Exploring online social support groups, part 2: “There’s just pictures on their everyday and that's the only thing that normalises it for me”

Abstract

Background: Facebook support groups are becoming frequently used by mothers to support them with breastfeeding.

Aim: To explore how breastfeeding mothers make sense of and interpret their experiences of online social support groups, and the perceived impact of group use.

Method: Ten semi-structured telephone interviews were conducted, data transcribed, and analysed using Interpretative Phenomenological Analysis.

Results: This article reports on two of four themes. Breastfeeding women seek different types of support at different times in their breastfeeding journey, and the groups were seen to offer emotional, technical, informational, and experiential support. Professional support was sought for 'major' issues, but the experiences of like-minded others were important for most women, managing the day-to-day challenges and emotions when becoming a mother and breastfeeding. They provide a community of likeminded people who support the mother to build confidence and provide reassurance that normalises breastfeeding and leads to reciprocity and activism.

Conclusion: Mothers appreciated the informational, emotional, and experiential support that the online groups offered; support that provided confidence, reassurance, and normalised breastfeeding.

Key words: Breastfeeding support; online support; peer support; lactation.

Introduction

Facebook could be viewed as an unlikely place for breastfeeding support, given the media attention received in 2009 for banning breastfeeding pictures and those that post them (Wortham, 2009). However, it is seen that on average 53,000 breastfeeding support groups can be found on Facebook alone (Wagg, Hassett, and Callanan, 2019), raising many questions about how and why they are used, and the benefits of doing so. The literature shows that online support groups have been used to empower diabetic patients to self-manage their condition (Oh & Lee, 2012), support patients with depression (Houston, Cooper & Ford, 2002), and support patients following a diagnosis of cancer (Yoo et al., 2013). But how online social support groups benefit breastfeeding mothers is only now emerging in the literature (Alianmoghaddam, Phibbs & Benn, 2018; Bridges, 2016; Robinson, Lauker, Davis, Hall & Anderson, 2019). Historically people would interact, converse, and communicate with a healthcare practitioner face-to-face. Due to this, the literature around breastfeeding support often focused on the support received in person or by telephone (Britton, McCormack, Renfrew, Wade & Kind, 2007). However, social media groups such as Facebook are becoming increasingly popular platforms for breastfeeding support (Wagg, Hassett & Callanan, 2019), and professionals welcoming this change (Audelo, 2014), especially during the pandemic.

Research aims. This research aims to provide insight into women's experiences of using online social support via Facebook, capture the meaning that they assign to the groups, and the perceived impact that the groups have on breastfeeding decisions and their journey. These narratives and interpretations allow for the potential of social support as a viable support intervention to be explored, adding insight for practitioners that have a role in supporting breastfeeding women. To address these questions Interpretative Phenomenological Analysis (IPA) was chosen as the research methodology.

Method

IPA offers an inductive approach concerned with personal accounts of experiences rather than finding causal exploration for events (Smith & Osborn, 2015), and allows a mother to tell her story (Halling, 2009). IPA is often used in health research to gain service user perspectives, and frequently used in nursing research (Pairman & McAra-Couper, 2010) because it is rooted in phenomenology, and hermeneutics, and the method is idiographic (Smith, Flowers, & Larkin, 2009). Each of these three disciplines allow for the exploration of a phenomenon and a double hermeneutic/ interpretation of this by the mother and researcher. Overall, it focuses in on the individual and an in-depth account of something that may have gone unnoted.

Participants. A purposive homogenous sample of ten participants were recruited via Facebook.com. All mothers had experience of using UK based online breastfeeding support groups, for at least four weeks. All mothers were interviewed by telephone, using a semi-structured questionnaire, and all came with their own stories to tell. Ethical approval was granted through Canterbury Christ Church University, and details relating to the background of the participants' and their pseudonym names are provided in Table 1.

Narrative interpretation. Audio recorded narratives were transcribed by hand and then analysed using the seven-step approach to IPA described by Smith, Flowers, and Larkin, (2009) (see Table 2). To supplement the interpretation process, a journal was kept as a tool for learning and reflexivity (Finlay, 2011; Vicary, Young & Hicks, 2016). Additionally, field notes were made (Wolfinger, 2002) paying attention the choices made, and the work of Yardley (2000) and Smith (2011) utilised as a quality framework (Yardley, 2000).

Findings

Although the journey of each woman is unique four main themes emerged, summarised in Table 3. There are thousands of women engaging in online support groups, creating communities of reciprocity and social capital. In the previous paper the first two main themes were explored, providing narratives and discussion around the ability of online groups to provide a sense of community, emotional, and informational support that enable women to reach their breastfeeding goals Table 4.

The current paper focuses more practically on the types of support required at different times, and the perceived impact of group use on their breastfeeding journey. It is here that the outcomes are explored, shedding light again on the potential for online groups to support breastfeeding mothers.

Types of support. Lauren described support in three distinct ways: emotional, technical, and experiential. The emotional support she felt was words of encouragement and states *"I received most of this type of support from my family"*. Emma also defines support as 'well wishes', or words of encouragement from others. The technical support Lauren feels comes from professional involvement and used *"when something's not going right what do I do"?* However, it was the experiential support that was her primary reason for using the online group: *"It's all about that sort of experience"*. When discussing professionals, she felt professionals *"towed the party line and were going to stick to it and there is no deviation or explanation"*. The deviation from the professional's adherence to strict protocol was achieved through the group and learning from the experiences of others. Reflecting upon these feelings Lauren said: *"I think the do this and don't do this kind of stops people from wanting to go forward if they feel they can't do more things".* Using online groups provided multiple possibilities.

Val also values the experiential learning highly: *"I have to say it's the only thing that has kept me breastfeeding so long".* Even when working with health professionals it was the experiences of that professionals that she values highly: *"I was talking to someone that knew what they were talking about because she'd fed her son".* Teresa also values personal experience, listening and connecting with people that are also breastfeeding.

Interestingly, Gail evaluates how she perceives the different types of online groups and values the evidence based informational support. Gail describes the groups that she perceives as good as the groups that relay NHS guidance and conversely describes the groups as poor if there is no evidence base and offers more anecdotal personal accounts with little research being shared. The groups she perceived as poor caused her to feel disheartened: *we're trying our best to give out information [in her local group] the department of health and world health organisation have put millions of pounds into but someone's more inclined to listen to personal stories.* This makes an interesting point around support needs.

Temporal moments in time for support. There were precise moments in time where the mothers felt as though they had achieved their breastfeeding vision/ goals and times when they had concerns. Teresa describes how up and until four months into her breastfeeding journey she was struggling: *"It was a journey of me really struggling until then, a journey of me really suffering".* At the fourth month Teresa attributed this change to a change in attitude: *"I think I started to accept that some babies do really find it hard to um settle".* Teresa, at this time, was also finding her own way of doing things, making her own choices.

Similarly, Emma describes building her confidence over time leading to the point where breastfeeding is no longer a conscious cognitive process and is more of an unconscious *"habit".* For Emma this was around nine weeks post-partum and remembers thinking "*Oh gosh I can do this, we've done it".* However, despite vocalising precise moments in time there were

also flexible perceptions of competence. Carole talks of personal moments where she felt as though there was a cycle of novice to expert and then novice again. Carole repeatedly referred to a loss of confidence and returning to a novice state.

Jane, as a medical professional, took a medical approach to seeking support. She applied an internal triage system in her mind about who to seek support from: *"to seek out the support of a professional I think I have to be really struggling… You don't bother professionals with something you can solve in a different way".* She felt as though professionals were there for emergencies, and her peers where there for more trivial questions. She also felt that *"there is absolutely no substitute for face-to-face review because you can't do that kind of assessment and give that kind of advice without watching a feed"*.

Emma similarly discusses two different types of support: *establishing it, the connection and then continuation. They are two different things, I think. This makes sense because were always talking about women still breastfeeding at X amount of weeks that don't know how to continue, and they don't have the support to continue.* Emma feels that there is a need for face-to-face support at stage One where she is learning a new skill*: "support is generally someone in person, I think in person is invaluable, until you've got a bit more confidence".* Emma feels it is crucial to have someone watch and read her body language and support practically in the moment through individualised one to one care. The second time and place for support Emma describes the second stage as the continuation of breastfeeding and less personal it's the *"reassurance from others that it's OK and normal reassurance that it will get better, reassurance that you're not on your own".* Whereas Teresa feels the network of support from professionals, family and online *"all combined really helped me. If I'd have just had one support system, then I might not be feeling as good as I am now".*

Often online and face to face support were compared. Carole, when talking about professional support refers to a biomedical model of breastfeeding such as checking the latch and the checking the position and attachment of the baby at the breast. When in hospital, with access to professional support Carole was still using the online group for advice, which she describes as fantastic: *"advice that they gave there in terms of how to move from the little bottles was fantastic".* Carole also saw an International Board-Certified Lactation Consultant (IBCLC) to check her infant's latch and feels that professionals are there to provide tangible and practical support. However, she felt a distinct lack of time provided by the hospital staff led her to look online for more information.

If choosing between online and face-to-face support, Gail felt that online support was better: *"online because it's easier, I think it is easier to access but I think you get better support face-to-face".* Gail felt that face-to-face support allows for interaction and observation, which adds value; however, online support provides *"a network of breastfeeding mums that are still feeding at two o'clock on the morning and somebody's there"*. However, the face-to-face group helped her find what she believes are lifelong friends. A friendship based on reciprocity whereby she helped others and others helped her.

Some mothers experienced a degree of social anxiety meeting new people, and for this reason preferred online support. Overall, the online support suited Lauren because it reduced small social anxieties, she felt meeting people face-to-face: *"personally I never went locally because I could find them a bit awkward".* Lauren states she finds social venues quite difficult to enter and with the online group she did not have to worry about the initial social interaction.

Chloe also felt that the online platform has made it easier for her to learn the social experiences of others from a distance: *"it means that I can ask questions and find out about other experiences without having to do the face-to-face and small talk bit".* Teresa also states,

"the online community I feel I've got so much support from the online community than I did face-to-face, it was more comfortable, well it was for me anyway, very uncomfortable for me to go to a breastfeeding group". Teresa experienced self-doubt and compared herself to others and when attending group: *"I just remember sitting in the corner crying it was awful"* she felt as though she was being judged. The online group provided a safe space free of these experiences and where she was no longer alone. Teresa felt the ease of access as a positive aspect of the group, but it was more than ease of access to others. Teresa felt the anonymity that the group provided and the anxiety of social interactions that were alleviated from this online medium were equally valuable: *"it made me uncomfortable when I had people face-to-face asking me about and trying to support me".*

Confidence. All mothers interviewed discussed how they were able to learn from the groups and grow in confidence, and Emma is just one example of this: "*It's kind of given me the confidence to say that this is what's working for me and I'm not going to change".* More specifically she talks of learning from the experiences of others: *"it has given me ideas that I never thought, have never occurred to me. So, the confidence to question".* Similarly, Val had clear goals to breastfeed as long as her baby wanted but talks of the pressures on her to bottle feed by friends and family, something she did not experience in the groups. In fact, the groups built her confidence to: *"protect from the pressure, I'd of succumbed to the pressure".* Whether reading the posts of others, or actively approaching the group with questions, the frequency and reciprocity of others to share their stories and experiences builds confidence that they too can continue to breastfeed or overcome challenges. They felt safe knowing they had easy access to likeminded others if they needed it.

Reassurance. For Carole the 'Breastfeeding twins' group was: *"massively, massively reassuring"* and a *"lifeline",* because she was able to talk to women that were having or had had twins, thus had the same questions as her. Similarly, Jane values the experiences of other.

Jane was returning to work and her baby would not take from the bottle. She had sought professional support and was simply told *"some babies never take a bottle".* This angered Jane as it was not constructive advice. She placed value in the experiential learning from others: *A professional might have some knowledge but hasn't necessarily had that experience themselves.*

Jane also felt that in a large national group reassurance is easily sought, due to the high numbers of users: *"the odds of finding someone with the same specific situation that shared experience that you would like to know more about is high".* Whereas Anne belonged to a smaller more local based Facebook group and felt reassurance that mothers in her local area were also feeding. Overall, the online groups were deemed by all as reassuring because they did not feel alone: *"oh my God me too, no one likes to talk about it [breastfeeding] it seems a bit taboo" (Chloe).*

Anne believed there are many benefits to breastfeeding, so when told by a dietician that breastfeeding in this instance *"wasn't nutritious enough"* she sought information from the groups to affirm her own viewpoint: *"I wanted to go armed with actual facts and literature that I could point her in the direction of that she was wrong, so I asked the group and in literally minutes had information".* The groups are responsive and active and the speed in which information can be exchanged provided Anne with almost instant reassurance.

Normalising. The group was beneficial in making the mothers experiences appear normal, especially when breastfeeding an older child, feeding in public, or a child's behaviour. The mothers talked of feeling judged by others in a society where bottle feeding appeared the norm. Because of this all mothers valued the celebration of breastfeeding in the group, for example Emma said: "*There were pictures on their everyday and that's the only thing that normalised it for me".* Jane talked of not being exposed to longer term

breastfeeding in society, but this was a benefit to using the online group, and even challenged her own attitudes and beliefs around what is normal. The mothers' narratives often explored the stereotypes, judgements and stigmas around breastfeeding, and highlights that the online groups could be a useful tool in challenging those beliefs and challenging ideals and norms: *"I would have been disgusted if I'd thought 15 months ago, I would have still been feeding him but now its fine. The group is completely responsible for that change in my attitude" (Emma).* This view demonstrated negative stereotyping towards breastfeeding and the group being a powerful tool in challenging these.

Reciprocity. This theme discusses the community of reciprocity felt within the group, which is ultimately responsible for the groups survival: *"If there's anything I can give back then I'd love to" (Tracey)*. For most mothers, receiving online support has led them to want to reciprocate the knowledge and experiences they have had to help others*: "I'm a frequenter commenter, I try to pinpoint to resources" (Emma).* Emma states she will continue to use the group indefinitely so that she can help others to make their own choice, and Emma talks of not knowing important information and feeling that, through the community of reciprocity, she could help others so that they do not have the same troubles as she did.

Additionally, Teresa also appreciated the community reciprocity but alongside the celebration of breastfeeding: *"people praising you when you get to certain months and being able to praise others is amazing".* However, in online groups there is a 'ceiling' to their use, a time when they chose not to engage with the group e.g., the community is not likeminded, group conflict, or it is no longer useful. Val however never chose to approach the group and post a question, rather preferred to read the hundreds of posts by others, but states she occasionally comments if it is something, she is going through herself. She reflected on her decision and stated, *"this appears selfish",* and however Val knows that if she does not comment, someone else will, as there is a shared responsibility within the shared community.

Activism. Activism refers to the mothers campaigning for social change and the term 'lactavist' dubbed as a play on words for an activist supporting lactation and used by some mothers. When asked what the impact was of the group on Gail's breastfeeding journey she laughed: *"I've gone from being a breastfeeding mum to a lactavist. They [the group] fuelled this fire that's inside of me".* Gail belonged to a variety of different groups; each she perceives differently through a perception of the different attributes. Gail described a 'secret group' that she was invited to join: *"a secret group for really hard-core breast feeders. If you're assumed to be a lactavist, if you're really passionate about breastfeeding you get invited into".* Gail describes the hard-core breast feeder as someone who fights for the rights of women in society and is happy to be associated with the group because of her commitment and belief in breastfeeding and said, *"I think I annoy people, [people with whom she works with supporting breastfeeding] because I am so proactive. I wouldn't want anyone to feel put out by my passion. I'm not* ma also states: "*I've done my bit and I came off".* This is a brief glance of the negative side to Gail's strong commitment and belief in breastfeeding, which appears to clash with societal norms.

Discussion

This paper explored how 10 mothers utilised online support in relation to other support avenues at different times in their breastfeeding journey. Overall mothers characterised the online social support groups as offering emotional, technical, informational, and experiential support. There was value in the experiences of others who shared within the groups. Despite access to evidence-based information the mothers felt that the experiences of others provided more options for them when faced with a concern.

The mothers disclosed how the groups build self-confidence but that they moved in a cycle of novice to expert and then back to feeling like a novice again at times. The early weeks were highlighted as the hardest time requiring all types of support, and they ranked their support

needs as either major or minor problems and would seek different avenues of support for each. More minor problems requiring emotional support were passed to the online group. Major problems such as attaching baby to the breast were technical issues and required more professional support and face to face. Overall, there is a need for many avenues of support, at different times in the breastfeeding journey. A clear understanding of the support needed helped mothers to decide on the avenue taken.

This paper evidences the potential benefit of online groups in growing a mother's confidence, providing reassurance, and a normalising breastfeeding. Therefore, those supporting breastfeeding women should encourage group exploration, in the hope that women can find reassurance from likeminded others, answers to questions, solutions to their problems, learn from others, and to know their experiences and feelings are 'normal'. In clinical practice we empower and reassure women to build confidence, but the power harnessed in these groups has real potential to improve breastfeeding outcomes. Hopefully, the groups can ignite the fire of other dormant 'lactavists'.

Women supporting women is not a new concept, but it is a unique aspect of all the thousands of online groups that exist. It is therefore recommended that professionals should encourage mothers to explore many different groups, until they find one with likeminded people. Arguably, should we as professionals create such groups, when thousands already exist? How can we balance the much-needed experiential support between peers, that is maybe not always in line with the evidence base? These are important questions for clinical practitioners and research going forward.

This research attempts to showcase the benefits of using online groups, and further qualitative research that looks at the experiences of women who have used the groups and not found them useful, or those in BAME Communities. For now, professionals supporting lactation should be sharing these outcomes with women, raising awareness of groups, but with a

‘safety net’ that they can return to talk to us about the information that they read, their feelings, and ideas, to support all their breastfeeding goals.

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