



Understanding Maternal Infant Feeding Decisions in the United Kingdom: A Rapid Review and Qualitative Synthesis Using the COM-B Model and Theoretical Domains Framework



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ABSTRACT

Background Breastfeeding offers substantial health benefits for mothers and infants, yet breastfeeding rates in the United Kingdom remain lower than recommended. Understanding which factors influence mothers' breastfeeding and infant feeding decisions is essential for designing effective interventions.

Objective This review aimed to assess published evidence on the factors that influence mothers' infant feeding decisions in the United Kingdom, focusing on factors that may act as barriers to or facilitators of breastfeeding initiation and continuation up to 3 years postpartum.

Methods A 2-stage search was conducted; Stage 1 screened for qualitative and mixed-methods reviews, and Stage 2 identified UK primary studies from the reviews in Stage 1. Studies were eligible if they explored mothers' attitudes, values, or beliefs relating to breastfeeding or other infant feeding practices. Findings were mapped to the Capability, Opportunity, Motivation, and Behaviour model and the Theoretical Domains Framework.

Results Of 1319 reviews and 102 studies screened, 26 studies met the inclusion criteria, and findings were mapped to all Capability, Opportunity, Motivation, and Behaviour model components and 10 of the 14 Theoretical Domains Framework domains. Capability barriers included knowledge gaps and unrealistic expectations, whereas knowledge of breastfeeding benefits and techniques facilitated breastfeeding. Opportunity barriers included limited privacy, not enough access to support, and cultural norms, whereas social support and peer networks facilitated breastfeeding. Motivational barriers included guilt and judgment, whereas beliefs about benefits and intentions to breastfeed acted as facilitators.

Conclusions UK mothers' infant feeding decisions are shaped by multiple factors. Interventions targeting individuals alone will not sufficiently influence breastfeeding initiation and continuation, and as such, addressing social, environmental, and cultural barriers remain essential to public health strategies and interventions.

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BREASTFEEDING IS RECOGNIZED AS THE OPTIMAL source of infant nutrition, offering health benefits for both infants and mothers.¹ The World Health Organization and the United Nations Children's Fund recommend exclusive breastfeeding for the first 6 months, followed by nutritionally adequate complementary foods alongside continued breastfeeding up to 2 years or beyond.² Although research has mostly focused on the benefits of breastfeeding in low- and middle-income

countries,^{3–5} there is strong evidence of important benefits in high-income countries. Evidence has demonstrated reduced risks of gastrointestinal and respiratory infections, obesity, type 1 and type 2 diabetes, and childhood leukemia among breastfed infants, with potential protective effects extending into adolescence.^{6–9} For mothers, breastfeeding has been shown to be linked to a reduced risk of type 2 diabetes, breast and ovarian cancer, and postpartum depression.⁶

Despite these benefits, breastfeeding prevalence and duration vary widely. High-income countries typically have shorter durations of breastfeeding, and the United Kingdom stands out with notably low breastfeeding uptake rates. For example, 12-month prevalence is <1% in the United Kingdom, significantly lower than the 27% prevalence in the United States.¹ The 2010 UK Infant Feeding Survey found that more than 80% of mothers initiated breastfeeding, yet continuation remained limited with ~1% exclusively breastfeeding and 34% breastfeeding to some degree at 6 months.¹⁰ Recent national statistics for breastfeeding prevalence at 6 to 8 weeks suggest similar patterns, with continuation rates of 53% in England (2024), 49% in Scotland (2023), and 46% in Wales (January to March 2025).^{11–13} In the United Kingdom, statutory maternity leave allows up to 52 weeks off work. However, statutory maternity pay is only available for up to 39 weeks, with substantially reduced pay after the first 6 weeks, which may influence the duration of leave taken and potentially influence infant feeding practices.¹⁴

Given that breastfeeding is physically and practically carried out by mothers, they often experience added pressure to take full responsibility for infant feeding decisions. Although many mothers wish to breastfeed, there are a wide range of factors influencing whether breastfeeding is initiated and continued.¹⁵ Previous research has shown that older mothers, mothers with higher levels of education, and mothers from ethnic minorities are more likely to breastfeed.¹⁶ In contrast, breastfeeding initiation has been shown to be lower among mothers living in more deprived areas and those who perceive their neighborhoods to be lacking safe play areas for children.¹⁷ Qualitative findings further highlight psychosocial barriers to breastfeeding, including feelings of embarrassment about breastfeeding in public, the wish for shared parenting practices, and a desire for re-establishing personal identities beyond being a mother.¹⁶ Together, previous findings illustrate a wide range of factors shaping breastfeeding decisions, supporting the recent shift toward a complex adaptive understanding of breastfeeding and infant feeding practices, and subsequently whole system approaches to offering support and positive intervention.^{18,19}

Although these factors are generally well documented, less is known about the underlying attitudes, values, and beliefs that shape breastfeeding decisions within cultural systems. Existing reviews have examined the factors contributing to low breastfeeding rates globally^{20–23}; however, there is a notable gap in existing syntheses of literature specific to the United Kingdom. To our knowledge, no review has applied behavioral science frameworks such as the Capability, Opportunity, Motivation, and Behaviour (COM-B) model²⁴ and the Theoretical Domains Framework (TDF)^{25,26} to map qualitative evidence on UK mothers' attitudes, values, and beliefs around breastfeeding. This would help identify the most important determinants to inform policy and intervention. This review aimed to address this gap by assessing published evidence across these domains to understand the social, cultural, environmental, and psychological influences on maternal infant feeding decisions. The specific research question in this study was the following: What factors influencing breastfeeding and infant feeding decisions among UK mothers have been identified in qualitative

RESEARCH SNAPSHOT

Research Question: What factors influencing breastfeeding and infant feeding decisions among UK mothers have been identified in qualitative research, and how do these map to the Capability, Opportunity, Motivation, and Behaviour model and the Theoretical Domains Framework?

Key Findings: In this qualitative evidence synthesis of 26 UK primary studies, mothers' infant feeding decisions were shaped by interrelated capability, opportunity, and motivation factors. The most influential determinants identified were social influences, environmental context, resources, and knowledge.

research, and how do these map to the COM-B model and the TDF?

METHODS

This review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews,²⁷ and was initially designed as a scoping umbrella review of reviews, with a second stage added to identify UK primary studies from included reviews.

Search Strategy

The search strategy conducted in the identification of reviews was developed in line with the 5 domains of the SPIDER framework:²⁸ the Sample included women who were new or expectant mothers, the Phenomenon of Interest was breastfeeding and wider infant feeding practices; eligible Designs consisted of published, peer reviewed qualitative reviews and mixed methods reviews; reviews were included if they synthesized qualitative studies that Evaluated the influence of the mothers' attitudes, values, and beliefs around breastfeeding on infant feeding practices; and qualitative or mixed methods Research types were eligible. Six databases were searched: Medline, PsycINFO, Midwives Information & Resource Service, Cochrane, Embase, and ProQuest British Nursing Index. Search strings were adapted for each database using relevant keywords, medical subject heading terms, and Boolean operators, and full search strategies are provided in [Supplementary Files](#) (available at www.jandonline.org). Initial searches were conducted on May 18, 2023, with an updated search on September 11, 2025. All retrieved records were imported into Mendeley,²⁹ assigned to the relevant stage (identification of reviews or identification of UK primary studies), and deduplicated manually and automatically. Grey literature was not included because the review focused on peer-reviewed evidence to ensure methodological rigour.

Eligibility Criteria

Identification of Reviews. Studies were eligible if they met the SPIDER-based criteria applied during the search. Only peer-reviewed qualitative, mixed-method qualitative, or mixed-methods systematic reviews were included. Reviews had to report qualitative evidence relating to breastfeeding attitudes, values, or beliefs among pregnant or postpartum women. Studies that considered breastfeeding

beyond 6 months only were excluded. Reviews published in English and from 2010 onward were considered, as the Equality Act came into force in 2010, which protected women's rights to breastfeed in the United Kingdom,³⁰ acknowledging that attitudes before this time point may have been meaningfully different. Reviews conducted in settings not generalizable to the United Kingdom, involving participants more than 3 years postpartum, or focusing primarily on biological/physical determinants (eg, mammary gland development and the nutritional composition of milk) rather than psychosocial factors were excluded.

Identification of UK Primary Studies. During full-text screening of the identified reviews, it was identified that no single review had synthesized evidence exclusively from the United Kingdom. Following the Cochrane guidance for conducting subgroup umbrella reviews,³¹ the protocol was therefore adapted to include a second stage, in which primary studies conducted in the United Kingdom were identified from the included reviews. This approach allowed us to acknowledge and incorporate the existing body of review as planned, while also maintaining a clear focus on UK-relevant studies in line with study objectives. As such, the primary unit of analysis in this review was UK-based primary studies.

Only UK primary studies identified within the included reviews were eligible at this stage. These studies were screened against the same SPIDER-based criteria as at the previous stage, with the exclusion of studies published before 2010 and those focusing solely on biological/ physical determinants.

Study Screening and Data Extraction

In the initial search (2023), authors A.T.D. and R.B. independently screened titles and abstracts and full texts for both the identification of reviews and identification of UK primary studies, with disagreements resolved through discussion. In the updated search (2025), author N.F.F. conducted title, abstract, and full text screening, with author V.K. independently screening 10% of records for both the identification of reviews and identification of UK primary studies.

Data extraction followed the Joanna Briggs Institute Manual for Evidence Synthesis.³² Data extraction procedures were consistent in both stages. In the initial searches, data were extracted by author A.T.D. and independently reviewed by author R.B. In the updated search, author N.F.F. extracted the data with V.K. independently extracting 25% to ensure consistency. Data extraction was conducted in Excel version 2508.³³ All conflicts across screening, data extraction, quality assessment, and coding were resolved collaboratively.

Identification of Reviews. For each identified review, extracted information included the study reference, country/region, objectives, study design, search period, searched databases, number of included studies, and UK primary studies.

Identification of UK Primary Studies. For primary studies, extracted characteristics included the study reference, geographical location, study dates, participant details,

research questions or aims, theoretical approach, data collection methods, data analysis methods, and reported limitations. For the qualitative synthesis, data from the results sections of the primary studies were extracted for coding.

Quality Assessment

Quality assessment was conducted for UK primary studies using the Critical Appraisal Skills Programme qualitative research critical appraisal checklist (Table 1).³⁴ In the initial search, all appraisals were conducted by author A.T.D., and 10% were independently appraised by author R.B. In the updated search, all appraisals were conducted by author N.F.F., and 25% were independently appraised by author V.K.

Data Synthesis

Qualitative synthesis was conducted in NVivo³⁵ and performed on qualitative findings for UK primary studies. In both the initial search and the updated search, coding was conducted on the results section of the included studies. In the initial search, all coding was conducted by author A.T.D., with author R.B. independently coding 36% of studies. In the updated search, author N.F.F. independently coded all studies. Coding was done inductively to identify themes that were later mapped to the COM-B model and TDF domains. TDF domains were assessed for importance using established importance criteria:^{25,26} frequency (the number of studies identifying the TDF domain) and elaboration (the number of inductive themes within each TDF domain). TDF domains were then ranked in order of importance based on these criteria with the highest ranking being those where intervention would be considered most necessary to achieve improved breastfeeding rates.

RESULTS

Included Records

As shown in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews flow diagrams²⁷ (Figure 1 and 2), a total of 43 reviews met the inclusion criteria, with 26 primary studies identified. Characteristics of the reviews can be found in Supplementary Files (available online at www.jandonline.org) and characteristics of primary studies can be found in Appendix Table.

Reviews

Across the 43 identified reviews in Supplementary Files (available at www.jandonline.org), most had a broad international scope including evidence from a global setting,^{20–23,36–69,103} with a minority explicitly focusing on Organisation for Economic Co-operation and Development (OECD) countries,⁷⁰ high-income countries,^{36,47,71,72} or specific countries.⁷³ Review aims covered a broad range of infant feeding practices, such as exclusive breastfeeding,^{63,64,71} milk expression,⁵⁰ and breastfeeding in public.^{23,70} Several reviews focused on specific subgroups, including adolescent mothers,^{43,67,69} migrant mothers,^{71,72} autistic mothers,^{46,55} mothers with chronic disease,⁶⁵ mothers living with HIV,⁴⁷ and mothers returning to employment.^{38,40} Search periods varied widely, spanning from the early 1990s to 2024. The number of primary UK studies identified within each review

Table 1. Quality assessment of included primary studies (N = 27)

Authors	Aim CASP ^a 1	Methodology CASP2	Design CASP3	Recruitment CASP4	Data Collection CASP5	Reflexivity CASP6	Ethics CASP7	Analysis CASP8	Findings CASP9	Value CASP10	Overall score
Baker and colleagues, 2021 ⁹¹	Y ^b	Y ^c	C ^d	Y	C	N	Y	Y	Y	Y	7/10
Black and colleagues, 2020 ⁸²	Y	Y	C	Y	Y	C	Y	C	N	Y	6/10
Brown and Lee, 2011 ⁸¹	Y	Y	Y	C	Y	N	Y	Y	Y	Y	8/10
Burton, 2021 ⁹⁶	Y	Y	Y	C	Y	N	Y	C	Y	Y	7/10
Byrom and colleagues, 2021 ⁹⁰	Y	Y	Y	C	Y	C	Y	Y	Y	Y	8/10
Choudhry and Wallace, 2021 ⁸⁰	Y	Y	Y	N	C	N	Y	N	N	Y	5/10
Clarke and colleagues, 2020 ⁹⁴	Y	Y	Y	C	Y	N	Y	C	Y	Y	7/10
Coates and colleagues, 2024 ⁹⁵	Y	Y	Y	C	Y	N	Y	C	Y	Y	7/10
Fox and colleagues, 2015 ⁷⁹	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9/10
Grant and colleagues, 2018 ⁹⁸	Y	Y	Y	N	Y	N	Y	C	Y	Y	6/10
Hinsliff-Smith and colleagues, 2014	Y	Y	Y	Y	Y	N	Y	C	C	C	6/10
Huften & Raven, 2016 ⁷⁷	Y	Y	Y	Y	Y	C	Y	N	Y	Y	6/10
Hunter and Magill-Cuerden, 2014 ⁸⁵	Y	Y	Y	Y	Y	C	Y	Y	Y	Y	9/10
Hunter and colleagues, 2015 ⁸⁶	Y	Y	Y	Y	Y	C	Y	Y	Y	Y	9/10
Ingram, 2013 ⁸⁸	Y	Y	Y	C	Y	N	Y	Y	Y	Y	8/10
Ingram and colleagues, 2020 ⁹³	Y	Y	Y	C	Y	N	Y	Y	Y	Y	8/10
Isherwood et al, 2019 ⁸⁴	Y	Y	Y	Y	Y	C	Y	C	Y	C	7/10

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Table 1. Quality assessment of included primary studies (N = 27) *(continued)*

Authors	Aim CASP ^a 1	Methodology CASP2	Design CASP3	Recruitment CASP4	Data Collection CASP5	Reflexivity CASP6	Ethics CASP7	Analysis CASP8	Findings CASP9	Value CASP10	Overall score
Jamie and colleagues, 2020 ⁸³	Y	Y	Y	Y	Y	Y	Y	C	Y	Y	9/10
Keely and colleagues, 2015 ⁷⁶	Y	Y	Y	Y	Y	N	C	C	Y	Y	7/10
Lyons and colleagues, 2019 ⁵⁶	Y	Y	Y	Y	Y	C	Y	Y	Y	Y	9/10
MacVicar and colleagues, 2018 ⁸⁹	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9/10
Morse and Brown, 2021 ⁶²	Y	Y	C	N	Y	N	Y	C	Y	Y	6/10
Regan and Brown, 2019 ⁷⁴	Y	Y	C	Y	N	N	Y	Y	Y	Y	7/10
Riley and colleagues, 2021 ⁹⁹	Y	Y	C	Y	Y	N	C	C	Y	Y	6/10
Shloim and colleagues, 2015 ¹⁰⁰	Y	Y	C	C	Y	N	Y	C	Y	Y	6/10
Tregay and colleagues, 2017 ⁸⁷	Y	Y	Y	C	Y	C	Y	Y	Y	Y	8/10

^aCASP = Critical Appraisal Skills Programme.

^bY = Yes.

^cN = No.

^dC = Cannot tell.

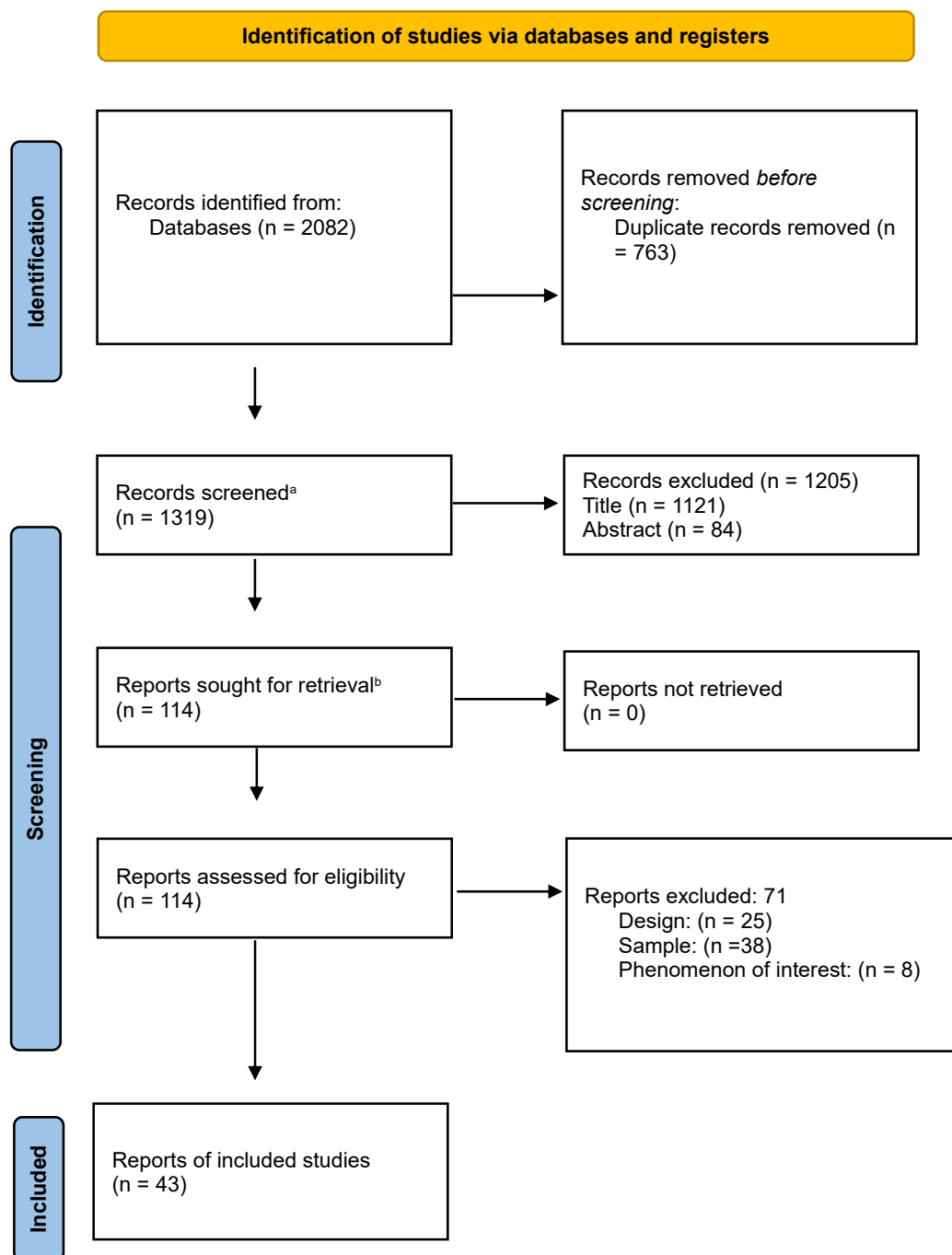


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram of reviews. ^aTitle and abstracts. ^bFull texts.

ranged from 1 to 22, and the number of included primary UK studies ranged from 0 to 5.

Primary Studies

Of the 26 studies included in the qualitative synthesis, 25 were conducted in the UK,^{74–99} and 1 was conducted in the UK and Israel.¹⁰⁰ Two primary studies originated from the same data collection, but each presented a

separate analytical focus that justified including both.^{85,86}

Quality Assessment

Overall, scores ranged from 5 out of 10 to 10 out of 10 (mean = 7.31 ± 1.23), with most primary studies scoring ≥ 7 indicating generally good methodological quality.^{74–76,79,81,83–91,93–97} Studies most consistently met

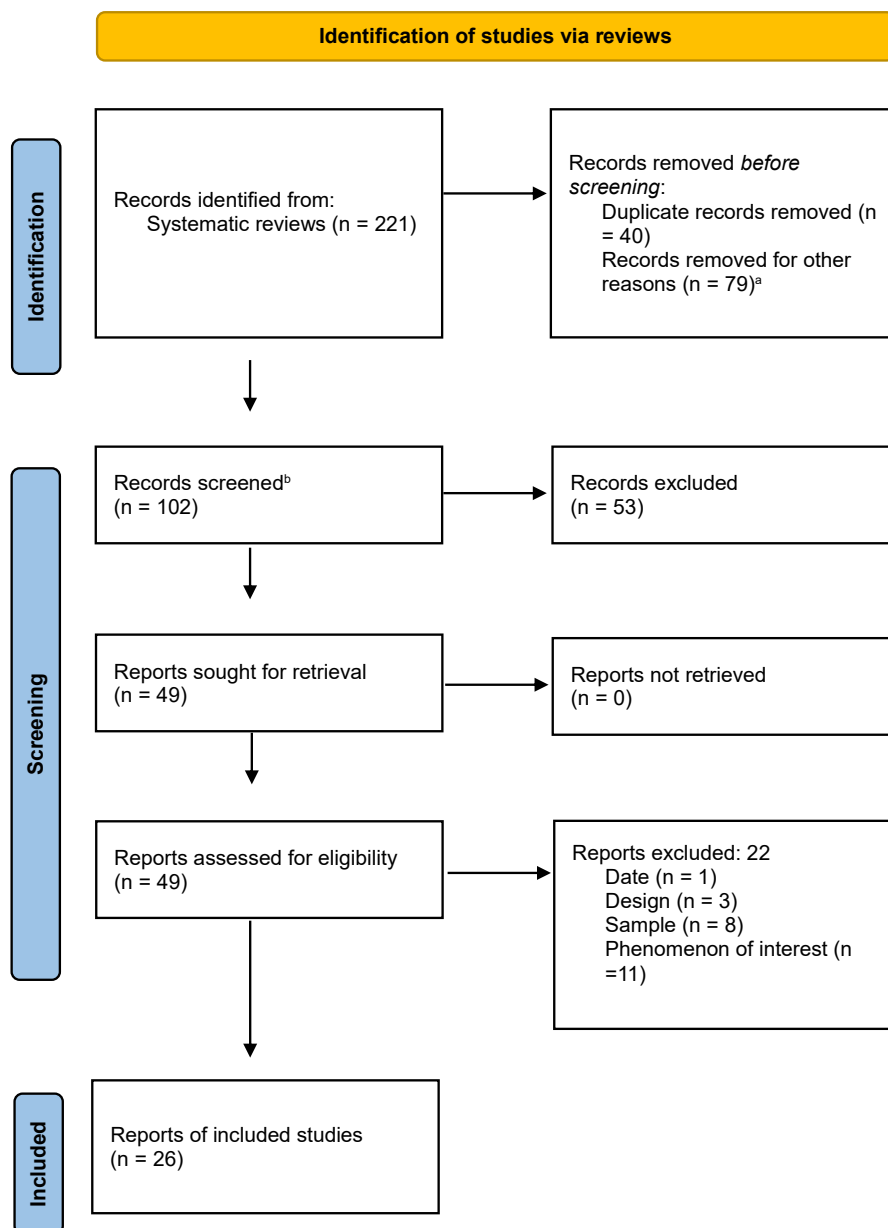


Figure 2. Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram of primary studies. ^aPrimary articles were removed at this stage if they were identified as quantitative or published after 2010 in the reviews.²⁸
^bAbstracts.

criteria relating to a clear statement of aims, appropriate qualitative methodology, and clear presentation of findings. In contrast, criteria concerning consideration of the researcher-participant relationship and reporting of ethical considerations showed greater variability, suggesting areas of improvement.

Thematic Synthesis for Primary Studies

Table 2 presents a summary of themes, frequency of barriers and facilitators, and importance assessment scores. Themes were mapped to COM-B components and associated TDF domains. Some findings mapped to

multiple themes and domains, reflecting that behaviors are shaped by various factors addressing several psychological domains or behavioral components. Inductive themes were coded most frequently to the following TDF domains: Social influences, Environmental context and resources, and Knowledge. Those with the highest importance assessment scores were linked to the TDF domains of Intentions (breastfeeding as a conscious decision), Skills (positioning baby), and Identity (breastfeeding conflicting with other identities, being seen to do the same as others, and being a good mother). Table 3. Com-B components, TDF domains, and their characteristics.

Table 2. Capability, Opportunity, Motivation, and Behaviour model (COM-B) components and Theoretical Domains Framework (TDF) domains and characteristics

COM-B	TDF domain	Theme	Definition of theme	Barriers	Facilitators	Reference	Importance assessment
Physical capability	Skills	Milk production	Difficulties producing enough milk, despite planning and attempting to breastfeed	1	—	Grant and colleagues, 2018 ⁹⁸	9
		Positioning baby	Mothers reported challenges with positioning the baby, including mothers with larger body size struggling with techniques provided by health care professionals whilst other mothers were provided help with useful positions	4	2	Hinsliff-Smith and colleagues, 2014 ⁷⁸ Hunter and colleagues, 2014 ⁸⁶ Lyons and colleagues, 2019 ⁵⁶ MacVicar and colleagues, 2017 ⁸⁹	
Psychological capability	Memory, attention, and decision-making processes	Persistence and determination in continuing with breastfeeding	Mothers highlighted the challenges of breastfeeding but described persistence, self-advocacy, and active help-seeking as a tool to overcome the difficulties. One mother even reported stopping certain medications to be able to breastfeed	-	20	Baker and colleagues, 2021 ⁹¹ Brown and Lee, 2011 ⁸¹ Coates and colleagues, 2014 ⁹⁵ Fox and colleagues, 2015 ⁷⁹ Grant and colleagues, 2018 ⁹⁸ Hunter and Magill-Cuerden, 2015 ⁸⁵ Jamie and colleagues, 2020 ⁸³ Shloim and colleagues, 2015 ¹⁰⁰ Jamie and colleagues, 2020 ⁸³	6
		Breasts as sexual	Especially young mothers reported challenges with internalized sexual norms that influenced the decision to breastfeed	2	—		
		Decision to formula feed	Mothers described multiple reasons for choosing formula, including discomfort breastfeeding in front of others, concerns about their own diet, hospital rules, and the anticipated time commitment of breastfeeding	4	—	Hunter and Magill-Cuerden, 2015 ⁸⁵ Keely and colleagues, 2015 ⁷⁶ Lyons and colleagues, 2019 ⁵⁶ Riley and colleagues, 2021 ⁹⁹	
	Knowledge	Realistic expectations of breastfeeding	Mothers' understanding of breastfeeding challenges (pain, cluster feeding) helped mothers cope and persist. Whereas a lack of preparation from health care professionals and unrealistic expectations (easy, weight loss) could lead to feelings of failure and decisions to switch to formula	27	7	Black, 2020 ⁸² Brown and Lee, 2011 ⁸¹ Coates and colleagues 2014 ⁹⁵ Fox and colleagues, 2015 ⁷⁹ Hinsliff-Smith and colleagues, 2014 ⁷⁸ Hunter and colleagues, 2014 ⁸⁶ Lyons and colleagues, 2019 ⁵⁶	3

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Table 2. Capability, Opportunity, Motivation, and Behaviour model (COM-B) components and Theoretical Domains Framework (TDF) domains and characteristics (*continued*)

COM-B	TDF domain	Theme	Definition of theme	Barriers	Facilitators	Reference	Importance assessment
		Awareness of the benefits of breastfeeding	Knowledge of health benefits of breastfeeding influences breastfeeding initiation and continuation	—	3	Hunter and Magill-Cuerden, 2015 ⁸⁵	
		Awareness of how to breastfeed and understanding of milk production	Understanding proper positioning, milk production (colostrum volume), and hand expressing techniques empowered mothers to breastfeed. Conversely, confusion about these aspects led to feelings of inadequacy, hindering breastfeeding initiation and continuation	7	2	Hinsliff-Smith and colleagues, 2014 ⁷⁸ Hufton and Raven, 2016 ⁷⁷ Hunter and colleagues, 2015 ⁸⁶ Lyons and colleagues, 2019 ⁵⁶	
		Ability to communicate with health care professionals to seek support	Mothers, especially young mothers, reported difficulty communicating their needs and concerns to health care professionals, reducing their ability to access breastfeeding support	6	—	Baker and colleagues, 2021 ⁹¹ Hunter and colleagues, 2015 ⁸⁶	
		Knowledge of specific factors relating to formula feeding	Although some mothers challenged "breast is best" messages and viewed formula as equivalent, others lacked information about how formula introduction could negatively influencing breastfeeding success	—	3	Jamie and colleagues, 2020 ⁸³ Keely and colleagues, 2015 ⁷⁶	
Physical opportunity	Environmental context and resources	Access to spaces and locations needed for breastfeeding	Mothers reported limited access to private and supportive spaces for breastfeeding in hospitals, communities, and homes hindering breastfeeding initiation and continuation. This included concerns about privacy in hospital wards, lack of community facilities, and feeling uncomfortable with visitors at home	22	3	Baker and colleagues, 2021 ⁹¹ Byrom and colleagues, 2020 ⁹⁰ Hinsliff-Smith and colleagues, 2015 ⁷⁸ Hunter and colleagues, 2014 ⁸⁶ Isherwood and colleagues, 2019 ⁸⁴ Keely and colleagues, 2015 ⁷⁶ Lyons and colleagues, 2019 ⁵⁶ MacVicar and colleagues, 2017 ⁸⁹ Riley and colleagues, 2021 ⁹⁹	2

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Table 2. Capability, Opportunity, Motivation, and Behaviour model (COM-B) components and Theoretical Domains Framework (TDF) domains and characteristics (continued)

COM-B	TDF domain	Theme	Definition of theme	Barriers	Facilitators	Reference	Importance assessment
		Access to the resources needed for breastfeeding	Access to breastfeeding support services (in-person or online) and practical resources (eg, nipple shields and slings) influenced mothers' decision to breastfeed. Although online support offered convenience and reassurance, some mothers emphasized the irreplaceable value of face-to-face guidance from health care professionals and lactation consultants	12	29	Baker and colleagues, 2021 ⁹¹ Black and colleagues, 2020 ⁸² Fox and colleagues, 2015 ⁷⁹ Hinsliff-Smith and colleagues, 2014 ⁷⁸ Hufton and Raven, 2016 ⁷⁷ Hunter and colleagues, 2015 ⁸⁶ Isherwood and colleagues 2019 ⁸⁴ Keely and colleagues, 2015 ⁷⁶ MacVicar and colleagues, 2017 ⁸⁹ Morse & Brown 2021 ⁶² Regan and Brown, 2019 ⁷⁴ Riley and colleagues, 2021 ⁹⁹	
		Having enough time to breastfeed	Competing demands, such as childcare, household responsibilities, work, the baby needing extra medical care, and social obligations, led some mothers to see breastfeeding as incompatible with their busy lifestyles, influencing their decisions to continue	8	—	Choudhry and Wallace, 2012 ⁸⁰ Keely and colleagues, 2015 ⁷⁶ Tregay and colleagues, 2016 ⁸⁷	
Social opportunity	Social influences	Seeing others breastfeed/visibility of breastfeeding	Observing other women breastfeed influenced mothers' confidence and decision to breastfeed, whereas limited visibility reduced the perceived social acceptability. The latter being particularly common among South Asian mothers in the United Kingdom	4	4	Black and colleagues, 2020 ⁸² Choudhry and Wallace, 2012 ⁸⁰ Hunter and Magill-Cuerden, 2015 ⁸⁵ Jamie and colleagues, 2020 ⁸³ Lyons and colleagues, 2019 ⁵⁶	1
		Infant feeding culture	Social and cultural norms influenced mothers' decisions. Breastfeeding was seen as ideal in some cultures but inconvenient or even taboo in others	20	5	Brown and Lee, 2011 ⁸¹ Choudhry and Wallace, 2012 ⁸⁰ Grant and colleagues, 2018 ⁹⁸ Hunter and Magill-Cuerden, 2015 ⁸⁵ Isherwood and colleagues, 2019 ⁸⁴ Jamie and colleagues, 2020 ⁸³ Regan and Brown, 2019 ⁷⁴	
		Sexualization of breasts	Social norms around sexualization of breasts influenced mothers' infant feeding behavior and decisions	8	—	Grant and colleagues, 2018 ⁹⁸ Hunter and Magill-Cuerden, 2015 ⁸⁵ Jamie and colleagues, 2020 ⁸³	

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Table 2. Capability, Opportunity, Motivation, and Behaviour model (COM-B) components and Theoretical Domains Framework (TDF) domains and characteristics (continued)

COM-B	TDF domain	Theme	Definition of theme	Barriers	Facilitators	Reference	Importance assessment
		Support from partner	Supportive partners encouraged mothers and boosted their confidence, while unsupportive partners could lead to earlier weaning due to discouragement or a lack of understanding about breastfeeding. Partner knowledge and attitudes toward public breastfeeding further influenced breastfeeding decisions	12	6	Brown and Lee, 2011 ⁸¹ Morse and Brown, 2021 ⁶² Fox and colleagues, 2015 ⁷⁹ Hufton and Raven, 2016 ⁷⁷ Hunter and Magill-Cuerden, 2015 ⁸⁵ Isherwood and colleagues, 2019 ⁸⁴ Keely and colleagues, 2015 ⁷⁶ Morse and Brown, 2021 ⁶² Regan and Brown, 2019 ⁷⁴	
		Support from family	Family beliefs about cultural norms, unsolicited advice, and criticism often undermined mothers' breastfeeding confidence	36	11	Brown & Lee, 2011 ⁸¹ Choudhry and Wallace, 2012 ⁸⁰ Fox and colleagues, 2015 ⁷⁹ Grant and colleagues, 2018 ⁹⁸ Hufton and Raven, 2016 ⁷⁷ Hunter and Magill-Cuerden, 2015 ⁸⁵ Isherwood and colleagues, 2019 ⁸⁴ Jamie and colleagues, 2020 ⁸³ Morse and Brown, 2021 ⁶² Regan and Brown, 2019 ⁷⁴ Shloim and colleagues, 2015 ¹⁰⁰	
		Support from peers	Support from peers influenced mothers' infant feeding behaviors and decisions	13	58	Black, 2020 ⁸² Brown and Lee, 2011 ⁸¹ Fox and colleagues, 2015 ⁷⁹ Grant and colleagues, 2018 ⁹⁸ Hinsliff-Smith and colleagues, 2014 ⁷⁸ Hufton and Raven, 2016 ⁷⁷ Hunter and Magill-Cuerden, 2015 ⁸⁵ Isherwood and colleagues, 2019 ⁸⁴ Jamie and colleagues, 2020 ⁸³ Keely and colleagues, 2015 ⁷⁶ Lyons and colleagues, 2019 ⁵⁶	
		Support from health care professionals	Support from the health care professionals influenced mothers' breastfeeding decisions whilst in some cases, mothers felt like the health care professionals did not have enough time to support them or gave contradictory advice, especially in relation to medications	24	10	Baker and colleagues 2021 ⁹¹ Brown and Lee, 2011 ⁸¹ Byrom and colleagues 2020 ⁹⁰ Clarke and colleagues 2019 ⁹⁴ Coates and colleagues 2014 ⁹⁵ Fox and colleagues, 2015 ⁷⁹ Hinsliff-Smith and colleagues, 2014 ⁷⁸ Hunter and colleagues, 2014 ⁸⁶ Lyons and colleagues, 2019 ⁵⁶ MacVicar and colleagues 2017 ⁸⁹ Tregay and colleagues, 2017 ⁸⁷ Regan and Brown, 2019 ⁸¹	

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Table 2. Capability, Opportunity, Motivation, and Behaviour model (COM-B) components and Theoretical Domains Framework (TDF) domains and characteristics (continued)

COM-B	TDF domain	Theme	Definition of theme	Barriers	Facilitators	Reference	Importance assessment
Automatic motivation	Emotions: Emotions and drives	Support from public/community/society	Women reported that support from the public/community/society influenced their infant feeding behavior	9	11	Choudhry and Wallace, 2012 ⁸⁰ Fox and colleagues, 2015 ⁷⁹ Grant and colleagues, 2018 ⁹⁸ Isherwood and colleagues, 2019 ⁸⁴ Lyons and colleagues, 2019 ⁵⁶	5
		Support from peer groups	Women reported that having access to peer support groups encouraged their breastfeeding continuation and mothers especially valued having easy access to support both day and night	—	10	Ingram, 2013 ⁸⁸ Ingram and colleagues 2019 ⁹³ Morse and Brown, 2021 ⁶²	
		Emotions and breastfeeding	Mothers experienced a wide range of emotions, such as guilt, self-doubt, or frustration, that shaped their breastfeeding decision and behavior	8	4	Brown and Lee, 2011 ⁸¹ Byrom and colleagues 2020 ⁹⁰ Burton, 2021 ⁹⁶ Coates and colleagues 2014 ⁹⁵ Fox and colleagues, 2015 ⁷⁹ Grant and colleagues, 2018 ⁹⁸ Tregay and colleagues 2017 ⁸⁷	
		Feelings about breastfeeding in public	Feeling anxious and uncomfortable breastfeeding in public influences mothers' breastfeeding behavior and decisions to initiate or continue breastfeeding	25	—	Choudhry and Wallace, 2012 ⁸⁰ Fox and colleagues, 2015 ⁷⁹ Grant and colleagues, 2018 ⁹⁸ Hinsliff-Smith and colleagues, 2014 ⁷⁸ Hunter and Magill-Cuerden, 2015 ⁸⁵ Isherwood and colleagues, 2019 ⁸⁴ Jamie and colleagues, 2020 ⁸³ Keely and colleagues, 2015 ⁷⁶	
Reflective motivation	Beliefs about consequences	Feelings of being judged by others	Fear of judgment from family, friends, and strangers regarding their infant feeding choices influenced how mothers perceived and practiced breastfeeding	7	—	Choudhry and Wallace, 2012 ⁸⁰ Grant and colleagues, 2018 ⁹⁸ Hunter and colleagues 2015 ⁸⁶	4
		Beliefs about the health benefits of breastfeeding	Mothers' beliefs that breastfeeding is healthiest option for their babies, motivating them to initiate and continue breastfeeding	—	13	Brown and Lee, 2011 ⁸¹ Choudhry and Wallace, 2012 ⁸⁰ Fox and colleagues, 2015 ⁷⁹ Hufton and Raven, 2016 ⁷⁷ Hunter and Magill-Cuerden, 2015 ⁸⁵ Lyons and colleagues, 2019 ⁵⁶ Shloim and colleagues, 2015 ¹⁰⁰	

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Table 2. Capability, Opportunity, Motivation, and Behaviour model (COM-B) components and Theoretical Domains Framework (TDF) domains and characteristics (continued)

COM-B	TDF domain	Theme	Definition of theme	Barriers	Facilitators	Reference	Importance assessment
		Beliefs about convenience of infant feeding method	Mothers viewed both breastfeeding and formula feeding as having convenience advantages, with some finding breastfeeding easier and others preferring formula	7	5	Brown and Lee, 2011 ⁸¹ Choudhry and Wallace, 2012 ⁸⁰ Grant and colleagues, 2018 ⁹⁸ Jamie and colleagues, 2020 ⁸³	
		Belief about their baby's contentment and infant feeding method	Mothers linked their baby's contentment with feeding methods, with some believing exclusive formula or combination feeding would better satisfy their baby than breastfeeding	6	—	Choudhry and Wallace, 2012 ⁸⁰ Keely and colleagues, 2015 ⁷⁶ Fox and colleagues, 2015 ⁷⁹	
		Beliefs about feeding their baby in front of other people	Mothers believed that breastfeeding in public could lead to disapproval or social awkwardness, influencing their decisions that sometimes formula is the easier option	6	—	Grant and colleagues, 2018 ⁹⁸ Isherwood and colleagues, 2019 ⁸⁴ Keely and colleagues, 2015 ⁷⁶	
		Beliefs about weight, nutrition, and milk quality	Mothers with body mass index ≥ 30 believed breastfeeding would aid weight loss but found it difficult due to increased calorie intake or fear of influencing milk supply	4	-	Lyons and colleagues, 2019 ⁵⁶	
	Identity	Breastfeeding conflicting with other identities	Breastfeeding conflicted with some Southeast Asian mothers' identities as daughters-in-law, where formula feeding allowed them to share childcare responsibilities and better fulfil their family roles	2	—	Choudhry and Wallace, 2012 ⁸⁰	8
		Being seen to do the same as others	Breastfeeding decisions for some Southeast Asian mothers were influenced by a desire to conform to the practices of those around them	2	—	Choudhry and Wallace, 2012 ⁸⁰	
		Being a good mother	Mothers associated breastfeeding with being a good mother, feeling pressure to justify formula use and going to extra lengths to provide breastmilk while maintaining societal expectations	1	7	Fox and colleagues, 2015 ⁷⁹ Grant and colleagues, 2018 ⁹⁸ Hunter and Magill-Cuerden, 2015 ⁸⁵ Shloim and colleagues, 2015 ¹⁰⁰	

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Table 2. Capability, Opportunity, Motivation, and Behaviour model (COM-B) components and Theoretical Domains Framework (TDF) domains and characteristics
(continued)

COM-B	TDF domain	Theme	Definition of theme	Barriers	Facilitators	Reference	Importance assessment
	Intentions	Breastfeeding as conscious decision	Mothers viewed breastfeeding as the natural and healthiest choice, demonstrating a clear intention to breastfeed and actively seeking support to overcome challenges and negativity	—	7	Brown and Lee, 2011 ⁸¹ Fox and colleagues, 2015 ⁷⁹ Shloim and colleagues, 2015 ¹⁰⁰	10
	Beliefs about capability	Belief about ability to breastfeed (including lack of control, breastfeeding being difficult, ability to overcome challenges, milk supply, confidence with public feeding, baby refusing the breast, body size)	Mothers' beliefs about their own ability to breastfeed, including confidence or doubts, played a key role in shaping breastfeeding initiation and continuation	17	7	Black, 2020 ⁸² Byrom and colleagues 2020 ⁹⁰ Choudhry and Wallace, 2012 ⁸⁰ Fox and colleagues, 2015 ⁷⁹ Grant and colleagues, 2018 ⁹⁸ Hinsliff-Smith and colleagues, 2014 ⁷⁸ Hufon and Raven, 2016 ⁷⁷ Hunter and Magill-Cuerden, 2015 ⁸⁵ Isherwood and colleagues, 2019 ⁹⁴ Keely and colleagues, 2015 ⁷⁶ Lyons and colleagues, 2019 ⁵⁶	7

Capability. Across 3 TDF domains and 10 themes, Capability highlighted how both physical and psychological factors influenced mothers' decisions around breastfeeding and infant feeding. Physical capability, referring to the physical skills or abilities required for breastfeeding,²⁴ was discussed in 5 studies^{75,78,86,89,98} across 2 themes. Difficulties producing enough milk⁹⁸ and challenges positioning the baby^{75,78,86,89} acted as barriers to initiation and continuation, whilst tailored support, such as demonstrating alternative positions, acted as facilitators.⁸⁹

Psychological capability, including knowledge and psychological skills,²⁴ was reported in 15 studies^{75–79,81–83,85,86,91,95,98–100} across 8 themes. Knowledge of breastfeeding benefits supported initiation and continuation,^{81,85} and understanding potential challenges helped mothers persist.⁷⁵ Practical knowledge around positioning further increased confidence,^{75,77} with persistence and determination acting as key facilitators to continuation.^{79,81,83,85,91,95,98,100} Conversely, limited knowledge and unrealistic expectations were barriers.^{75,76,78,79,83,85,86,95} Additional barriers included internalized sexual norms⁸³ and concerns about health and privacy (eg, believing that their diet was not good enough to breastfeed and wanting to be discharged from the hospital).^{75,76,85,99} Difficulties communicating with health care professionals and hesitation to seek help also hindered initiation.^{85,91}

Opportunity. Across 2 TDF domains and 1 theme, Opportunity highlighted how environmental context and resources—and social influences—influenced mothers' decisions around breastfeeding and infant feeding. Physical opportunity, referring to the external factors that can influence breastfeeding,²⁴ appeared across 3 themes. Barriers included busy hospital wards, infants requiring neonatal care, and limited private spaces in hospitals, homes, and communities.^{75,76,78,84–86,89–91} Privacy-supporting environments—such as single hospital rooms, breastfeeding-friendly schemes, and being at home during COVID-19—helped facilitate breastfeeding.^{76,84,89,99} Access to resources such as online support groups, tailored professional input, practical aids (eg, slings and nipple shields), and structured services further enabled breastfeeding.^{74,76–79,82,84,85,92} Conversely, insufficient information, concerns about medication, limited staff time, lack of face-to-face support, and competing demands (eg, managing complex infant health needs or caring for older children) acted as barriers.^{74,76,79,80,87,89,91,99}

Social opportunity, encompassing interpersonal influences and cultural norms,²⁴ was reported across 8 themes. In communities where breastfeeding was uncommon or lacked visibility, mothers often felt unsupported, deterring both initiation and continuation.^{74,80,81,83–85,98} In contrast, settings where breastfeeding was normative enhanced motivation.^{82,84} Sexualization of breasts further discouraged some mothers from breastfeeding.^{83,85,98} Lack of partner and family support, particularly unsolicited advice, criticism, or pressure to stop, undermined confidence,^{76,79–81,92,98} whereas supportive partners and relatives provided reassurance and strengthened mothers' decisions.^{74,77,79,81} However, empowering, tailored guidance helped mothers

Table 3. Characteristics of included primary studies (N = 26)

Author	Title	Country/region	Population	No. of mothers	Data collection method	Theoretical approach
Baker and colleagues, 2021 ⁹¹	Factors affecting infant feeding practices among women with severe mental illness	England and Wales	Women who had a psychiatric disorder and required acute care during the first year after childbirth	25	Questionnaire with free text comments	Thematic analysis
Black and colleagues, 2020 ⁸²	Women’s experience of social media breastfeeding support and its impact on extended breastfeeding success: a social cognitive perspective	Northern Ireland	Primiparous mothers older than age 18 y who have initiated breastfeeding	8	Semistructured interviews	Theoretical thematic analysis
Brown and Lee, 2011 ⁸¹	An exploration of the attitudes and experiences of mothers in the United Kingdom who chose to breastfeed exclusively for 6 months postpartum	United Kingdom	Women with an infant aged 6-12 mo who exclusively breastfed for the first 6 mo postpartum	33	Semistructured interviews	Content analysis
Burton, 2021 ⁹⁶	How women with established obsessive compulsive disorder experience pregnancy and postpartum: an interpretative phenomenological analysis	United Kingdom	Women with a clinical diagnosis of obsessive-compulsive symptoms and pregnant within the past 3 y	5	Semistructured interviews	Interpretive phenomenological analysis
Byrom and colleagues, 2021 ⁹⁰	United Nations International Children’s Emergency Fund UK Baby Friendly Initiative: providing, receiving and leading infant feeding care in a hospital maternity setting—a critical ethnography	England	Maternity unit service users	16	Critical ethnography and short interviews	Thematic network analysis

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Table 3. Characteristics of included primary studies (N = 26) (*continued*)

Author	Title	Country/region	Population	No. of mothers	Data collection method	Theoretical approach
Choudhry and Wallace, 2021 ⁸⁰	'Breast is not always best': South Asian women's experiences of infant feeding in the United Kingdom within an acculturation framework	Birmingham	South Asian women	20	Semistructured interviews	Thematic analysis
Clarke and colleagues, 2020 ⁹⁴	The Assets-Based Feeding Help Before and After Birth intervention for improving breastfeeding initiation and continuation: feasibility study results	England	Women aged 16 y or older, pregnant with their first child	103	Interviews	Thematic analysis
Coates and colleagues, 2024 ⁹⁵	Women's experiences of postnatal distress: a qualitative study	Southeast England	Women had given birth to a baby during the past year and experienced "emotional difficulties" at some point during this year	17	Semistructured interviews	Phenomenological analysis
Fox and colleagues, 2015 ⁷⁹	UK women's experiences of breastfeeding and additional breastfeeding support: a qualitative study of Baby Café services	United Kingdom	Users of Baby Café breastfeeding support groups	51	In-depth interviews and focus groups	N/A ^a
Grant and colleagues, 2018 ⁹⁸	Availability of breastfeeding peer support in the United Kingdom: a cross-sectional study	South Wales	Mother-grandmother dyads	6 dyads	Interviews	Thematic analysis
Hinsliff-Smith and colleagues, 2014 ⁷⁸	Realities, difficulties, and outcomes for mothers choosing to breastfeed: Primigravid mothers experiences in the early postpartum period (6-8 wk)	East Midlands	Expectant mothers (>34 weeks' gestation)	26	Interviews and diaries	Hermeneutic/interpretive phenomenological analysis
				30		Framework approach

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Table 3. Characteristics of included primary studies (N = 26) *(continued)*

Author	Title	Country/region	Population	No. of mothers	Data collection method	Theoretical approach
Hufton and Raven, 2016 ⁷⁷	Exploring the infant feeding practices of immigrant women in the north of England: a case study of asylum seekers and refugees in Liverpool and Manchester	Liverpool and Manchester	UK-based refugee mothers who had a child born in the United Kingdom during the past 4 y or were at least 6 mo pregnant		Semistructured interviews and focus groups	
Hunter and Magill-Cuerden, 2014 ⁸⁵	Young mothers’ decisions to initiate and continue breastfeeding in the United Kingdom: tensions inherent in the paradox between being, but not being able to be seen to be, a good mother	Oxfordshire	Women aged 16-20 y who had intended to breastfeed or breastfed	15	Focus groups and interviews	Thematic analysis
Hunter and colleagues, 2015 ⁸⁶	Disempowered, passive, and isolated: how teenage mothers’ postnatal inpatient experiences in the UK impact on the initiation and continuation of breastfeeding	Oxfordshire	Women aged 16-20 y who had intended to breastfeed or breastfed	15	Focus groups and interviews	Thematic analysis
Ingram, 2013 ⁸⁸	A mixed methods evaluation of peer support in Bristol, UK: mothers’, midwives’ and peer supporters’ views and the effects on breastfeeding	Bristol	Women who had received a peer support service targeted to lower socioeconomic areas in Bristol	14	Semistructured interviews	Thematic analysis
Ingram and colleagues, 2020 ⁹³	Women’s and peer supporters’ experiences of an assets-based peer support intervention for increasing breastfeeding initiation and continuation: a qualitative study	England	Primiparous women who have received the ‘Assets-Based Feeding Help Before and After Birth’ intervention	21	Semistructured interviews	Thematic and framework analysis

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Table 3. Characteristics of included primary studies (N = 26) (*continued*)

Author	Title	Country/region	Population	No. of mothers	Data collection method	Theoretical approach
Isherwood et al, 2019 ⁸⁴	Local landscapes of breastfeeding: a comparison of breastfeeding amongst mothers in low- and high-income neighbourhoods in Bristol, UK	Bristol	Mothers of babies up to age 1 y living in either a high-income or a low-income neighborhood	22	Semistructured interviews	Thematic analysis
Jamie and colleagues, 2020 ⁸³	'I just don't think it's that natural': adolescent mothers' constructions of breastfeeding as deviant	Belfast, Bristol, and Middlesbrough	Adolescent mothers from socioeconomically deprived neighborhoods	27	Photograph elicitation, focus group, and semistructured interviews	Thematic analysis
Keely and colleagues, 2015 ⁷⁶	Barriers to breast-feeding in obese women: a qualitative exploration	Scotland	Obese women at 6-10 wk following birth	28	Semistructured interviews	Thematic analysis
Lyons and colleagues, 2019 ⁵⁶	Learning from women with a body mass index (BMI) ≥ 30 kg/m ² who have breastfed and/or are breastfeeding: a qualitative interview study	Northwest of England	Women who had a body mass index = 30 at the start of their pregnancy, and have breastfed and/or be currently breastfeeding	A	Semistructured interviews	Thematic analysis
MacVicar and colleagues, 2018 ⁸⁹	Breastfeeding and the substance-exposed mother and baby	Scotland	Women with a substance-use disorder	11	Questionnaire with free text comments	Thematic analysis
Morse and Brown, 2021 ⁶²	Accessing local support online: mothers' experiences of local breastfeeding support Facebook groups	United Kingdom	Mothers aged 18 y and older and breastfeeding at least 1 baby up to 24 mo	2028 ^b	Questionnaire with free text comments	Thematic analysis
Regan and Brown, 2019 ⁷⁴	Experiences of online breastfeeding support: support and reassurance versus judgment and misinformation	South Wales	Mothers older than age 18 y with a child up to age 3 y, who had breastfed or were currently breastfeeding, and who had used online breastfeeding support	14	Semistructured interviews	Thematic analysis

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Table 3. Characteristics of included primary studies (N = 26) (*continued*)

Author	Title	Country/region	Population	No. of mothers	Data collection method	Theoretical approach
Riley and colleagues, 2021 ⁹⁹	Clinical characteristics and breastfeeding outcomes in term dyads following in-hospital supplementation with pasteurized donor human milk or formula	England and Scotland	Women who are pregnant or have recently given birth	25	Semistructured interviews	Thematic analysis
Shloim and colleagues, 2015 ¹⁰⁰	“It’s like giving him a piece of me.”: Exploring UK and Israeli women’s accounts of motherhood and feeding	United Kingdom and Israel ^c	Women who have recently given birth	18	Semistructured interviews	Thematic analysis
Tregay and colleagues, 2017 ⁸⁷	“I was so worried about every drop of milk” — feeding problems at home are a significant concern for parents after major heart surgery in infancy	United Kingdom	Parents of children aged <1-5 mo at hospital discharge, who had undergone open heart surgery and subsequently died or been readmitted unexpectedly to intensive care following their initial discharge home	20 families ^d	Semistructured interviews	Framework analysis

^aN/A = not available.
^b2028 participants answered the questionnaire but no information on how many used free text comments.
^cData from Israel not included in this study.
^dFourteen interviews with just the mother and 6 with both parents.

overcome challenges.^{76,78,79} Peer influences were mixed: some young mothers felt pressured by friends to stop breastfeeding,^{81,83} whereas most described peers as offering practical help, normalizing breastfeeding, and bolstering confidence.^{74,79,81,82} Peer supporters (eg, online and face-to-face) provided empathetic, practical assistance that further strengthened motivation and supported continuation.^{88,92,93}

Motivation. Across 5 domains and 13 themes, Motivation highlighted how mothers' emotional responses, values, beliefs, and sense of identity shaped mothers' decisions around breastfeeding and infant feeding. Automatic motivation, which operates subconsciously through emotional reactions, impulses, and ingrained responses,²⁴ influenced both initiation and continuation. Feelings of guilt and inadequacy discouraged breastfeeding,^{79,81,87,95} whereas positive emotions such as comfort, closeness, and happiness when breastfeeding acted as facilitators.⁸¹ Embarrassment and anxiety about breastfeeding in public often led mothers to modify feeding behaviors or switch to formula.^{76,78,79,83–85,98} Fear of judgment also hindered both initiation and continuation.^{80,85,98}

Reflective motivation, arising from conscious beliefs, reasoning, and value-based decision-making,²⁴ was also influential. Believing that breastmilk was the best option often supported initiation and sustained breastfeeding.^{75,77,79–81,85,100} In contrast, perceiving formula to be more convenient, more filling, or helpful to avoid social discomfort acted as barriers.^{76,79,80,83,84,98} Conflicting professional advice about diet and milk quality further undermined confidence.⁷⁵

Identity also played a significant role. For some, breastfeeding aligned with ideals of “good motherhood,”^{79,85,98,100} whereas for others it conflicted with personal identity or lifestyle.⁸⁰ Strong intentions to breastfeed acted as a facilitator even when encountering difficulties.^{75–80,82,84,85,98}

Self-esteem and self-efficacy further shaped motivation. Low confidence, self-doubt, and perceived failure acted as barriers.^{75–80,82,84,85,98} Conversely, seeing other women breastfeed and receiving peer support boosted self-efficacy and motivation to continue.^{79,82,85}

DISCUSSION

This qualitative synthesis examined published evidence on the factors that influence UK mothers' breastfeeding and infant feeding decisions, using the COM-B model and the TDF to interpret the findings. It complements the National Institute for Health and Care Excellence review of parents' perceived barriers and facilitators to breastfeeding.¹⁰¹ To our knowledge, this is the first qualitative synthesis to apply COM-B and the TDF specifically to UK women's infant feeding beliefs. Using a recognized behavior-change framework provided a systematic and robust way to integrate psychological, social, and contextual influences on breastfeeding, supporting the development of targeted, theory-informed recommendations for interventions.¹⁰²

Analysis of 26 primary studies identified barriers and facilitators across all COM-B components and 10 of the 14 TDF domains, indicating that improving breastfeeding rates in the UK requires strengthening mothers' capability, opportunity, and motivation for breastfeeding. Social Influences,

Environmental Context and Resources, and Knowledge emerged as the domains with the greatest potential influence on infant feeding decisions. Several themes, such as the sexualization of breasts, public feeding concerns, and psychological persistence, mapped onto multiple COM-B components and TDF domains. This underscores the need for multicomponent interventions that can address the interconnected influences on behavior.

More specifically, capability-related findings reflected TDF domains, including Skills, Knowledge, Memory, Attention, and Decision Processes. Mothers' persistence and determination helped sustain breastfeeding despite challenges.^{79,81,83,91,95,98,100} These findings counter the misconception that breastfeeding is inherently effortless, and information provided to families should acknowledge the work required of mothers to establish breastfeeding. Indeed, knowledge of breastfeeding benefits, positioning techniques, milk production, and hand-expressing equipped women to initiate and continue breastfeeding.^{75,77,81,85} Conversely, limited skills and understanding spanning breastfeeding techniques, formula feeding, and the implications of early formula introduction^{76,78,79,83,85,86,95} highlight the need for more specific prenatal education beyond broad messaging such as “breast is best.”

Opportunity-related domains, including Environmental Context, Resources, and Social Influences, highlighted the broader systems and social norms shaping feeding behaviors. Privacy, calm environments, and access to breastfeeding aids facilitated breastfeeding,^{74,76–79,82,84,85,89,92} whereas busy hospital wards, shared rooms, time pressures, and competing demands acted as barriers.^{74,76,79,80,87,89–91,99} Although practical support from health care professionals was crucial, many mothers reported inconsistent or limited input due to staff shortages, time constraints, and COVID-19 restrictions, leading them to rely on peer support services to fulfil this need.^{74,79,91,99} Indeed, seeing others breastfeed supported positive decision-making, whereas exposure to formula feeding as the normative choice prompted some women to question whether breastfeeding was appropriate or feasible.^{80,82–85} Differing normative beliefs across socioeconomic, cultural, and religious groups further emphasized the need for community-level strategies that increase breastfeeding visibility and promote it as a socially acceptable practice.^{74,80,81,83,84,98}

Motivation-related domains, including Emotions, Beliefs about Consequences, Identity, Intentions, and Beliefs about Capability, showed how women's underlying beliefs and emotional responses shaped feeding choices. Believing in breastfeeding's health benefits was a strong facilitator, and positive emotions acted as strong cues for continuation, emphasizing the need to support positive experiences around comfort, closeness, and enjoyment.^{75,77,79–81,85,100} However, many mothers experienced self-doubt, often fueled by expectations that breastfeeding should be “natural,” and further undermined by negative remarks from others.^{78,79,98} Feelings of guilt, inadequacy, and anxiety about public feeding were common, driven by fear of judgment from both strangers and personal networks.^{76,78–80,83–85,98} Convenience also played a notable role with mixed views: some mothers found breastfeeding easier, whereas others preferred formula feeding.^{80,81,83,98} For some, breastfeeding aligned with their ideals of

motherhood, whereas others experienced conflict with personal identity or cultural expectations.^{79,80,85,98,100} This further highlights how public health messaging should address convenience realistically for all feeding methods, by recognizing how infant feeding intersects with women's roles within households and communities and providing strategies to manage workload and encourage partner involvement in nonfeeding caregiving. Creating breastfeeding-friendly public spaces may also reduce anxiety and support continued breastfeeding, although interventions should also aim to improve practice around normalizing the emotional complexity of breastfeeding.

Although this review focused exclusively on the United Kingdom, many of the identified barriers and facilitators such as social support, cultural norms, breastfeeding knowledge, and concerns about breastfeeding in public have also been reported in international reviews of infant feeding behavior.^{22,23,39} This suggests that many of the factors identified in this review may not be specific to the United Kingdom. However, the extent to which these factors influence behavior will vary depending on factors such as health care systems, maternity policies, culture, and breastfeeding support. Future qualitative evidence syntheses and primary research in different geographical and cultural contexts would help determine which factors are common across settings and which are specific to certain contexts.

Strengths and Limitations of this Review

A strength of this review was the combined use of inductive thematic analysis and deductive mapping to the TDF, reducing the risk of narrow categorization and ensuring relevant determinants were captured. Applying COM-B and the TDF provided a validated framework for identifying barriers and facilitators, supporting future intervention design. Reflexivity was embedded throughout, with reviewers critically examining how their own experiences and assumptions may have influenced analysis.

However, this review was limited by the published evidence synthesized for analysis. Study samples often lacked generalizability because most participants were White, and ethnicity was inconsistently reported. Although importance criteria were also used to prioritize TDF domains for future intervention design, the frequency of reporting across primary studies (used to calculate importance scores) does not necessarily reflect behavioral influence, and domains mentioned less often may still hold substantial importance. Reliance on published participant quotations rather than full transcripts may also have restricted contextual depth. Most TDF mapping was completed by a single reviewer, although coding was checked by a second reviewer as a mitigation strategy. A further limitation is the identification of primary studies through reviews rather than through a direct search of primary studies. This approach was decided on after it became apparent that no review had synthesized qualitative evidence from the United Kingdom only. Although this made it possible for the review to maintain a UK-specific focus, it may have resulted in some eligible primary studies being missed if they were not included in the identified reviews or were published outside the reviews' search periods.

CONCLUSIONS

This qualitative synthesis examined UK mothers' attitudes, values, and beliefs surrounding infant feeding decisions using the COM-B model and TDF to identify barriers and facilitators to breastfeeding. A wide range of interrelated psychological, social, and environmental factors influenced women's decisions, highlighting the complex and multifaceted nature of infant feeding behavior. The findings emphasize the need for comprehensive interventions that address capability, opportunity, and motivation simultaneously to meaningfully support breastfeeding initiation and continuation. In practice, this may include expanding available peer-support programs and strengthening involvement of partners and family members. Efforts to normalize breastfeeding through public health campaigns and breastfeeding-friendly environments may help address social and environmental barriers. Moreover, antenatal services should provide realistic and evidence-based preparation for breastfeeding, including information on common challenges such as pain, cluster feeding, and concerns about milk supply, to better equip mothers for common breastfeeding challenges.

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STATEMENT OF POTENTIAL CONFLICT OF INTEREST

Public Health Wales is responsible for supporting delivery of work aligned with the All-Wales Breastfeeding Action Plan. The Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement research centre is funded by the Welsh government through Health and Care Research Wales. The views expressed are those of the author/s and not necessarily those of Health and Care Research Wales, Public Health Wales, or the Welsh government.

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AUTHOR CONTRIBUTIONS

A. Thomas-Davies: Conceptualization, methodology, formal analysis, and writing - review and editing. N. F. Frennsson: Formal analysis, and writing - original draft. R. Bath: Conceptualization, methodology, formal analysis, and writing - review and editing. S. J. Long: Supervision. V. Kolovou: Validation and writing - review and editing. R. Embling: Writing - review and editing.

SPIDER**Sample concept:**

(Mother* or Women or Pregnant* or antenatal or post-natal* or post adj2 natal* or postnatal* or post-natal or expectant or mum* or maternal).

Phenomenon of Interest concept:

(Breast adj2 feed* or Breastfeed* or Chestfeed* or Chest adj2 feed* or infant feed* or infant-feed* or formula feed* bottle feed*).

Design concept:

(qualitative systematic review* or meta synthesis or meta-synthesis or metaethnograph* or meta ethnograph* or qualitative synthesis or systematic review or qualitative review or (cochrane AND review) or systematic overview or scoping review or scoping literature review or mapping review or umbrella review or review of reviews or overview of reviews or meta-review or integrative review or integrated review or research synthesis or systematic literature search).

Evaluation concept:

(attitud* or value* or belie* or perception* or expect* or opinion* or view* or perspective* or motiv* or normalisation or identit* or experience* or cultur* or capability or decision* or choice* or decision adj2 making or influence* or factor* or barrier*).

Research type concept:

Qualitative

SEARCH STRATEGY**Cochrane Database of Systematic Reviews:**

1. (Mother* or Women or Pregnant* or antenatal or post-natal* or (post adj2 natal*) or postnatal* or post-natal or expectant or mum* or maternal).ab,ti,kw.
2. ((Breast adj2 feed*) or Breastfeed* or Chestfeed* or (Chest adj2 feed*) or infant feed* or (infant adj2 feed*) or infant-feed* or (formula adj2 feed*) or (bottle adj2 feed*)).mp. or (bottle adj2 feed*).ab,kw,ti. [mp=title, abstract, full text, keywords, caption text]
3. (attitud* or value* or belie* or perception* or expect* or opinion* or view* or perspective* or motiv* or normalisation or identit* or experience* or cultur* or capability or decision* or choice* or barrier* or (decision adj2 making) or influence*).ti,ab,kw.
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5. 1 and 2 and 3 and 4
6. limit 5 to last 14 years

British Nursing Index ProQuest

TIAB(Mother* OR Women OR Pregnant* OR antenatal OR post-natal* OR (post NEAR/2 natal*) OR post?natal* OR expectant OR mum* OR maternal) AND (TIAB(Breast NEAR/2 feed*) OR Breastfeed* OR Chestfeed* OR (Chest NEAR/2 feed*) OR (infant NEAR/2 feed*) OR (infant-feed*) OR (formula NEAR/2 feed*) (bottle NEAR/2 feed*)) AND (TIAB(qualitative systematic review*) OR (meta synthesis) OR metasynthesis OR metaethnograph* OR (meta ethnograph*) OR (qualitative synthesis) OR (systematic overview) OR (scoping review) OR (scoping literature review) OR (mapping review) OR (umbrella review) OR (review of reviews) OR (overview of reviews) OR meta-review OR (integrative review) OR (integrated review) OR (research synthesis) OR (systematic literature search)) AND TIAB(attitud* OR value* OR belie* OR perception* OR expect* OR opinion* OR view* OR perspective* OR motiv* OR normalisation OR identit* OR experience* OR cultur* OR barrier* OR capability OR decision* OR choice* OR (decision NEAR/2 making) OR influence*)

APA PsycInfo

1. (qualitative systematic review* or meta synthesis or metasynthesis or metaethnograph* or meta ethnograph* or qualitative synthesis or systematic review or qualitative review or (cochrane and review) or systematic overview or scoping review or scoping literature review or mapping review or umbrella review or review of reviews or overview of reviews or meta-review or integrative review or integrated review or research synthesis or systematic literature search).ti,tw.
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3. (Mother* or Women or Pregnant* or antenatal or post-natal* or (post adj2 natal*) or postnatal* or post-natal or expectant or mum* or maternal).ab,ti,tw.
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5. 1 and 2 and 3 and 4
6. limit 5 to yr="2010 - 2023"
7. limit 6 to english

MIDIRS (Ovid)

1. (qualitative systematic review* or meta synthesis or metasynthesis or metaethnograph* or meta ethnograph* or qualitative synthesis or systematic review or qualitative review or (cochrane and review) or systematic overview or scoping review or scoping literature review or mapping review or umbrella review or review of reviews or overview of reviews or meta-review or integrative review or integrated

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Medline (Ovid)

1. (qualitative systematic review* or meta synthesis or metasynthesis or metaethnograph* or meta ethnograph* or qualitative synthesis or systematic review or qualitative review or (cochrane and review) or systematic overview or scoping review or scoping literature review or mapping review or umbrella review or review of reviews or overview of reviews or meta-review or integrative review or integrated review or research synthesis or systematic literature search).ti,ab,kw.
2. (attitud* or value* or belie* or perception* or expect* or opinion* or view* or perspective* or motiv* or normalisation or identit* or experience* or cultur* or capability or decision* or choice* or (decision adj2 making) or barrier* or influence*).ab,kw,ti.
3. (((Mother* or Women or Pregnant* or antenatal or post-natal* or post) adj2 natal*) or postnatal* or post-natal or expectant or mum* or maternal).ab,kw,ti.
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6. ((Breast adj2 feed*) or Breastfeed* or Chestfeed* or (Chest adj2 feed*) or infant feed* or (infant adj2 feed*) or infant-feed* or (formula adj2 feed*) or bottle feed*).mp. or (bottle adj2 feed*).ab,kw,ti.
7. exp Bottle Feeding/ or exp Breast Feeding/
8. 6 or 7
9. 1 and 2 and 5 and 8
10. limit 9 to (english language and yr="2023 - 2026")

Embase (Ovid)

1. (qualitative systematic review* or meta synthesis or metasynthesis or metaethnograph* or meta ethnograph* or qualitative synthesis or systematic review or qualitative review or (cochrane and review) or systematic overview or scoping review or scoping literature review or mapping review or umbrella review or review of reviews or overview of reviews or meta-review or integrative review or integrated review or research synthesis or systematic literature search).ti,ab,kw.
2. (attitud* or value* or belie* or perception* or expect* or opinion* or view* or perspective* or motiv* or normalisation or identit* or experience* or cultur* or capability or decision* or choice* or barrier* or (decision adj2 making) or influence*).ab,kw,ti.
3. (((Mother* or Women or Pregnant* or antenatal or post-natal* or post) adj2 natal*) or postnatal* or post-natal or expectant or mum* or maternal).ab,kw,ti.
4. ((Breast adj2 feed*) or Breastfeed* or Chestfeed* or (Chest adj2 feed*) or infant feed* or (infant adj2 feed*) or infant-feed* or (formula adj2 feed*) or bottle feed*).mp. or (bottle adj2 feed*).ab,kw,ti. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]
5. 1 and 2 and 3 and 4
6. limit 5 to (english language and yr="2010 - 2023")

Appendix Table. Characteristics of included reviews (N = 43)

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Baker and colleagues, 2023 ³⁶	A mixed methods systematic review exploring infant feeding experiences and support in women with severe mental illness	High-income countries	To examine evidence of (a) infant feeding outcomes in women with severe mental illness and the factors associated with this, (b) the experiences of infant feeding and infant feeding support for women with severe mental illness, (c) interventions for supporting infant feeding among these women, and (d) health care professionals' attitudes toward supporting infant feeding in women with severe mental illness	Experimental (eg, randomized controlled trials and cluster randomized trials), quasiexperimental studies and nonintervention, observational, qualitative, and mixed methods studies	1994-2022	CINAHL, ^a PsycINFO, Medline, and MIDIRS ^b	18 (5)	1
Beggs and colleagues, 2021 ²²	Women's perceptions and experiences of breastfeeding: A scoping review of the literature	Any	To identify what barriers mothers face when attempting to breastfeed and what supports they need to guide their breastfeeding choices	Any	2010-2020	PubMed, CINAHL, Sociological Abstracts, and PsycINFO	59 (17)	5
Billings and colleagues, 2024 ³⁷	Breastfeeding experiences of women with perinatal mental health problems: A systematic review and thematic synthesis	Any	To synthesize existing literature on breastfeeding experiences of women with a wide range of perinatal mental health conditions	Qualitative studies	2003 and November 2021	Medline and CINAHL Complete, Maternity & Infant Care, PsychINFO, and Web of Science Core Collection	17 (7)	2
Brugaillères and colleagues, 2024 ³⁸	Maternal employment characteristics as a structural social determinant of breastfeeding after return to work in the European region: A scoping review	Any	To identify the maternal employment characteristics that support any breastfeeding continuation after resuming work in the European region	Quantitative and qualitative studies	2013-2023	Scopus, PubMed, and PsycINFO	13 (2)	1

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Appendix Table. Characteristics of included reviews (N = 43) (*continued*)

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Chang and colleagues, 2020 ³⁹	Breastfeeding experiences and support for women who are overweight or obese: A mixed-methods systematic review	Any	To examine evidence of (a) breastfeeding barriers and support experienced and perceived by women who are overweight or obese; (b) support shown to be effective in increasing breastfeeding initiation and duration among these women; and (c) perceptions of health care professionals, peer supporters, partners, and family members regarding providing breastfeeding support to these women	Experimental (eg, randomized controlled trials and cluster-randomized trials), quasi-experimental, qualitative, quantitative, and mixed-methods studies	January 1992 to October 2018	Medline, Embase, Maternity & Infant Care, CINAHL, Scopus, PsycINFO, Web of Science, and Cochrane Library	16 (2)	1
Chang and colleagues, 2021 ⁴⁰	Women's and employers' experiences and views of combining breastfeeding with a return to paid employment: A systematic review of qualitative studies	Any	To provide insight into the experiences and views of women and employers on breastfeeding and returning to paid employment, with findings used to inform practice and policy	Qualitative	2003 to July 2019	Medline, CINAHL, PsycINFO, and Web of Science	26 (1)	0
Dattilo and colleagues, 2020 ²¹	Hidden realities of infant feeding: Systematic review of qualitative findings from parents	Any	To provide a current and comprehensive synthesis of original qualitative literature findings related to parent attitudes, beliefs, and perceptions regarding infant feeding and to identify factors that influence parent infant feeding decision	Qualitative	2015-2019	Medline, PsycINFO, and Cochrane Database of Systematic Reviews	73 (10)	2
Devi and colleagues, 2024 ⁴¹	Women's views and experiences of breastfeeding during the coronavirus disease 2019 pandemic: A systematic review of qualitative	Any	To synthesize qualitative evidence on women's breastfeeding perceptions, experiences and support needs during the pandemic	Qualitative and qualitative data from mixed methods	January 2020 to March 2023	Medline, Embase, CINAHL, and Web of Science Core Collection	52 (2)	0

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Appendix Table. Characteristics of included reviews (N = 43) *(continued)*

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Durocher and colleagues, 2025 ⁴²	Scoping review of women's experiences of breastfeeding associated with maternity care in hospitals that implement baby-friendly policies	Any	To explore what is currently known about women's breastfeeding experiences associated with maternity care in facilities that implement policies supported by the Baby-Friendly Hospital Initiative	Qualitative, quantitative, and mixed methods	1991 to April 2023	Scopus, CINAHL, Embase, Medline, PsycINFO, and gray literature	44 (3)	2
Erfina and colleagues, 2019 ⁴³	Adolescent mothers' experiences of the transition to motherhood: An integrative review	Any	To conduct an integrative review of the literature to explore adolescent mothers' experiences of transition to motherhood and identify associated factors	Qualitative, quantitative, and mixed methods.	February 2005 to 2018	Medline, CINAHL, ProQuest, Scopus, and PubMed	18 (1)	1
Ferrara and colleagues, 2023 ⁴⁴	Pregnancy in autistic women and social medical considerations: Scoping review and meta-synthesis	Any	To answer 3 main questions: "What does it mean for an autistic woman to be pregnant?", "How do these 2 conditions coexist?", "Are health services prepared to receive this population adequately or does autism become a stigma for pregnant women?"	Any	2013-2023	PubMed, PsycINFO, and Web of Science	7 (4)	0
Flacking and colleagues, 2021 ⁴⁵	Positive breastfeeding experiences and facilitators in mothers of preterm and low birthweight infants: a meta-ethnographic review	Any	To explore what characterizes and facilitates a positive breastfeeding experience in mothers of preterm and/or low-birthweight infants	Qualitative	2008 to June 2020	Medline, Embase, Web of Science, PsycINFO, CINAHL, and Global Index Medicus	17 (2)	0
Grant and colleagues, 2022 ⁴⁶	Autistic women's views and experiences of infant feeding: A systematic review of qualitative evidence	Any	To undertake a qualitative systematic review exploring autistic women's experiences of infant feeding using thematic synthesis	Qualitative	Unknown to August 2021	Medline, PsycINFO, CINAHL, Web of Science, and ETHOS ^c	22 (5)	0
Grant and colleagues, 2022 ⁷⁰	Views and experience of breastfeeding in public: A qualitative systematic review	Organisation for Economic Co-operation and Development countries	To investigating barriers and facilitators to breastfeeding in public in Organisation for Economic Co-operation and Development countries using the Thematic Synthesis approach	Qualitative	2007 to May 2021	Medline, Web of Science, Embase, PsycINFO, and CINAHL	74 (22)	2

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Appendix Table. Characteristics of included reviews (N = 43) *(continued)*

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Griswold and Pagano-Therrien, 2020 ⁴⁷	Women living with HIV in high-income countries and the deeper meaning of breastfeeding avoidance: A meta synthesis	High-income countries	(1) Describe social and emotional experiences of infant feeding for women living with HIV in high-income countries; (2) raise ethical considerations surrounding the clinical recommendation in high income countries to avoid breastfeeding	Qualitative	January 1, 2008, to June 20, 2019	PubMed, CINAHL, and Scopus	6 (3)	1
Haley and colleagues, 2023 ⁴⁸	Social media usage as a form of breastfeeding support among black mothers: a scoping review of the literature	Any	To explore social media usage as a form of social support among Black women in the postpartum period and how it may affect breastfeeding behaviors	Qualitative, quantitative, and mixed methods	Up until 2021	Google Scholar, PubMed, ScienceDirect, Scopus, PsycINFO, and Medline	6 (1)	1
Hauck and colleagues, 2021 ²³	Women's experiences with breastfeeding in public: An integrative review	Any	To explore, review, and synthesize published literature on women's experience with public breastfeeding	Any	2005 to Unknown	PubMed, Medline, Embase, Scopus, Science Direct, CINAHL, and PsycINFO	27 (4)	0
Iapicca and colleagues, 2025 ⁴⁹	Lactation outcomes and experiences among mothers of infants with congenital heart disease: A scoping review	Any	To further understanding of (1) lactation outcomes (eg, prevalence, duration, and exclusivity of direct breastfeeding and use of mother's own milk); (2) lactation support (eg, breastfeeding or pumping education, protocols, policies, or strategies to provide lactation education); and (3) lactation experiences of mothers of infants with congenital heart defect	Qualitative and quantitative	Until November 2024	Medline and CINAHL	14 (1)	1

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Appendix Table. Characteristics of included reviews (N = 43) *(continued)*

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Ikonen and colleagues, 2015 ⁵⁰	Preterm infants' mothers' experiences with milk expression and breastfeeding: An integrative review	Any	To explore practical and emotional experiences of preterm infants' mothers with respect to breastmilk expression and breastfeeding, from the birth of a preterm infant, during the neonatal intensive care unit stay, and postdischarge until the cessation of breastfeeding	Qualitative and quantitative	2002 to November 2014	Medline, CINAHL, PsycINFO, and Cochrane Database of Systematic Reviews	23 (3)	0
Izumi and colleagues, 2024 ⁷¹	A systematic review of migrant women's experiences of successful exclusive breastfeeding in high-income countries	High-income countries	To examine migrant mothers' perceptions and experiences impacting achievement of exclusive breastfeeding after immigration from a low-middle-income country to a high-income country	Qualitative	2010 to August 2022	CINAHL, Medline, Scopus, Web of Science, PsycINFO, and Emcare	11 (1)	1
Jackson and colleagues, 2021 ⁵¹	Guilt, shame, and postpartum infant feeding outcomes: A systematic review	Any	To (a) examine the relationship between guilt and/or shame and different infant feeding outcomes and (b) examine how guilt and/or shame are experienced differentially depending on infant feeding method	Qualitative, quantitative, and mixed methods	1997-2017	DISCOVERY Database	20 (12)	1
Kirubarajan and colleagues, 2022 ⁵²	Pregnancy and childbirth during incarceration: a qualitative systematic review of lived experiences	Any	To characterize patient experiences regarding pregnancy and childbirth during incarceration via qualitative synthesis	Qualitative	Until December 2020	Medline, Embase, CINAHL, Sociological Abstracts, Social Work Abstracts, Web of Science, Scopus, and PsycINFO	24 (6)	0
Lalor and colleagues, 2023 ⁵³	Parental experiences with changes in maternity care during the COVID-19 pandemic: A mixed-studies systematic review	Any	To explore parental experiences and views with maternity care received from health care institutions during the COVID-19 pandemic	Qualitative, quantitative, and mixed methods.	January 2019 to February 2022	Medline, CINAHL, Embase, PsycINFO, Web of Science, and Maternity & Infant Care	58 (10)	1
Lange and colleagues, 2020 ⁵⁴	Parenting among mothers who experienced child sexual abuse: A qualitative systematic review	Any	To systematically review and synthesize existing research on how child sexual abuse influences maternal parenting experiences and practices	Qualitative	1981-2018	Embase, ProQuest Dissertations & Theses Global, PsycINFO, PubMed, Scopus, Sociological Abstracts, and Web of Science	108 (7)	0

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Appendix Table. Characteristics of included reviews (N = 43) (*continued*)

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Lockington and colleagues, 2025 ⁵⁵	The lived experiences of autistic mothers: a systematic review and thematic synthesis of qualitative evidence	Any	To systematically identify, appraise, and synthesize existing qualitative research on autistic mothers' experiences of motherhood to enrich understanding, and guide future research and practice	Qualitative	1991-2023	PsycINFO, CINAHL, Embase, Scopus, Medline, PubMed, and British Education Index	23 (11)	0
Lyons and colleagues, 2019 ⁵⁶	The perceptions and experiences of women with a body mass index ≥ 30 kg/m ² who breastfeed: A meta-synthesis	Any	To systematically identify and synthesize the qualitative literature that explored the perceptions and experiences of women with body mass index ≥ 30 who breastfed	Qualitative	Unknown to 2017	CINAHL, PsycINFO, PubMed, OpenGrey, MedNar, and Trove	5 (2)	2
MacVicar and colleagues, 2015 ⁵⁷	Supporting breastfeeding establishment among socially disadvantaged women: A meta-synthesis	Any	To review the literature exploring how women from socioeconomically deprived backgrounds experience breastfeeding establishment and to identify factors associated with supportive practice	Qualitative	1992 to March 2013	ASSIA, ^d Cochrane (including Cochrane library, Campbell Collaboration and DARE ^e), Ebsco (including AMED, ^f CINAHL, Medline, PubMed and Web of Science), ETHOS, ^g Sage Journals, and Ovid (including Embase, Internurse, Intermed, and MIDIRS)	8 (4)	0
Middleton and colleagues, 2025 ⁵⁸	Negative emotional experiences of breastfeeding and the milk ejection reflex: A scoping review	Any	To capture concepts, knowledge, and experiences relating to dysphoric milk ejection reflex and Breastfeeding aversion response	Any	Unknown to April 2024	Medline, CINAHL, MIDIRS, British Nursing Index, PsycINFO, Ebsco, Embase, Cochrane Database of Systematic Reviews, Web of Science, Google, Google Scholar, Open Grey, ETHOS and PROSPERO ^h	116 (2)	0
Minarini and colleagues, 2025 ⁵⁹	Mixed methods studies on breastfeeding: A scoping review	Any	To map the scientific production on the promotion, protection, and support of breastfeeding developed from mixed methods research	Mixed methods	Up until December 2023	Medline/PubMed, Embase, Cochrane, BVS, ⁱ CINAHL, Web of Science, and BDTD ^j	36 (2)	1

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Appendix Table. Characteristics of included reviews (N = 43) (continued)

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Monge-Montero and colleagues, 2024	Why do mothers mix milk feed their infants? Results from a systematic review	Any	To carry out an updated systematic literature review was undertaken with the primary aim of gaining a deeper understanding of the reasons why mothers choose mixed milk feeding	Cross-sectional, cohort studies, case series, randomized controlled trial studies, meta-analyses, systematic reviews	January 2012-January 2022	Cab Abstracts, BIOSIS Previews, British Nursing Index, Embase, Medline, and Social SciSearch	138 (12)	0
Moon and Woo, 2021 ¹⁰³	An integrative review on mothers' experiences of online breastfeeding peer support: Motivations, attributes, and effects	Any	To synthesize the evidence of mothers' experiences of online breastfeeding peer support	Any	Unknown to November 2020	PubMed, CINAHL, Web of Science, PsycINFO, and Cochrane Library	14 (3)	2
Morns and colleagues, 2021 ⁶¹	Women who experience feelings of aversion while breastfeeding: A meta-ethnographic review	Any	To better understand the experience of women who have feelings of aversion during breastfeeding by synthesising the existing literature	Qualitative and quantitative	January 2000-2019	Medline, CINAHL, PsycINFO, Maternity & Infant Care	5 (2)	0
Morse and Brown, 2022 ⁶²	The benefits, challenges, and impacts of accessing social media group support for breastfeeding: A systematic review	Any	To identify the existing evidence in relation to social media group use for breastfeeding support, why mothers access such support and from whom, to optimize services and to meet mothers' needs	Any	Until November 2021	ASSIA, CINAHL, PubMed/Medline, ProQuest, MIDIRS, EBSCOhost, Scopus, Google Scholar, and iFind	13 (4)	2
Olalere and Harley, 2024 ⁶²	Why women discontinue exclusive breastfeeding: A scoping review	Any	To provide insight into the reasons behind mothers' decisions to cease exclusive breastfeeding during the first 6 mo	Quantitative and qualitative studies, cross-sectional studies, observational studies	2013 to April 2023	PubMed, Ovid maternal and infant care and global health electronic databases	17 (1)	0
Patil and colleagues, 2020 ⁶⁴	A mixed-methods systematic review on barriers to exclusive breastfeeding.	Any	To identify barriers to exclusive breastfeeding among mothers	Quantitative, qualitative and mixed methods	January 1990 to October 2017	Medline, CINAHL, ProQuest, Web of Science, and Scopus	44 (2)	1

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Appendix Table. Characteristics of included reviews (N = 43) (*continued*)

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Pezaro and colleagues, 2024 ⁷³	Management of childbearing with hypermobile Ehlers-Danlos syndrome and hypermobility spectrum disorders: A scoping review and expert co-creation of evidence-based clinical guidelines	United Kingdom, United States, Canada, France, Sweden, Luxembourg, Germany, Italy, and the Netherlands	To co-create expert guidelines for the management of pregnancy, birth, and postpartum recovery in the context of hypermobile Ehlers-Danlos syndrome and hypermobility spectrum disorders	Primary research and case studies	May 2022 to September 2023	Embase, Medline, the Cochrane Central Register of Controlled Trials, and CINHAL	35 (9)	0
Schmied and colleagues, 2012 ⁷²	Contradictions and conflict: A meta-ethnographic study of migrant women's experiences of breastfeeding in a new country	High-income countries	To report the findings of a meta-ethnographic study that explored migrant and refugee women's experiences and practices related to breastfeeding in a new country	Qualitative (quantitative included if reported both quantitative and qualitative data if a subset of the larger sample were interviewed or participated in focus groups yielding rich qualitative data)	January 2000 to May 2012	CINAHL, Medline, PubMed, Scopus, and the Cochrane Library	11 (3)	1
Scime and colleagues, 2021 ⁶⁵	Scoping review of breastfeeding in women with chronic diseases	Any	To summarize published literature on breastfeeding in women with chronic disease	Original research and systematic reviews	1990-2019	Medline, Embase, and CINAHL	128 (3)	1
SmithBattle and colleagues, 2020 ²⁰	Navigating a minefield: Meta-synthesis of teen mothers' breastfeeding experience	Any	To describe how social contexts intertwine to shape teenaged mothers' breastfeeding experience	Qualitative and mixed methods	Unknown to October 2018	CINAHL, Scopus, PubMed, and ScienceDirect	22 (5)	1
Ulfa and colleagues, 2023 ⁶⁶	Women's experiences of breastfeeding after a cesarean section: A meta-synthesis.	Any	To explore women's experiences of breastfeeding after a caesarean section	Qualitative	1990 to 2022	PubMed, CINAHL, Cochrane library, PsycINFO, and EMBASE	7 (3)	0
Widyaningrum and colleagues, 2025 ⁶⁷	Supporting adolescent mothers to make infant feeding decisions: A qualitative evidence synthesis	Any	To explore adolescent mothers' experiences in making infant feeding decisions, identify their support needs, and understand the role of health care professionals in supporting them through this process	Qualitative studies and qualitative data from surveys or mixed methods research	Until May 2025	Medline, CINAHL, ASSIA, Web of Science, MIDIRS, and World Health Organization regional databases	51 (8)	2

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Appendix Table. Characteristics of included reviews (N = 43) (*continued*)

Author	Title	Country/region	Objective	Study designs considered	Search period	Databases	No. of included studies (No. of UK studies)	No. of primary UK studies included in this review
Yang and colleagues, 2024 ⁶⁸	Mothers’ experiences and perceptions of breastfeeding peer support: A qualitative systematic review	Any	To systematically synthesize qualitative findings on mothers’ experiences of breastfeeding peer support to provide evidence for optimizing peer support services and ultimately enhancing their role in promoting breastfeeding	Qualitative and mixed methods	Until January 2023	PubMed, Embase, Cochrane Library, Ovid, Web of Science, CINAHL, China National Knowledge Infrastructure, WanFang Database, Chinese Scientific Journal Database, and Chinese Biomedical Database	15 (7)	5
Yas and colleagues, 2024 ⁶⁹	Breastfeeding needs in adolescent mothers: A systematic review	Any	To assess the breastfeeding needs of adolescent mothers	Qualitative and mixed methods	Until December 2022	Web of Science, PubMed, Scopus, Cochrane Library, State Inpatient Databases, and Magiran	41 (7)	2

^aCINAHL = Cumulative Index to Nursing and Allied Health Literature.

^bMIDIRS = Midwives Information and Resource Service.

^cEThOs = E-Theses Online Service.

^dASSIA = Applied Social Sciences Index and Abstracts.

^eDARE = Database of Abstracts of Reviews of Effects.

^fAMED = Allied and Complementary Medicine Database.

^gPROSPERO = International Prospective Register of Systematic Reviews.

^hBVS = Virtual Health Library.

ⁱBDTD = Brazilian Digital Library of Theses and Dissertations.