decided that breastfeeding positively affected women economically because they saved money by not buying

milk. All the women's views on breastfeeding were positive. Their responses varied: it is suitable for bonding with the baby, breast is best, and a way to save on formula because it is expensive. Seventeen out of 20 women stated that social media is the best platform to inform people about breastfeeding, and the rest said through the midwife. Most women thought the midwife was the best person to provide information during pregnancy. Regarding breastfeeding facilities, participants suggested that more private spaces in shopping centres and public spaces would facilitate breastfeeding. The majority of the women said that educating men about breastfeeding wouldn't make a difference in helping them support women to breastfeed. Half of the women agreed that there was a stigma attached to breastfeeding, and that was a barrier to breastfeeding. The other half of the group said a barrier to breastfeeding was having to go back to work. The women suggested ways to breastfeed with the best ways being through education, social media, and TV advertising.

RECOMMENDATIONS

Based on the results above, the research project concludes with the following recommendations:

No	Recommendation
1.	There needs to be more promotion of breastfeeding facilities as the women were not aware of the facilities available. Some of the women spoke about very positive experiences with facilities that they had used in other European countries. The facilities in these countries can be studied to understand what is good about them and try to adopt their approach to providing good breastfeeding facilities.
2.	Information is indeed provided about breastfeeding. However, more classes for breastfeeding are necessary because women could see actual demonstrations. An increase in courses for breastfeeding information is also recommended
3.	Midwives are knowledgeable and have information, but more time is necessary to dedicate to breastfeeding women as the time that they currently provide is not considered to be enough and/or personalised (i.e. to the BME community). It is recommended for people with lived experiences from BME communities to be recruited to provide information and education about breastfeeding. The women would be more comfortable asking questions and discussing concerns with someone they relate to rather than a midwife, who they say is often not from their community.
4.	Recruit more midwives from BME groups. Provide cultural awareness training with regards to breastfeeding practices, provide more culturally appropriate information tailored to specific communities, and be inclusive in terms of language/translation, e.g., translated leaflets.
5.	The NHS and BCC should work with other organisations like Mothercare to promote breastfeeding and provide discounts for breastfeeding women for breast pads and feeding bras to encourage breastfeeding

6.	Consider anti-discriminatory laws to include breastfeeding mothers, as some have been made to feel uneasy and/or bullied by staff and members of the public for breastfeeding.
7.	Increase support networks for breastfeeding women. Consider a phone line that women can call when they are in crisis or need help regarding breastfeeding.
8.	More empowerment is necessary through targeted actions on educating women on how best to support the women to breastfeed.
9.	Ask women when they want to receive information about breastfeeding. Early is better but providing information should be tailored to women's needs and preferences.
10.	Educate women about donor women because most of them don't know about this or find it to be unacceptable.

CONCLUSION

Using Implementation Science methodologies, the aim of this research project was to explore the barriers which prevent women from ethnic minorities in Birmingham from breastfeeding and to find out what influences women's choices with regard to breastfeeding. The project was successful in that the participants trusted the researchers and highlighted several issues which have been addressed in the recommendations.

References

1. Birmingham City Council. (2019). *Economic Policy Inclusive Growth Directorate Deprivation in Birmingham Analysis of the 2019 Indices of Deprivation*. https://www.birmingham.gov.uk/download/downloads/id/2533/index_of_deprivation_2019.pdf

2. Care Quality Commission (CQC). (2023). Birmingham city assessment. https://www.cqc.org.uk/care-services/local-authority-assessment-reports/birmingham-cc

3. Wendy Nicholson and Greta Hayward (2021) *Breastfeeding Celebration Week – supporting mothers who breastfeed* Available at: https://ukhsa.blog.gov.uk/2021/06/25/breastfeeding-celebration-week-supporting-mothers-who-breastfeed/ (Accessed: 01 July 2024)

4. Peters et al., Implementation Research in health: A practical Guide. World Health Organization, 2013
https://iris.who.int/bitstream/handle/10665/91758/9789241506212_eng.pdf?sequence=1

APPENDIX 1

Appendix 1 appears in the separate attached document "APPENDIX 1 Breastfeeding Survey "

APPENDIX 2

Interview and Focus Group Questions

Opening question

1. What do you know about baby feeding options?

Prompt (breastfeeding, bottle feeding, pump, formula, donor breast milk, expressed milk.

Exploration questions

1. Before becoming pregnant, were you always aware of your feeding preference/option, and did that change? If yes, when did that alter, and why?
2. From the point of pregnancy till birth, did you have any information about breastfeeding, and how did this information help to inform your choices?
    a) if yes, where did this information come from?
    b) if not, do you think you could have benefited from such information?
3. Would you have liked to have been informed about breastfeeding before pregnancy, during pregnancy or after birth and by which method? Leaflets, fliers, courses, classes, social media, TV?
4. Who do you think is the best person to provide information about breastfeeding? NHS, community, nurse, community or other breast-feeding women/champions
5. If you had planned to breastfeed, did you succeed in breastfeeding for the length of time you had planned? If not, why?
6. Did you face any challenges/barriers which prevented you from breastfeeding?
7. Was your partner / wider family supportive of your breastfeeding choice? If not, why? Prompt: Do they encourage it? Are they supportive? Did they impose it on you?
8. Were you /are you comfortable to breastfeed within your community, and are they supportive? Prompt, i.e. church, school, shopping centre, public transport?
9. Did breastfeeding have a negative or positive impact on you financially?

Facilities and support

10. Did you face any challenges/barriers which prevented you from breastfeeding?
11. Do you know what kind of support/information is available about infants and breastfeeding, medical support like vitamins, supplies, facilities, and information on how to eat healthily and how to access it? Is there enough education provided in schools?
12. Are the facilities currently provided for breastfeeding user-friendly/adequate?
    a) How can the Council/NHS provide more support and promote facilities to support women in breastfeeding choices and reduce the stigma of breastfeeding?

Closing/exit question

13. What are the positive aspects of your breastfeeding choice/experience, and what can make this experience better?

APPENDIX 3

Appendix 3 appears in the separate attached document “APPENDIX 3 Consent Form ”