**The body image experiences of breastfeeding mothers in the UK: A qualitative exploration**

**Abstract**

Despite the well-documented benefits of breastfeeding, the UK has one of the lowest breastfeeding rates in the world (Merritt et al., 2023). One of the areas that has been identified as impacting on a woman’s experience of breastfeeding is body image ([Author’s paper, removed for review purposes]). The aim of this study was to explore the body image experiences of breastfeeding mothers in the UK. Eighteen female participants were interviewed about their thoughts and feelings around their body image, specifically in relation to their breastfeeding. Three themes were developed following thematic analysis of the data: Breastfeeding as a functional tool, Body confidence and breastfeeding in public, and Not feeling like the real me: a loss of identity. Implications of the findings are discussed, with suggestions for health promotion and ideas for encouraging a more positive body image in pregnant and breastfeeding women, with the hope of improving breastfeeding rates and experiences.

**Key words:** Breastfeeding, Body Image, Women, Health, Qualitative, Interviews

**Introduction**

The benefits of breastfeeding are well-known, with the World Health Organization (2022) recommending exclusive breastfeeding for the first six months of a baby’s life and the continuation of breastfeeding for up to two years and beyond. Breast milk is full of essential vitamins and nutrients as well as containing disease fighting substances that protect babies from getting sick (Ross-Cowerdy et al, 2017; Clarkson et al, 2011). Breastfeeding also has benefits for mothers. Breastfeeding, for example, lowers the risk of women getting breast or ovarian cancer (American Institute for Cancer Research, 2018). Despite the well-documented benefits of breastfeeding, the UK has one of the lowest breastfeeding rates in the world (Merritt et al., 2023). The last UK-wide Infant Feeding Survey (NHS, 2010) was conducted in 2010, but the findings indicated exclusive breastfeeding at three months was just 17%, and exclusive breastfeeding at six months (as recommended by the World Health Organization) was at just 1%.

Research has indicated that there are numerous barriers to breastfeeding including health system and workplace barriers (Tomori, 2022). Body image, which is ‘a person’s perceptions, thoughts, and feelings about his or her body’ (Grogan, 2008: p. 3) has also been found to have an impact on breastfeeding. [Author’s paper, removed for review purposes] (2019), for example, carried out a systematic review of nine studies looking at the relationship between body image and breastfeeding with 13,046 participants. Their findings suggested that exclusive breastfeeding was more likely in pregnant women with a higher body image (i.e., more satisfied with their appearance), while those with body concerns had less intention to breastfeed or initiate, with those who start breastfeeding having a shorter duration.

Findings by Roomruangwong et al. (2017) showed that pregnant women, during their third trimester, as well as 2-3 days and 4-6 weeks after delivery, had high discrepancies between their ideal and actual body weight, leading to body image dissatisfaction and higher scores in depression and anxiety. Higher anxieties over body shape and weight can lead to lower breastfeeding initiation rates, as found in a longitudinal study of 12,000 women in England (Barnes et al., 1997). Further research is needed to explore body image experiences in relation to breastfeeding.

Rogers et al. (2018) found that mothers with desired weight loss, depressive symptoms and body surveillance, had body dissatisfaction and appearance related barriers to breastfeeding. Consistent with research among women more generally, Fitzsimmons-Craft (2011) found higher self-objectification was a significant predictor of body-dissatisfaction and higher self-objectification was also a good indicator of there being appearance barriers to breastfeeding. Skouteris et al. (2005) found that one of the leading causes of body dissatisfaction, anxiety and depression was the social pressures placed on women with media portrayals of the postpartum body.

Research has demonstrated that new mothers are more likely to have a negative body image, and Tavakoli et al. (2021) found that postpartum body dissatisfaction was related to variables such as body mass index, information received regarding body shape, and spouses’ perception of a woman’s body six months postpartum. Yet, the most effective predictor of postpartum body dissatisfaction was BMI (Tavakoli et al., 2021). Research has indicated that a negative body image can discourage mothers from breastfeeding, especially women who are classed as overweight (Swanson et al., 2017).

The majority of the research investigating the relationship between body image and breastfeeding is quantitative, with the focus being on establishing cause and effect, providing a gateway into understanding how to encourage women to breastfeed for the benefit of themselves and the baby. One study was carried out by Swanson et al. (2017), who assessed body image and psychological distress within 72 hrs of birth and by postal questionnaire at six to eight weeks postpartum, in ‘obese’ and ‘healthy weight’ women initiating exclusive (breastmilk only) breastfeeding or mixed feeding with CMF (cows milk formula) in hospital. They found that the ‘obese’ women were less likely to exclusively breastfeed in hospital, and less likely to be maintaining breastfeeding at six to eight weeks. The found that better body image was related to maintaining breastfeeding and to lower post-natal psychological distress. They also found that all the women in their study had low body image satisfaction around childbirth, which reduced further at six to eight weeks postpartum. Gillen et al. (2021) also carried out quantitative work and found that women who were currently breastfeeding indicated more positive body images and less likelihood of engaging in maladaptive weight control behaviours than women who were no longer breastfeeding or had never breastfed their baby. Women’s positive attitudes toward breastfeeding were associated with awareness and appreciation of body functionality and fewer maladaptive weight control behaviours.

There has also been some previous qualitative work, for example Acheampong and Abukari (2021) found that after interviewing 25 breastfeeding nurses and midwives in Ghana with infants younger than two, many had body image worries influenced by concerns surrounding generalised weight gain, which was attributed to eating extra food to maintain a healthy milk supply. Another qualitative study was carried out by Fern et al. (2014) who conducted email interviews with forty women who were allocated to three groups; currently breastfeeding, former breastfeeding, or bottle-feeding. They found that women who were breastfeeding were less negative about their body pre-pregnancy than the groups of women who had ended breastfeeding or were bottle feeding. An overarching theme that captured the views of the breastfeeding mothers was attitude transition which highlighted how women breastfeeding were more appreciative of their bodies following pregnancy and viewed their bodies more functionally which allowed them to appreciate the process their bodies had been through.

Building upon the previous qualitative work in this area, we wanted to explore the experiences of breastfeeding mothers in more depth. To our knowledge there has been no research in the UK exploring body image amongst breastfeeding mothers using semi-structured interviews which can elicit more in-depth responses compared to email interviews which can often result in short responses. The aim of the study is to gain a deep understanding of the way body image factors into the choice of bottle or breastfeeding. Through a qualitative approach the mother’s own opinion of her body will be explored and how this contributes to intentions, initiation and duration of breastfeeding. The aim of the current research was to explore the body image experiences of breastfeeding mothers, with the research question being “What are the body image experiences of breastfeeding mothers?”

**Methods**

**Participants**

Eighteen female participants took part with ages ranging from 24 to 41. The majority identified as White British (n=17) with one identifying as White Austrian who lived in Britain (n=1). Participants were recruited via opportunity sampling, using Facebook pages local to the research team and word of mouth. Participants were all living in either [Removed for Review purposes] or [Removed for review purposes] in the United Kingdom. Table 1 contains information about participants, including brief information about their breastfeeding experiences and history. [Insert Table 1 here] The inclusion criteria were that participants needed to be over the age of 18 and not currently suffering with any eating and/or body image disorders. All participants were either currently breastfeeding (n=13) or had finished breastfeeding within the last two years (n=5). The two year time frame was considered appropriate to ensure that participants were still able to reflect on their experiences. Written informed consent was collected ahead of the interviews being conducted, and pseudonyms were given to all participants.

**Interviews**

Interviews took place either in person (n=6) or online video interviews (n=12) using Microsoft Teams or Zoom; participants were given the choice as to which format, they preferred. The interviews were carried out by two members of the research team (AO and HC), both of whom have breastfed their own children in the past. The interviews were semi-structured, with a schedule covering topics such as body image perceptions prior to pregnancy and choices influencing breastfeeding decisions, with additional prompt questions asked during the interview. Examples of interview questions include: “How did you feel about your body before having a baby?” and “What factors affected your decision to breastfeed?”. Interviews were recorded using the recording function on Microsoft Teams or Zoom, or a Dictaphone, and each interview lasted approximately 45 – 60 minutes.

**Procedure**

Ethical Approval was granted from the [University name removed for review] University Ethics Committee. Participants who expressed an interest in taking part in the research were sent an electronic consent form and information sheet via email; consent was required before the interview could take place. Participants were then contacted to arrange an interview time and date and to give participants a chance to ask any questions. Participants were made aware that if at any point they did not wish to take part, be this during or after (within two weeks) or the interviews, then they just had to express their wish to withdraw.

Before the interview formally began, consent was reiterated verbally, and participants were reminded that the interview was to be recorded. Participants were then asked the questions on the interview. Participants were then emailed a copy of the debrief form which stated their rights to withdraw alongside any contact information for support resources.

**Data analysis**

The recorded interviews were transcribed verbatim and were analysed using reflexive thematic analysis (Braun and Clarke, 2006; 2021). Reflexive thematic analysis is a systematic qualitative method of analysis to develop and interpret common patterns/themes across a dataset (Braun & Clarke, 2021). Thematic analysis was chosen due to its theoretical flexibility and our intended focus on identifying themes across the dataset and, from a qualitative perspective, having a fairly large and heterogenous sample (Braun & Clarke, 2021). Themes were developed following the six-phase guidance outlined by Braun and Clarke (2013; 2021). Phase one involved familiarisation with the data through repeated listening to and reading back through the transcriptions. In phase two the data was systematically coded by capturing explicitly expressed meaning evident at the surface level of the data. Initial themes were generated in phase three by clustering potentially connected codes; this was achieved through colour coding the codes and manually via Microsoft Word grouping them into initial patterns, The initial themes were then developed and reviewed (phase four) to ensure that each theme had its own clear focus and boundaries, as well as clearly addressing the research question. During this phase, initial themes were reviewed against the coded data and two initial themes that, upon reviewing, were felt to be overlapping were merged to form a broader more coherent theme. Phase five (refining, defining and naming themes) and phase six (writing up the report) were interlinked. Although two members of the research team (HC & LC) completed the transcription and the coding, the entire team were involved in discussions about themes and any development and refinement in phases four and five. The research team discussed which quotes were most illustrative for each theme and quotes from several participants are included for each theme to demonstrate transparency (Yardley, 2000).

The analysis was underpinned by a critical realist position which acknowledges that a reality (in this case breastfeeding experiences) exist but that experiences and understandings are always contextual and “*mediated* by language and culture” (Braun & Clarke, 2021, p. 170). The potential impact of the personal experience of the research team were continually reflected on throughout the analysis process via a reflexive diary, advocated by Braun and Clarke (2021). Discussions of the themes amongst the research team were also a critical way of ensuring that any impact was transparently examined and reflected upon.

**Results**

Three themes were developed following thematic analysis of the data: Breastfeeding as a functional tool, Body confidence and breastfeeding in public, and Not feeling like the real me: a loss of identity. Example quotes are provided to illustrate each theme.

**Breastfeeding as a functional tool**

This theme captures the view of breasts being regarded as something functional, with breastfeeding therefore being seen as an embodied practice that served a specific role of feeding a child. Although this led to body appreciation for some in the form of respecting what their bodies can do, others expressed a dislike for the appearance of their breasts and a desire for their bodies to return to how they had been before they had become pregnant. The theme is made up of two subthemes: Respect and body appreciation, and Breastfeeding as a tool for getting back to a pre-pregnancy body.

***Respect and body appreciation***

Several participants highlighted how they now viewed their breasts as something functional as opposed to thinking about them in an aesthetic way. For example, Margaret commented:

*“I've never been self-conscious about it [breastfeeding]…I just feel really like that's what they [breasts] were there for, they just seem to me a bit more like a functional thing rather than like something that should be big or small or whatever.” (Margaret, one child, currently breastfeeding at 16.5 months old)*

Rather than being concerned with their size, Margaret views her breasts as having a specific purpose. By referring to them as ‘that’s what they were there for’ implies an acknowledgement of and challenge to the wider cultural and societal sexualisation of the breasts versus breasts as being functional. It is clear that viewing her breasts in this way plays a part in Margaret feeling confident when breastfeeding.

Viewing their breasts as serving a specific function led to many of the participants expressing a respect and appreciation for their bodies. For example:

*“It’s (body image) definitely not as positive as it was. But I'm also appreciative and amazed by what my body has been able to do […] I'm also proud of what my body has been able to achieve[…] so I'm I guess I'm sort of proud of my body.” (Liv, 2 children, breastfed first baby to eight months, currently breastfeeding four-month-old)*

This reconceptualization and appreciation of the body for what it can ‘do’ as opposed to how it looks is also echoed by Shelly, who as well as talking about body appreciation relating to pregnancy and giving birth in general, referred to its ability to keep her child ‘alive’ through breastfeeding. A change of priorities is integral to this reconceptualization:

*“I suppose I have a deeper level of respect for it [body], whereas before having babies it was quite superficial and kind of literally thought the way like my muffin top hung over my jeans like mattered for something, which in reality it’s like no. Actually, you’ve grown a human and given birth to one and are keeping one alive now with just your body like it’s amazing.” (Shelly, 2 children, breastfed first child to 14 months, currently breastfeeding 5.5-month-old)*

Although appreciating and respecting their bodies and the functional role of the breasts, breastfeeding for some had a negative impact on their body image. For instance, Imelda acknowledges that her breasts performed an extraordinary function, but as a consequence she now views them more negatively to the point where she does not like to look at them:

*“In terms of specifically around my breasts, I would say I’m not happy because I’ve had three [children] you know it’s one of the best things I did… I think it’s amazing to kind of sustained, three little children, three little babies. But the impact kind of physically… I don’t like seeing them [breasts] now.” (Imelda, 3 children, breastfed all three children to 9 months)*

Other participants although acknowledging a negative change to the physical appearance of their breasts because of breastfeeding, talked about how they had learnt to accept this.

*“I think it took me a long time to kind of like the deflated boobs, but I just thought well, they’ve served the purpose […] and they’re not that catastrophic, they still look alright in a bra.” (Rose, 3 children, breastfed first baby to 32 months, second baby to 3.5 years, currently breastfeeding third baby at 4.5 years)*

Appreciating the purpose her breasts had served appeared to help with Rose reaching this acceptance, which by her own admission took her ‘a long time’ to achieve. Despite this, her view of her breasts appeared ambivalent: ‘they still look alright’ and ‘kind of like.’

***Breastfeeding as a tool for getting back to a pre-pregnancy body***

Despite many of the women expressing a respect and appreciation for their breasts and the function that they have performed; some articulated a desire for their bodies to look how they did before pregnancy and breastfeeding. Weight loss was talked about as being the key focus for many in terms of returning to their pre-pregnancy body. For instance: *“I feel like I need to lose just about seven more pounds to get back to where I am.” (Anna, one child, currently breastfeeding at 18 months old)*

Breastfeeding was talked about as being a useful tool for assisting with this weight loss, with Rose highlighting this as being integral to her decision to breastfeed:

*“Everything that I read was always like you'll go back to your pre pregnancy body quicker if you breast feed… So, I thought oh OK, then ‘cause I thought I'd be like the size of a house after having [name] so I thought I better breastfeed then…I think that had a big part in me choosing to breastfeed so I could lose the weight.” (Rose, 3 children, breastfed first baby to 32 months, second baby to 3.5 years, currently breastfeeding third baby at 4.5 years)*

It seemed that this was a view that was passed down through the generations: *“Mom would always drill into me was that if you breastfeed, you lose the weight quicker because you burn calories.” (Shelly, 2 children, breastfed first child to 14 months, currently breastfeeding 5.5-month-old)* and between friends:

*“I told her that you apparently lose weight quicker. She was like, oh, I'm definitely gonna breastfeed then, and so for her that was kind of the main reason she wants to breastfeed this time 'cause she knows she'll lose weight quicker, or supposedly you do.” (Sophie, 2 children, breastfed first child to 7 months, currently breastfeeding 5-month-old)*

Sophie’s quote highlights the potential that weight loss has for motivating breastfeeding, despite uncertainty surrounding its actual success: ‘supposedly you do.’ One of the participants had direct experience of breastfeeding as playing a role in helping them to lose weight which subsequently had a positive impact on how they viewed their bodies:

*“One thing I didn't mention with my first…is how much weight I lost and how, when I look back when I was feeding, for that first year, I looked really thin and really healthy, and you could sort of think wow. That that really worked, you know, sort of glowing if you like. So that's one of the benefits.” (Polly, 2 children, breastfed first baby to one year, currently breastfeeding 2-week-old)*

Directly experiencing and observing the positive impact that breastfeeding had on her weight loss played a part in Polly wanting to breastfeed her second child.

**Body confidence and breastfeeding in public**

This theme captures the interconnectedness between body confidence and feelings about breastfeeding in public. Several factors impacted upon levels of body confidence and feeling comfortable when breastfeeding in public including viewing and appreciating the breasts as functional rather than aesthetic, reactions to breastfeeding in public, and size of breasts.

Several participants talked about how being more confident led to them feeling less self-conscious when breastfeeding in public. For example, Margaret commented that:

*“I wouldn't be bothered at all about like breastfeeding in public and stuff like I wouldn't think, ok what if someone looks at my like boobs and makes a judgment or anything like that. Like I'm quite confident, you know, I'd be quite confident that that's what they're there for.” (Margaret, one child, currently breastfeeding at 16.5 months old)*

For Margaret, this confidence seems to be underpinned by her view that breasts are something functional as opposed to thinking about them in an aesthetic way (“that’s what they’re there for”); perhaps an implicit challenge to the sexualisation of the breasts. Despite her confidence, Margaret indicates awareness of some negativity surrounding public breastfeeding (“and make a judgement or anything like that”), although she does not disclose being the direct recipient of it herself. The view of breastfeeding as serving a functional role similarly appeared to play an integral role for Liv in feeling more confident and less self-conscious about breastfeeding in public *“I've definitely felt more confident second time around, not covering up because at the end of the day, I'm just feeding my child”(Liv,2 children, breastfed first baby to 8 months, currently breastfeeding 4 month old).* The word ‘just’ highlighting the how intrinsically natural breastfeeding is for Liv.

Despite the confidence expressed by some participants, others expressed their dislike for and even avoidance of breastfeeding in public because of their body image. For instance:

*“I don’t have the most positive body image and I think I’ve definitely avoided breastfeeding in public as much as possible, to the point where, apart from flying, I don’t think we’ve ever really breastfed in public.” (Anna, one child, currently breastfeeding at 18 months old)*

The impact that a negative body image can have on breastfeeding in public was similarly highlighted by Liv, who provided a more specific explanation for her dislike: *“You know I've got my stomach on show here and it's hanging out at the side of my jeans and things like that. That uhm, isn't particularly pleasant to see” (Liv, 2 children, breastfed first baby to 8 months, currently breastfeeding 4-month-old).*

Despite the confidence expressed by some participants, there was an acknowledgement that the size of breasts can influence confidence when breastfeeding in public. For example:

*“My boobs are quite small normally…and so for me I can kind of cover myself up quite easily…once he's latched on my top can be lifted up a bit and you won't, you won't really see anything. So, I think that makes a big difference. 'cause I know I’m; I'm quite well covered up uhm whereas I think my boobs were a lot bigger. It's quite, you know, it's quite hard to hide, isn't it?” (Sophie, 2 children, breastfed first child to 7 months, currently breastfeeding 5-month-old)*

Even though Sophie had talked previously about only receiving very positive responses to breastfeeding in public, there is still an element of self-consciousness implied in her quote by her talking about the experience being potentially different if her breasts were bigger. It is clearly important for Sophie to be able to be “covered up” whilst breastfeeding, something she acknowledged would be more difficult to do if her breasts were bigger.

**Not feeling like the real me: A loss of identity**

This theme captures the view that women, after giving birth and particularly when breastfeeding, can feel differently about their identity, particularly in terms of not feeling like the ‘real’ them. Several of the participants described a sense of sadness in relation to this, with some describing it as a loss and/or separation. Body image was integral and central to this sense of identity loss with some expressing that in order to reclaim their previous identity, or at least some aspect of it, they needed to regain their appearance pre-pregnancy.

A loss of identity is illustrated in the following quotes from Anna, who described how since giving birth she feels like her sole purpose in life is being a mother, leading her to feel they had lost other parts of their identity. Breastfeeding served to reinforce the perceived sense of loss and separation that Anna felt from who she was before:

*“Your world gets taken over by baby and you become mum and that is your sole purpose[…]’cause all you do is just constantly breastfeeding, and I felt like that was all I was[…]and I think I was trying to pressure myself to get back down to feeling a bit more like me.” (Anna, one child, currently breastfeeding at 18 months old)*

*“I definitely feel like breastfeeding makes me feel less like myself and more like just mum[…]makes me feel more like just mum and not Anna anymore.” (Anna, one child, currently breastfeeding at 18 months old)*

Body image was an integral and central component to the sense of identity loss that participants described with some expressing that reclaiming their previous identity meant regaining their appearance pre-pregnancy and pre-breastfeeding. For example, Liv said:

*“I think with my first it losing weight was to kind of prove that I could have a child and actually not look like a mum…I didn’t want to be a mum who looked like a mum” (Liv, 2 children, breastfed first baby to 8 months, currently breastfeeding 4-month-old)*

The avoidance of being someone who “looked like a mum”, suggests that from Liv’s perspective, there is an image of what a ‘typical’ mum might look like, something that several women in the study wanted to distance themselves from. Getting back to how they looked pre-pre-pregnancy and pre-breastfeeding was an important way for several of the mothers to be able to reclaim part of their identity; this was something that they had a degree of control over. Clothing was described as an important aspect of this control, for example:

*“Dress sense has really changed because again, I still have this underlying notion of not wanting to look like mum this daft thing. Maybe it's an age thing as well. I don't know. Not wanting to look older like a mum.” (Liv, 2 children, breastfed first baby to 8 months, currently breastfeeding 4-month-old)*

*“I've gone back to my own style. I wore breastfeeding clothes for a bit, but I just found that they weren't very stylish and the ones that were stylish you'd have to pay like 60 pound for a hoodie, erm, or a jumper. So I just thought forget that. So I just started wearing things that you could just either lift up or or so I went back to pretty much what I wore before.” (Spencer, 2 children, breastfed first minimally, currently breastfeeding 15-month-old)*

The difficulty of finding clothes to reclaim part of their identity is illustrated in the following quotes:

*“Especially at 22 they (breastfeeding maternity clothes) were like vile, and I just thought Oh my God, these are disgusting.” (Rose, 3 children, breastfed first baby to 32 months, second baby to 3.5 years, currently breastfeeding third baby at 4.5 years)*

*“They're like bigger and baggier now…they're comfier and more practical as well, especially while currently breastfeeding…and also, the choice of post-natal, especially breastfeeding outfits, it is poor.” (Polly, 2 children, breastfed first baby to one year, currently breastfeeding 2-week-old)*

Although some of the woman emphasised the importance of clothing comfort and practicality when breastfeeding, many felt that the selection of clothing was poor and did not help their body confidence or help regain their identity of who they were prior to motherhood.

**Discussion**

The study aimed to provide in-depth insight into the views of breastfeeding women their experiences of breastfeeding and their thoughts and feelings around their bodies. This was achieved through thematic analysis of interviews, from which three themes were developed. The first theme: ‘Breastfeeding as a functioning tool’ suggested that women saw their body as an operating instrument that only performed the function of aiding life. This theme led to differing opinions across the participants, and two subthemes: ‘Respect and body appreciation’ and ‘Breastfeeding as a tool for getting back to a pre-pregnancy body’ were identified. The contrast that is shown in women’s opinions of their body indicates that mothers are influenced by the job that they have to perform. The second theme: “Body confidence and breastfeeding in public” portrayed the idea that a woman’s view of her body can be influenced by her breastfeeding experiences when in public. It was perceived that the participants valued the opinion of others, even if they were strangers. Thus, the intention to breastfeed in public was made uncomfortable for some whilst for others it made them feel more confident breastfeeding in public. The final theme that was identified, “Not feeling like the real me: A loss of identity”, suggested that women were experiencing confusion in their identity, and feeling that their sole identity was constructed to be just ‘mother’. Body image is an ingrained part of a person’s identity and is seen as one aspect of a person’s complete identity (Stanford, 2020), with our bodies even being referred to as our primordial identity (Horton, 2015). Breastfeeding has been found to be an important part of maternal identity, with the integration of breastfeeding into a woman’s mothering identity being an important motivator and self-efficacy builder (Kuswara et al., 2021), and the extent to which a woman views successful breastfeeding as an important part of her identity can impact on the length of time they breastfeed for (Cooke et al 2007, cited in Yeun et al 2022). The theme showed that the way body image is perceived can impact all areas of a woman’s life, such as their fashion choices and styling to help improve their body image confidence. The aim for women was to regain their original pre-pregnancy identity and move away from the ‘mother’ identity. The findings have shown us the way that women portray differing views of their physical appearance. Some participants were proud and respected the changes in their physical appearance whilst some rejected the changes and wished to revert back to their pre-pregnancy body. Their opinions held over their body image meant that their intention to breastfeed, for example in public was either strengthened or weakened depending on whether they held a positive or negative view of their body or how they identified themselves. The initiation of breastfeeding for most participants was influenced mostly by the view that their body was there to serve a purpose to support the feeding of their child.

The present findings aligned with previous research findings such as Fern et al. (2014) who noted that the operational body is considered more favourable with fewer negative evaluations made, compared to an aesthetic body. This could explain the findings in the current results that women who breastfeed are less concerned about the appearance of their body compared to women who viewed their bodies more aesthetically. Furthermore, the findings of Acheampong and Abukari (2021) were also in line with the present findings since their research results suggested that there were concerns surrounding weight gain and its impact on body image which was also mirrored in the current research findings that women engaged in more exercise to regain their pre-pregnancy body. In addition, Swanson et al. (2017) suggested that body image scores were lower in obese women, suggesting that obesity negatively affects breastfeeding initiation and maintenance. The focus of weight is relevant to findings in the current research since women discussed that differing body shapes or breast sizes influence whether they initiate breastfeeding in public, with participants suggesting that those with larger breasts would feel more discomfort with breastfeeding in public.

It is important to research body image and breastfeeding since research does indicate that a woman’s body image can impact the intention, initiation and duration of breastfeeding. This can have real-world implications. For example, the current results showed that public opinion of breastfeeding influences whether women choose to breastfeed in public, or the ‘ideal’ of wanting to return to the pre-pregnancy body can be influenced by the social construction of the ideal woman’s body. To tackle these views, social media could play a key role in promoting women to critique the social construction of a feminine ‘ideal’ body, especially in association to thinness after pregnancy or the negative views of breastfeeding in public. Social media advertisements, or online training courses could retrain women's thoughts and promote positive body image following pregnancy. In addition, previous research (e.g. Mahlo and Tiggemann, 2016). and current research findings have shown that viewing the body more functionally or as a functional tool can lead to respect and appreciation of the body. This means that face-to-face or online workshops, advertisements, or prenatal classes could encourage women to focus on the importance of the function of the body over its aesthetics which could lead to women improving their body image views following pregnancy.

Despite the interesting findings of the study, there are also some limitations. Our sample was limited, with all of our participants being white females. As researchers, we did not specifically target our recruitment at non-White participants, instead relying on the opportunity sample of whoever responded to our research advertisements. In the future it would be important to carry out research looking at breastfeeding and body image in a wider range of ethnicities. In terms of other pieces of future research, it would be interesting to explore more specifically different groups of breastfeeding women, rather than just women in general, as interviewed in this study. For example, Garner et al. (2017) and Swanson et al (2017) report how women in larger bodies experience multiple challenges with breastfeeding that are either unique or exacerbated by their size, for example having less confidence about breastfeeding than “normal weight” women. It would therefore be useful to carry out a qualitative study looking exclusively at body image in larger women who are breastfeeding, to try and explore some of these issues and working on ways to resolve them.

The mothers in our sample were women who had succeeded in breastfeeding and had all breastfed for a substantial amount of time: we did not specifically set out to achieve this and we advertised to all breastfeeding mothers or those who had breastfed within the past two years. In the future it would be useful to focus on different groups, for example mothers who use CMF to feed their babies, either solely or in combination with breastfeeding, to consider their views on bodies related to breast and infant feeding more generally. Future research exploring the experiences of women who would have liked to breastfeed but did not because of their thoughts surrounding their bodies would also be of importance. Additionally, as mentioned, we opened up our recruitment to all breastfeeding mothers, without any limits as to whether they had breastfed previously. Future research could look exclusively at first-time mothers to explore their breastfeeding experiences in relation to their bodies.

In conclusion, our findings suggest that through a qualitative approach, women were enabled to explore a range of attitudes and emotions with regards to breastfeeding and body image. Overall, the wariness surrounding societal views regarding breastfeeding can influence the intention and duration of breastfeeding. Also, the views of others can influence how women view their body, as either performing respected key functions or losing their identity, thus affecting their intentions surrounding breastfeeding. Further research needs to be carried out to explore different groups of mothers and their body image experiences in relation to breastfeeding, for example mothers who would have liked to breastfeed but felt unable to due to their feelings around their bodies.

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