

Online supplements

Mam-Kind buddy training resource pack

Having helpful conversations

MAM-KIND PEER-SUPPORT PACK

This pack contains:

1. Reminders for you from the Motivational Interviewing training (white sheets)
2. Aids for using with Mums (green sheets)

They are designed to give you a quick and easy reference in your work with Mums.

Good luck, and please don't ever feel on your own with this work. We are here to help. Just get in touch.

Other sources of support:

Mam-Kind study website: www.mi-bfps.co.uk

Facebook group

- General Mam-Kind group
- Closed peer-supporter group

Breastfeeding resources

- National Breastfeeding Helpline: 0300 100 0212
- NCT Breastfeeding Helpline: 0300 330 0771
- La Leche League Helpline: 0845 120 2918
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GOLDEN GUIDELINES

Here are five golden guidelines for using motivational interviewing in this project:

1. **Come alongside:** We come alongside and support Mums. We are there for them if they want this. We avoid talking down at them as experts, as if they are ignorant. A supportive relationship with them is the foundation for all else. Listening to them is really important.
2. **A person with strengths:** We see Mums as people with strengths, not as people with problems for us to solve! We notice their strengths, talk about them and build on them.
3. **Providing information and advice with choice:** We give Mums clear information & advice, with permission, and we do this by laying out choices for them.
4. **Help with difficult decisions:** Sometimes we give Mums time to explore difficult decisions. Like breastfeeding. We try to rely on their own wisdom about what's best for them.
5. **Sometimes set targets:** It can sometimes be helpful to set targets. We do this by providing them with choices, and help them set targets that they feel are achievable and important.

COUNSELLING STYLE: GUIDING

DIRECT	GUIDE	FOLLOW
Teach	draw out	listen
instruct	encourage	understand
lead	motivate	go along with

A guiding style is the foundation for MI and our work in this project. This was nicely put by a friend, a health visitor: *“I like to stand with two feet planted firmly in the guiding style, and I move either side as necessary”*.

Guiding is an ideal counselling style for helping a Mum look forward and consider any changes she might wish to make.

FOUR STEPS

These four stair steps help to decide where you are in the conversation:

Consider how?

“Help Mum form a plan”

(PLAN)

Explore why?

“Draw out their own reasons to change”

(EVOKE)

Agree what to talk about

“What change?”

(FOCUS)

Come alongside

“Shall we work together?”

(ENGAGE)

COUNSELLING SKILLS

If the style you use is like the music, these skills are the notes you play! They can be laid out as **O.A.R.S.**

1. Ask Questions – **O**pen ones are very useful (**O**)

Closed questions: *“What time did the baby arrive?” or “How old is the baby now?”*

Open questions: *“How are you feeling today?” or “How are you getting on with breastfeeding?” or “What concerns do you have about feeding?”*

Open questions about change: *“What sort of change makes sense to you?” or “How would you like to handle this in the future?” or “How do you think you might succeed with breastfeeding?”*

2. Use **A**ffirmation (**A**)

Think about two different kinds of glasses or lenses that you might wear, one that looks for weaknesses, the other for strengths. If you wear the strengths lenses, you will notice a Mum’s strengths. Affirmation involves simply pointing these out to her. They are statements of appreciation (not judgement).

Some examples: *“Despite all these struggles, you are determined to do the best for your baby” or “You’re such a loving mum”*

3. Listen by **R**eflecting with the Mum (**R**)

Reflection is a statement you make to Mums, not a question that captures the essence of what you hear, and says this back to her, not in the same words, but your short summary of them. It helps to create empathy and encourages the Mum to carry on saying how she is feeling.

Reflection of feeling: Mum: *“Last night I was up I don’t know how many times and nothing seemed to help”* You: *“So you are sometimes feeling at your wits end in the middle of the night”*

Reflection of what a Mum says: Mum: *“I can’t see how to continue with the breastfeeding even though I really want to”*. You: *“If you could, you would like to carry on.”*

4. Summarise often (S)

A summary involves collecting all that has been said and handing this to Mum. You often introduce this by asking permission, and end by asking Mum whether there is anything you might have left out. A summary allows you to change direction or end a meeting and above all it allows the Mum to feel clear about what's been discussed.

Summary: *"Before we move on (or end the meeting) can I summarise what you have said so far? You have been feeling and you also would like to and we have agreed that is that about right? Have I missed anything?"* A summary in the service of MI would focus on what the Mum said about change.

GUIDING QUESTIONS

- To make this work for you what you think needs to happen?
- What are your thoughts about setting a goal?
- What would you like to achieve?
- How will this benefit you?
- How can you move forward after a bad day?
- Tell me how you'll ease your fears
- How do you think you might ?
- How might you deal with xxx in the future ?
- I wonder what the first manageable step might be?
- What would that look like?
- What will help you to do that?
- Tell me what you think would be helpful now

GIVING ADVICE OR INFORMATION

A strategy: Elicit-Provide-Elicit

1. Elicit - Check what someone knows already
What do you know already about.....
2. Provide - Ask Permission & Provide Information

Would it be alright if I gave you some information about

.....

Give information in a neutral way

3. Elicit - Check it out

What do you make of that? what do you think?, what does that mean to you?

AIDS FOR TALKING WITH MUMS

On this and the next page are two aids you might use with Mums. Some tips for using them are provided here.

1. Agenda mapping

Useful for finding a focus or finding direction in a conversation.

How to do it:

- Introduce the agenda map
“This sheet gives an overview of the kinds of things we could talk about together. The blank circles are for anything you feel is important for us to discuss that is not on this sheet. In looking at this sheet, what are your thoughts?”

- Ask the mum what she would like to discuss - **Ask-listen-log**
“What would you like us to talk about today?”
“Was there something else you had hoped we might talk about today?”

- Raise anything you’d like to discuss – **ask permission**
“Would it be ok if we spent some time talking about how you’re getting on with feeding?”

- Summarise and, if necessary, prioritise. **Suggest a priority order.**
“You’ve said the thing you’re struggling most with is getting some rest, so let’s start with that, and then have a think together about how to manage the middle of the night wobbly moments“

2. Making a decision

Useful if mum is in two minds about something e.g. whether to carry on breastfeeding or not.

How to do it:

- Introduce the decision tool

One way of thinking about this decision is to map out the pros and cons. We could use this sheet here to think those through. Would you like to do that?

- Go through each quadrant in turn – you could draw the quadrant on a blank paper and fill in the pros and cons as you go along, or you could just talk it through.

Thinking about how things are right now, what are the good things about [e.g. breastfeeding] What are the less good things? If you were to make a change, what would the good things be? What would the less good things be?

- Summarise the pros and cons of each side of the decision

So if things were to stay exactly as they are you would have and; if you were to make a change that would mean and

- Ask for feedback

What do you think now?

What would you like to do?

Mam-Kind training manual

Mam-Kind training manual

Introduction

This manual is intended to provide a description of the Mam-Kind training which was delivered as part of “A novel peer-support intervention using Motivational Interviewing for breastfeeding maintenance: a UK feasibility study”. It aims to provide a record of the training delivered and include reflections from the trainers on aspects that will be important to consider if replicating the training.

The Mam-Kind Buddies training is designed for women who have already trained as breastfeeding peer-supporters and who have demonstrated an aptitude for delivering a Motivational Interviewing (MI) informed intervention (for guidance on recruitment see Appendix A). It assumes: personal experience of breastfeeding, experience of supporting other women to breastfeed, an openness to learning to work in a style informed by MI, and that participants have met the learning outcomes of an accredited peer-supporter training.

Aims and learning outcomes of the Mam-Kind Training

Aims:

- To equip Mam-Kind Buddies with the underpinning knowledge and skills in the domains of Motivational Interviewing, breastfeeding, and safe and effective practice required to deliver the intervention as intended
- To equip Mam-Kind peer-supporters with the skills to comply with the record keeping requirements of the research project

Learning outcomes:

At the end of the training sessions the participants will be able to:

1. Demonstrate a good understanding of the intervention, through discussion, feedback, and participation in learning activities.
2. Clearly express the values of the project and demonstrate them during discussion and practice sessions.
3. Have an engaging conversation with pregnant women and new mums in the project.
4. Develop skillfulness in techniques used to establish shared focus and information exchange.
5. Develop confidence in using these skills and techniques.
6. Discuss each phase of the intervention (antenatal; the first 48 hours post birth; the early postnatal days; the later postnatal days; moving on/closure), common issues that may arise during each phase and identify information and support that may be needed, in line with values of project and principles of MI approach.
7. Demonstrate basic breastfeeding knowledge and skills, as required to deliver the intervention.
8. Identify the core intervention resources and explain how to use them.
9. Discuss the boundaries of the role and identify sources of additional support that they can signpost mothers to.

10. Demonstrate basic skills in reflective practice, be aware of personal issues, and be able to put them to one side for effective practice.
11. Explain and follow safeguarding procedures.
12. Explain and demonstrate an understanding of the importance of safe lone working procedures.

The Mam-Kind training programme overview

Day one	Introduction to the study and the role (participants to include supervising midwives) in the morning, with separate sessions for supervising midwives and peer-supporters in the afternoon
Day two	Basic MI skills
Day three	Basic MI skills
Day four	Integrating MI skills into the Mam-Kind Buddy role during the antenatal contact
Day five	Integrating MI skills into the Mam-Kind Buddy role during the early postnatal period
Day six	Integrating MI skills into the Mam-Kind Buddy role, with a focus on giving information and core breastfeeding topics
Day seven	Integrating MI skills into the Mam-Kind Buddy role with a focus on ambivalence and core breastfeeding topics
Day eight	Final reflections on skills learnt and preparation for effective working

Additional learning activities – self study

To support learning we asked the participants to do some reading, online modules, and exploring of recommended websites as the course progresses, including:

1. The development of a portfolio of learning, we asked participants to develop a portfolio of MI practice activities and reflections (see Appendix B) and share experiences in closed participants Facebook group
2. The completion of two NHS Wales online Safeguarding modules: Safeguarding adults level 1 and Safeguarding children level 2 available at <https://learning.wales.nhs.uk/>
3. To view NSPCC how babies brains develop <https://www.youtube.com/watch?v=fzn9OuBqKYs>
4. To read the UNICEF UK Baby Friendly Initiative Breastfeeding and Relationship Building Workbook

Reflections of the trainers

This training has evolved in response to the needs of the participant trainees during the MAM-kind feasibility study. The training is not simply a course including MI plus a breastfeeding knowledge update. In essence, the whole course is learning about the Mam-Kind Buddy role and practicing the skills that this role will require, the heart of which is an MI informed approach. Through the training days the participants go on a learning journey, firstly developing an overview of the role, then learning about MI in a generic form, and finally spending a number of days exploring and practicing MI skills in the context of the

Mam-Kind Buddy role. We discovered that allowing participants to practice MI skills was pivotal, and supported the development of key skills such as:

- ✓ skillfull engagement,
- ✓ focused, respectful information giving using the elicit–provide-elicited structure
- ✓ developing a mindset which affirmed the mothers in the study as wise, skilful and able to problem solve

This was more important than to trying to make sure that they knew all the answers to any breastfeeding questions or challenges that may arise.

Profile of trainers

The training team should include at least one trainer with significant expertise in breastfeeding and one with MI expertise. The trainers will lead on different aspects of the programme but ultimately work together to deliver the programme.

Trainer competences include:

- Group facilitation skills, including ability to manage potentially challenging group dynamics.
- Subject matter expertise in breastfeeding and in MI

Applicants for breastfeeding peer-support roles are deeply passionate about and committed to supporting women to breastfeed. This can have the unintended consequences of over enthusiasm, pressure to breastfeed and a kind of ‘cheerleading’ for breastfeeding, which can inadvertently undermine the aims of the project. The sensitive application of MI skills protects against this. It is clear that delivering training that meets the MI learning outcomes requires experienced MI trainers, who can negotiate challenging group dynamics. A non-MI trainer can deliver the breastfeeding elements of the training, but this person will need to be an experienced facilitator, with expertise in breastfeeding, who has attended the initial MI days and has developed an appreciation of both MI and of where the participants are in their learning journey. Without highly skilled facilitators, positive outcomes for training will not be assured.

Delivery style

The course needs to be delivered in a style which, as far as possible mirrors key elements of MI approach and the values of the project. In particular, to build knowledge, skills and awareness in an affirming style. It is also helpful to allow time for the participants to practice all the skills they will be using such as making audio tapes of conversations, recording visits in the study buddy diary, uploading audio tapes.

In addition, trainers need to be mindful of the likely variation in educational background and experiences of the participants. Women who have had no formal education beyond school, in particular, need to be made welcome, included, and supported with aspects that they find more challenging. The focus of the course on skillfull engagement, practicing core skills and not being ‘too clever’ are useful in this context. Training delivery needs therefore to be responsive, flexible and inclusive.

The importance of practicing skills and time for reflection

Practicing skills with the trainees in their Mam-Kind Buddy role is a central part of the training. Within face-to-face training sessions trainees will make audio recordings of real-play or role play and have the opportunity to reflect on their developing skills. An approach to follow up discussion of a practice session, which focuses on eliciting the positive aspects ‘what did you like about what you said/ how you were?’ is important in building confidence

and creating an affirming environment in which participants can learn. During programme delivery trainees will be asked to submit audio-recordings for on-going supervision of skills.

Contextualising the Mam-Kind Buddy role with the local health services

A key point of clarification in the workshop is the boundary between the Mam-Kind Buddy role and the maternity care assistant, midwife or health visitor role. It is important that the trainers are very clear about this, so that messages are consistent. The Mam-Kind Buddy role is designed to be complementary to, rather than replacing that which should be provided by health professionals. The Mam-Kind supervisor role provides support for Buddies when issues of boundaries become apparent.

Detailed training plans

Day 1 Introduction to the study and the role

Morning session: Mam-Kind Buddies and their midwife supervisors

Trainers: breastfeeding trainer and members of the study team

Time	Session	Summary
09.30	Welcome, introductions and overview of the day	
10.00	Background to the study	PP slides
10.45	Coffee and comfort break	
11.00	Being part of a research study	PP slides
12.00	Lunch and fresh air break	

Afternoon session: Mam-Kind Buddies

Trainers: chief investigator and MI trainer

Time	Session	Summary
13.00	The values of the project	Review project values so far – individual task – consider the project values - what will this look and feel like? Make notes/ draw pictures.
14.30	Antenatal conversations	Whole group sharing What might come up How might women be feeling What else might be useful or interesting
15.15	Reflection and questions	
15.30	Close	

Afternoon session – Mam-Kind Supervisors

Time	Session	Summary
13.00	An Introduction to MI	Introduction from MI trainer
14.00	Clarifying your role in the study	Discussion with Chief investigator
14.45	Reflection, questions and close	

Detailed plan: days two and three MI

1. *Trainers: Two MI trainers and breastfeeding trainer*

Plan	Workshop notes based on what happened
DAY 1	
930-1100: session 1	
<ul style="list-style-type: none"> • Welcome (30mins) <ul style="list-style-type: none"> ▪ Housekeeping ▪ Exercise - 2 questions: <ol style="list-style-type: none"> (1) What interests/ excites you most about this project? (2) What questions do you have about today, this workshop or this project? ▪ Trainees to consider these questions on their own and then discuss at their table ▪ Feedback – brief, single words or sentences – questions • Clarify purpose of the workshop and contextualise in the project as a whole <ul style="list-style-type: none"> ▪ 	<p>Questions/ discussion</p> <ul style="list-style-type: none"> ▪ Balance between providing information and advising/ persuading ▪ How to manage conflict situations – within families, across professional groups ▪ Boundary between role of peer-supporter and friend
<ul style="list-style-type: none"> ▪ Roles, roles, roles (20mins) 	<p>Presented the peer-support role as sitting somewhere between the continuum of professional to friend – SR described this as bringing the best from each role into the middle ground.</p>
<ul style="list-style-type: none"> ▪ Communication styles (30mins) <p>Three styles:</p> <ul style="list-style-type: none"> ▪ What are they? (Following, Guiding, Leading) ▪ What do they look and feel like? ▪ How well matched are they when someone is making a decision? (ambivalence) ▪ Demo (role play by trainers) and discussion 	<p>Much of the workshop was aimed at bedding the essence of communication in a guiding style.</p> <p>“Cheerleading for mum not cheerleading for breastfeeding” “Verbal handholding”</p> <p>Emphasis on de-cluttering the mind</p>

1120-1230: session 2

- The “atmosphere” of the conversation – the essence of guiding
 - Persuasion exercise and taste of MI
 - Eyes wide shut (see appendix)
- Core skills: overview
- Core skills: open questions

LUNCH 1230-1300

1330-1430: session 3

- Core skills: listening
 - What is listening?
 - Exercise 1: large group, listening only
 - Speaker talks uninterrupted for 30-60secs – “what it means to me to be a mum”
 - Facilitator asks: summarise the essence of what she said
 - Exercise 2: large group, short summary statements
 - Speaker talks sentence by sentence – “what it means to me to be a mum”
 - After each sentence facilitator asks group for a single sentence starting with “you mean.....”
 - Continue for several rounds.
 - Exercise 3: small group practice, practice forming reflections
 - Small groups of 5, one speaker, rest are listeners
 - Speaker picks a topic (see slide) - first listener forms a reflection starting with “you mean” – speaker responds – next listener forms a reflection starting with “you mean”
 - Keep going around the circle until everyone has had a chance to form a reflection, then move on to the next speaker.
 - Exercise 4: large group, responding without “you mean”
 - Repeat exercise 2 in large group, but this time large group to respond with listening statements.
 - Exercise 5: pairs, recording
 - Speaker picks a topic, listener responds naturally, records session
 - Each person has a go
 - Each person listens back to their recording and writes down 1-2

Open questions

- Discussed what these are and generated list of good guiding questions –which was then added to _the peer-support pack

Listening

- Used a combination of exercises listed
- Again, emphasis on de-cluttering the mind and need to “grasp the essence” of what is being said.

Take home exercise to practice reflective listening, feedback at start of day 2.

examples of where they made a listening statement (write down what the speaker says and how they responded).

- Large group feedback

1445-1530: session 4

- Affirmations
- Summing up – one thing

DAY 2

9h30-11h00: session 1

- Reflection – one thing I learned from yesterday; I practiced xyz and this is what happened; questions.

Potential content:

- A map to guide you: four steps (engage, focus, evoke, plan)
- How to help mums make a decision
 - The language of change/ health
 - Responding to the language of change/ health
 - Use of decisional balance sheet
- Giving information and advice

Deciding what to talk about

11h15-12h30: session 2

As above

LUNCH 12h30-13h00

13h30-15h00: integration and practice session

- Exercise to practice using all skills in helping someone make a decision (real-play)

All participants worked in pair, recorded interaction, and then listened back to interaction to identify what they **noticed** ... about themselves, their partner, their interaction.

Full group feedback – group in reflective space and reporting experience of learning and developing skilfulness.

Training days 4- 7

The focus of these days was to give the Mam-Kind Buddies the opportunity to practice their new MI skills and consider how they will be integrated into the role of the Buddy. The days were structured chronologically, so that we worked our way through the programme that the Buddies would be delivering, considering each stage in turn. There was some discussion of particular breastfeeding topics and challenges through the lens of an MI approach. The study manager's role was to be available for guidance on the MI aspects, providing reassurance and encouragement as we went along. See Appendix G for the worksheets that were developed for the role plays used .

Training day 4: Integrating MI skills into the Mam-Kind Buddy role during the antenatal contact

Trainers: breastfeeding trainer and study manager (experienced in MI)

Time	Session	Summary
09.30	Welcome and introductions	Hopes for the training and role What we will cover in this part of the training, brief outline of the sessions.
10.15	The antenatal contact	Review the study objectives for the antenatal session and consider how our developing MI skills can support these objectives Review core MI skills, focus on open questions and reflection as tools to build engagement
10.45	Practice(1)	Engagement and talking about the study with telephone scenarios practice in pairs and then audio recordings Listen to own tape, reflect on what I liked about what I did / said / felt reflections
11.00	Coffee and comfort break	
11.30	IT skills	Uploading an audio tape including practice in audio suite
12.30	Lunch and fresh air break	
13.30	Antenatal conversations	Meet guest from Barnardos- experienced breastfeeding peer-supporter. Discussion : what might come up and top tips from Bristol team
14.30	Practice (2)	Practice engagement skills with antenatal scenarios, practice in pairs with audio recordings Listen to own tape, reflect on and 'what I liked about what I did / said'
15.15	Review of learning	Space to reflect –
15.30	Close	

Training day 5: Integrating MI skills into the Mam-Kind Buddy role during the early postnatal period

Trainers: breastfeeding trainer and study manager (experienced in MI)

Time	Session	Summary
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09.30	Welcome , check in and overview of the day	Introduction Check in with everyone Outline today's session – deal with questions etc
10.00	Review core MI skills	Focus on elicit-provide-elicited Practice session
10.45	Coffee and comfort break	
11.00	Birth and the first 48 hours Knowledge and skills review	Normal baby behaviour (the magical hour DVD) DVD 30m minutes discussion What do mums need to know?
12.30	Lunch and fresh air break	
13.30	Core MI skills refresh-affirmation	Discussion about difference between affirmation, praise, and cheerleading for breastfeeding
14.00	Record keeping	Review process – paper work record keeping, etc.
14.15	Practice session	Scenarios with postnatal ward / first 48 hours context in pairs – practice session – include paper work audio record session Listen to own tape.... Reflect what I liked about what I did / said felt-feedback to whole group
15.15	Review of learning	Space to reflect
15.30	Close	

Training day 6: Integrating MI skills into the Mam-Kind Buddy role with a focus on ambivalence and core breastfeeding topics

Trainers: breastfeeding trainer and study manager (experienced in MI)

Time	Session
09.30	Welcome and feedback from last week
09.45	Refreshing breastfeeding knowledge with time for reflection on how to give information using Elicit-Provide –Elicit <ul style="list-style-type: none"> ○ What's happening to the breasts in pregnancy ○ Initiation of breastfeeding - the first feed – hormones ○ Positioning and attachment ○ Normal new born behaviour including frequent

		feeds
		○ When babies / others need extra care
11.00	Coffee and comfort break	
11.15	Refreshing breastfeeding knowledge	○ Observing a breastfeed ○ Sore nipples ○ Tongue tie
12.30	Lunch and fresh air break	
	Refreshing breastfeeding knowledge	○ Safe sleeping
13.30	MI supervision	Review MI reflection form talk through MI supervision- what to expect
14.30	Safeguarding ; lone working;	Discussion of safe lone working procedures
15.15	Review of learning	Space to reflect
15.30	Close	

Training day 7: Integrating MI skills into the Mam-Kind Buddy role with a focus on ambivalence

Trainers: MI trainer, breastfeeding trainer and study manager (experienced in MI)

Time	Session	Summary
09.30	Welcome and feedback	
	Review	Review of learning core MI skills – how is it going? What is challenging? What questions do you have? What do you want to focus on today? Gold fish bowl exercise
	Coffee	
Time	Change talk	How do we define change talk in the context of the study? Spotting ambivalence The importance of keeping calm
13.00	Lunch	
14.00	Breastfeeding knowledge and skill refresh	Hand expressing Safe sleeping
15.00	Building positive working relationships with a focus on the health professional team, and where to get support if this is not going well
15.30	Close	

Training day eight: Final reflections on skills learnt and preparation for effective working

Trainers: breastfeeding trainer and study manager (experienced in MI)

Time	Session	Summary
09.30	Welcome and feedback	
10.00	Reflections on the shared journey through the project	Check Buddies are happy with each stage – clear what is expected etc

10.30	Saying goodbye	Discussion around this topic – how to prepare for this , how to handle your emotions as a Buddy , the importance of preparation
11.00	coffee	
11.30	Outstanding topics for discussion	growth spurts mixed feeding responsive bottle feeding the needs of younger mums
13.00	Lunch	
14.00	More outstanding topics for discussion	Hand expressing Safe sleeping
14.45	Reflections on our shared learning journey	
15.30	Close	

List of appendices

- A. Recruitment to the Mam-Kind Buddy position
- B. Learning portfolio
- C. Profile of the trainers
- D. The Mam-Kind peer-support pack
- E. Worksheets

Appendix A: Recruitment to the Mam-Kind Buddy position

It is the experience of the research team that careful recruitment of women to the Mam-Kind Buddy role is vital. We found that applicants for the roles were all very passionate about breastfeeding and committed to supporting other women. Serendipity (rather than careful planning) led us to an unconventional recruitment method whereby potential candidates who fulfilled the essential criteria were invited to the introductory and following two MI training days. After this point candidates were selected for interview.

This process had a very powerful advantage for the research, of being able to see, over an extended period how potential candidates communicated with others and how easily or not they were able to take on board the MI approach. There were some surprises. We asked the participants how this experience was for them. Approximately half of the women who were subsequently appointed to the Mam-Kind Buddy role reported that this experience was somewhat stressful. Only one woman who was not appointed to the post responded to our request for feedback on the training experience. This applicant felt that the training was repetitive and could have been condensed into a shorter period. She also commented negatively on the significant commitment that was required to attend training before appointment.

Included in this appendix are two iterations of the job description, the first is the draft, based on the intervention development work and the second 2nd is the actual job description that the study team was able to create within the constraints of the university recruitment processes

Band x: Breastfeeding Peer-supporter

We are looking to recruit six breastfeeding peer-supporters (3 in area 1, 3 in area 2) to help us run an exciting new project. In this project, peer-supporters will help mums to identify their own breastfeeding goal (eg: partial breastfeeding to six weeks; 'give it a go'; exclusive breastfeeding until six months), and then support mums to meet their own breastfeeding goal, by providing practical support and helping mums to decide the best way to deal with the challenges they face. Our project is funded by the National Institute of Health Research (part of the NHS), with an aim of helping mums who have already decided to breastfeed to breastfeed for longer. More details about the project can be found at: <http://www.mi-bfips.co.uk/>
In order to be a breastfeeding peer-supporter on this project, you will need to undergo additional training. You will also be provided with regular supervision by a professional in your local area who supports breastfeeding, and other relevant professionals (eg: safeguarding; a coach for the active listening style we will be using; the study managers who will ensure data is collected accurately).

Job description

- Undertake relevant training
- (with support) Fill in relevant forms to get permission from the NHS to work with new mums
- Meet with mums in the antenatal period to build a relationship and discuss their breastfeeding goals
- Meet with mums after birth to reassess goals and provide practical breastfeeding support
- Refer mums on to the appropriate health professional where necessary
- Provide ongoing friendship, support and advice in the way which best suits the mum (telephone, text messages, Facebook, email)
- Keep good (and timely) records of contacts with mums

Essential criteria

- Need to have breastfed at least one of their children
- Have a warm and encouraging manner, and good communication skills, including the ability to listen.
- Live close to/within either (area 1) or (area 2); able to travel within area.
- Be organised and computer literate so that recording of work with Service Users is done regularly, thoroughly and within an agreed time frame.
- Have some flexibility around working hours to accommodate mothers' needs.
- Be able to work within guidelines, including being discrete and maintaining confidentiality, and using reporting guidelines (eg: around severe breastfeeding difficulties or suspected abuse)

- Be self-aware; able to reflect on own experience and attitudes , appreciate others may have different experiences and attitudes
- Be able to create and maintain good working relationships with community health staff.
- Be committed to the values of the project ; supportive , woman centred, non judgemental etc.
- Be able to get CRB (Criminal Records Bureau, also known as DBS, Disclosure and Barring Service) clearance. They must also be fully vaccinated against Measles Mumps and Rubella.

Desirable criteria

- Undertaken breastfeeding peer-support training (eg: Agored Cymru)
- Available to work for the entire study period (date-date)
- Experience of the role of a volunteer peer-supporter

For an informal discussion about the role, please contact

Final job description

*Job Description: **Peer-supporter**

Job Purpose

Provide breastfeeding peer-support to a research project led by the Institute of Primary Care and Public Health, engaging and completing a range of routine tasks to meet operational and customer service requirements, ensuring the project team is supported and key duties undertaken

Duties and Responsibilities

- Deal with both simple and more complex enquires from internal and external customers in a professional manner, following established procedures, referring complex enquires to relevant staff members, ensuring all relevant facts and information needed is recorded and passed on
- Establish working relationships with key contacts
- Undertake a variety of routine administrative duties to support the team and department
- Gather and analyse data to update administrative systems with accurate information
- Take an active role in the team supporting team objectives and other team members
- Providing peer-support to breastfeeding mothers
- Assist in the processing of standard forms, liaising with external teams as needed
- Maintaining filing systems and archives;
- Ensure that an understanding of the importance of confidentiality is applied when undertaking all duties
- Abide by University and NHS policies on Health and Safety and Equality and Diversity
- Ability to work flexibly with the ability to travel within local area
- Perform other duties occasionally which are not included above, but which will be consistent with the role
- To work within a small team with excellent communication skills

*Person Specification

Essential Criteria

1. Basic Numeracy and Literacy (for example NVQ 1/GCSE level D-G)
2. Possess good communication skills with the ability to understand and feedback information
3. Need to have had experience in breastfeeding
4. Proven high standard of organisational and general administrative skills and clearly record information to pass on to others
5. Ability to deal with customers and other employees in a professional manner Ability to work as an effective team member
6. Ability to plan, prioritise and organise own workload within established time scales
7. A willingness to undertake further training and development
8. Valid DBS certificate and fully vaccinated against Measles, Mumps and Rubella
9. Ability to travel in the local area

Desirable Criteria

1. Undertaken breastfeeding peer-support training (eg Agored Cymru)
2. Experience of the role of a volunteer peer-supporter

Additional Information (13)

In order to be a breastfeeding peer-supporter on this project, you will need to undergo additional training. You will also be provided with regular supervision by a professional in your local area who supports breastfeeding, and other relevant professionals (eg: safeguarding; a coach for the active listening style we will be using; the study managers who will ensure data is collected accurately).

IMPORTANT: Evidencing Criteria

It is School of Medicine's policy to use the person specification as a key tool for short-listing. Candidates should evidence that they meet ALL of the essential criteria as well as, where relevant, the desirable. As part of the application process you will be asked to provide this evidence via a supporting statement.

Please ensure when submitting this document / attaching it to your application profile you name it with the vacancy reference number, in this instance for this post, 3474BR

If candidates do not provide written evidence of meeting all of the essential criteria then their application will not be progressed. The School of Medicine welcome the submission of CVs to accompany evidence of the job-based criteria.

Appendix B: Learning portfolio:

Having helpful conversations

MAMKIND PEER-SUPPORT PACK

Congratulations on being appointed as a Mam-kind peer-supporter.

This learning portfolio is your record of things you have learned and reflections you have as your skills in Motivational Interviewing develop.

It contains a collection of reflective exercises as well as other exercises, mostly taken from a book by David Rosengren called Building Motivational Interviewing skills: a practitioner workbook (2009, Guildford Press).¹²⁴

We know that while people often feel engaged and inspired during face-to-face training sessions, the skills learned can be difficult to retain, especially once you put them into practice outside the training room. The idea behind this portfolio is that these exercises will remind you of some of the key concepts we covered in the training and give you opportunity to practice them in everyday conversations.

We will talk about how you found some of these exercises when we next meet and also in your monthly coaching calls once you start meeting with mums.

Good luck, and please don't ever feel on your own with this work. We are here to help. Just get in touch.

Exercise 1: Listening in everyday conversation

A reminder: Reflective listening involves taking a guess at the meaning behind what the

speaker is saying.

Reflection is a statement you make, not a question, that captures the essence of what you hear, and says this back to the speaker, not in the same words, but your short summary of them. It helps to create empathy and encourages the person you are speaking with to carry on saying how they are feeling.

You could start a reflective listening statement with “you mean that...”

For example:

Speaker: I'm just shattered at the end of the day. This new job is tough.

Listener: You mean you've taken on new responsibilities

During an everyday conversation with a family member, friend or colleague, spend some time just using reflective listening statements.

What did you notice? You can make some notes here.

Exercise 2: Practicing empathy

A reminder: A guiding style is the foundation for Motivational Interviewing and for the work in the Mam-kind project.

Empathy is a key part of working in a guiding style. It involves demonstrating an effort to understand someone else's experience. You demonstrate empathy by using reflection listening. But the starting point can be to be willing to step into another person's world and try and understand where they are coming from.

This exercise is really a bit of fun but also allows you to exercise some creative thinking! Wait for an annoying moment – for example, someone pushes in front of you in a queue- then create a “back story” for that person. Continue with that story until your feelings of frustration are replaced with compassion. From David Rosengren (2009) pg.25

What did you notice? You can make some notes here.

Exercise 3: Finding affirmations

A reminder: Affirmations are observations you make about someone's strengths.

Think about two different kinds of glasses or lenses that you might wear, one that looks for weaknesses, the other for strengths. If you wear the strengths lenses, you will notice strengths. Affirmation involves simply pointing these out to her. They are statements of appreciation (not judgement).

For example: You're determined to succeed at this.

During an everyday conversation with a family member, friend or colleague, look out for their strengths and affirm those.

What did you notice? You can make some notes here.

Exercise 4: Helpful everyday conversations

A reminder: A guiding style of communication involves asking questions, listening closely and coming alongside a person while they work through a dilemma they might have. This exercise is a repeat of the one we did at the end of day 2 of our MI training.

Some hints and tips:

- Come alongside and support
- Don't try and fix the problem – trust that the person you are talking to has the best solution to their dilemma
- Listening is all-important.
- Ask questions to stimulate thinking – e.g. what do you think you will do?
- Feel free to offer information – but ask permission to do so first. Then ask what the person makes of that information.

Have a conversation with a family member, friend or colleague about something they would like to change.

Speak together for about 10-15minutes – with their permission of course!

Record the conversation and then listen back to it.

What did you notice that you liked? You can make some notes here.

Appendix C: Profile of trainers

Steve Rollnick: Distinguished Honorary Professor of Healthcare Communication

Steve is a clinical psychologist with decades experience in clinical practice and training practitioners. He is co-founder of Motivational Interviewing and of the Motivational Interviewing Network of Trainers (MINT), an international network for MI trainers.

Nina Gobat: Research Fellow, Cardiff University.

Nina is an Occupational Therapist with clinical experience in addiction and mental health settings, where she was taught and used MI in her practice. She has been an active member of the Motivational Interviewing Network of Trainers (MINT) since 2005 and delivered MI training and supervision to a wide range of health professionals over the past 10 years.

Sally Tedstone: Co-ordinator for National Breastfeeding Programme for Wales

Sally is a midwife who has worked in specialist infant feeding roles for many years. She is an experienced trainer of breastfeeding peer-supporters and health professionals and has delivered training for UNICE UK Baby Friendly Initiative for a number of years .

Lauren Copeland : Study manager: Research Associate, Institute of Primary Care and Public Health, Cardiff University

Lauren has an MA in Psychology and an MSc in Counselling Psychology. Her PhD research examined the mechanisms of motivational interviewing within a weight loss maintenance study. She has completed both the introductory and advanced training courses in motivational interviewing.

Appendix D: Mam-Kind peer-support pack

Having helpful conversations

MAMKIND PEER-SUPPORT PACK

This pack contains:

3. Reminders for you from the Motivational Interviewing training (white sheets)
4. Aids for using with Mums (green sheets)

They are designed to give you a quick and easy reference in your work with Mums. Good luck, and please don't ever feel on your own with this work. We are here to help. Just get in touch.

Key names and contact numbers here:

Project staff:

- Lauren Copeland (Study manager)tel 02920 687169 or Shantini Paranjothy (Project lead) 02920 687245 – for anything to do with the study
- Nina Gobat – for anything to do with M, contact: 02920 687635
- Your midwifery supervisory for anything to do with breastfeeding or child protection.

Other sources of support:

Mam-Kind study website: www.mi-bfps.co.uk

Facebook group

- General Mam-Kind group
- Closed peer-supporter group

Breastfeeding resources

- National Breastfeeding Helpline: 0300 100 0212
- NCT Breastfeeding Helpline: 0300 330 0771
- La Leche League Helpline: 0845 120 2918
-

GOLDEN GUIDELINES

Here are five golden guidelines for using motivational interviewing in this project:

6. **Come alongside:** We come alongside and support Mums. We are there for them if they want this. We avoid talking down at them as experts, as if they are ignorant. A supportive relationship with them is the foundation for all else. Listening to them is really important.
7. **A person with strengths:** We see Mums as people with strengths, not as people with problems for us to solve! We notice their strengths, talk about them and build on them.
8. **Providing information and advice with choice:** We give Mums clear information & advice, with permission, and we do this by laying out choices for them.
9. **Help with difficult decisions:** Sometimes we give Mums time to explore difficult decisions. Like breastfeeding. We try to rely on their own wisdom about what's best for them.
10. **Sometimes set targets:** It can sometimes be helpful to set targets. We do this by providing them with choices, and help them set targets that they feel are achievable and important.

COUNSELLING STYLE: GUIDING

DIRECT	GUIDE	FOLLOW
Teach	draw out	listen
instruct	encourage	understand
lead	motivate	go along with

A guiding style is the foundation for MI and our work in this project. This was nicely put by a friend, a health visitor: *“I like to stand with two feet planted firmly in the guiding style, and I move either side as necessary”*.

Guiding is an ideal counselling style for helping a Mum look forward and consider any changes she might wish to make.

FOUR STEPS

These four stair steps help to decide where you are in the conversation:

Consider how?

“Help Mum form a plan”

(PLAN)

Explore why?

“Draw out their own reasons to change”

(EVOKE)

Agree what to talk about

“What change?”

(FOCUS)

Come alongside

“Shall we work together?”

(ENGAGE)

COUNSELLING SKILLS

If the style you use is like the music, these skills are the notes you play! They can be laid out as **O.A.R.S.**

1. Ask Questions – Open ones are very useful (O)

Closed questions: “*What time did the baby arrive?*” or “*How old is the baby now?*”

Open questions: “*How are you feeling today?*” or “*How are you getting on with breastfeeding?*” or “*What concerns do you have about feeding?*”

Open questions about change: “*What sort of change makes sense to you?*” or “*How would you like to handle this in the future?*” or “*How do you think you might succeed with breastfeeding?*”

2. Use Affirmation (A)

Think about two different kinds of glasses or lenses that you might wear, one that looks for weaknesses, the other for strengths. If you wear the strengths lenses, you will notice a Mum’s strengths. Affirmation involves simply pointing these out to her. They are statements of appreciation (not judgement).

Some examples: “*Despite all these struggles, you are determined to do the best for your baby*” or “*You’re such a loving mum*”

3. Listen by Reflecting with the Mum (R)

Reflection is a statement you make to Mums, not a question, that captures the essence of what you hear, and says this back to her, not in the same words, but your short summary of them. It helps to create empathy and encourages the Mum to carry on saying how she is feeling.

Reflection of feeling: Mum: “*Last night I was up I don’t know how many times and nothing seemed to help*” You: “*So you are sometimes feeling at your wits end in the middle of the night*”

Reflection of what a Mum says: Mum: “*I can’t see how to continue with the breastfeeding even though I really want to*”. You: “*If you could, you would like to carry on.*”

4. Summarise often (S)

A summary involves collecting all that has been said and handing this to Mum. You often introduce this by asking permission, and end by asking Mum whether there is anything you might have left out. A summary allows you to change direction or end a meeting and above all it allows the Mum to feel clear about what’s been discussed.

Summary: “*Before we move on (or end the meeting) can I summarise what you have said so far? You have been feeling and you also would like to and we have agreed that is that about right? Have I missed anything?*” A summary in the service of MI would focus on what the Mum said about change.

GIVING ADVICE OR INFORMATION

A strategy: Elicit-Provide-Elicit

4. Elicit - Check what someone knows already

What do you know already about....

5. Provide - Ask Permission & Provide Information

Would it be alright if I gave you some information about

Give information in a neutral way

6. Elicit - Check it out

What do you make of that?, what do you think?, what does that mean to you?

AIDS FOR TALKING WITH MUMS

On this and the next page are two aids you might use with Mums. Some tips for using them are provided here.

3. Agenda mapping

Useful for finding a focus or finding direction in a conversation.

How to do it:

- Introduce the agenda map
“This sheet gives an overview of the kinds of things we could talk about together. The blank circles are for anything you feel is important for us to discuss that is not on this sheet. In looking at this sheet, what are your thoughts?”
- Ask the mum what she would like to discuss - **Ask-listen-log**
“What would you like us to talk about today?”
“Was there something else you had hoped we might talk about today?”
- Raise anything you’d like to discuss – **ask permission**
“Would it be ok if we spent some time talking about how you’re getting on with feeding?”
- Summarise and, if necessary, prioritise. **Suggest a priority order.**
“You’ve said the thing you’re struggling most with is getting some rest, so let’s start with that, and then have a think together about how to manage the middle of the night wobbly moments“

4. Making a decision

Useful if mum is in two minds about something e.g. whether to carry on breastfeeding or not.

How to do it:

- Introduce the decision tool
One way of thinking about this decision is to map out the pros and cons. We could use this sheet here to think those through. Would you like to do that?

- Go through each quadrant in turn – you could draw the quadrant on a blank paper and fill in the pros and cons as you go along, or you could just talk it through.
Thinking about how things are right now, what are the good things about [e.g. breastfeeding] ... What are the less good things? If you were to make a change, what would the good things be? What would the less good things be?

- Summarise the pros and cons of each side of the decision
So if things were to stay exactly as they are you would have and; if you were to make a change that would mean and

- Ask for feedback
What do you think now?
What would you like to do?

Appendix E: worksheets

The following worksheets were developed to support days 4-7 integration of MI skills into the Mam-Kind Buddy role

Antenatal scenarios

Antenatal scenario 1

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Sue

Sue is 20 years and having her first baby. She is really excited to be pregnant and tells you how important it is to her to be a good mum.

She knows that breastfeeding is best for her baby but is not confident she will manage it, she says she will give it a go.

Deep down she is very unsure whether she will be able to do it, she does not like her breasts being touched at all and actually finds the idea of breastfeeding a disgusting – but she has not told anybody this – and she might not tell her Mam-Kind Buddy today either .

Antenatal scenario 2

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Jan

Jan is 19 and pregnant with her first baby. Finding out about the pregnancy was a big shock, as she had only been together with her boy friend for 3 months. It has been a tricky time, her mum has been supportive but her dad threatened to throw her out. Her boyfriend is still with her but overwhelmed by the responsibility of it

all. At the moment she is living at home, but it's not a relaxed atmosphere.

She is trying hard to do everything her midwife tells her – so that's why she has agreed to see you. If she was really honest she has not really given how she will feed her baby much thought. She does not know anyone who has breastfed, her older sister has two children aged 2 and 4 and Jan has spent a lot of time looking after them.

Antenatal scenario 3

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Carys

Carys is 18, having her first baby, really pleased to be pregnant with a supportive family and boyfriend. She plans to breastfeed for the first day as she knows the first milk is best for the

baby, but after that she will formula feed so that her mum can help and she can go back to college.

Antenatal scenario 4

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Beth

Beth is 24. She is happy to be pregnant but has had a tough time with her boyfriend; their relationship is a bit stormy and has always been off and on, at the moment it is off. They were living together and now he has left she does not know how she will pay the rent when she is on maternity leave – she is hoping they will get back together.

She plans to breastfeed, she has heard a lot about the health benefits and is particularly interested in breastfeeding helping her to lose weight and protecting her baby against obesity. She has had an issue with her weight as long as she can remember

She does not know anyone who has breastfed so does not really know what it will be like – she hopes she can do it as she has heard it can be hard and not everyone can manage it.

Antenatal scenario 5

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Sonja

Sonja is 26 and is pregnant with her third baby. She is thinking about having a go at breastfeeding as this will probably be her last baby. She has bottle fed her first two, who she had when she was a teenager. Now she is with a new partner, life is much more settled and she thinks she might be able to do it this time around.

Antenatal scenario 6

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Rachel

Rachel is 26 and is pregnant with her second baby. She is not sure about breastfeeding this time around as she found it really difficult last time. She had mastitis twice, her baby was very slow to gain weight and she thinks it probably made her depressed worrying about it all.

Her husband is not keen on her breastfeeding at all as he definitely blames breastfeeding for her postnatal depression and he does not want her to get poorly again.

Postnatal scenario 5

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Fran

Fran is 22 and pregnant with her first baby. She had been trying to get pregnant every since she married at 19 and is over the moon to finally be on her way to becoming a mum. She has read her copy of Bump, Baby and Beyond from cover to cover and reads lots of baby magazines. She wants to breastfeed because she has read it is best and wants to talk to you about the best bottles, sterilisers and formula to buy just encase she needs it. Fran likes to feel prepared.

Antenatal scenario 8

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Anna

Anna is 19 and is pregnant for the first time with twins. This has all been a bit of a roller coaster. She has not planned to be pregnant; she is not together with the father of her babies (her choice). She lives at home with her mum and sisters who are all really excited, now they have got over the shock but the house is small and she is not quite sure how they will all manage when the babies arrive. Somehow she has agreed to be in the study but when you chat she is not sure at all about how she will feed the babies – she's not really thought that far ahead yet. Everyone she knows has bottled fed- so that's what seems natural to her.

Postnatal scenarios

Postnatal scenario 1

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes

Sue

Sue is 20 years and having her first baby. She is really excited to be pregnant and tells you how important it is to her to be a good mum.

She knows that breastfeeding is best for her baby but is not confident she will manage it; she says she will give it a go.

Deep down she is very unsure whether she will be able to breastfeed. She does not like her breasts being touched at all and actually finds the idea of breastfeeding a disgusting. She has not

told anybody this, and she might not tell her Mam-Kind Buddy today either.

Sue has rung you to tell you how things are going in response to your congratulations text after you saw a post on face book to tell everyone Sue has had baby Sam. She is feeling fine and will be going home later today. Sam is doing well, she has given him formula feeds as she couldn't face the thought of breastfeeding and was embarrassed to tell the midwife she wants to express.

Postnatal scenario 2

Take a few minutes to consider this situation, try and imagine what it would be like to be in this situation, think yourself into her shoes.

Jan

Jan is 19 and pregnant with her first baby. Finding out about the pregnancy was a big shock as she had only been together with her boy friend for 3 months. It has been a tricky time, her mum has been supportive but her dad threatened to throw her out. Her boyfriend is still with her but overwhelmed by the responsibility of it all. At the moment she is living at home, but it's not a relaxed atmosphere.

She is trying hard to do everything her midwife tells her – so that's why she has agreed to see you. If she was really honest she has not really given it much proper thought. She does not know anyone who has breastfed, her older sister has two children aged 2 and 4 and Jan has spent a lot of time looking after them.

Jan let you know about the birth of her baby boy Josh at 39 weeks by text and was keen for you to come and see her in the hospital.

You visit her when Josh is 12 hours old. She is bursting with pride at how well everything is going. The birth was straightforward, much

quicker than she had thought in fact she only just made it to the hospital time and that was quite scary. She made sure that she held Josh in skin contact for a long time after the birth and is so excited to tell you that Josh made his own way to her breast and self attached. He had along feed then and has been asleep since the midwives seem quite relaxed about this but she is getting a bit stressed.

Postnatal scenario 3

Take a few minutes to consider this situation, try and imagine what it would be like to be in this situation, think yourself into her shoes.

Carys

Carys is 18, having her first baby, really pleased to be pregnant with a supportive family and boyfriend. She plans to breastfed for the first day as she knows the first milk is best for the baby, but after that she will formula feed so that her mum can help and she can go back to college.

Carys' boyfriend lets you know she has had her baby Cara, she was born a bit early at 36 weeks by caesarean and Carys is feeling a bit rough so asked if you can come tomorrow – she will be in hospital for a few days.

You finally see Carys and Cara when Cara is 2 days old. Carys is feeling much better now and the feeding is going quite well. This morning Cara has had a test for jaundice and the midwife mentioned that she might need some formula if the jaundice level is high.

Postnatal scenario 4

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes

Beth

Beth is 24. She is happy to be pregnant but has had a tough time with her boyfriend; their relationship is a bit stormy and has always been off and on, at the moment it is off. They were living together and now he has left she does not know how she will pay the rent when she is on maternity leave – she is hoping they will get back together.

She plans to breastfeed, she has heard a lot about the health benefits and is particularly interested in breastfeeding helping her to lose weight and protecting her baby against obesity. She has had an issue with her weight as long as she can remember.

She does not know anyone who has breastfed so does not really know what it will be like – she hopes she can do it as she has heard it can be hard and not everyone can manage.

Beth rang you herself to tell you about the birth of her baby boy Ben He was born after 36 hours of labour and needed forceps at the end . Beth is very sore but over the moon at her lovely baby boy. She asked you to come as soon as possible at you arrive when Ben is 6 hours old. Ben had a good feed after birth .

Postnatal scenario 5

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Sonja

Sonja is 26 and is pregnant with her third baby. She is thinking about having a go at breastfeeding as this will probably be her last baby. She has bottle fed her first two, who she had when she was a teenager. Now she is with a new partner, life is much more settled and she thinks she might be able to do it this time around.

Sonja's partner has texted you to let you know Siwan has been born and that mum and baby are home. Life is a bit hectic but the older kids are being very helpful.

You visit Sonja the next day and she has not had much sleep and is worried how she will cope with everything. If she is honest with you she will tell you that she is wondering whether breastfeeding is such a good idea after all. She thinks that perhaps the new baby will sleep more if she is on the bottle.

Postnatal scenario 6

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes

Rachel

Rachel is 26 and is pregnant with her second baby. She is not sure about breastfeeding this time around as she found it really difficult last time. She had mastitis twice, her baby was very slow to gain weight and she thinks it probably made her depressed worrying about it all.

Her husband is not keen on her breastfeeding at all as he definitely blames breastfeeding for her postnatal depression and does he does not want her to get poorly again.

Rachel sends you a message via facebook to let you know about the safe arrival of baby Rodney. She is making sure she has lots of skin contact, he is only 6 hours old but has already has three feeds. She is feeling positive as she knows lots of early feeds will help her milk supply.

You pop to see her the next day and she is starting to feel a bit sore.

Postnatal scenario 7

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Fran

Fran is 22 and pregnant with her first baby. She had been trying to get pregnant every since she married at 19 and is over the moon to finally be on her way to becoming a mum. She has read her copy of Bump, baby and Beyond from cover to cover and reads lots of baby magazines. She wants to breastfeed because she has read it is best and wants to talk to you about the best bottles, sterilisers and formula to buy just encase she needs it. Fran likes to feel prepared

Fran's husband Jo rings you in a bit of a state. Their baby was born yesterday by emergency caesarean at 38 weeks as Fran suddenly had really high blood pressure. Fred is doing well, he had some bottles last night and this morning as Fran was very poorly but now she is bit better and is really upset, she is wanting to breastfeeding but worrying that it is too late to start now.

Postnatal scenario 8

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Anna

Anna is 19 and is pregnant for the first time with twins. This has all been a bit of a roller coaster. She has not planned to be pregnant, she is not together with the father of her babies (her choice), she lives at home with her mum and sisters who are all really excited, now they have got over the shock but the house is small and she is not quite sure how they will all manage when the babies arrive. Somehow she has agreed to be in the study but when you chat she is not sure at all about how she will feed the babies – she's not really thought that far ahead yet. Everyone she knows has bottled fed- so that's what seems natural to her.

Anna's mum rings you, the babies have arrived, early, at 35 weeks but a good weight and are with Anna on the ward. She wants you to tell her what Anna needs to do as the babies are a bit sleepy and not able to breastfeed, so which is the best formula milk for small babies? . Anna's mum seems to be worried that Anna is not getting enough help or rest in hospital.

Telephone scenarios

Antenatal (telephone) scenario 1

Take a few minutes to consider this situation, try and imagine what it would be like to be in this position, think yourself into her shoes.

Anwen

Anwen is 20, really pleased to be pregnant and has done everything her midwife has asked her to do.

She said yes she was thinking of breastfeeding because it seemed like the right thing to say to the midwife – but if she was honest she has not really thought about it. She also said yes to the study midwife, again to please her and then forgot about it, so when you ring her up she is not quite sure who you are or why you are ringing and is a bit wary when you suggest meeting up.

Antenatal (telephone) scenario 2

Take a few minutes to consider this situation, try and imagine what it would be like to be in this situation, think yourself into her shoes

Tracy

Tracy is 24, pregnant with her second baby. She is planning to breastfeed again and does not really have any worries. She agreed to be in the study but when you suggest meeting up she is a bit reluctant because she does not think she needs any help.

Baseline

Mam-Kind baseline survey

Date form completed

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Form completed by (researcher).....

Thank you for agreeing to speak to me today. I would like to ask you some questions about you and your pregnancy.

The questions are roughly divided into three sections. First of all I'd like to ask you some questions about yourself. The I will move on to some questions about your pregnancy and if you have any other children. We will also chat about if you have any pervious children what your experience was like feeding them. Finally I will ask you some questions about your health and wellbeing.

The questionnaire should take about 35 minutes to 45 minutes, but if you want to take a break or stop at any time just tell me and we can stop immediately. You don't have to answer any questions you don't want to, so if that is the case, just say so and we can move on to something else. Just to emphasis, there are absolutely no right or wrong answers, I'm not trying to put you on the spot or test you. So please don't worry if you feel there is something you aren't sure about or something you don't understand, just let me know and I will try and explain. For some of the questions there are many options to choose from so please feel free to stop me if you have heard an option that is right for you. You can choose one option per question. Also please don't hesitate to ask me to repeat the options.

Shall we begin?

Questions about you

1. Educational status

Do you have any of the following qualifications?

- GCSE grades A-C
- A or AS or S levels
- A certificate or diploma in higher education
- A first degree, like a BA or BSc
- A higher degree, like a master's degree, or a PhD
- Other qualifications (please specify)

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- None of these qualifications

If you have never been employed or you are currently unemployed, please complete the questions for the main earner in the household.

2. Employment status

How would you best describe your current employment situation?

- In full-time paid work, as an employee or self employed
- In part-time paid work, as an employee or self-employed
- Unemployed and seeking work
- Out of the labour force - not seeking work
- In full-time education and training
- In part-time education and training
- Rather not say

If unemployed, or out of the labour force, or just in education (either part-time or full-time) go to next question.

If in paid work (regardless of whether also in education), go to NS-SEC derivation questions: question 5.

3. Have you done any paid work, either as an employee or as self-employed within the last 12 months?

- Yes If yes, go to NS-SEC derivation
- No If no, go to next question
- Rather not say

4. Have you ever (in your life,) had paid work, either as an employee or as self-employed?

- Yes
- No
- Rather not say

If no to previous two questions and indicated that they were unemployed or out of the labour force, go to question 9.

If no to first of previous two questions and yes to second, go to NS-SEC derivation questions

NS-SEC derivation questions.

The following questions refer to your current main job, or (if you are not working now) to your last main job. Please tick one box only per question.

5. Do (did) you work as an employee or are (were) you self-employed?

- Employee
- Self-employed with employees
- Self-employed / freelance without employees (go to question 8)
- Rather not say

6. For employees: indicate below how many people work (worked) for your employer at the place where you work (worked).

For self-employed: indicate below how many people you employ (employed). Go to question 8 when you have completed this question.

- 1 to 24
- 25 or more
- Rather not say

7. Do (did) you supervise any other employees?

A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis.

- Yes
- No
- Rather not say

8. Select ONE box that best describes the work that you do / did in your last job:

Modern professional occupations such as: teacher – nurse – physiotherapist – social worker – welfare officer – artist – musician – police officer (sergeant and above) – software designer

Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre agent – nursing auxilliary – nursery nurse

Senior manager or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) - finance manager – chief executive

Technical and craft occupations such as: motor mechanic – fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver

Semi-routine manual and service occupations such as: postal worker – machine operative – security guard – caretaker – farm worker – catering assistant – receptionist – sales assistant

Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter – packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff

Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican

Traditional professional occupations such as: accountant – solicitor – medical practitioner – scientist – civil/mechanical engineer

9. Are you...

Married or in a civil partnership

Living together

Have a partner but we don't live together

Single

Widowed, divorced or separated

I am now going to ask you your ethnic group. I will give you options and then from this there will be sub options to choose from.

10. What is your ethnic group?

(ask first from the categories in bold and then once established asked from the appropriate sub category)

White

British

Irish

Any other white background (*specify below*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (*specify below*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (*specify below*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Black or Black British

Caribbean

African

Any other black background (*specify below*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Chinese or Other ethnic group

Chinese

Any other (*specify below*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

That is the end of that section and we are now going to move on to a few questions about your pregnancy

11. How many weeks pregnant are you?

..... weeks

12. What is your birth due date?

d	d	m	m	y	y

13. Are you expecting one baby or twins?

One baby

Twins

Triplets

14. Will this be your first baby? (If they answer no to this question then ask all questions. If answer yes then go to question 17)

Yes

No

15. How many other children have you previously had? number of children

These next few questions are about your experience of infant feeding, this could be your own experience of feeding your child or your experience of other mums feeding their baby. For some of the questions there are many options to choose from so please feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options.

16. (If they have other children). Did you breastfeed your first born child?

Breastfed/breast milk entirely (how many months?.....)

Fed entirely with infant formula

Both breastfed and fed with infant formula

Don't know

Stillborn baby or neonatal death

(only fill in if told this information- do not read out as option)

Did you breastfeed your second born child?

Breastfed/ breast milk entirely (how many months?.....)

Fed entirely with infant formula

Both breastfed and fed with infant formula

Don't know
Stillborn baby or neonatal death
(only fill in if told this information- do not read out as option)

Did you breastfeed your third born child?

Breastfed/ breast milk entirely (how many months?.....)
Fed entirely with infant formula
Both breastfed and fed with infant formula
Don't know
Stillborn baby or neonatal death
(only fill in if told this information- do not read out as option)

Did you breastfeed your fourth born child?

Breastfed/ breast milk entirely (how many months?.....)
Fed entirely with infant formula
Both breastfed and fed with infant formula
Don't know
Stillborn baby or neonatal death
(only fill in if told this information- do not read out as option)

17. Do you know whether you were breastfed or fed with infant formula when you were a baby?

Breastfed/ breast milk entirely
Fed entirely with infant formula
Both breastfed and fed with infant formula
Don't know

18. Do you know any mothers with young babies?

Yes
No (skip to 20)

19. How would you say that most of the mothers you know have fed their babies?

Most of them gave infant formula only
Most of them breastfed/ breast milk only
Most of them breastfed and gave infant formula

There was a real mixture of the above methods
Don't know

20. How do you plan to feed your baby when they are born?

Infant formula (take note of eligibility here
as not eligible if planning to only formula feed.)
Breastfeed/ breast milk
Breastfeed and use infant formula
Had not decided

21. Why do you think you will feed your baby by that method e.g infant formula or breastfeeding?

Now if its ok with you I would like to move onto some questions about your health and general wellbeing. We will start off chatting about support you have around you from family and/or friends. Then we will move onto asking you about how you have been feeling and finally ask you a few questions about your health. Remember you don't have to answer any question you do not feel comfortable with. Also if there are any questions you are unsure of please just stop me and we can go over them. For some of the questions there are many options to choose from so please feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options.

About your health and wellbeing

First of all I will read you a statement about support and then I will the read out 5 options and ask you to choose which option best describes how you feel.

22. People sometimes look to others for friendship or support, such as talking about things they are finding difficult, or help with things they are finding difficult. How often do you feel that you have support available if you need it?

None of the time
A little of the time
Some of the time
Most of the time
All of the time

23. In this next question there are four statements. These four statements are about styles of general relationships that people often report. I will read out each statement

and I will ask you to pick the style that best describes you or is closest to the way you generally are in your close relationships.

- A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.
- B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.
- C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.
- D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

24. As you are pregnant, we would like to know how you are feeling. These questions are about how you have been feeling and your emotions rather than your physical health. Remember you don't have to answer any question you do not feel comfortable with. Also if there are any questions you are unsure of please just stop me and we can go over them.

Again I will read out a statement, this time there are 10 statements. Each statement will be followed by 4 options. I will then ask you to choose from the options which best describes how you have felt IN THE PAST 7 DAYS, not just how you feel today.

In the past 7 days:

A. I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

B. I have looked forward with enjoyment to things

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

C. I have blamed myself unnecessarily when things wrong

Yes, most of the time

Yes, some of the time

Not very often

No, never

D. I have been anxious or worried for no good reason

No, not at all

Hardly ever

Yes, sometimes

Yes, very often

E I have felt scared or panicky for no very good reason

Yes, quite a lot

Yes, sometimes

No, not much

No, not at all

F. Things have been getting on top of me

Yes, most of the time I haven't been able to cope at all

Yes sometimes I haven't been coping as well as usual

No, most of the time I have coped quite well

No, I have been coping as well as ever

G I have been so unhappy that I have had difficulty sleeping

Yes, most of the time

Yes sometimes

Not very often

No not at all

H I have felt sad or miserable

- Yes, most of the time
- Yes sometimes
- Not very often
- No not at all

I. I have been so unhappy that I have been crying

- Yes most of the time
- Yes quite often
- Only occasionally
- No never

J. The thought of harming myself has occurred to me

- Yes quite often
- Sometimes
- Hardly ever
- Never

25. There are 2 statements with 4 following options. I will read the statement and ask you to choose which of the options best describes over the last 2 weeks, how often have you been bothered by the following problems?

A. Feeling nervous, anxious, or on edge

- Not at all
- Several days
- More than half the days
- Nearly every day

B. Not being able to stop or control worrying

- Not at all
- Several days
- More than half the days
- Nearly every day

26. Next I am going to ask you some questions about your health TODAY. This question covers 5 areas of health; mobility, self-care, usual activities, pain/discomfort and anxiety/depression. For each area of health there are 5 statements. I will read the 5 statements and ask you to pick the statements that best describes you TODAY or is closest to the way you feel TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

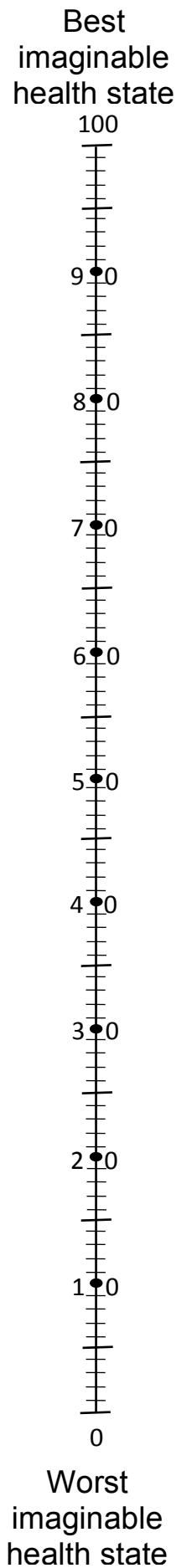
- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

27. We would like to know how good or bad your physical health is TODAY. I have a scale here that goes from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine. Please can you pick a number between 0 and 100 that best represents your health TODAY

Your Health today =



This is the final question.

28. Do you smoke cigarettes at all now?

Yes

No

Thank you very much for taking part and answering these questions. I really appreciate you giving your time to answer these questions.

10 day follow up questionnaire

Mam-Kind Measures for follow-up at 10 Days

Date form completed

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Form completed by (researcher).....

Thank you for agreeing to speak to me today. I was just wondering whether I could just check that your baby is well and is living at home with you now?

In this questionnaire I would like to ask you some questions about you and how you are feeding your baby.

The questionnaire is roughly divided into three sections. First of all I'd like to ask you some questions about skin to skin at birth and how you are feeding your baby. Then I will ask you some questions about your confidence around breastfeeding. Finally I will ask you some questions about who has influenced and supported you.

The questionnaire should take about 30 minutes, but if you want to take a break or stop at any time just tell me and we can stop immediately. Do not hesitate to stop me for a break as I understand you have a new born who needs you. You don't have to answer any question you don't want to, so if that is the case, just say so and we can move on to something else.

Just to emphasise, there are absolutely no right or wrong answers, I'm not trying to put you on the spot or test you. So please don't worry if you feel there is something you aren't sure about or something you don't understand, just let me know and I will try and explain. For some of the questions there are many options to choose from so please feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options. You can choose one option per question. Some of the questions also ask you about time points, don't worry if you can't remember exactly when, just try and provide us with the closest date you can.

Shall we begin?

Breastfeeding outcomes

In this section I will ask you some questions about skin to skin at birth and how you are feeding your baby. These questions will have multiple options which you can select. I will read you the question and the options. Feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options.

1. Did you have skin-to-skin contact with your baby within the first 24 hours after he/she was born?

(By skin-to-skin contact we mean you were holding the baby so that his/her bare skin was next to your bare skin.)

Yes (Go to questions 3)

No

2. If no why not ?

I did not want skin to skin contact

I felt too poorly

My baby was poorly

This was not offered

Now skip to Q5

3. About how long after your baby was born did you first have skin-to-skin contact?

Immediately / within a few minutes

Within an hour

More than 1 hour, up to 12 hours

More than 12 hours later

4. Were you able to have this skin-to-skin contact with your baby for as long as you wanted?

Yes

No

5. How soon after your baby was born did you first put him/her to the breast?

Soon after birth (within a hour)

More than 1 hour, up to 4 hours later

More than 4 hours, up to 8 hours later

More than 8 hours, up to 12 hours later

More than 12 hours, up to 24 hours later

More than 24 hours later

Did not put to put to breast (skip to question 7)

6. **While you were in the hospital, birth centre or unit, as well as being breastfed, did your baby have infant formula or water?**

Yes

No

Don't know

7. **When you left the hospital, birth centre or unit, were you...**

Only giving breast milk

Only giving infant formula

Giving both breast milk and infant formula?

8. **Thinking about the milk that your baby has received over the last 7 days, has he/she had...**

Only breast milk

Only infant formula
(go to question 11)

Breast milk and infant formula

9. **How often has your baby been given breast milk over the last 7 days?**

Not at all

Once a day

Twice a day

3-4 times a day

5-6 times a day

7-8 times a day

9 – 12 times a day

more than 12 times a day

10. **Has your baby EVER been given infant formula, even if this was only once?**

Yes

No (go to question 15)

11. **Since your baby was born, how often has he/she been fed infant formula?**

If your pattern of using infant formula has varied please select the answer you feel comes closest to describing your situation.

- All or almost all feeds
- About half of all feeds
- One or two feeds a day
- A few feeds a week, but not every day
- A few feeds since they were born, but not every week
- Only once or twice since they were born

12. **How old was your baby when he/she was LAST given breast milk or you put them to your breast?**

Days:

13. **How old was your baby when he/she FIRST received infant formula?**

In days:

14. **Why did you start to give infant formula to your baby?**

- Doctor / health visitor / other health professional advised me to
- Friend or relative advised me to
- Previous experience (with another baby)
- Read leaflets / seen information that advised me to
- Baby was not gaining enough weight
- It is better for my baby / contains more nutrition
- Start4Life
- Saw TV advert
- I didn't have enough milk
- My baby was hungry
- I was too tired / ill to feed
- Don't know

Some other reason

Breastfeeding Self-Efficacy Scale – short form

15. **In this next question there are 14 statements. For each statement I would like you to rate it on a scale of 0-4.**

0 =not at all confident, 1 =not confident, 2 =somewhat confident, 3 = confident, or 4 = always confident.

2. You can answer this question either with a number or state how confident you feel. As there are a number of statements please feel free to stop me and ask me to remind you of the scale options.

3. I can always:

- A. Determine that my baby is getting enough milk
- B. Successfully cope with breastfeeding like I have with other challenging tasks
- C. Breastfeed my baby without using formula as a supplement
- D. Ensure that my baby is properly latched on for the whole feeding
- E. Manage the breastfeeding situation to my satisfaction
- F. Manage to breastfeed even if my baby is crying
- G. Keep wanting to breastfeed
- H. Comfortably breastfeed with my family members present
- I. Be satisfied with my breastfeeding experience
- J. Deal with the fact that breastfeeding can be time-consuming
- K. Finish feeding my baby on one breast before switching to the other breast
- L. Continue to breastfeed my baby for every feeding
- M. Manage to keep up with my baby's breastfeeding demands
- N. Tell when my baby is finished breastfeeding

4. IF ANSWERED BREASTFEEDING ONLY OR MIXED FEEDING TO QUESTION 8. THEN GO TO QUESTION 19.

16. Which of the following best describes your breastfeeding experience?

- I would have liked to breastfed for longer
- I breastfed for as long as I intended
- I breastfed for longer than I intended
- I did not breastfeed at all

These next two questions do not have options so you are free to answer as you would like.

17. If you have stopped breastfeeding what are your reasons for doing so?

18. What would have helped you breastfeed for longer?

Now if its ok with you I would like to move onto a question about your confidence around breastfeeding. Remember you don't have to answer any question you do not feel comfortable with. Also if there are any question you are unsure of please just stop me and we can go over them. For some of the questions there are many options to choose from so please feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options.

Health service use

These final two questions are about who has influenced and supported you with breastfeeding your baby.

In this next part I will read the question to you and attached to this question is a list of potential influences. In relation to the question I will ask you to rate each item in the list on a scale of 0-4.

Each item is rated 0 (no influence),1 (some influence), 2 (somewhat influenced), 3 (influence), or 4 (a big influence).

19. Who influenced you with breastfeeding your baby?

Own experience	<input type="checkbox"/>
Friends / other mothers	<input type="checkbox"/>
Partner	<input type="checkbox"/>
Mother / grandmother	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>
Health professional (e.g. doctor, midwife)	<input type="checkbox"/>
Specify health professional	<input type="text"/>
Breastfeeding counsellor	<input type="checkbox"/>
Lactation consultant	<input type="checkbox"/>
SureStart or Children's Centre / Children's Health Clinic	<input type="checkbox"/>
Voluntary or charitable organisation	<input type="checkbox"/>
Peer-supporter (a mum who has breastfed themselves and been trained to give support to other mums not your Mam-Kind buddy)	<input type="checkbox"/>
Mam-Kind buddy	<input type="checkbox"/>
Breastfeeding support group	<input type="checkbox"/>
Breastfeeding organisation	<input type="checkbox"/>

- Start4Life
- Books / leaflets
- Magazines
- Television / radio
- The internet / web resources
- Online parenting forums (as against just the internet)
- Facebook / twitter (social media)
- Don't know

This next question is similar to the previous question. I will read the question to you and attached to this question is a list of potential elements that have supported you. In relation to the question I will ask you to rate each item on a scale of 0-4 Each statement is rated 0 (no support),1 (some support), 2 (somewhat supported), 3 (supported), or 4 (a big support).

20. Who supported you with breastfeeding your baby?

- Own experience
- Friends / other mothers
- Partner
- Mother / grandmother
- Other relatives
- Health professional (e.g. doctor, midwife)
- Specify health professional

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- Breastfeeding counsellor
- Lactation consultant
- SureStart or Children's Centre / Children's Health Clinic
- Voluntary or charitable organisation
- Peer-supporter (a mum who has breastfed themselves and been trained to give support to other mums not your Mam-Kind buddy)
- Mam-Kind buddy

- Breastfeeding support group
- Breastfeeding organisation
- Start4Life
- Books / leaflets
- Magazines
- Television / radio
- The internet / web resources
- Online parenting forums (as against just the internet)
- Facebook / twitter (social media)
- Don't know

Thank you very much for taking part and answering these questions. I really appreciate you giving your time to answer these questions. I look forward to chatting to you again in about 8 weeks.

10 Day minimum data set

Mam-Kind Measures for follow-up at 10 Days MINIMUM DATA SET

Date form completed

Form completed by (researcher).....

Thank you for agreeing to speak to me today. I was just wondering whether I could just check that your baby is well and is living at home with you now?

In this questionnaire I would like to ask you some questions about you and how you are feeding you baby.

Just to emphasise, there are absolutely no right or wrong answers, I'm not trying to put you on the spot or test you. So please don't worry if you feel there is something you aren't sure about or something you don't understand, just let me know and I will try and explain. For some of the questions there are many options to choose from so please feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options. You can choose one option per question. Some of the questions also ask you about time points, don't worry if you can't remember exactly when, just try and provide us with the closet date you can.

Shall we begin?

Breastfeeding outcomes

In this section I will ask you some questions about skin to skin at birth and how you are feeding your baby. These questions will have multiple options which you can select. I will read you the question and the options. Feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options.

1. Did you have skin-to-skin contact with your baby within the first 24 hours after he/she was born?

(By skin-to-skin contact we mean you were holding the baby so that his/her bare skin was next to your bare skin.)

Yes (Go to questions 3)

No

2. If no why not ?

- I did not want skin to skin contact
- I felt too poorly
- My baby was poorly
- This was not offered

Now skip to Q5

3. About how long after your baby was born did you first have skin-to-skin contact?

- Immediately / within a few minutes
- Within an hour
- More than 1 hour, up to 12 hours
- More than 12 hours later

4. Were you able to have this skin-to-skin contact with your baby for as long as you wanted?

- Yes
- No

5. How soon after your baby was born did you first put him/her to the breast?

- Soon after birth (within a hour)
- More than 1 hour, up to 4 hours later
- More than 4 hours, up to 8 hours later
- More than 8 hours, up to 12 hours later
- More than 12 hours, up to 24 hours later
- More than 24 hours later
- Did not put to put to breast (skip to question 7)

6. While you were in the hospital, birth centre or unit, as well as being breastfed, did your baby have infant formula or water?

- Yes

No

Don't know

7. When you left the hospital, birth centre or unit, were you...

Only giving breast milk

Only giving infant formula

Giving both breast milk and infant formula?

8. Thinking about the milk that your baby had received when they were 10 days old, had he/she had...

Only breast milk

Only infant formula

Breast milk and infant formula

8-10 week follow up questionnaire

Mam-Kind Measures for follow-up at 8-10 Weeks

Date form completed

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Form completed by (researcher).....

Thank you for agreeing to speak to me today. I was just wondering whether I could just check that your baby is well and is living at home with you now?

In this questionnaire I would like to ask you some questions about you and how you are feeding you baby.

The questions are roughly divided into three sections. First of all I'd like to ask you some questions about how you are feeding your baby. Then I will ask you some questions about your health and wellbeing. Finally I will ask you some questions about which health services you have used.

The questionnaire should take about 1 hour, but if you want to take a break or stop at any time just tell me and we can stop immediately. Do not hesitate to stop me for a break as I understand you have a new born who needs you. You don't have to answer any question you don't want to, so if that is the case, just say so and we can move on to something else. Just to emphasis, there are absolutely no right or wrong answers, I'm not trying to put you on the spot or test you. So please don't worry if you feel there is something you aren't sure about or something you don't understand, just let me know and I will try and explain. For some of the questions there are many options to choose from so please feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options. You can choose one option per question. Some of the questions also ask you about time points, don't worry if you can't remember exactly when, just try and provide us with the closest date you can.

Shall we begin?

Section A: Breastfeeding outcomes

In this section I will ask you some questions about how you are feeding your baby. These questions will have multiple options which you can select. I will read you the question and the options. Feel free to stop me if you have heard an option that is right for you. Also please don't hesitate to ask me to repeat the options.

1. How were you feeding your baby when they were 8 weeks old?

- Only breastmilk
- Only formula
- Some breastmilk and some formula

2. Thinking about the milk that your baby has received over the last 7 days, has he/she had...

- Only breast milk
(go to question 4, if yes to question 4 go to 5, 7, 8 and 12, if no to question 4 go to question 12)
- Only infant formula
(skip to question 6)
- Breast milk and infant formula
(go to questions 3, 5, 7, 8, 12)

3. How often has your baby been given breast milk over the last 7 days?

- Not at all
- Once a day
- Twice a day
- 3-4 times a day
- 5-6 times a day
- 7-8 times a day
- 9- 12 times a day
- more than 12 times a day

4. Has your baby EVER been given infant formula, even if this was only once?

- Yes
- No (skip to question 12)

5. Since your baby was born, how often has he/she been fed infant formula?

If your pattern of using infant formula has varied please select the answer you feel comes closest to describing your situation.

- All or almost all feeds
- About half of all feeds
- One or two feeds a day
- A few feeds a week, but not every day
- A few feeds since they were born, but not every week
- Only once or twice since they were born

6. How old was your baby when he/she was LAST given breast milk or you put them to your breast?

Either in days: Days

OR

In whole weeks plus any additional days: Weeks Days

7. How old was your baby when he/she FIRST received infant formula?

Either in days: Days

OR

In whole weeks plus any additional days: Weeks Days

8. Why did you start to give the formula milk to your baby?

- Doctor / health visitor / other health professional advised me to
- Friend or relative advised me to
- Previous experience (with another baby)
- Read leaflets / seen information that advised me to
- Baby was not gaining enough weight
- It is better for my baby / contains more nutrition
- Start4Life
- Saw TV advert
- I didn't have enough milk
- My baby was hungry

I was too tired / ill to feed

Don't know

Some other reason

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9. Which of the following best describes your breastfeeding experience?

I would have liked to breastfed for longer

I breastfed for as long as I intended

I breastfed for longer than I intended

These next two questions do not have options so you are free to answer as you would like.

10. If you have stopped breastfeeding can you tell me about the reasons why you stopped?

11. What would have helped you breastfeed for longer?

In this next part I will read the question to you and attached to this question is a list of potential influences. In relation to the question I will ask you to rate each item in the list on a scale of 0-4.

Each item is rated 0 (no influence), 1 (some influence), 2 (somewhat influenced), 3 (influence), or 4 (a big influence).

12. Who influenced you with breastfeeding your baby?

Own experience

Friends / other mothers

Partner

Mother / grandmother

Other relatives

Health professional (e.g. doctor, midwife)

Specify health professional

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Breastfeeding counsellor

- Lactation consultant
- SureStart or Children's Centre / Children's Health Clinic
- Voluntary or charitable organisation
- Peer-supporter (a mum who has breastfed themselves and been trained to give support to other mums not your Mam-Kind buddy)
- Mam-Kind buddy
- Breastfeeding support group
- Breastfeeding organisation
- Start4Life
- Books / leaflets
- Magazines
- Television / radio
- The internet / web resources
- Online parenting forums (as against just the internet)
- Facebook / twitter (social media)
- Don't know

This next question is similar to the previous question. I will read the question to you and attached to this question is a list of potential elements that have supported you. In relation to the question I will ask you to rate each item on a scale of 0-4 Each statement is rated 0 (no support),1 (some support), 2 (somewhat supported), 3 (supported), or 4 (a big support).

13. Who supported you with breastfeeding your baby?

- Own experience
- Friends / other mothers
- Partner
- Mother / grandmother
- Other relatives

Health professional (e.g. doctor, midwife)

Specify health professional

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Breastfeeding counsellor

Lactation consultant

SureStart or Children’s Centre / Children’s Health Clinic

Voluntary or charitable organisation

Peer-supporter (a mum who has breastfed themselves and been trained to give support to other mums not your Mam-Kind buddy)

Mam-Kind buddy

Breastfeeding support group

Breastfeeding organisation

Start4Life

Books / leaflets

Magazines

Television / radio

The internet / web resources

Online parenting forums (as against just the internet)

Facebook / twitter (social media)

Don’t know

Now if its ok with you I would like to move onto some questions about your health and general wellbeing. We will start off chatting about support you have around you from family and/or friends and your confidence in breastfeeding you baby. Then we will move onto asking you about your physical health and finally ask you a few questions about how you have been feeling. Remember you don’t have to answer any question you do not feel comfortable with. Also if there are any questions you are unsure of please just stop me and we can go over them. For some of the questions there are many options to choose from so please feel free to stop me if you have heard an option that is right for you. Also please don’t hesitate to ask me to repeat the options.

Section B: health and wellbeing

First of all I will read you a statement about support and then I will the read out 5 options and ask you to choose which option best describes how you feel.

14. People sometimes look to others for friendship or support, such as talking about things they are finding difficult, or help with things they are finding difficult. How often do you feel that you have support available if you need it?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

15. Breastfeeding Self-efficacy scale

In this next question there are 14 statements. For each statement I would like you to rate it on a scale of 0-4.

5. 0 =not at all confident, 1 =not confident, 2 =somewhat confident, 3 = confident, or 4 = always confident.

6. You can answer this question either with a number or state how confident you feel. As there are a number of statements please feel free to stop me and ask me to remind you of the scale options.

7. I can always:

- A. Determine that my baby is getting enough milk
- B. Successfully cope with breastfeeding like I have with other challenging tasks
- C. Breastfeed my baby without using formula as a supplement
- D. Ensure that my baby is properly latched on for the whole feeding
- E. Manage the breastfeeding situation to my satisfaction
- F. Manage to breastfeed even if my baby is crying
- G. Keep wanting to breastfeed
- H. Comfortably breastfeed with my family members present
- I. Be satisfied with my breastfeeding experience
- J. Deal with the fact that breastfeeding can be time-consuming
- K. Finish feeding my baby on one breast before switching to the other breast
- L. Continue to breastfeed my baby for every feeding
- M. Manage to keep up with my baby's breastfeeding demands
- N. Tell when my baby is finished breastfeeding

16. Next I am going to ask you some questions about your health TODAY. This question covers 5 areas of health; your ability to move around, carry out your

usual activities, pain and discomfort and some questions about how you feel. For each area of health there are 5 statements. I will read the 5 statements and ask you to pick the statements that best describes you TODAY or is closest to the way you feel TODAY.

A. MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

B. SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

C. USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

D. PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

E. ANXIETY / DEPRESSION

- I am not anxious or depressed

I am slightly anxious or depressed

I am moderately anxious or depressed

I am severely anxious or depressed

I am extremely anxious or depressed

17. We would like to know how good or bad your physical health is TODAY. I have a scale here that goes from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine. Please can you pick a number between 0 and 100 that best represents your health TODAY

Your Health today =

Best
imaginable
health state

100

90

80

70

60

50

40

30

20

10

0

Worst
imaginable
health state

18. We would like to know a little more about how you are feeling. These questions are about how you have been feeling and your emotions rather than your physical health. Remember you don't have to answer any question you do not feel comfortable with. Also if there are any questions you are unsure of please just stop me and we can go over them.

Again I will read out a statement, this time there are 10 statements. Each statement will be followed by 4 options. I will then ask you to choose from the options which best describes how you have felt IN THE PAST 7 DAYS, not just how you feel today.

In the past 7 days:

A. I have been able to laugh and see the funny side of things

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

B. I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

C. I have blamed myself unnecessarily when things wrong

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

D. I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

E. I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

F. Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all
- Yes sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

G. I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes sometimes
- Not very often
- No not at all

H. I have felt sad or miserable

- Yes, most of the time
- Yes sometimes
- Not very often
- No not at all

I. I have been so unhappy that I have been crying

- Yes most of the time
- Yes quite often
- Only occasionally
- No never

J. The thought of harming myself has occurred to me

Yes quite often

Sometimes

Hardly ever

Never

19. This is the last question in this section. There are 2 statements with 4 following options. I will read the statement and ask you to choose which of the options best describes over the last 2 weeks, how often have you been bothered by the following problems?

A. Feeling nervous, anxious, or on edge

Not at all

Several days

More than half the days

Nearly every day

B. Not being able to stop or control worrying

Not at all

Several days

More than half the days

Nearly every day

This final section is about if you or your baby have used health care services such as GPs, A&E or social care professionals since you baby has been born. I will talk you through each question but at any point if you do not wish to answer the question you do not have to. Don't worry if you can't remember exact detail of any of your visits just try to tell me as much of what you can remember as I know these last 10 weeks will have been very busy for you.

Section C

Heath service utilisation

20. Has a) **YOUR BABY** or b) **YOU** had contact with a non-hospital based health or social care professional regarding an issue related to breast feeding/feeding or other health issue related to feeding **over the last 10 weeks?** (Please do not include routine visits e.g. routine post-natal visits, usual routine check- ups, child health visit, well-baby clinics or immunisation appointments)

No- please go to SECTION D

YES- I will now go on to ask you whether you or your baby have had contact with various services such as the GP, midwife or NHS direct/111. If you answer yes to any of these services I will then ask you further questions about the type of contact you had with this service