

Relatively speaking? Partners' and family members' views and experiences of supporting breastfeeding: a systematic review of qualitative evidence

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ABSTRACT

Objective: To synthesise qualitative evidence of views and experiences of partners and other family members who provided breastfeeding support for a relative.

Methods: The Joanna Briggs Institute (JBI) methodology for systematic reviews of qualitative evidence was followed. Seven databases: CINAHL, MEDLINE, EMBASE, PsycINFO, Scopus, Maternal & Infant Care, and Web of Science were searched. Partners and other family members (e.g. grandmothers, siblings) of women in any countries were included. Included papers were critically appraised. The JBI meta-aggregative approach was used to analyse data and form synthesised findings.

Findings: 76 papers from 74 studies were included. Five synthesised findings were: (1) Spectrum of family members' breastfeeding knowledge, experiences and roles; (2) The complexity of infant feeding decision making; (3) The controversy of breastfeeding in front of others; (4) Impact of breastfeeding on family; (5) It takes more than just family members: support for family members.

Conclusion: Partners' and family members' views and experiences of breastfeeding support reflected multi-faceted personal, social, financial, cultural, religious, emotional, psychological, and societal factors of the support they provided (or not). Healthcare professionals should engage them in breastfeeding discussions with the woman, and offer tailored and practical guidance relevant to help them to appropriately support the woman.

INTRODUCTION

Exclusive breastfeeding (EBF) for the first six months of an infant's life is recommended by the World Health Organisation (WHO)¹ due to its numerous health benefits to the infant and mother². Despite many advantages that breastfeeding offers, breastfeeding rates have remained static with only 44% of infants under six months old worldwide exclusively breastfed in 2019³.

A previous review, published a decade ago, reported the importance of breastfeeding support from a range of key supporters for breastfeeding women, including family members, friends, community members, employers, and healthcare professionals (HCPs)⁴. Family members, particularly women's partners and infants' grandmothers, are highly influential in women's decisions to initiate and continue breastfeeding^{5,6}, mainly through providing social support which is vital to functioning relationships, involving emotional, instrumental, informational, and appraisal behaviours⁷. Myer et al.⁸ in this issue contributed to the understanding of impact of types of support on breastfeeding by providing evidence on associations between practical/emotional support and breastfeeding duration. However, there has been little insight into family member's own perspectives on breastfeeding. As family members are known to influence breastfeeding practices, a comprehensive understanding of family members' views on breastfeeding and supporting breastfeeding is likely key in understanding how to improve breastfeeding outcomes.

Previous reviews have overlooked the holistic synthesis of qualitative evidence regarding the wider family, mindful of family structures which may extend beyond the 'traditional' nuclear families or biological families (for example, stepfamilies). As reviewed in Sear⁹ in this issue, academic focus on the 'traditional family' potentially hampers attempts to understand and improve maternal and child health. Therefore, this review investigated partners' (any sex/gender) and wider family members' (for example, grandparents, siblings, aunts/uncles, in-laws) perspectives and experiences of supporting breastfeeding.

METHODS

This review was guided by the processes and principles recommended by the Joanna Briggs Institute (JBI) systematic reviews of qualitative evidence¹⁰. The review protocol was registered on PROSPERO (registration number: CRD42018093889). The review questions were as follows.

Primary questions:

- What are partners' and family members' views, including their attitudes and knowledge of breastfeeding?
- What are partners' and family members' experiences and perspectives of providing breastfeeding support to women?
- What are facilitators and barriers for partners and family members to support women to breastfeed?

Secondary question:

- What are partners' and family members' information and support needs to enable them to facilitate breastfeeding?

Inclusion criteria

Phenomenon of interest

Studies were included which investigated the perspectives of partners and family members surrounding breastfeeding and supporting breastfeeding. Literature that reported the perspectives of breastmilk donation, breast milk banks and complementary feeding which focused on providing solid foods was excluded.

Types of Participants

Studies were considered if they involved partners and family members who supported women in high, middle and low-income countries as defined by the World Bank¹¹. The definition of family reflected a range of members (as defined by study authors), and could include partners of any sex or gender, grandparents, in-laws, relatives, aunts/uncles, nephew/niece, siblings, half-siblings, adopted siblings, stepsiblings, etc. Studies that included infants with medical conditions such as HIV, pre-term infants, neonates and infants in intensive care units were excluded.

Types of studies

Qualitative primary research and extractable qualitative data presented in mixed methods research were included. Studies using only quantitative approaches were excluded. Grey literature, reviews, graduate and postgraduate dissertations, policy papers, opinion papers, and guidelines were excluded. Included studies were limited to publications in English and in peer reviewed journals from 1990, when the Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding¹² was introduced, to January 2020.

Search strategy

This review followed JBI's three-step search strategy¹⁰. An initial search was conducted on MEDLINE and CINAHL to analyse keywords in the title, abstract and headings used in the studies. Next, a systematic search using all identified keywords was conducted in April 2018 on the following seven databases: CINAHL, EMBASE, MEDLINE, PsycINFO, Scopus, Maternal & Infant Care and Web of Science. Finally, reference lists of included studies and relevant reviews were screened for relevant studies. The search was updated in January 2020. Supplementary material 1 shows an example of search strategy.

Data collection and quality assessment

Studies were assessed following predefined inclusion criteria and subjected to a title and abstract screen using EndNote software. Papers selected for retrieval of full text were assessed to ensure they met inclusion criteria by two reviewers (KMCL and KYCL) independently, and verified by Y-SC. Data were extracted using a data extraction

form developed for this review. The JBI Critical Appraisal Checklist for Qualitative Research¹⁰ was used to assess methodological quality of included papers by Y-SC and SB independently (supplementary material 2). Any disagreements were resolved via discussion between the two reviewers.

Data synthesis

The JBI's three stage process of synthesising data was used. First, individual papers' findings including themes and authors' observation were extracted. Categories were developed from the findings across included papers based on their similarity in meaning. 'Unsupported' findings which could not be supported by a direct quotation from a participant were not included in the categories. Following this, a comprehensive set of synthesised findings were formed from categories.

ConQual assessment

The confidence of evidence of synthesised findings were assessed using ConQual according to the JBI guidelines^{10,13}. Papers were pre-ranked as 'high' for qualitative papers, 'moderate' and 'low'. Dependability (the appropriateness of study conduct to meet the study aims) and credibility levels of each synthesised finding were assessed based on relevant papers and data included in each synthesised finding. Each paper was allocated a dependability score based on five questions (questions 2, 3, 4, 6 and 7) of the JBI Critical Appraisal Checklist (supplementary material 2). The inclusion of unequivocal, credible or unsupported findings was used to assess credibility. Following dependability and credibility assessment, each synthesised finding was presented with a final ConQual level (supplementary material 3).

FINDINGS

The search produced a total of 76 papers^{14–89} which met inclusion criteria, of which 25 were identified from the update search in January 2020 (supplementary material 4). Among the 76 included papers, 74 studies were reported, with two papers presenting findings from the same study^{79,80}. The other study included two papers^{28,29} that reported on different aspects of the study.

Four-two papers were from high-income countries (United Kingdom (UK, n=17), United States of America (USA, n=12), Canada (n=4), Sweden (n=3), Australia (n=6)); 9 from upper-middle income countries ((Indonesia (n=1), Brazil (n=5), Iran (n=2), South Africa (n=1)); 20 from low-middle income countries ((India (n=1), Pakistan (n=2), Kenya (n=3), Nigeria (n=3), Cameroon (n=1), Senegal (n=1), Cambodia (n=1), Zambia (n=1), Tanzania (n=4), Nepal (n=2), Myanmar (n=1)); and 5 from low-income countries ((Malawi (n=2), Democratic Republic of the Congo (n=1), Haiti (n=1), Rwanda (n=1)). Forty-seven papers included the experiences of partners only, twelve with the infant's grandmothers only, fourteen from partners and grandmothers, and three involving partners, grandmothers and other family members (supplementary material 5).

The quality assessment found the included papers were of moderate to high quality. Five papers^{20,42,54,65,71} scored 10/10. Other papers scored between 5-9. 'Influence of the researcher' and 'the researcher's cultural or theatrical statements' were not described in several papers (supplementary material 2). The ConQual process^{10,13} was followed to evaluate confidence in the level of evidence for each synthesised finding. The final ConQual score for the synthesised finding 'Impact of breastfeeding on family' was 'low', and for the other four synthesised findings was 'moderate' (supplementary material 3). Eighteen categories were developed from the findings to form five synthesised findings (Table 1). Presented below are the synthesised finding and their categories. Synthesised findings, categories and supporting quotes are shown in supplementary material 6.

---Insert Table 1 here----

Synthesised finding 1: Spectrum of family members' breastfeeding knowledge, experiences and roles

There was a broad spectrum of family members' breastfeeding knowledge, experiences and roles with mixed views on breastfeeding benefits, exclusive breastfeeding, insufficient breast milk and colostrum. Cultures and religions influenced views on breastfeeding, with various roles played by family members in the infant feeding journey.

Mixed level of breastfeeding knowledge and understanding of breastfeeding benefits

Family members had varied breastfeeding knowledge, although generally, family members held positive views of breastfeeding, such as it being 'natural', more beneficial than formula feeding, having benefits for the infant's and woman's health and immunity, good for mother-infant bonding and family planning, financially beneficial,

and convenient, with some describing nutrients within breastmilk^{18,21,23,25,27,28,30,32,36,38,40–43,46,50,56,59–62,64,65,67–74,76,77,79–81,84,85,87,88}. Others thought formula feeding could cause behavioural concerns for the baby^{64,72}, and was for ‘the rich’⁸⁷. Few partners thought they were knowledgeable about breastfeeding^{43,78}, and many partners had limited knowledge on specific benefits and technical aspects of breastfeeding, and wanted to know more^{25,63,84,88}.

Views on exclusive breastfeeding and insufficient breast milk

In low-income settings, water or formula were offered to infants due to the perceptions of insufficiency of EBF, related to a lack of money for good food for the woman to produce sufficient breastmilk, concerns of an increased risk of dehydration in hotter climates, and EBF viewed as a ‘western’ practice^{14,17,33,48,57,60,67,69}. Contrastingly, in high-income settings, when insufficiency of EBF was discussed, this raised concerns about an infant’s poor weight gain, and uncertainty over the quantity of milk the infant took. In some cases, family members had positive views on EBF including the frequency and duration of EBF^{15,25,27,56,73,78,89}.

Views on colostrum

Grandmothers from some South Asian countries described colostrum as ‘old milk’ which had been stored for a long time⁴⁴. Nepalese grandmothers and partners, for example, thought colostrum was toxic to babies and should be discarded⁵⁰ which might not reflect breastfeeding women’s views, while in other Nepalese communities, grandmothers believed colostrum was nourishing and thought only the first milk (khil)⁵⁴ should be discarded.

Influences of cultures and religions

Some partners and grandmothers specifically described breastfeeding as positive in their cultures, including in Bangladesh^{60,68}: “Culturally it is a positive thing in terms of breastfeeding.” (Partner; UK)⁶⁸. However, this was not universal, with one partner identified breastfeeding not being a common practice in his community⁴³. In some African (Nigeria, Cameroon) and Asian cultures (Myanmar, Nepal), family members offered women specific foods to aid breast milk quality and quantity, such as herbs, traditional medicines, teas, soups^{23,25,30,42,67,72,87}. Some partners and grandmothers such as those in Nigeria, Pakistan, African Americans in the USA, and white low-income men in Britain were concerned about the risk of disease (for example, tuberculosis and cancer) transmission via breastfeeding^{23,40,72,87}. Religious views on breastfeeding were reported, such as referring to breastmilk as ‘God’s gift’, with breastfeeding generally promoted in their religious practices/texts^{44,62,64,72,87}.

Unveiling the reality of breastfeeding

Partners commonly presumed breastfeeding was ‘easy and natural’, but identified the reality of breastfeeding as a challenge^{16,22,61,79,80}. They described breastfeeding challenges (cracked nipples, sleep disruption, lack of milk production, poor feeding/latching, unawareness of how frequent their baby would feed, time consumption)^{16,43,61,68,70,76,80,85} and emotional toll of breastfeeding on women^{16,43,86}, with partners grateful for women’s commitment despite these challenges^{16,63}. One grandmother in Wales described her concerns that negative experiences could deter her daughter from breastfeeding in the future³⁶.

Roles of partners and family members

Partners described that they provided practical, emotional and technical support to women^{16,22,25–28,35,43,46,47,50,55,56,61,62,64,65,68,70,71,73,74,76,77,79,84,85}. Practical support included household chores, baby care, childcare for older children, and ensuring women ate well. Partners provided emotional support to the woman and/or their infants through finding other ways to bond with their baby by calming them, providing encouragement to the woman by offering praise and reassurance to continue to breastfeed, alleviating feelings of women’s loneliness by sitting with them when breastfeeding. Some partners found paternity/partner leave helpful to support the woman to breastfeed as they could care for older children⁶⁴. Some partners could provide specific support, for example, on breastfeeding techniques (e.g. baby’s latching onto the breast)^{28,77}. Work commitments and time constraints sometimes limited their ability to provide breastfeeding support^{19,35,84}.

Partners speculated on their role in contributing breastfeeding support. Some saw this as a shared responsibility but experienced their help being rejected or were unable to determine the woman’s needs^{22,35,62}. Partners believed it was a family member’s duty to provide breastfeeding support^{19,50,59,60,71}, although some women’s relatives discouraged breastfeeding due to their own negative experiences^{49,63,73}. Some sex female partners identified being open to co-breastfeeding and ensuring their breastfeeding partner’s wellbeing⁷¹. Grandmothers considered they were key figures to support breastfeeding as they possessed greater knowledge and experience, and could share their knowledge with future generations^{32,36,44,51,54,60,67,75,83,84,89}. Inequality in the roles of parents during breastfeeding were described^{71,74}. Some partners felt breastfeeding was solely the responsibility of the

women^{14,19,43,45,55,62,64,71,73,79}, a view which reflected religious and traditional gender role views that men should work and provide money, while their wife takes care of the children and house.

Synthesised finding 2: The complexity of infant feeding decision making

Infant feeding decisions were complex for many families. Women were often the main decision maker but there was also pressure for women to breastfeed. Breastfeeding problems could result in families reconsidering and changing their breastfeeding decision.

Breastfeeding is predominantly the woman's decision

Gender roles largely factored into infant feeding decision making with many partners believing this was not their role and was predominantly the woman's, as it was her body^{18,19,22,24,26–28,38,43,59,63,64,68,71,81}. Many partners presumed their child would be breastfed^{18,27,43,61,63,71,80,81} and some partners had not discussed this with the woman^{24,27,43,61}. Some grandmothers considered a woman's partner should have no say in infant feeding decision as it was a woman's choice to breastfeed or not⁴². Partners supported the woman's breastfeeding decisions^{18,22,43,59,61,63,65,76,79,90} and some worked in partnership with the woman to make a joint decision^{22,40,76}. Some grandmothers felt undermined when their breastfeeding advice was not enacted^{60,75}.

"I don't think we [fathers] are entitled to [decide], to be quite honest. It's not our bodies." (Father; England)²²

Reconsidering breastfeeding decision/behaviour

Partners felt frustrated and helpless when the woman encountered breastfeeding problems, leading them to believe formula feeding was less problematic⁸⁰. Some family members mentioned switching to formula feeding due to breastfeeding challenges and inconvenience including high demands on women, lack of sleep, unequal responsibility between partners, and prioritising a woman's wellbeing (e.g. stressed from unsuccessful breastfeeding) over breastfeeding^{43,58,79,80}. Other reasons to switch to formula feeding included prioritising infant health because of poor weight gain or weight loss^{55,66,70,79,80}, and women returning to paid employment^{48,63,75}. In one study from Haiti, a natural disaster resulted in financial instability to afford nutritious food for women to produce breast milk³⁰. Some family members preferred bottle feeding over breastfeeding as they could get involved and develop a stronger bond with the baby^{29,35,46,58,61,71}.

Women under pressure to breastfeed

There were examples of women under pressure to breastfeed from family members and/or HCPs. Partners in some cases pressured their breastfeeding partner to continue despite its challenges and the women wanting to stop^{59,76}. In one study from Pakistan, a woman's sister-in-law who did not support breastfeeding pressured her relative to breast and bottle feed⁶⁴. Some partners in one Swedish study discussed the pressure women received in hospital to breastfeed⁷¹.

"I have always pushed it with her to. Even if she would want to stop I don't think I would just let her stop right away." (Father; Canada)⁷⁶

Synthesised finding 3: The controversy of breastfeeding in front of others

Breastfeeding in front of others was controversial. Some family members were concerned about sexualisation of breasts and protecting a woman's privacy, while others supported women breastfeeding in public.

Concerns with the sexualisation of breasts and privacy

Partners identified the stigmatisation associated with breastfeeding in public, and thought it should be avoided due to the woman being uncomfortable with others potentially able to see her breasts^{16,24,40,49,59,63,81}. Partners had concerns about the sexualisation of breasts, suggesting breastfeeding was a private action^{16,40,60,63,74}. Some referred to a protective instinct for their partners and were only accepting of breastfeeding in public if women could do this discreetly^{16,24,40,49,63,70,81}. Some grandmothers and partners felt breastfeeding was inappropriate in front of other children^{40,63}.

"Some people can act very strangely if a woman breastfeeds in public," (Father; Ireland)¹⁶

Open for women to breastfeed in public

Partners were aware of social issues related to breastfeeding in public, such as perceptions of breastfeeding as "arousing"⁷⁷ and requiring "public nudity"⁶⁵ but this did not deter partners from supporting women to breastfeed

in public⁷⁷. Some partners challenged those who thought breastfeeding in public was an issue⁷⁷ while others reported that they did not experience any issues with this, and that women should breastfeed in public for infants' benefits^{74,86}. One partner from Britain felt that breastfeeding in public was subtle as not many people would notice⁴⁰.

"In a mall, I'm not going to let my kid go hungry just because someone's offended." (Rural, low-income father; USA)⁷⁷

Synthesised finding 4: Impact of breastfeeding on family

Family members spoke of positive and negative impacts of breastfeeding on couple and family relationships, as well as parent-infant relationships.

Positive impact on couple and family relationships

Partners found breastfeeding supported teamwork with their partner^{31,55,81}, brought them closer⁷² and provided a sense of equality⁷¹. It helped when partners understood the impact breastfeeding would have on their intimacy⁷⁶. Partners acknowledged these positive emotions and their willingness to emotionally and practically support their breastfeeding partners⁷¹. One grandmother from Australia mentioned her relationship with the infant's mother improved with the arrival of the infant⁷⁵.

"We do things now more together, so we work through all the struggles together, so that's great." (Father; UK)⁸¹

Negative impact on couple and family relationships

Partners and grandmothers shared similar views on breastfeeding as intruding on spousal relationships, as it caused an imbalance in the relationship, arguments, reduced sex appeal and less quality time as a couple^{14,18,68,71,74,76}. Additionally, one grandmother from Pakistan was jealous of her breastfeeding daughter-in-law as she was unable to successfully breastfeed when she was younger⁶⁴. However, one partner from Canada reported that the overall benefits of breastfeeding outweighed the negative⁷⁶.

Positive impact on parent-infant relationships

Partners felt joy with observing mother-infant bonding from breastfeeding^{16,27,46,56,61,62,68,71,76,85} and could bond with their baby in ways other than feeding^{28,45,46,71,74,76,79}. Some were confident they could bond with their baby at a later stage^{29,35,71}.

Negative impact on parent-infant relationships

Partners reported delayed relationship development with their infant, with some describing that they felt frustrated, excluded and jealous of their breastfeeding partners^{16,18,25,27,29,35,46,58,61,63,71,73,74,85}. Others were concerned that their baby developed a sense of over attachment with the mother^{20,35}.

"I felt very much excluded." (Father; Brazil)⁷⁴

Synthesised finding 5: It takes more than just family members: support for family members

There were positive and negative experiences of support family members accessed and received from various sources including HCPs, with tailored support, information and education needed to enable family members to better support women to breastfeed.

Access to and (un)helpfulness of support for family members

Partners and grandmothers developed breastfeeding knowledge through antenatal classes, online resources and discussions with their peer groups^{18,25,27,38,40,43,48,52,54,59,60,64,68,73,75,80,84,86,91}. Some partners attended antenatal classes provided by HCPs and/or privately^{18,43,61,62,73,79,80}. In an Australian study, partners shared their experiences and offered emotional support to others through an app⁸⁶. Positive attitudes towards leaflets and interventions were described by partners and grandmothers which offered advice on how to support the breastfeeding woman, underpinned by evidence^{18,45}. Some partners encouraged other women's partners to attend breastfeeding classes in order to be able to support their partners^{16,86}.

There were mixed views amongst family members of experiences with HCPs. Partners and grandmothers reported that HCPs disregarded and excluded them when breastfeeding issues were discussed with the women, for example, leaflets, classes^{18,25,26,37,48,61,62,68,70,73,75}. Sometimes daytime antenatal classes were inaccessible to

partners due to work commitments^{27,80}, or partners felt isolated if they were the only male in the group⁸⁰. Some grandmothers were unable to access education classes or contact HCPs despite wanting to update their knowledge⁴⁸. In contrast, some family members reported positive experiences with HCPs in private antenatal classes and felt like a true participant as they were included in discussions^{18,63}.

Infant feeding advice received from HCPs

Although some partners were encouraged by HCPs to support breastfeeding, they felt that HCPs strongly promoted any breastfeeding^{15,33,38,41,43,44,62,64,71,84} or exclusive breastfeeding^{15,22,27,33,43,61} but not other mixed breast and formula feeding. Some described receiving conflicting advice from HCPs^{44,61,70,75,86,88} on breastfeeding techniques and positioning^{18,28,80}, possible breastfeeding challenges they may encounter with troubleshooting advice²⁵, and their role in supporting the woman⁸⁰. Women were advised by HCPs to switch from breastfeeding to formula feeding when they had concerns about baby's weight loss^{64,79,80} or poor milk supply⁶⁴.

Need for tailored support, information and education

Partners wanted breastfeeding classes at flexible times, including evenings^{79,80} and suggested programmes focused solely on partners so they could network and share experiences, preferably with a male HCP to lead the session^{68,70,80,82,86,88}. Some wanted sessions to include different age groups^{41,82}, while younger partners wanted groups of similar ages as they found it difficult to relate to older partners⁴³. Partners wanted specific information on breastfeeding benefits, ways to support the woman, breastfeeding challenges and troubleshooting advice^{16,61,80} and a balanced approach towards other infant feeding practices¹⁶. Partners required evidence based information with statistics to make informed infant feeding decisions¹⁸, less text and more pictures of families/partners^{18,45,82}. More support and reassurance from HCPs was highlighted⁸⁵, with HCPs proactively explaining breastfeeding materials rather than just handing them out⁴⁵.

"...I was always at work...it wasn't an evening which would have been easier to attend..." (Father of one; England)⁸⁰

Some partners wanted specific instructions from the women on support needed⁷⁴. One suggested grandmothers should update their infant feeding knowledge, particularly on demand feeding, as their knowledge was outdated⁴⁵. Similarly, grandmothers wanted to update their knowledge as they were unfamiliar with current breastfeeding recommendations⁴⁸. More generally, breastfeeding education for the population to shift social stigma associated with breastfeeding¹⁶ and mandatory labour legislation to ensure partner leave⁷⁴ were suggested.

DISCUSSION

Breastfeeding knowledge gap compounded with wider influences of culture and society

To our knowledge, this is the first systematic review which focuses on breastfeeding experiences and views of all family members including partners, grandparents, siblings and in-laws. Our review highlighted a gap in some family members' (particularly partners) breastfeeding knowledge and how best to support their partners. A partner's knowledge and positive attitudes to breastfeeding influenced breastfeeding initiation and duration^{4,92}. Grandmothers considered their role was to communicate their breastfeeding knowledge across generations. Grandmothers have been identified as key influencers on breastfeeding uptake and duration⁶, however, there was evidence that grandmothers, particularly those from low-middle income countries needed to update their breastfeeding knowledge to effectively support women.

The cultural and religious influences on breastfeeding knowledge and support, such as views on colostrum, EBF and narratives surrounding insufficient breast milk supply were an important finding of this review. However, given the limited research into the cultural and religious influences on infant feeding⁹², this should be a focus for future research.

We identified an ongoing prominence of stigmatisation of breastfeeding in public, with all included papers reporting on this from high-income countries, except one from Brazil⁷⁴. As well as better family support, public health promotion is needed to achieve a cultural change and normalise breastfeeding⁹³. That a woman's breasts were viewed by some partners as sexual objects which should only be seen in private situations were echoed in Sihota et al.'s review⁹⁴. We also found grandmothers and partners reported breastfeeding in public as inappropriate in front of other children^{40,63}. To overcome stigma, better breastfeeding education, starting from schools, and positive promotion from media, policy makers, celebrities and HCPs are required to influence a cultural shift⁹⁵.

Importance of mental health and supporting family members to support women

Family members offered practical and emotional support to women who were breastfeeding. Emotional support from partners was associated with higher breastfeeding initiation⁹⁶ with some partners able to recognise the toll breastfeeding had on a woman's health and wellbeing. Women's desire to successfully breastfeed may stem from the strong promotion of (exclusive) breastfeeding, which triggered feelings of guilt if not achieved⁹⁷. HCPs should consider this when advising partners and family members, using communication skills sensitive to the needs of the family without placing undue pressure on the woman. The frustration and helplessness partners felt when not able to help women struggling with breastfeeding, and feelings of being excluded highlight the importance of addressing partner's mental health as well as the woman's. The issue of conflicting advice from HCPs also needs to be addressed, as this was frequently raised as a problem by partners and family members and remains a critical area of practice development⁹⁸.

In common with others⁹⁹, we found family members, particularly partners, were excluded from breastfeeding interventions and classes. Involving partners and family members as early as possible in breastfeeding interventions could potentially maximise their support for breastfeeding women¹⁰⁰. A key finding of the current review is that it could be challenging for partners/family members to deduce what support the woman wants, reflecting the dynamic of couple relationships. Breastfeeding interventions could improve couple relationships via better communication and shared decision making, and encourage partner support¹⁰¹. HCPs require more training on providing breastfeeding education tailored to needs of family members likely to support women, and can adapt teaching as appropriate.

Gender inequality and socio-economic status: Can we bridge this gap?

Gender inequality was a leading influence on partner and family member's support. This was evident from views of traditional gender informed roles in society, the biological incapacity of men to breastfeed and a partner's inadequacy to form a strong bond with their baby. However, for same sex female partners, gender inequality was not as profound. Some male partners overcame gender inequality via performing other tasks, such as domestic chores. Partners should be aware of unrealistically high expectations and of the effects of breastfeeding on family dynamics. Examples of realistic expectations could be provided during early teaching, such as in antenatal classes, including educating partners how they can offer support.

Cattaneo's¹⁰² presentation of social inequalities on breastfeeding rates highlighted how disadvantaged groups faced many impediments to accessing healthcare services needed. Findings from low-income settings in our review showed partners' and grandmothers' views of impacts of the environment and poverty on the quantity and quality of breastmilk a woman could produce. These views resulted in those supporting the woman suggesting mixed or formula feeding if possible, even though this was likely to be more expensive and potentially dangerous for the infant if the woman did not have access to a portable water supply and/or know how to safely mix formula feeds.

WHO recommended interventions such as paid leave, implementation of the International Code of Marketing of Breastmilk Substitutes and Baby-Friendly Hospital Initiative, together with ongoing education and skills development, to help women in deprived communities to breastfeed in order to tackle social inequities¹⁰³. Healthcare professionals and those responsible for maternity and infant policy should also ensure partners and family members are included as part of any interventions to enable them to provide breastfeeding support to women to bridge the gap of social inequalities.

Strengths and limitations

The strengths of this review are the inclusiveness of the definition of partners and family members, including same sex couples and non-restrictions to country settings, enabling us to identify possible cultural differences and differences between country settings. The limitations included: (i) only papers written in English language were considered; (ii) findings from older papers may not reflect current breastfeeding issues (iii) the majority of the family members in the included studies were male partners followed by the infant's grandmother(s), suggesting further research is needed which is inclusive of other family members.

CONCLUSION

This review has shown that multi-faceted personal, social, financial, cultural, religious, emotional, psychological and societal factors influencing partners/family members' views on breastfeeding and types of support provided

(or not) to women. Partners/family members also need support from HCPs to enable them to better support women, with much needed improvement in services and resources they offer to partners and family members. HCP training should be strengthened regarding breastfeeding support, such as knowledge, delivery of breastfeeding advice and interventions, addressing mental wellbeing, and tailored support to the needs of the family.

Acknowledgements

We thank Fleur Fuller who supported the bibliographical database search in 2018.

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Table 1: Synthesised findings and categories

Synthesised Findings	Categories
Spectrum of family members' breastfeeding knowledge, experiences and roles	Mixed level of breastfeeding knowledge and understanding of breastfeeding benefits
	Views on exclusive breastfeeding and insufficient breast milk
	Views on colostrum
	Influences of cultures and religions
	Unveiling the reality of breastfeeding
	Roles of partners and family members
The complexity of infant feeding decision making	Breastfeeding is predominantly the woman's decision
	Reconsidering breastfeeding decision/behaviour
	Women under pressure to breastfeed
The controversy of breastfeeding in front of others	Concerns with the sexualisation of breasts and privacy
	Open for women to breastfeed in public
Impact of breastfeeding on family	Positive impact on couple and family relationships
	Negative impact on couple and family relationships
	Positive impact on parent-infant relationships
	Negative impact on parent-infant relationships
It takes more than just family members: support for family members	Access to and (un)helpfulness of support for family members
	Infant feeding advice received from HCPs
	Need for tailored support, information and education

Article title: *Relatively speaking? Partners' and family members' views and experiences of supporting breastfeeding: a systematic review of qualitative evidence*

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Journal: *Philosophical Transactions of The Royal Society B*

Supplementary material 1: Example search strategy (MEDLINE) on 19th April 2018

#	Searches	Results
1	(Breastfe* or Breast-fe*).mp.	49829
2	exp Breast Feeding/	34191
3	"Infant fe*".mp.	5616
4	exp INFANT FORMULA/ or formula.mp.	69255
5	("Human milk" or "Breast milk" or Breastmilk*).mp.	20239
6	("Bottle fe*" or "Cup fe*").mp.	5170
7	"Finger fe*".mp.	46
8	Colostrum.mp. or exp COLOSTRUM/	8388
9	exp Lactation/ or lactat*.mp.	195500
10	exp FAMILIES/	285708
11	exp FAMILY/	285708
12	(Family or Families).mp.	1033527
13	exp MUM/ or MOM/	0
14	exp MOTHER/	36895
15	(M?m* or Mother*).mp.	3705360
16	exp WIFE/	8807
17	(Wife or wives).mp.	9506
18	exp FATHER/	7887
19	exp HUSBAND/	8807
20	(Father* or Dad* or Husband*).mp.	88085
21	exp PARENT/	96524
22	(Parent* or Paternal*).mp.	449785
23	(Grann* or Grandma*).mp.	564
24	Grandpa*.mp.	2947
25	exp SISTER/	9695

26	Sister*.mp.	36426
27	exp BROTHER/	9695
28	(Brother* or sibling*).mp. [	59848
29	(Aunt* or uncle* or Niece* or Nephew* or Cousin*).mp.	265858
30	(Relative* or Relation*).mp.	3452717
31	exp COMPANION/	4206
32	exp SPOUSE/	8807
33	(Companion* or Spous* or Partner*).mp.	186553
34	(Advice* or Advis* or Assist* or Assum*).mp.	992367
35	exp ATTITUDE/ or Attitude*.mp.	564685
36	Barrier*.mp.	253227
37	"Decision mak*".mp.	180771
38	Expect*.mp.	484134
39	Experience*.mp.	922321
40	(Facilitat* or Factor* or Feel*).mp.	5410891
41	(Inform* or Influenc* or Involv*).mp.	4249261
42	exp Judgment/ or Judg*.mp.	127249
43	exp KNOWLEDGE/ or Knowledge*.mp.	639671
44	exp Motivation/ or Motivat*.mp.	237121
45	Need*.mp.	1591157
46	Opinion*.mp.	102477
47	exp Perception/ or Percept*.mp.	564239
48	Perspect*.mp.	261093
49	Position*.mp.	537239
50	(Presence or Prescience).mp.	1460899
51	Support*.mp.	9010393
52	Understand*.mp.	942105
53	View*.mp.	418644
54	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9	317083
55	10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33	7573699

56	34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53	16024721
57	54 and 55 and 56	106156
58	limit 57 to "qualitative (best balance of sensitivity and specificity)"	8639
59	qualitative research/ or interview/ or (group discussion? or focus group? or themes).ti,ab.	134047
60	57 and 59	1044
61	58 or 60	8805
62	limit 61 to (english language and humans and yr="1990 - 2018")	5641

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Supplementary material 2: JBI Critical Appraisal Checklist for Qualitative Research

Author(s) and Year	1. Is there congruity between the stated philosophical perspective and the research methodology?	2. Is there congruity between the research methodology and the research question or objectives?	3. Is there congruity between the research methodology and the methods used to collect data?	4. Is there congruity between the research methodology and the representation and analysis of data?	5. Is there congruity between the research methodology and the interpretation of results?	6. Is there a statement locating the researcher culturally or theoretically?	7. Is the influence of the researcher on the research, and vice-versa, addressed?	8. Are participants, and their voices, adequately represented?	9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	Total score (out of 10)
Agunbiade & Ogunleye 2012 ¹⁴	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Ahishakiye et al. 2019 ¹⁵	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Anderson et al. 2010 ²⁶	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	No (0)	Yes (1)	Yes (1)	7
Arunmozhi et al. 2015 ³⁷	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	No (0)	Yes (1)	Yes (1)	6
Aubel et al. 2004 ⁴⁸	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	No (0)	Yes (1)	8
Avery et al. 2011 ⁵⁹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Ayton & Hansen 2016 ⁷⁰	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8

Bailey 2007 ⁸¹	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Banks et al. 2013 ⁸⁸	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Bazzano et al. 2015 ⁸⁹	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Bennett et al. 2016 ¹⁶	Not applicable (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Not applicable (0)	Not applicable (0)	Yes (1)	Yes (1)	Yes (1)	7
Bezner Kerr et al. 2008 ¹⁷	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	No (0)	Yes (1)	Unclear (0)	Yes (1)	7
Brown & Davies 2014 ¹⁸	Not applicable (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Not applicable (0)	Not applicable (0)	Yes (1)	Yes (1)	Yes (1)	7
Bulemela et al. 2019 ¹⁹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Chopel et al. 2019 ²⁰	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	10
Cooper et al. 2019 ²¹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	7
Datta et al. 2012 ²²	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	No (0)	Yes (1)	6
Davies-Adetugbo 1997 ²³	Unclear (0)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	No (0)	No (0)	Yes (1)	No (0)	Yes (1)	5
Dayton et al. 2019 ²⁴	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
De Azevedo et al. 2016 ²⁵	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
De Lacerda et al. 2014 ²⁷	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
De Montigny et al. 2018a ²⁸	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
De Montigny et al. 2018b ²⁹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Dörnemann & Kelly 2013 ³⁰	Unclear (0)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	8

Fagerskold 2008 ³¹	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Faye et al. 2019 ³²	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Fjeld et al. 2008 ³³	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Flaherman et al. 2018 ³⁴	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Gamble & Morse 1993 ³⁵	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Grant et al. 2018 ³⁶	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	9
Hansen et al. 2018 ³⁸	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Heidari et al. 2016 ³⁹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	No (0)	Yes (1)	Yes (1)	6
Henderson et al. 2011 ⁴⁰	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Hoddinott et al. 2012 ⁴¹	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	9
Houghtaling et al. 2018 ⁴²	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	10
Hounscome & Dowling 2018 ⁴³	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Ingram & Johnson 2004 ⁴⁵	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Ingram et al. 2003 ⁴⁴	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9
Jordan & Wall 1990 ⁴⁶	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	No (0)	No (0)	Yes (1)	No (0)	Yes (1)	6
Kavle et al. 2019 ⁴⁷	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	9
Lavender et al. 2006 ⁴⁹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Locks et al. 2015 ⁵⁰	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8

Loof-Johansen et al. 2004 ⁵¹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	No (0)	Yes (1)	Yes (1)	6
Majee et al. 2017 ⁵²	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Marchand & Morrow 1994 ⁵³	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	No (0)	Yes (1)	6
Masvie 2006 ⁵⁴	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	10
Matare et al. 2019 ⁵⁵	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	Unclear (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Matos et al. 2015 ⁵⁶	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Matsuyama et al. 2013 ⁵⁷	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Mbekenga et al. 2011 ⁵⁸	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
McFadden et al. 2014 ⁶⁰	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	9
Merritt et al. 2019 ⁶¹	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Mgolozeli et al. 2018 ⁶²	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Mitchell-Box & Braun 2012 ⁶³	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Mithani et al. 2015 ⁶⁴	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	9
Myers et al. 2014 ⁶⁵	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	10
Nasrabadi et al. 2019 ⁶⁶	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Unclear (0)	Yes (1)	6
Ngongalah et al. 2018 ⁶⁷	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Okon 2004 ⁶⁸	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Unclear (0)	No (0)	Yes (1)	5
Okoye et al. 2015 ⁶⁹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	Unclear (0)	Yes (1)	7
Palmqvist et al. 2015 ⁷¹	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	10

Pollock et al. 2002 ⁷²	Not applicable (0)	Yes (1)	Yes (1)	Unclear (0)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	6
Pontes et al. 2008 ⁷³	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Pontes et al. 2009 ⁷⁴	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Reid et al. 2010 ⁷⁵	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Rempel & Rempel 2011 ⁷⁶	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Schmidt & Sigman-Grant 2000 ⁷⁷	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	No (0)	Yes (1)	7
Scott et al. 2018 ⁷⁸	Not applicable (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Sherriff et al. 2009 ⁷⁹	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	No (0)	Yes (1)	6
Sherriff & Hall. 2011 ⁸⁰	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Sherriff et al. 2014 ⁸²	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Talbert et al. 2016 ⁸³	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
Thet et al. 2016 ⁸⁴	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	Yes (1)	Yes (1)	Yes (1)	8
Tohotoa et al. 2009 ⁸⁵	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	No (0)	No (0)	Yes (1)	Yes (1)	Yes (1)	7
White et al. 2018 ⁸⁶	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Unclear (0)	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	7
Zakar et al. 2018 ⁸⁷	Unclear (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	9

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Supplementary material 3: ConQual summary of findings

Synthesised findings	Type of research	Dependability	Credibility	ConQual score	Comments
Spectrum of family members' breastfeeding knowledge, experiences and roles	Qualitative - High	Downgrade one level – Moderate*	Remains unchanged**	Moderate	Findings included from 65 papers. *Downgraded one level as the majority of papers (38 out of 65) scored 2-3 out of 5 for questions relating to appropriateness of conduct of the research **Remains unchanged as all findings unequivocal
The complexity of infant feeding decision making	Qualitative - High	Downgrade one level – Moderate*	Remains unchanged**	Moderate	Findings included from 39 papers. *Downgraded one level as the majority of papers (21 out of 39) scored 2-3 out of 5 for questions relating to appropriateness of conduct of the research **Remains unchanged as all findings unequivocal
The controversy of breastfeeding in front of others	Qualitative - High	Downgrade one level – Moderate*	Remains unchanged**	Moderate	Findings included from 20 papers. *Downgraded one level as the majority of papers (13 out of 20) scored 2-3 out of 5 for questions relating to appropriateness of conduct of the research **Remains unchanged as all findings unequivocal
Impact of breastfeeding on family	Qualitative - High	Downgrade one level - Moderate*	Downgrade one level – Moderate ***	Low	Findings included from 26 papers. *Downgraded one level as the majority of papers (19 out of 26) scored 2-3 out of 5 for questions relating to appropriateness of conduct of the research *** Downgrade one as mix of unequivocal and credible findings.

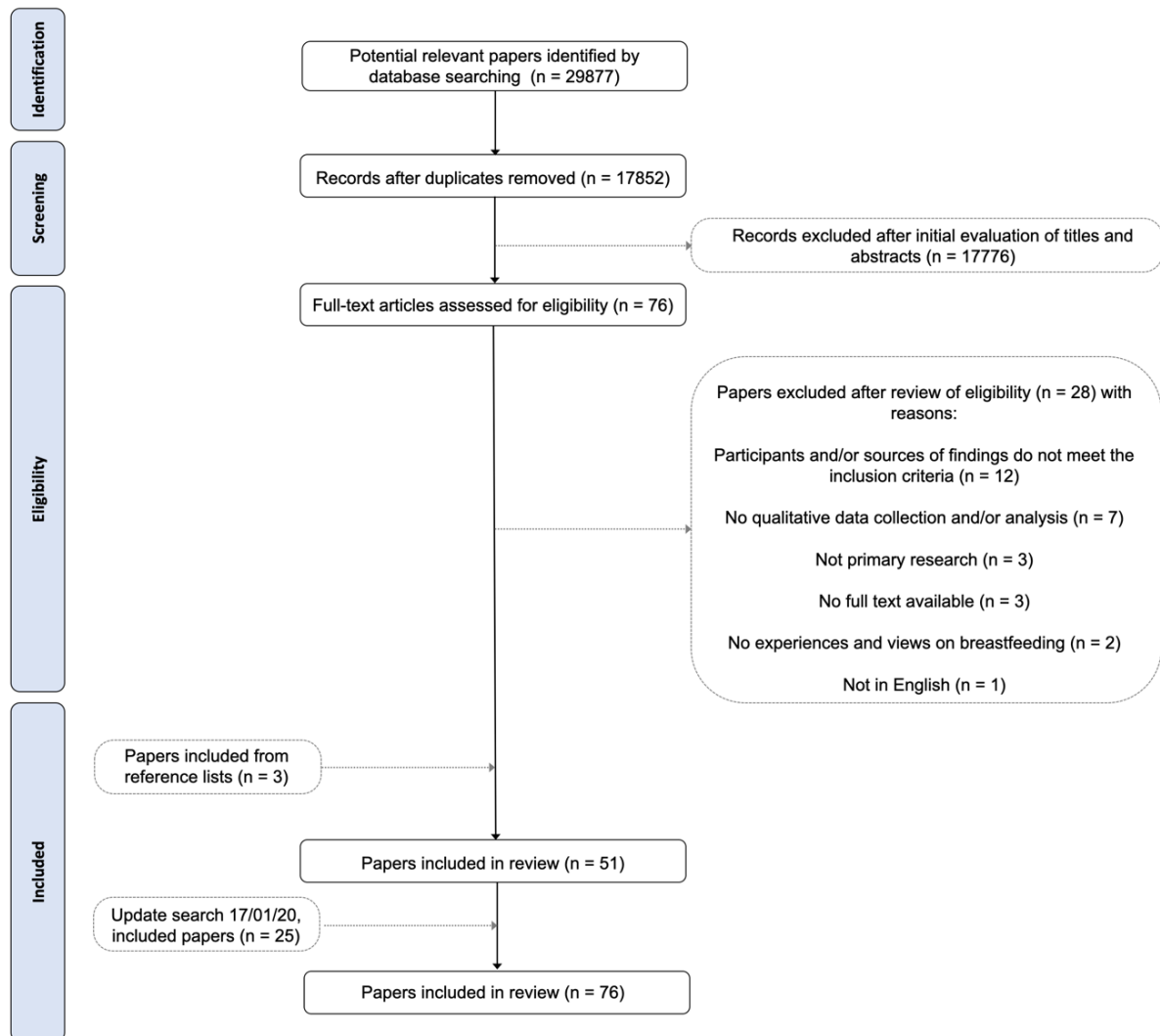
It takes more than just family members: support for family members	Qualitative - High	Downgrade one level - Moderate*	Remains unchanged**	Moderate	Findings included from 39 papers. *Downgraded one level as the majority of papers (22 out of 39) scored 2-3 out of 5 for questions relating to appropriateness of conduct of the research **Remains unchanged as all findings unequivocal
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Supplementary material 4 – PRISMA flowchart



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Supplementary material 5: Study characteristics

Author, year and country	Aim of study	Participants	Methodology	Method	Data analysis	Key results
Agunbiade & Ogunleye 2012 (Nigeria) ¹⁴	To investigate mothers' breastfeeding practices, experiences, and constraints, and grandmothers' knowledge, and experiences on exclusive breastfeeding.	Structured questionnaire: 200 breastfeeding mothers. In-depth interviews: 11 breastfeeding mothers, 10 nurses. Focus groups: 10 grandmothers	Concurrent mixed method approach	Structured questionnaire, in-depth interview, and focus groups	Qualitative data: open and axial coding to form categories	Grandmothers had mixed opinions on exclusive breastfeeding, although breastfeeding was generally preferred. Some grandmothers believed early complementary feeding could help mothers return to work and infants grow faster.
Ahishakiye et al. 2019 (Rwanda) ¹⁵	To explore challenges to infant and young child feeding practices and the responses to overcome these challenges.	Focus groups with 144 participants: (4 groups, each with 9 mothers; 4 groups, each with 9 fathers; 4 groups, each with 9 grandmothers, 4 groups, each with 9 community health workers)	Qualitative study	Focus groups	Inductive, thematic analysis	2 main themes: (1) discourse on optimal feeding from birth to beyond 6 months (2) barriers against optimal practices and their coping responses. Complementary feedings might start before 6 months if the child was perceived hungry. Some family members believed exclusive breast milk beyond six months was sufficient. Some fathers were unsupportive of childcare and saw it as a mother's job.
Anderson et al. 2010 (USA) ²⁶	To examine the perception of fathers regarding	21 male caregivers (fathers or partners)	Qualitative study	In-depth telephone interviews	Grounded theory approach analysis	3 themes: (1) fathers' roles (2) fathers' perceptions (3) control. Fathers identified their role as providing physical and emotional support. The

	their role in infant feeding and care.					views of fathers on infant feeding were influenced by past experiences and advice provided to them.
Arunmozhi et al. 2015 (India) ³⁷	To investigate the knowledge, attitudes and participation of men in maternal and new-born care.	Interviews: 24 men and 24 women who recently given birth 3 Focus groups: each with 8-10 men whose spouses had given birth within 6 months	Qualitative study	In-depth interviews and focus groups	Framework analytical analysis	Men were aware that bottle feeds can be harmful, and breastfeeding is important for the growth of the infant. They lacked knowledge on exclusive breastfeeding, colostrum and complementary feeding. They thought exclusive breastfeeding lasts from 45 days to 1 year.
Aubel et al. 2004 (Senegal) ⁴⁸	(1) To identify grandmother's role in health and nutrition. (2) Following the results from (1), to develop, implement and evaluation the nutrition education strategy.	(1) Focus groups: 76 women of reproductive age (10 groups), 60 men with children under the age of five (8 groups); 10 male community leaders (5 groups); and 114 grandmothers (10 groups) (2) Evaluation: Questionnaires: 134 grandmothers pre-intervention, 150 grandmothers post-intervention; 100 women in intervention villages, 100 women in control villages. 15 or fewer grandmothers interviewed in each site. Focus groups with grandmothers, men, community leaders, health volunteers	Action research; participatory nutrition education	(1) Focus groups (2) Evaluation: Questionnaires, interviews, focus groups, process documentation	(1) Simplified approach of content analysis and concept mapping (2) Qualitative data: content analysis and concept mapping	(1) Grandmothers gave advice on nutritional practice. Grandmothers encouraged breastfeeding although most told mothers to delay initiation to 2 nd or 3 rd day. Nearly all grandmothers had not heard of exclusive breastfeeding and encouraged feeding water. (2) The nutritional education intervention improved grandmothers' nutritional related knowledge and advice to women of reproductive age.

		/nurses / workers, school teachers.				
Avery et al. 2011 (USA) ⁵⁹	To better understand how pregnant women and male partners conceptualize infant feeding and support for breastfeeding.	121 participants in 18 focus groups: 12 groups of women (pregnant or planned to become pregnant within 12 months), 6 groups of men (partners pregnant or planned to become pregnant within 12 months)	Qualitative study	Focus groups	Constant comparative analysis	Men had favourable attitudes toward breastfeeding, but let their partner make the decision. Men were uncomfortable with breastfeeding in public. Men found it difficult to articulate what a father's role would be.
Ayton & Hansen 2016 (Australia) ⁷⁰	To explore young fathers' experiences of breastfeeding and fatherhood.	5 young fathers (< 24 years old), 5 community support staff	Collective case study approach, derived from a larger qualitative study	Semi-structured one-to-one interviews, focus group, and field notes	Thematic analysis	Fathers were aware of the health benefits of breastfeeding for babies. However, breastfeeding was not prioritised in the fathers' lives due to challenging social and emotional situations. Fathers felt excluded from the breastfeeding experiences in hospital and wanted healthcare professionals to 'listen to the parents'.
Bailey 2007 (UK) ⁸¹	To explore the decisions and experiences of both parents on breastfeeding, mixed feeding and weaning a child.	6 mothers and 5 fathers of babies aged 3 to 9 months old	Interpretative phenomenological analysis	Semi-structured interviews	Interpretative phenomenological analysis	6 themes: (1) the woman is most affected by the decision to breastfeed (2) infant feeding is a practical issue (3) the father's presence is important (4) 'breast is best' (5) a happy baby is important (6) self-efficacy is relevant.
Banks et al. 2013 (USA) ⁸⁸	To identify barriers that inner-city African American fathers face when participating in breastfeeding support.	10 expectant and experienced African American fathers	Qualitative study	Focus groups	Deductive approach assigning statements to domains and subdomains of an analytical model:	Main domains: (1) risk appraisal (2) self-perceptions (3) relationship issues and social influence (4) structural and environmental issues. Some fathers held stereotypical beliefs about breastfeeding and had little knowledge on infant feeding. Most fathers

					'Factors Influencing Beliefs'	wanted more advice or accessible services to help them gain more knowledge before deciding on infant feeding.
Bazzano et al. 2015 (Cambodia) ⁸⁹	To provide an in-depth understanding of breastfeeding practices to appropriately design a scalable newborn health intervention incorporating expanded breastfeeding counselling and support.	Interviews: 22 mothers, 3 fathers, 2 grandmothers. Focus groups: healthcare providers.	Qualitative study; rapid ethnographic approach	Formative research, in-depth interviews, observations, photos, videos, focus groups	Thematic analysis	6 themes: (1) exclusive breastfeeding (2) breast milk substitutes and water (3) advice on breastfeeding, (4) concerns about milk (5) breastfeeding concerns (6) other challenges. Grandmothers noticed exclusive breastfeeding for six months was common nowadays whereas previously boiled water was also given to babies.
Bennett et al. 2016 (Ireland) ¹⁶	To investigate the relationship between fathers and breastfeeding.	583 fathers of infants aged 4 to 7 months	Cross-sectional semi-quantitative study	Postal questionnaire with open-ended and closed-ended questions	Content analysis	Fathers preferred consistent practical advice and assistance from the outset. They felt unprepared for the difficulties their partners experienced when establishing breastfeeding. Fathers experienced having to cope with the effects of breastfeeding on the mother. Some fathers were concerned that other people would stare at their partner's breasts if they breastfeed in public.
Bezner Kerr et al. 2008 (Malawi) ¹⁷	To explore the role and perceptions of grandmothers in infant feeding and how they influence younger women's practices.	Interviews: 21 participants (grandmothers, traditional medicine practitioners, young women, food insecure households, hospital	Qualitative participatory action research or transformative educational approach of a	Semi-structured interviews, focus groups and a participatory workshop	Grounded theory approach analysis	Grandmothers thought water, dawale or porridge might be needed to supplement breast milk as breastfeeding women often did not produce enough breast milk. Some grandmothers influenced breastfeeding women to stop

		staff). Focus groups: one group of 4 grandmothers, one group of 8 young women with young children. Participatory workshop: participants included grandmothers, food insecure farmers, young mothers, community leaders and farmers, hospital staff.	larger multi-methods study			breastfeeding due to strain on marriages and relationships. Malawi grandmothers were highly influential on infant feeding practices.
Brown & Davies 2014 (UK) ¹⁸	To explore fathers' experiences of supporting their partner during breastfeeding and their attitudes towards the education, information and support they received.	117 men (partner had given birth in the past 2 years and initiated breastfeeding at birth)	Cross-sectional study	Paper copy and online questionnaire with open-ended questions	Content analysis for open-ended questions	4 themes: (1) attitude towards breastfeeding (2) experience of breastfeeding (3) experience of breastfeeding education (4) information and promotion and ideas for future breastfeeding promotion and education. Fathers had positive attitudes towards breastfeeding with regards to cost, health benefits, convenience. They felt excluded by healthcare professionals. They felt embarrassed to watch their partners breastfeed in public or in front of other family members. They preferred practical and specific information to support their partners.
Bulemela et al. 2019 (Tanzania) ¹⁹	To explore men's knowledge and attitudes towards exclusive breastfeeding.	35 fathers	Qualitative study	Focus groups	Thematic analysis	5 themes: (1) love and responsibility (2) belonging (3) resistance (4) traditional roles (5) exclusion/inclusion.

						Some fathers wanted to support the mother but did not want to break the tradition of male being superior. They wanted partners to breastfeed longer but did not have time to remain with the infant.
Chopel et al. 2019 (USA) ²⁰	To identify social and structural barriers to facilitators of breastfeeding among young mothers.	9 stakeholder experts, 6 dyads of a young mother (aged 14-24) and her decision-making partner, 6 groups of young mothers	Cross-sectional prospective qualitative study with a community-based participatory approach	Key informant Interviews, dyadic interviews, community mapping	Collaborative data analysis, inductive-deductive analysis process that integrated both social phenomenological and grounded theory approaches	4 themes: (1) roles (2) place (3) stigma (4) support. Fathers felt helpless when the baby was hungry, and they could not breastfeed when the mother was unavailable.
Cooper et al. 2019 (Tanzania) ²¹	To examine barriers and facilitators for breastfeeding initiation, timely introduction of complementary foods, and postpartum family planning to inform programme design.	Interviews: 24 mothers of infants under 1 year, 12 grandmothers, 6 health providers, 12 traditional birth attendants. 14 Focus groups (15–29 participants): community health workers, fathers and community leaders	Qualitative study	In-depth interviews and focus groups	Thematic analysis	Many family members did not think mothers had sufficient breast milk to satisfy the baby's hunger. One reason for insufficient milk given was mothers not eating enough or appropriate food to help breast milk production. Perceptions of lactation issues were common. There was little knowledge of using breastfeeding for birth spacing in family planning.
Datta et al. 2012 (UK) ²²	To explore parents' decision making on infant feeding, the father's role and barriers for fathers to support breastfeeding.	14 men, 4 women in the antenatal or postnatal periods	Qualitative study	Telephone interviews using open-ended questions	Thematic analysis	Fathers thought that ultimately the women decided to initiate and stop breastfeeding. Fathers felt their role was to care for and support their breastfeeding partners such as offering practical and emotional support. Some fathers experienced challenges of supporting their partner who was

						undergoing breastfeeding difficulties as the fathers did not want to undermine her efforts.
Davies-Adetugbo 1997 (Nigeria) ²³	To report on local breastfeeding knowledge and practices and their sociocultural contexts.	10 focus groups of 8-10 participants each group: grandmothers, pregnant women, lactating mothers, husbands and community health workers. A questionnaire survey with 256 women at third trimester	Mixed methods	Focus group discussions; questionnaire with pregnant women	Not stated	Delayed initiation of breastfeeding from culture practices; misconceptions about colostrum; exclusive breastfeeding not considered sufficient for babies; lack of understanding of expressing breastmilk; early complementary feeding was encouraged; infant formula was seen inferior to breastmilk but formula in addition to breastmilk was encouraged by men; breastfeeding women's diet was believed to affect breast milk production and quality.
Dayton et al. 2019 (USA) ²⁴	(1) To elicit the worries, barriers and promotive factors for breastfeeding among expectant mothers and fathers. (2) To examine factors that influence the parental breastfeeding intentions of both mothers and fathers.	95 expectant parents in a couple relationship with each other: 48 mothers and 47 fathers	Qualitative and quantitative	Semi-structured Interviews	Grounded theory approach for qualitative data	5 meta-themes: (1) breastfeeding norms within families (2) beliefs about the benefits of breastfeeding (3) logistical barriers to breastfeeding (4) worries about the breastfeeding process (5) fathers' exclusion from the breastfeeding decision-making process. Some fathers lacked knowledge of breastfeeding process and excluded themselves from infant feeding discussions.
De Azevedo et al. 2016 (Brazil) ²⁵	To identify fathers' knowledge about breastfeeding.	15 fathers of infants < 1 year old	Descriptive and exploratory qualitative study	Semi-structured interviews	Content analysis	2 categories: (1) parental knowledge about breastfeeding (2) father's

						participation in the breastfeeding process. Fathers were aware of the importance of breastfeeding on the baby's growth and development. Fathers had little knowledge of practical aspects of breastfeeding but were willing to learn despite barriers excluding them from attending clinical consultations.
De Lacerda et al. 2014 (Brazil) ²⁷	To explore how adolescent fathers partake in breastfeeding process in family environment.	10 couples with infants aged six to eight months	Descriptive, exploratory qualitative study	Individual semi-structured interviews	Thematic content analysis	3 themes: (1) knowledge of the benefits of breastfeeding for the child's health (2) discontinued participation of the father in breastfeeding during the pregnancy-childbearing cycle (3) exclusion of the adolescent father from the breastfeeding process. Adolescent fathers were aware of the health benefits of breastfeeding for the infant. Fathers became involved in the breastfeeding process at different stages of the perinatal period.
De Montigny et al. 2018a (Canada) ²⁸	To identify the perceptions of the fathers' role in breastfeeding.	43 fathers of infants who have been exclusively breastfed for at least 6 months	Qualitative study	Semi-structured interviews	Thematic analysis	3 themes: (1) being a partner in the decision-making process (2) being responsible for the family functioning (3) providing emotional support to the mother.
De Montigny et al. 2018b (Canada) ²⁹	To investigate how fathers perceive their father-infant relationship in breastfeeding.	43 fathers of infants who have been exclusively breastfed for at least 6 months	Qualitative study	Semi-structured interviews	Thematic analysis	2 themes: (1) impact of breastfeeding on the father-infant relationship (2) feeding one's infant: a determining moment in the father-infant relationship.
Dörnemann & Kelly 2013 (Haiti) ³⁰	To explore breastfeeding attitudes, practices	Quantitative: Caregivers (mainly biological mothers) of 1088 infants.	Mixed-methods study	In-depth interviews and focus group discussions;	Not stated	Eating well was encouraged for producing adequate breast milk. Formula was seen to be cheaper than buying "good food" and to

	after an earthquake.	Qualitative: Interviews with 22 mothers of children under 5. 7 focus groups (5-10 participants in each group) with mothers, grandmothers, traditional birth attendants, fathers and healthcare professionals.		structured questionnaire with closed questions.		compensate poor diet of the mother. Traditional medicine was also introduced after earthquake.
Fagerskiold 2008 (Sweden) ³¹	To discover the experiences of first-time fathers during their children's early infancy.	20 first-time fathers	Grounded theory	Interviews	Constant comparative analysis	Fathers supported women during breastfeeding by recommendations from healthcare professionals. Fathers felt that breastfeeding was a shared responsibility between parents. Some fathers recognised the convenience of bottle feeding over breastfeeding.
Faye et al. 2019 (Kenya) ³²	To explore the roles of family members, particularly grandmothers and fathers who are living with the mother, in child feeding decision making.	20 mothers of (un)stunted children aged under 5 years, 6 grandmothers and 4 fathers	Qualitative study	In-depth interviews	Deductive thematic analysis guided by the conceptual framework on child	3 themes: (1) knowledge on child stunting, (2) views and practices on child, and (3) decision-making mechanisms on child feeding. Participants believed exclusive breastfeeding was important, but unsustainable due to barriers. Grandmothers had essential key roles in child feeding.
Fjeld et al. 2008 (Zambia) ³³	To collect baseline information on current infant and young child feeding practices, attitudes and knowledge, with a focus on exclusive breastfeeding.	Interviews: 6 fathers, 4 grandmothers, 4 health staff and 4 traditional birth attendants. 9 Focus groups: mothers with children under 2 years old or still being breastfed.	Qualitative study	In-depth interviews, focus groups (FG)	Information categories generated deductively from the question guide, with new categories added during FG analysis. Results	5 barriers in preventing the message of exclusive breastfeeding from being translated into practice: (1) perception insufficient milk (2) fear of death or becoming too sick to breastfeed (3) convention (4) perception of 'bad milk' (5) lack of exclusive breastfeeding knowledge. Participants generally believed breastfeeding should start

					from interviews/FG were summarized under these categories.	immediately. Fathers and grandmothers preferred complementary feeding to exclusive breastfeeding.
Flaherman et al. 2018 (Indonesia) ³⁴	To identify early barriers to exclusive breast-feeding in Indonesian hospitals.	54 participants: 5 hospital administrators, 11 doctors, 4 midwives, 6 nurses, 10 postnatal mothers, 10 health department administrators, 3 representatives from professional organizations and 5 (including 2 postnatal fathers) representatives from community support groups	Qualitative study	Semi-structured interviews	Thematic analysis	5 themes: (1) quality and quantity of breast-feeding education (2) marketing and influence of infant formula manufacturers (3) hospital infrastructure (4) policy, legislation and protocols (5) perceived need for infant formula supplementation. Parents felt little control on whether babies were fed infant formula in the hospital.
Gamble & Morse 1993 (Canada) ³⁵	To examine the experiences of fathers whose wives breastfeed.	14 fathers of successfully breastfed infants from middle-class, urban Canadian background	Grounded theory	In-depth, semi-structured telephone interviews	Constant comparative analysis	Fathers reported breastfeeding affected the types of relationships that the children had with the father compared to the mother.
Grant et al. 2018 (UK) ³⁶	To explore influences on infant feeding decisions, and experiences of infant feeding.	6 mother-grandmother pairs with infants aged under 30 months	Qualitative participatory approach with artefacts participants brought to interviews	Dyad interviews, and individual interviews	Inductive thematic analysis	Grandmothers reported a range of infant feeding experiences. Unlike their daughters, grandmothers did not feel strong pressure to breastfeed, and there was less public surveillance on acceptable motherhood and infant feeding at their times.
Hansen et al. 2018 (Australia) ³⁸	To investigate fathers' views on breastfeeding.	26 fathers of children aged 0-24 months old	Mixed methods study	Semi-structured one-to-one interviews,	Iterative thematic analysis for qualitative data	4 themes: (1) breastfeeding as healthy and natural (2) the value of breastfeeding and breast milk (3) a

				group interviews, questionnaire		pragmatic approach to breastfeeding (4) breastfeeding as something achieved or imposed. Fathers described breastfeeding as healthy, natural, promoting bonding, convenient and cheaper than formula. There was a lack of knowledge between the link of exclusive breastfeeding and health outcomes. When breastfeeding was perceived as detrimental to a healthy and happy mother and child, fathers accepted stopping breastfeeding or mixed feeding.
Heidari et al. 2016 (Iran) ³⁹	To explore the challenges and barriers to promoting breastfeeding.	14 breastfeeding mothers, 4 key family members (grandmothers and husbands), 6 personnel from breastfeeding counselling services	Qualitative study	Semi-structured interviews	Content analysis	3 main categories: (1) incompetency of breastfeeding services (2) mother's inadequate breastfeeding self-efficacy (3) family's neglect to breast milk. Family members' role was to provide breastfeeding support. Family members were found to have lacked knowledge in order to support breastfeeding.
Henderson et al. 2011 (UK) ⁴⁰	To examine men's perceptions of breastfeeding and formula feeding.	28 men (fathers, expectant fathers and potential fathers)	Qualitative study	Focus groups	Principles of grounded theory	Overarching themes: sexuality, embarrassment and social conduct. Participants felt breastfeeding was natural but can be embarrassing regarding public exposure, whereas formula feeding was safe and convenient. There were knowledge gaps in benefits of breastfeeding, and they thought that breastfeeding had negative impact on mother's body shape.

Hoddinott et al. 2012 (Scotland) ⁴¹	To investigate the infant feeding experiences of women and their significant others from pregnancy until 6 months postpartum.	36 women, 26 partners, 8 maternal mothers, 1 sister, 2 healthcare professionals	Qualitative study	Serial semi-structured interviews	Framework analysis	Overarching theme: mismatch within and between idealistic and realistic families and health services. Sub-themes: pregnancy: rosy pictures and the word on the street; care after birth; goals: future health versus current wellbeing; family bonds and intensive mothering; time values and strategies; rules and being a 'good' parent; and pivotal points and feeding transitions.
Houghtaling et al. 2018 (USA) ⁴²	To investigate breastfeeding practices in a rural American Indian community.	27 grandmothers, 7 healthcare professionals	Grounded theory and community-based approach	Semi-structured and follow up member checking interviews	Constant comparison method	3 major themes: (1) importance of breastfeeding, (2) attachment, bonding, and passing on knowledge (3) overburdened health care system. The majority of the grandmothers were knowledgeable about breastfeeding benefits and promoted breastfeeding, but breastfeeding was frequently reported as a past social norm in the community, with a concern of substance abuse as a barrier to breastfeeding.
Hounscome & Dowling 2018 (UK) ⁴³	To explore fathers' views on their influence on breast and/or formula feeding decision.	6 fathers	Phenomenology	Semi-structured interviews	Thematic analysis	5 themes: (1) deferring of responsibility to the mother (2) breastfeeding as normal practice (3) change in attitude (4) involvement in parenting (5) advantages for the father. Men viewed breastfeeding as normal practice influenced by their upbringing. Men believed that women's decision to breastfeed overrules other opinions, due to women holding more responsibility in breastfeeding.

Ingram & Johnson 2004 (UK) ⁴⁵	(1) To assess the knowledge and support surrounding breastfeeding of fathers and grandmothers. (2) To assess the feasibility of an antenatal intervention for fathers and grandmothers to support breastfeeding women.	(1) 10 grandmothers, 5 fathers (interviews and focus groups) (2) 29 families consisting of 29 women, 9 women's mothers and 20 partners (intervention)	(1) Ethnographic approach (2) Feasibility study with postnatal interviews	(1) Focus groups and interviews (2) Qualitative element: postnatal interviews	(1) Thematic analysis (2) No mention of how postnatal Interview data were analysed	Some grandmothers had little knowledge on the perceived benefits of breastfeeding. Grandmothers could identify physical actions that could support the mother during breastfeeding. For example, babysitting, housework, etc. Grandmothers were concerned with early hospital discharge affecting breastfeeding. Some fathers thought breastfeeding did not require their support and grandmothers possessed outdated knowledge on breastfeeding. Fathers provided support to women during breastfeeding by doing house chores and felt that they received a lack of information about breastfeeding in the antenatal period, therefore relied on books or their partners. All participants, particularly first-time fathers found the intervention acceptable and useful.
Ingram et al. 2003 (UK) ⁴⁴	(1) To examine the health and cultural views on breastfeeding knowledge and support from South Asian grandmothers. (2) To assess an antenatal intervention for grandmothers to support their	(1) 14 Pakistani, Bangladeshi or Indian grandmothers (focus group and interviews) (2) 16 South Asian mother and grandmother pairs (intervention)	(1) Ethnographic approach (2) Intervention study with postnatal interviews	(1) Focus groups and interviews (2) Qualitative element: postnatal structured interviews	(1) Thematic analysis (2) No mention of how postnatal structured Interview data were analysed	3 themes from focus groups and interviews: (1) support for new mothers (2) knowledge and beliefs about breastfeeding (3) information about health. Grandmothers felt that support and advice should be given to the mother so the mother can concentrate on breastfeeding and resting. They believed that mothers should have a good diet to produce high quality milk. Muslim grandmother's religious beliefs promoted breastfeeding. All

	daughters or daughters-in-law to breastfeed.					participants thought the antenatal intervention useful and acceptable.
Jordan & Wall 1990 (USA) ⁴⁶	To summarise fathers' experiences of breastfeeding.	56 expectant and recent first-time fathers	Grounded theory	Interviews from a longitudinal study	Not stated	Fathers generally supported breastfeeding. Fathers were concerned about being unable to develop a relationship with their child and feeling inadequate.
Kavle et al. 2019 (Democratic Republic of Congo) ²¹	To identify gaps and opportunities available to strengthen service delivery of nutrition into integrated community case management (iCCM) at the health facility and community level.	Interviews: 48 mothers and 21 fathers of children under age 5, 20 grandmothers, 18 facility-based providers and 20 traditional healers. 8 focus group discussions with community health workers	Qualitative implementation science study	In-depth interviews and focus groups; children's food frequency questionnaire	Qualitative data: Informed by an adapted WHO conceptual framework; transcript analysed iteratively to identify themes	Themes: infant feeding behaviours, child feeding behaviours, community perceptions about child health, nutrition and illness, care-seeking behaviours, and roles in provision of services for child health, and nutrition. Fathers and grandmothers had a range of roles in infant feeding, including providing breastfeeding advice and feeding the children when mothers were absent.
Lavender et al. 2006 (England) ⁴⁹	To explore the impact of breastfeeding on different family members and the influences of these members on the breastfeeding mother.	23 women and 27 of their family members (7 male partners, 9 maternal mothers, 2 partners' mothers, two maternal fathers, 4 maternal sisters, 1 female friend, 1 stepmother, 1 maternal grandmother)	Qualitative and quantitative	Semi-structured interviews, diaries and questionnaires	Qualitative data: thematic analysis	3 main themes of barriers to breastfeeding: (1) moving with the times (2) marketable commodity (3) disparate communications. Family members acknowledged the views of people in the society can impact on breastfeeding women. Family members who failed to breastfeed their own babies were found to actively discourage mothers to breastfeed.
Locks et al. 2015 (Nepal) ⁵⁰	(1) To highlight the individual, cultural and environmental factors revealed by formative research to affect infant and	Quantitative: 750 mother-children pairs (children aged 12-23 months), 209 infants <6 months. Qualitative: 10 focus	Formative research; qualitative and quantitative data collected; modification of barrier analysis	Focus groups, in-depth semi-structured interviews, structured questionnaires	Thematic analysis	Breastfeeding was regarded as important. Some fathers and grandmothers thought colostrum should be discarded. Exclusive breastfeeding could happen if mothers

	young child feeding and care practices. (2) Design a context-specific behaviour change strategy to improve child nutrition.	groups with 5-8 mothers of at least one child < 2 years old in each group. Interviews with mothers-in-law and fathers				were supported by family members in her household and agricultural work.
Löf-Johanson et al. 2013 (Sweden) ⁵¹	To understand how women decide to initiate and continue to breastfeed.	18 women from 3 generations (breastfeeding women, her mother and grandmother)	Qualitative study	Interviews	Qualitative content analysis	6 categories: (1) task (2) instinct (3) silent impact (4) conflicts (5) job (6) joy. Older women had a silent impact on the decision to breastfeeding, providing support only when asked.
Majee et al. 2017 (USA) ⁵²	To examine interrelational, organizational, and community level influences on how co-parents collaborate during infant and toddler feeding.	24 mother-father dyads of children aged 6-36 months	Qualitative study	Semi-structured dyadic interviews	Thematic analysis	Themes: interpersonal factors (peer behaviour reinforcement, dyad and important others infant feeding conflict, conflict resolution pro-activeness); organizational factors (healthcare provider infant-feeding support and workplace flexibility); community factors (public perception on breastfeeding and social media influence).
Marchand & Morrow 1994 (USA) ⁵³	To understand how inner-city minority women and their families decide to breastfeed or bottle feed and how office and hospital settings influence this decision-making.	8 mothers, 3 fathers	Case study of perinatal people received care from a family practice centre	In-depth semi-structured interviews of the mothers; a focus group of fathers; participant observation of the office and hospital settings	Thematic analysis	5 themes: (1) Knowledge alone does not ensure any particular decision (2) Support is primarily from family networks in this group, with health care providers in a secondary role (3) Mothers and their families want to provide their infants with quantifiably sufficient nourishment (4) Physical and psychosocial satisfaction with the feeding method chosen is important a (5) Breastfeeding in public is not acceptable.

Masvie 2006 (Nepal) ⁵⁴	To examine grandmothers' views on breastfeeding.	31 grandmothers living with their son's family (8 grandmothers in interviews, 23 in focus groups)	A phenomenological approach	Focus groups and semi-structured interviews	Qualitative data analysis to identify categories	Grandmothers promoted early (including colostrum), frequent and exclusive breastfeeding. They linked the importance of women's food intake to the quality of breast milk. Breastfeeding practices were passed on from mother-in-law to daughter-in-law.
Matare et al. 2019 (Tanzania) ⁵⁵	To explore barriers and facilitators of exclusive breastfeeding (EBF) and assess parents' willingness and ability to try specific recommended EBF practices plus strategies for men to support breastfeeding.	36 households (mothers and fathers) of infants <6 months old	Trials of Improved Practices – a qualitative consultative methodology	Semi-structured individual interviews, focus groups, trials of improved practices	Constant comparative method	EBF barriers included: giving babies non-prescribed medicine; mothers' workloads; perception of inadequate breast milk; giving babies other foods/drinks. Fathers provided food to mothers to ensure sufficient breast milk and practicing recommendations.
Matos et al. 2015 (Brazil) ⁵⁶	To explore fathers' involvement and their views of the importance of support during breastfeeding.	20 fathers of breastfed infants aged 3 months to 1 year	Qualitative study	Semi-structured interviews	Thematic content analysis	3 themes (1) Father's support for women during breastfeeding (baby care, home care, care of the mother's diet) (2) Fathers' knowledge of breastfeeding benefits (health promotion and disease prevention, providing mother/child bond, promoting better development, and growth) (3) Importance of fathers support for their partners to breastfeed (encouraging father-mother-son bonding and preventing diseases such as cancers in their wives).

Matsuyama et al. 2013 (Kenya) ⁵⁷	To explore perceptions and feeding practices of caregivers of children <6 months old.	32 key informants: mothers, mothers-in-law, husbands, local health practitioners (traditional birth attendants and traditional healers)	Qualitative exploratory study	In-depth interviews, structured interviews; direct observation of feeding practices	Grounded theory; inductive coding; data were triangulated to construct an indigenous explanatory model	Babies were given food and drink in addition to breast milk to help them grow. Insufficient breast milk was a common reason provided for not exclusively breastfeeding.
Mbekenga et al. 2011 (Tanzania) ⁵⁸	To explore postpartum experiences of first-time fathers in a multicultural, low-income suburban Tanzanian setting.	10 first-time fathers	Qualitative study	Individual semi-structured interviews	Qualitative content analysis	5 categories of postpartum experiences: (1) enjoying fatherhood and reorganising life (2) finding opportunities for early interaction with partner and infant (3) striving to meet the partner's and infant's needs (4) facing dilemmas of sexuality and breastfeeding (5) missing health-care support.
McFadden et al. 2014 (UK) ⁶⁰	To explore how migration influenced transmission of knowledge and practice related to breastfeeding from one generation to next.	Focus groups: 14 grandmothers who had migrated from Bangladesh to the UK, Interviews: 23 mothers of Bangladesh origin who had breastfed in the past 5 years in the UK	Ethnographic approach	Focus groups, in-depth individual interviews	Broadly ethnographic, emphasising the social meanings attached by participants to their experiences and actions	4 themes: (1) continuity of intergenerational transmission of cultural beliefs (2) geographical isolation causing disruption of female networks and contributing to breastfeeding struggles from lack of support (3) breastfeeding became a hidden practice because of cultural differences (4) negotiating family relationships while taking professional advice.
Merritt et al. 2019 (UK) ⁶¹	To explore the beliefs, attitudes, and behaviours of fathers towards breastfeeding and how they have positive or negative impacts on	18 fathers	Principles of grounded theory	Semi-structured in-depth interviews	Constant comparative method	Fathers were aware of the health advantages of breastfeeding and believed breastfeeding was the best, but some of them bottle-fed to have bonding time with infant; breastfeeding was the woman's decision; conflicting advice from professionals; support partners when

	partners' decisions to initiate or continue breastfeeding.					breastfeeding but felt helplessness when seeing them in pain or distress.
Mgolozeli et al. 2018 (South Africa) ⁶²	To explore fathers' perceived roles in supporting, protecting, and promoting breastfeeding.	12 fathers of babies younger than 6 months old	Qualitative explorative, descriptive study	In-depth individual unstructured interview	Tesch's open-coding method	3 main themes: (1) perceptions of breastfeeding by fathers of infants (2) perceived roles of fathers in breastfeeding of infants (3) perceived hindrances to the roles of fathers in breastfeeding. Fathers perceived breastfeeding being the best option for the baby. The perceived their role as providing emotional and financial support to their partners and protect the baby from mixed feeding. Negative attitudes from their partners and healthcare workers, and cultural beliefs were barriers against fathers' participation in breastfeeding.
Mitchell-Box & Braun 2012 (USA) ⁶³	To understand male partners' views on breastfeeding to inform the development of a father-focused intervention.	14 male partners of low-income pregnant or early postnatal women	Grounded theory	Semi-structured interviews	Grounded theory approach analysis	4 categories: (1) making the decision (2) making it work (3) third wheel (4) crossing the line. Men were aware of the health benefits of breastfeeding and appreciated their partner's efforts to breastfeed. Men felt left out in breastfeeding decision making. Some males identified the difficulty of breastfeeding and how bottle feeding was more convenient. Some men held negative views on breastfeeding in public.
Mithani et al. 2015 (Pakistan) ⁶⁴	To investigate the perception of Pakistani fathers' regarding	12 fathers	Qualitative study	In-depth interviews	Thematic analysis	2 themes: (1) Knowledge and awareness (2) Enabling and impeding factors.

	breastfeeding infants.					
Myers et al. 2014 (Australia) ⁶⁵	To investigate: (1) child nutrition concerns of Aboriginal families; (2) early childhood practitioners' training needs; (3) sources of nutrition and child health information and advice for Aboriginal families with young children.	Focus groups: 35 Aboriginal parents of children aged 0-8 years. Interviews: 45 health and early childhood practitioners:	Qualitative participatory research approach	Focus groups, interviews	Thematic analysis	Fathers supported breastfeeding if mother could do it. Some fathers expressed no concerns for their partners breastfeeding in public.
Nasrabadi et al. 2019 (Iran) ⁶⁶	To explore the factors affecting exclusive breastfeeding during the first six months postpartum.	37 participants from four groups: (a) mothers with infants <6 months (b) grandmothers with an infant grandchild (c) pregnant women in 3 rd trimester (d) health care providers	Qualitative exploratory-descriptive study	Focus groups	Framework analysis	3 themes: (1) cultural identity (2) relationships and expectations (3) cultural empowerment. Six main factors were: (1) individual (2) family (3) neighbourhood (4) nurturers (influential people) (5) effective social forces (6) cultural beliefs.
Ngongalah et al. 2018 (Cameroon) ⁶⁷	To explore the perceptions of mothers, caregivers, and key informants on infant feeding and barriers to exclusive breastfeeding (EBF).	31 mothers, 17 grandmothers, 16 health workers	Qualitative study	Focus groups, interviews	Thematic analysis	Gaps in knowledge of EBF, colostrum and supplementary feeding were common. Barriers related to mother, infant, family, society, and health care system were also found. Grandmothers pressured new mothers to supplement infant feeding to "fatten up" the baby because it was seen as good health. Grandmothers also encouraged herbal medicine for protection against illnesses.

Okon 2004 (UK) ⁶⁸	To explore partners' perceptions of breastfeeding and the extent of their influence on infant feeding decisions.	8 male partners	Qualitative study	In-depth interviews	Thematic analysis	4 key themes: (1) language (2) gender role, (3) relationships (4) boundaries of breastfeeding. Fathers perceived breastfeeding as important and natural. There was a gender-defined role in breastfeeding for mothers. Fathers acknowledged that breastfeeding affected their couple relationship.
Okoye et al. 2015 (Nigeria) ⁶⁹	To assess knowledge of the nutritional and health needs of children among rural dwellers.	80 participants (40 mothers and 40 fathers of children aged 0-5 years old) in 8 same-sex focus groups	Qualitative study	Focus groups	Analytical themes developed and guided by the literature	Gaps in understanding of importance of exclusive breastfeeding. Breastfeeding was perceived to be good in religious sense.
Palmqvist et al. 2015 (Sweden) ⁷¹	To explore the knowledge, feelings and participation of fathers and co-mothers in regard to breastfeeding.	7 fathers, 2 co-mothers of a child < one year old	Descriptive phenomenology	Semi-structured interviews	Phenomenological approach analysis	3 main themes: (1) wish for the child to be breastfed/get breast milk (2) effect of breastfeeding on fathers/co-mothers (3) adaptation and acceptance. Partners wished for their baby to be breastfed due to known health benefits of breastfeeding and their perception of breastfeeding as a natural action. Partners perceived breastfeeding to have a positive and/or negative effect on relationships with the mother and/or infant. Partners believed that breastfeeding needs of the infant and mother supersedes their own feelings and opinions.
Pollock et al. 2002 (USA) ⁷²	To investigate diverse racial background men's (a) breastfeeding knowledge and (b)	100 men present at maternity units	Descriptive study with closed- and open- ended questions	Interviews to obtain responses for questionnaires with closed- and	Not stated	Men had overall positive attitudes towards breastfeeding. However, many men did not have good knowledge about specific health benefits of breast milk. Majority of the

	breastfeeding attitudes, the relationship between (a) and (b), and the relationship between demographic variables and (a) or (b).			open-ended questions		fathers want their child to be breastfed and this trait was correlated to demographics.
Pontes et al. 2008 (Brazil) ⁷³	To identify the experiences, knowledge, behaviours and emotion of fathers with relation to breastfeeding process.	17 couples of children aged 6-8 months	Qualitative descriptive and explorative study	Individual semi-structured interviews	Thematic content analysis	4 themes: (1) faint/ambiguous memories of breastfeeding during childhood (2) knowledge about breastfeeding is focused on the child's health, mother's responsibility and savings for father (3) breastfeeding-related behaviour of father during his participation in the pregnancy-child care cycle (4) interconnected feelings of fragility when breastfeeding.
Pontes et al. 2009 (Brazil) ⁷⁴	To explore male and female perceptions of a father's breastfeeding participation.	11 men (3 non-fathers, 7 fathers) 9 women who had breastfed	Qualitative exploratory study	Discussion groups	Content analysis	4 themes: (1) involvement in the pregnancy-puerperal cycle (2) 'feelings and meanings of breastfeeding (3) meanings of breastfeeding in public (4) ways to include father in the breastfeeding process. Fathers' participation in breastfeeding was short-lived. Some men felt that breastfeeding can be excluding towards them. Men identified methods which fathers could undertake to provide more physical and emotional support for breastfeeding mothers.

Reid et al. 2010 (Australia) ⁷⁵	To explore grandmothers' views of their role in supporting new families and examined their potential to influence infant feeding decisions and parenting practices of new mothers.	11 grandmothers	Qualitative descriptive study	Semi-structured interviews and a focus group	Thematic analysis	3 themes: (1) presence as a support (2) position within the support network (3) power versus preservation in the relationship with the new mother.
Rempel & Rempel 2011 (Canada) ⁷⁶	To explore fathers' experiences and their role in breastfeeding.	21 fathers of breastfeeding infants	Qualitative study	Interviews	Open-ended coding to form categories and themes	Fathers identified themselves as a key member in the team of a breastfeeding family. Fathers had the knowledge to support their partner to breastfeed and recognised what assistance and encouragement they could offer to their partner.
Schmidt & Sigman-Grant 2000 (USA) ⁷⁷	To identify the views of low-income males on supporting breastfeeding.	17 fathers, 17 mothers	Qualitative study	Sex-sex discussion groups	Content analysis	Fathers supported breastfeeding due to its health benefits for infants. They disagreed or felt that it was irrelevant that breastfeeding was bad for breasts or damaged their sexual relationship. Fathers provided emotional and physical support for the breastfeeding mother and child.
Scott et al. 2018 (Malawi) ⁷⁸	To investigate whether members of the extended family influenced the success of the peer home-visiting intervention and mechanism of influence.	Qualitative component 5 focus groups: 16 mothers, 15 grandmothers, 6 peer counsellors. Interviews: 4 village chiefs, 4 fathers and 2 community health workers	Secondary sequential mixed-methods study based on a cluster randomised controlled trial intervention	Qualitative component-focus groups and semi-structured interviews	Qualitative data analysis: inductive framework approach	Fathers, mothers and grandparents each had their roles; clinics, family members, village leaders, NGOs and peer counsellors were all sources of information; traditional practices of mixing herbs in porridge were still practiced by some; barriers to behaviour change were still present.

Sherriff et al. 2009 (UK) ⁷⁹	To identify fathers' views and experiences of breastfeeding.	8 fathers of infants aged 6 weeks to 11 months	Qualitative study	In-depth semi-structured interviews	Thematic analysis	3 themes: (1) fathers' early thoughts on feeding (2) antenatal experiences (3) breastfeeding following birth. Fathers required more advice and information about breastfeeding in order to maximise their support to their partners.
Sherriff & Hall 2011 (UK) ⁸⁰	To explore fathers' views on the different ways infants are fed; their antenatal experiences including perceptions of antenatal provision; experiences of (breast)feeding following birth; their needs to support breastfeeding partner.	8 fathers of infants aged 6 weeks to 11 months	Qualitative study	Individual in-depth semi-structured interviews	Framework analysis approach	3 themes: (1) fathers' views on breastfeeding (2) the support fathers require (3) breastfeeding following birth. Fathers believed breastfeeding was the best but were unclear of specific breastfeeding benefits over formula. There was a lack of information targeting the father. Some felt that choosing to supplement with formula could help them to become involved. Fathers also noted antenatal services needed to be more accessible for them.
Sherriff et al. 2014 (UK) ⁸²	To explore the meaning of 'father support' regarding breastfeeding.	19 mothers, 11 fathers	Qualitative	Focus groups and telephone interviews	Thematic analysis	5 themes: (1) knowledge about breastfeeding (2) positive attitude to breastfeeding (3) involvement in the decision-making process (4) practical support (5) emotional support.
Talbert et al. 2016 (Kenya) ⁸³	To investigate how first-time mothers learned to breastfeed, who advised them on infant feeding	Questionnaires: 50 new first-time mothers Focus groups: 21 mothers, 10 community health workers, 23 breastfeeding advisers	Mixed methods study	Focus groups, questionnaire	Qualitative data: thematic analysis using the framework method	3 themes: (1) maintaining good family relationships (2) learning under supervision of advisers (3) overcoming breastfeeding challenges with the help of advisers.

	and what advice they obtained on breastfeeding problems.	(family members, health workers)				
Thet et al. 2016 (Myanmar) ⁸⁴	To understand the knowledge of mothers, husbands and grandmothers and the main barriers to exclusive breastfeeding.	24 women of infants aged 6-12 months old, 10 husbands of participating women, 10 mothers or mothers-in-law (grandmothers) of participating women	Qualitative study	In-depth semi-structured interviews	Content analysis	Mothers and grandmothers were particularly knowledgeable about breastfeeding. Participants thought that exclusive breastfeeding was not sufficient for baby's health. Family members were supportive to breastfeeding mothers. The decision to breastfeed is predominantly made by the mother and sometimes in partnership with their partner. Common barriers to exclusive breastfeeding were related to work. More advice and support to family members could be a factor to achieve exclusive breastfeeding.
Tohotoa et al. 2009 (Australia) ⁸⁵	To identify parents' views on what paternal support for breastfeeding involves.	76 participants with breastfeeding infants: 48 mothers and 28 fathers	Qualitative exploratory study	Focus groups, interviews and an online survey with open-ended questions	Thematic analysis	Major theme from fathers: 'Wanting to be involved'. 3 sub-themes: (1) wanting more information (2) learning the role (3) being an advocate. Parents believed decisions surrounding breastfeeding was jointly shared. Fathers received less breastfeeding information breastfeeding than mothers. Fathers desired more information to be able to effectively support their partner to breastfeed and be a breastfeeding advocate.
White et al. 2018 (Australia) ⁸⁶	To examine how fathers used a breastfeeding-focused	208 fathers in the perinatal period that posted in the forum	Qualitative study	Online forum discussion	Thematic analysis of comments on forum	4 main themes: (1) seeking and offering support to one another or their partner (2) connecting to one another by socializing (3) providing informational support through sharing

	conversation forum in an app.					what had worked for them (4) sharing experiences of being a father, breastfeeding and bonding.
Zakar et al. 2018 (Pakistan) ⁸⁷	To understand parents' knowledge, attitudes and practical encounters with breastfeeding and the factors that prevent them from breastfeeding.	12 focus groups with 38 mothers and 40 fathers of children <two years old	Qualitative study	Focus groups	Thematic content analysis with both deductive and inductive reasoning	13 main themes: (1) infant's first given feed (2) misconception about colostrum and alternatives to breastfeeding (3) benefits of breastfeeding for the mother (4) benefits of breastfeeding for the infant (5) socio-cultural belief system concerning breastfeeding (6) causes of bottle feeding and non-production of breast milk (7) knowledge about exclusive breastfeeding (8) desired duration and frequency of breastfeeding (9) mothers' diet during lactation (10) mothers' experiences of lactation related problems (11) mothers' perceptions about lactational amenorrhea (12) inter-spousal communication (13) information system and dissemination.

Note: Sherriff et al 2009⁷⁹ and Sherriff & Hall 2011⁸⁰ report the same study.
De Montigny et al 2018a²⁸ and De Montigny et al 2018b²⁹ report the same study.

Article title: *Relatively speaking? Partners' and family members' views and experiences of supporting breastfeeding: a systematic review of qualitative evidence*

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Journal: *Philosophical Transactions of The Royal Society B*

Supplementary material 6: Synthesised findings, categories and supporting quotes

Synthesised Finding	Categories (number of unequivocal/credible findings)	Supporting quotes
Spectrum of family members' breastfeeding knowledge, experiences and roles	Mixed level of breastfeeding knowledge and understanding of breastfeeding benefits (8)	"I was always of the opinion that breast is best... it's free which always helps and it's got everything that they need." (Father of one)⁷⁹ "Breast milk is the best way to feed a baby. It has everything a child needs. Vitamins and etc., is a strong food." (Father)²⁷ "It is the most natural way of feeding a newborn baby." (Partner)⁶⁸ "advice about breastfeeding, I know a lot; when a child is born he should breast feed exclusively, very frequently" (Father)⁷⁸ "Babies who are breastfed have better health, are smarter, and feel closer to the others in the family. Mother makes exactly what the baby needs. Different babies need different things, and the mother's body makes milk to suit her baby. How can a company do that? God makes everything perfect and He made mother's milk perfect for the baby. Formula is a bottle full of chemicals." (Father)⁷² "Formula milk is dekhawa [snobbery] and a show of wealth and modernity: wealthy people buy expensive milk to show their wealth." (Grandmother, Partner, Father 4)⁸⁷ "With breastfeeding how often do you breastfeed the child to make sure you have enough calories? At what point do you introduce other stuff? Breastmilk is just water and chemicals...the child has to live off of solid food." (Father)⁸⁸
	Views on exclusive breastfeeding and insufficient breast milk (10)	"How can a baby be healthy with breast milk only? They need some porridge as well and a bit of water too." (Grandmother)³³ "Breastfeeding is a normal thing that mothers have been doing for years and we support our daughters to do it. But this EBF thing is a new practice introduced by the Western culture and this culture is responsible for the many diseases we see today, which did not exist in the olden days." (Grandmother)⁶⁷ "We do have one problem, and it is not questionable! Our wives have a problem of not having enough milk in their breasts...[so] we are forced to give [babies] porridge...this breastmilk problem is now a common one in our community." (Father)⁵⁵ "For a baby? We don't give anything. We have heard that some will give honey, oil or sugar, isn't it? We don't give anything like that!" (Grandmother)⁵⁴ "I have 10 children and I did not breastfeed any of them exclusively and they are all healthy. Nowadays, people just follow what others do for the sake of it, so when my daughter talks about EBF, I just let her go on with it. But when the baby is with me, I feed her properly." (Grandmother)⁶⁷

		<i>"Now they do exclusive breastfeeding for 6 months. This is the best way, if the mother is free [not working] she can just breastfeed. It is easier and cheaper to breastfeed. We don't have money to afford formula. Formula costs \$10-£11/can. We are farmers who cannot afford formula, but we just know this from seeing others buy it." (Grandmother)⁸⁹</i> <i>"The baby doesn't need any other food, or drink juice until they're 6 months old, and they (the child) can be supplementary breast fed until they turn 2, because mother's milk supplies all the nutrients they need for their development." (Father)²⁷</i>
	Views on colostrum (4)	<i>"old and has been stored in the breast for a long time" (Grandmother)⁴⁴</i> <i>"[Mother-in-law] Colostrum should be thrown away because it makes the infant sick." (Grandmother)⁵⁰</i> <i>"Bigouti is said to be nourishing. If the mother's milk is not fed, the baby will be useless." (Grandmother)⁵⁴</i>
	Influences of cultures and religions (6)	<i>"Culturally it is a positive thing in terms of breastfeeding." (Partner)⁶⁸</i> <i>"No, but in the sense that, you know, obviously, you didn't see it a lot – certainly not in the (area). Probably still don't...didn't see it around, didn't see it being done" (Father)⁴³</i> <i>"G2: In this country I had my first child. So in this country they used to [bottle] feed my child in the beginning. So later I hid and breastfed." (Grandmother)⁶⁰</i> <i>"...because I want to follow the guidance of the Quran...if God has given diet for the child, how can we human beings disrespect and devalue the child's right [Bachay ka haq hay]?" (Father)⁶⁴</i> <i>The Koran states that mothers should feed for two or two and a half years and mothers' milk stays in the child's body for 40 years, so giving breast milk is very important." (Grandmother)⁴⁴</i> <i>"Noe-pway-ywat [leaf for breast milk production] was needed for breast milk to come out, then it was needed to cook the soup with fish or like this, I needed to cook for my wife." (Father)⁸⁴</i> <i>"Here in Haiti we give treatment like teas; we believe that there are important things in tea. Especially after a big catastrophe the traditional medicine is very important. It helped a lot in breastfeeding." (Father)³⁰</i> <i>"When the mother is suffering from tuberculosis or any other malignant disease, she should avoid breastfeeding. Because, the local culture believes, the disease could be transmitted to the baby through the breast milk." (Grandmother 3, Partner 4, Father 36)⁸⁷</i> <i>"The woman might have cancer, and if it is in the breast she might pass it on." (Teenage father)⁴⁰</i>
	Unveiling the reality of breastfeeding (9)	<i>"...It's not as simple as the books and everything make out, because everyone's got busy lifestyles and everyone tries to get on with their life, and breastfeeding doesn't necessarily fit into normal society..." (Father of one)⁷⁹</i> <i>"It's very difficult for something that should come naturally – it's physically and emotionally draining. It takes time to master the art of breastfeeding." (Father)¹⁶</i>

		<i>"My partner felt like a failure every time she made a bottle of formula." (Father)¹⁶</i> <i>"It's a shame that because you breastfed and after breastfeeding, in a way, you feel more anti-breastfeeding because of your own experience... 'cos you can breastfeed and it would have worked out for you, but now, 'cos of other people, it's put you off. It's a shame." (Grandmother talking to her daughter)³⁶</i>
	Roles of partners and family members (12)	<i>"The man's role is just to support and to be there." (Partner)⁶⁸</i> <i>"[I] washed, ironed, hold him [infant] when he was crying and put him to sleep and even helped with his bath." (Father)²⁷</i> <i>"It's the whole picture. If that means you've got to do the dishes a few more times because she's busy feeding the baby, well that's just the way it is." (Father)⁷⁷</i> <i>"...Paternity leaves facilitated my wife in exclusive breastfeeding and I was able to take care of the older children." (Father)⁶⁴</i> <i>"My spouse had not understood how to squeeze her breast to feed the baby. I explained to her that wasn't how the midwife had showed her. Afterwards, she did it the right way, and it went well." (Father)⁹¹</i> <i>"My mother helped me a great deal when I had my children so I wanted to do the same thing for my kids when they started to have their own children." (Grandmother)⁷⁵</i> <i>"It is true the responsibility is known to us, but we do not get enough time, at least in the early morning and when you are back home, you can be asked to carry the baby in brief sessions." (Father)¹⁹</i> <i>"For real. Mothers understand, it needs someone from my home or her home to come and help her to work." (Father)¹⁹</i> <i>"I need to make sure that my wife does not get tempted to accept any gift from these formula people because sometimes they just give formula milk for free and our wives would think it's a good thing." (Father)⁶²</i> <i>"I felt very much excluded." (Father)⁷⁴</i> <i>"She's got two objectives: to look after the baby and to look after herself. My objectives are to look after everything else. If we fulfil those simple things then everything supposedly will be tickety boo." (Father)²²</i> <i>"If she's anything like me she won't be able to feed for long. I've told her she might as well put the baby on the bottle." (Sister – underprivileged)⁴⁹</i>
The complexity of infant feeding decision making	Breastfeeding is predominantly the woman's decision (13)	<i>"It was pretty much a joint decision but I would not have contested her decision. It's her body at the end of the day." (Father)²²</i> <i>"I don't think we [fathers] are entitled to [decide], to be quite honest. It's not our bodies." (Father)²²</i> <i>"I didn't feel strongly either way. However my wife wanted to breastfeed and everyone else told her to so she did...I didn't see how I could tell her what to do." (Father)¹⁸</i> <i>"Well why do you [...] why do you, why, why do you have to discuss it with your husband? Is he gonna, change off and breastfeed the kid too? I think that's up to the mother. The mother's choice I think. I don't think that the man should have anything to do with it." (Grandmother)⁴²</i>

		<i>"I didn't [mention breast feeding] because she [the partner] knows as well as I do. So, there was no need to say anything." (Father)²⁷</i> <i>"Whatever was practiced in the olden days has changed like everything previously was followed by listening to the elders and nowadays the daughters-in-law don't do that. They would not listen to the in-laws" (Grandmother)⁶⁰</i>
	Reconsidering breastfeeding decision/behaviour (11)	<i>"I said to her, "Just give up", 'cause a friend of mine tried for a few days and she stopped, and so I wasn't overly fussed about "is it better or is it worse?"... She tried immediately and it wasn't really working, she was getting stressed, it just didn't work for us at all..." (Father)⁸²</i> <i>"The health visitors [when looking at the chart] said he wasn't putting on weight and suggested maybe we should introduce bottles...so we started introducing one bottle a day and he was putting on weight... it was somewhere between two and three months at that point we just moved on to complete formula feeding." (Father of one)⁷⁹</i> <i>"My daughter's child did not latch on her nipple from the third day of birth and was very irritable, so we had to bottle feed her or gave her a pacifier to calm her." (Grandmother)⁶⁶</i> <i>"Well, it's probably its going to be important if she needs some time away, and you know, the baby is obviously, going to get hungry. She cant be there all the time, so I'm sure that it's important that there's a mixture in the bottle as well because she's not going to always be there." (Expectant father)⁵⁹</i> <i>"Less people did breastfeeding because after the earthquake no one had money, no one could eat well to give the breast to their children, so less people did breastfeeding." (Grandmother)³⁰</i> <i>"Ultimately, we've preferred breastfeeding. The only reason we switched over was because she had to go to work. And we tried; we tried pumping so we could stay with breast milk, but that ended up not working after a while, so we switched over to formula feeding." (Father)⁶³</i> <i>"I'm very happy because I can get a little closer to my daughter by feeding her, but I was also in favour of breastfeeding." (Father)²⁹</i>
	Women under pressure to breastfeed (3)	<i>"I have always pushed it with her to. Even if she would want to stop I don't think I would just let her stop right away." (Father)⁷⁶</i> <i>"My family [elder sister] did not support our breastfeeding decision, and my wife was pressured to keep the baby on both [breastfeeding and bottle feeding]." (Father)⁶⁴</i> <i>"We felt that...we must, of course, be able to choose...if it's important for us or not...but it was a bit like...if you're not breastfeeding then it...don't you understand what you are doing to your child...[...] and it was a little shock that it was so incredibly important at the hospital to start breastfeeding." (Father)⁷¹</i>
The controversy of breastfeeding in front of others	Concerns with the sexualisation of breasts and privacy (15)	<i>"Some people can act very strangely if a woman breastfeeds in public, so it's hard for her to breastfeed outside the house." (Father)¹⁶</i> <i>"I would be a little uncomfortable with my wife doing it in public, you know... I think society sort of is not really that welcoming to that sort of thing and I don't want to be the guy</i>

		who has to king of defend that practice publicly.?" (Expectant father; Caucasian; Chicago)⁵⁹ "To see a baby under there is like oh, man, that's wrong. She got her breasts out. But then you go to the club, if she is standing there with the same bra, you like hey, you know, look at her." (Expectant father; African-American; Chicago)⁵⁹ "I think it's the sight of somebody with their breasts out in public [makes me uncomfortable]. Not the actual act of feeding a child...but it's just more like seeing someone's breast exposed in public, and that's always got sexual connotations as far as men are concerned." (Potential fathers; low-income)⁴⁰ "If I was sitting on a train with my friends and she lifted her top and started feeding the baby, I would be embarrassed." (Partners of women who are/were breastfeeding or bottle-feeding; employed; low-income)⁴⁰ "You're far too young to see the likes of this [breastfeeding poster]!" (Grandmother talked her eight-year-old grandson)⁴⁰ "The boys...one of them is getting to be too old to, you know, see his mama's stuff and all...So she decided, you know, not to have it around...She just didn't want the boy seeing it." (Father)⁶³
	Open for women to breastfeed in public (2)	"A lot of young fellas think it's just that public nudity and not right, like. My missus she's...still breastfeeding, now my son's turned one the other month and she does it everywhere. I don't care, it's not anything wrong." (Father)⁶⁵ "...I never felt bad when my wife breast fed in public. At those moments she is not a woman. She is a mother. What is seen is not the breast of a woman." (Father)⁷⁴ "Anybody's who's against breastfeeding or think it's an arousing thing should re-evaluate." (Rural, low-income father)⁷⁷ "In a mall, I'm not going to let my kid go hungry just because someone's offended." (Rural, low-income father)⁷⁷ "We have had no issues. Makes me think it really isn't an issue." (Father)⁸⁶ "If we were out for lunch and she is breastfeeding at the table, people don't know. It is very subtle." (Father)⁴⁰
Impact of breastfeeding on family	Positive impact on couple and family relationships (7)	"We do things now more together, so we work through all the struggles together, so that's great." (Father)⁸¹ "[...] We're pretty much talking about it...what is equality [...] it's easy to claim that equality is the same as doing the same things and that feels a little flat." (Father)⁷¹ "I respect my wife more and I certainly feel close to her...when I look at her and my daughter because I have been there for those tough periods." (Father)⁷⁶ "Not putting any demands on the intimacy as much beyond what she would be interested in." (Father)⁷⁶ "Things are a lot better since she's had the baby or in fact when she found out she was pregnant...Before that it was very up in the air. But we're getting on great now." (Grandmother)⁷⁵ "It looks very, very cozy[...] You are really a bystander, but I have not felt left out...jealous...difficult...so certainly no with any negative feelings, but more...with tenderness." (Female partner)⁷¹

	Negative impact on couple and family relationships (3)	<i>"Feeding takes up a lot of time when they are young. I joked my partner was permanently attached to another man. I was half joking but I did feel a bit put out which sounds terrible now. She wasn't too impressed either!" (Father)¹⁸</i> <i>"It did cause some arguments which I know wasn't fair. But I felt useless and like she didn't want me anymore. I didn't see why she couldn't give him a bottle." (Father)¹⁸</i> <i>"My mother insists on initiating formula feed for my babies as, according to her perception, formula-fed babies are chubbier...I think she herself was not able to feed us, therefore she was jealous of her daughter-in-law." (Father)⁶⁴</i> <i>"It's interfered with aspects of our life but compared to the benefits it's nothing." (Father)⁷⁶</i>
	Positive impact on parent-infant relationships (5)	<i>"I think in a really positive way because there's something wonderful about seeing your wife have that emotional attachment to your child..." (Father)⁶¹</i> <i>"Do I feel alienated or excluded? No I don't, absolutely not... I get bonding times in other ways like to calm him, soothe him, and play with him...that's my bit" (Father of five)⁷⁹</i> <i>"...I have become much more in love with my children than with my own life thanks to breast feeding." (Father)⁷⁴</i>
	Negative impact on parent-infant relationships (2)	<i>"I know I shouldn't have felt like this, but until my wife started mixed feeding I...I felt, and I know again I shouldn't have felt like that, but I felt removed from the situation. I didn't bond with our son straight away. But when I started giving him a bottle...yes I think that helped (Father)⁶¹</i> <i>"Sometimes I feel left out and jealous because of the breastfeeding, like when he is really screaming and strung out, and nothing will satisfy him. Then I feel it. He won't even take a bottle. He wants his mommy and he wants a breast." (Father)⁴⁶</i> <i>"I felt very much excluded." (Father)⁷⁴</i>
It takes more than just family members: support for family members	Access to and (un)helpfulness of support for family members (16)	<i>"The leaflet was good. It was interesting to see how the milk changes through the feed – with more fat towards the end. It was helpful to remind people about being supportive – with a drink, having a bath etc." (Father)⁴⁵</i> <i>"I liked the leaflet, read it and like the pictures. It is better with the extra explanation, to make things clear. I don't read much, so the pictures are useful. You can if you don't understand things if there is someone there." (Father)⁴⁵</i> <i>"We had a great antenatal teacher who did troubleshooting with us. How to do it...how to solve this problem or that problem. I felt I knew what to do and could do something when things went wrong." (Father)¹⁸</i> <i>"We went to NCT antenatal classes and the NHS ones...They talked about it [breastfeeding] and leaflets were given. By then I think we'd decided breastfeeding was the way to go anyway, it was just further information really. It felt a bit weird cos I was the only bloke there at the class, at the breastfeeding one...- They say on the letter 'partners welcome', but I was the only male, it was a bit funny: 'am I supposed to be here?' (Father)⁸⁰</i> <i>"Our antenatal class included dads in the breastfeeding discussion. I heard from other dads this was rare but it was good to feel part of it and get that information." (Father)¹⁸</i>

		<i>"When we went to antenatal classes they did a session on breastfeeding. They sent all the dads down the pub that night." (Father)¹⁸</i> <i>"There was this poster up in the ward apparently trying to promote breastfeeding which told dads it was a good thing because they would get more sleep. It was awful – not all dads are lazy and uninvolved which is what I felt it was implying. I wanted to help." (Father)¹⁸</i> <i>"...the midwife didn't visit for about a week and a half and she was having a bit of trouble actually feeding him. I was a bit cross. I mean she (the new mother) was very forgiving and said oh she's busy...But that doesn't help a new mum." (Grandmother)⁷⁵</i> <i>"Just be supporting and encouraging will go a long way! I know if I give up my wife will give up on breastfeeding!" (Father sharing experience through an app)⁸⁶</i>
	Infant feeding advice received from HCPs (10)	<i>"Doctors and nurses encourage breastfeeding a lot though there were no formal classes to prepare my wife." (Father)⁶⁴</i> <i>"So going through the whole pregnancy thing there's quite a lot of breastfeeding propaganda basically [laughs] that's thrown at you by the midwives...which I was quite convinced by, I've got a tendency to be quite trusting of professionals so if the doctor says so or the midwife says so I'll probably believe them." (Father)⁴³</i> <i>"I think the NHS promote breastfeeding so vigorously that women do not realise you can do both [bottle and breast] maybe. Among our friends, they seem to think it's all or nothing." (Father)⁶¹</i> <i>"...one of the NHS midwives who went completely by the rule book said, 'I'm not allowed to recommend this to you because it's not in our guidelines but I think if you pop to the pharmacy and get some nipple shields he'll probably breastfeed.' So I went down to the pharmacy, got some nipple shields and low and behold 3 seconds later he was breastfeeding...this was after four days of struggling!" (Father)⁶¹</i> <i>"When I said to a nurse I felt helpless she said enjoy the break and laughed like it was nothing to do with me." (Father)¹⁸</i> <i>"I asked the midwife what I could do to help my wife. She said cook her dinner, bath the baby and so on. I understood that but I wanted to help and join in with the feeding experience and I couldn't. I was annoyed." (Father)¹⁸</i> <i>"When we came for the checkup after delivery and my wife complained of lack of milk supply, the doctor immediately started my baby on formula [upar ka dood shuru kuryda]...slowly, gradually the baby was switched to partial breastfeeding." (Father)⁶⁴</i> <i>"[...] I felt a lot of strong pain, then had to have a whole orientation, why even hurt right? The breast. So really we had a doctor's guidance, visited at home and everything. He spent some coordinates to facilitate the process." (Father)²⁵</i> <i>"And it did, you know, the midwives kept saying, 'Oh try this, try that,' and I was actually getting quite angry because I was thinking she's tried every-thing and, you know, the stuff that you're coming out with she's already tried. And this is another thing, midwives say different things." (Father)⁶¹</i>

	Need for tailored support, information and education (18)	<i>"...I was always at work...it wasn't an evening which would have been easier to attend...there was a separate breastfeeding session which dads were invited to but...one person attended apparently, but that wasn't me...it was probably a bit funny because this isn't something I can help with, probably that was the impression." (Father of one)⁸⁰</i> <i>"It [information on breastfeeding] has to be clear and specific to fathers, otherwise I would just dismiss it as yet another health leaflet... if it's aimed at dads then I'll take the time to look... if it's all just among the other stuff, it becomes saturated and I don't want to have to sift through volumes..." (Father of 2)⁸²</i> <i>"Single-sex sessions [on breastfeeding] can be helpful. From what I have experienced, particularly with teenage fathers, it's a very embarrassing subject for them to talk about...some have found it a lot easier to speak to a male professional who has the relevant experience or training. Not just due to embarrassment on their side but also on the professionals' as well." (Father)⁸²</i> <i>"We went to one prenatal, antenatal, yeah, one of those classes things, and I felt like all the dads were 10 years older than me and... I felt completely out of place and didn't really talk to anyone and didn't make any parental friends, so there wasn't really anyone I would have talk about it with." (Father)⁴³</i> <i>"I read somewhere that if you breastfed you saved £500 a year on formula and bottles and things and were saving the NHS money too. I like figures." (Father)¹⁸</i> <i>"A realisation that this isn't necessarily going to be easy...an understanding of some of the difficulties and it's not as simple as 'latch on and half an hour later your baby becomes fully re-charged' – it's more difficult than that." (Father)⁸⁰</i> <i>"Proper information in hospital – every midwife gave conflicting information. A lactation consultant visit should be mandatory for every breastfeeding mum." (Father)¹⁶</i> <i>"I would like to see photos of families used or dads in breastfeeding literature." (Father)¹⁸</i> <i>"Grandmothers need more updated information as they don't understand demand feeding." (Father)⁴⁵</i> <i>"helping the mother to rest, praising her, especially in the presence of relatives...participating...in caring for the baby...But I feel that sometimes I won't know what to do. So, I expect my wife to tell me and teach me...[...]She should clearly express herself so that I understand and I will surely try to do my best to help." (Father)⁷⁴</i> <i>"Lots of Dads don't want to get involved and the leaflet and session would be a good way of helping them to get involved." (Father)⁴⁵</i> <i>"In today's society a man ain a man unless he has paper in his pocket...[There are] no programmes for us to help us do what we need to do. [...] They have programs for women but nothing to help us. It's frustrating. It hurts. Where's the program for us since we're trying to do our best? It's like we almost deleted." (Father)⁸⁸</i> <i>"The world is changing and our knowledge is not up to date." (Grandmother)⁴⁸</i>
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		<i>"it is expected that he participates in prenatal care, but he must be supported by labour legislation to be able to be with his wife; are all men aware of their right to fatherhood leave? Do companies respect this leave?" (Father)⁷⁴</i>
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