

Mothers' experiences of breastfeeding support across the continuum of care: a qualitative study in Spain

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Research Article

Keywords: Breast Feeding, Breastfeeding Support, Continuity of Patient Care, Qualitative Research, Maternal Health Services

Posted Date: October 26th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-11168198/v1>

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Additional Declarations: No competing interests reported.

Abstract

Background

Breastfeeding support is provided across different stages and healthcare settings, yet less is known about how mothers experience this support as a continuous process across successive stages of care. This study aimed to explore mothers' experiences and perceived support needs regarding breastfeeding support provided by healthcare professionals across the continuum of care.

Methods

A qualitative descriptive study was conducted in Galicia, north-western Spain. Three focus groups were held in April 2025 with 14 mothers with different breastfeeding trajectories, including mothers of preterm infants. Data were audio-recorded, transcribed verbatim, and analysed using thematic analysis following Braun and Clarke's six-phase approach. Investigator triangulation and member checking were used to enhance trustworthiness.

Results

Four themes were identified: (1) prenatal preparation: a gap between information and breastfeeding realities; (2) hospital breastfeeding support: inconsistent practices and variable professional expertise; (3) postnatal follow-up: healthcare contact without sustained breastfeeding support; and (4) from professional authority to conditional trust. Mothers distinguished between receiving healthcare and receiving breastfeeding support that they perceived as responsive to their needs. They valued breastfeeding-specific knowledge, practical guidance, clear and consistent information, responsiveness to individual circumstances, and continuity over time. Repeated experiences of inconsistent or unresolved support shaped how mothers evaluated professional advice, whereas encounters with knowledgeable and responsive professionals could reinforce trust.

Conclusions

Breastfeeding support was experienced as a cumulative and relational process rather than as a series of isolated healthcare encounters. Continued contact with healthcare services did not necessarily ensure sustained breastfeeding support, and trust in professional advice was progressively shaped by mothers' experiences across successive healthcare encounters. Strengthening breastfeeding support requires attention to professional knowledge and skills, continuity, interdisciplinary consistency, and coordination across care settings.

BACKGROUND

Breastfeeding is widely recognised as an important contributor to maternal and child health. It provides infants with optimal nutrition and protection against common childhood illnesses, while also being associated with important maternal health benefits, including a reduced risk of breast and ovarian cancers and type 2 diabetes [1, 2]. In Spain, longer breastfeeding duration has also been associated with a lower prevalence of overweight and obesity during the first two years of life [3]. Beyond these health outcomes, breastfeeding has been associated with aspects of mother–infant attachment, although the evidence remains heterogeneous [4].

Despite these well-established benefits, breastfeeding rates remain below international recommendations. In Spain, recent data from the 2023 Spanish Health Survey indicate that exclusive breastfeeding at six months reached 47%, representing

the highest prevalence recorded in the national series [5]. However, this figure remains below the World Health Organization target of at least 60% by 2030 [6].

Although breastfeeding is a physiological process, many women encounter challenges that require timely, skilled, and responsive professional support. Evidence from Spain suggests that the implementation of recommended breastfeeding practices is uneven. In a multicentre study conducted in nine Spanish hospitals, high adherence was reported for practices such as skin-to-skin contact, breastfeeding assistance, observation of breastfeeding, and resolution of mothers' concerns, whereas other recommendations, including information about breastfeeding support groups, showed substantially lower adherence [7]. These findings highlight that breastfeeding support comprises multiple dimensions and may vary according to the type of support provided and the care context.

While previous studies have examined breastfeeding support within specific stages or settings of care, less is known about how mothers experience professional breastfeeding support across the continuum of care and how experiences accumulated through successive encounters and care settings shape their relationship with professional support. Understanding these experiences may help identify how breastfeeding support can be made more coherent, responsive, and continuous from pregnancy and hospitalisation through postnatal care and the subsequent breastfeeding trajectory.

The aim of this study was therefore to explore mothers' experiences and perceived support needs regarding breastfeeding support provided by healthcare professionals across the continuum of care.

METHODS

Design

This was a qualitative descriptive study. Focus groups were used to explore mothers' experiences and perceived support needs regarding breastfeeding support provided by healthcare professionals across the continuum of care. The study is reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) [8].

Participants

The study was conducted in Galicia, north-western Spain, in April 2025. All participants were recruited from the same healthcare area. Although the study focused on experiences within healthcare settings, data collection took place outside hospitals to facilitate discussion in a more neutral environment.

Purposive snowball sampling was used. Initial participants who met the eligibility criteria were identified and contacted by a nurse from the research team with a clinical role through an online mother support network. These participants subsequently invited other eligible mothers from their social networks to participate. A total of 18 eligible women were invited to participate; four declined or were unable to participate, resulting in a final sample of 14 women.

Inclusion criteria were: women aged 18 years or older; residence in the study healthcare area; experience of breastfeeding for at least one month within the previous 36 months; ability to communicate in Spanish or a co-official regional language; and provision of written informed consent. Exclusion criteria were cognitive or communication difficulties that could hinder participation, and situations of emotional or social vulnerability that might compromise wellbeing during data collection.

Participants were distributed across three focus groups (FGs): FG1, mothers with infants under six months ($n = 5$); FG2, mothers of children older than six months ($n = 6$); and FG3, mothers of preterm infants ($n = 3$). The groups were designed to promote within-group homogeneity while capturing variation in breastfeeding trajectories and maternal circumstances across groups.

Data collection

Three focus groups were conducted in April 2025, with one session held for each focus group. All focus groups were moderated by the principal investigator, a woman with degrees in Nursing and Psychology and a PhD, with previous experience in qualitative research and focus group facilitation. The moderator was not involved in the subsequent coding of the data. Participant recruitment was conducted by another nurse from the research team who had a clinical role and had previously provided care to some of the participants. The moderator and the other members of the research team had no prior clinical relationship with the participants.

Each session lasted between 60 and 90 minutes and took place in a quiet, neutral environment to ensure participants' comfort and privacy. No other persons were present during the focus group sessions. An interview guide with open-ended questions was used to facilitate discussion about mothers' experiences of professional breastfeeding support, perceived barriers, and the information received during pregnancy, childbirth, and the postnatal period. Examples of guiding questions included: "How would you describe the information and support provided by healthcare professionals during pregnancy and after birth?"; "What kind of professional guidance did you receive when you faced breastfeeding difficulties?"; and "What role do you think healthcare professionals should play in supporting breastfeeding?".

All sessions were audio-recorded with participants' consent and later transcribed verbatim. A numeric code was assigned to each participant to ensure anonymity. Field notes were taken during and immediately after each meeting to capture non-verbal cues and contextual details relevant to interpretation.

Ethical considerations

Ethical approval

for the study was granted by the Research Ethics Committee of University of Santiago de Compostela, Spain, on 3 April 2024. All participants received both verbal and written information about the purpose and procedures of the research, and each provided informed written consent prior to participation. Confidentiality was safeguarded in accordance with the EU General Data Protection Regulation (Regulation EU 2016/679) and Spanish national data protection laws. Audio recordings and transcripts were securely stored on institutional platforms. Audio recordings were permanently deleted upon completion of the study, while anonymised transcripts were retained.

Data analysis

Transcribed data were analysed using thematic analysis following Braun and Clarke's six-phase approach [9]: familiarisation, coding, theme generation, review, definition, and reporting. Initial coding remained close to participants' own words and expressions. Codes were subsequently grouped into subcategories and broader thematic categories through iterative reading and comparison within and across transcripts.

The coding team comprised three nurses with complementary professional backgrounds: a nurse researcher with a PhD in Public Health; a clinical nurse with degrees in Nursing and Psychology and a PhD; and a paediatric clinical nurse who was also an International Board Certified Lactation Consultant (IBCLC). All three researchers independently coded each of the three complete transcripts. Initial codes were then compared and discussed among the research team, and a common codebook was progressively developed and refined through an iterative process. Differences in coding and interpretation were discussed until consensus was reached on the final coding framework and thematic structure. Data were coded and analysed manually without the use of qualitative data analysis software. Given the clinical and research backgrounds of the coding team, the researchers also discussed how their professional experience and prior assumptions about breastfeeding support might influence data interpretation, particularly when comparing codes and resolving differences in interpretation.

The analytic process involved continuous comparison between the data, codes, and developing themes, allowing themes to be reviewed and refined across the three focus groups. Analysis was conducted in the original languages (Spanish and Galician), and representative quotations were subsequently translated into English for reporting.

Trustworthiness

Credibility was enhanced through investigator triangulation and member checking. As part of member checking, a brief summary of the preliminary findings was sent by email to all 14 participants for review. Thirteen participants provided feedback and agreed that the findings adequately reflected their experiences; one participant did not respond. No modifications to the themes were required following this process. Transferability was supported by detailed contextual descriptions of the participants and data collection procedures.

RESULTS

A total of 14 women participated in the study across the three FGs. Participants’ ages ranged from 29 to 43 years; the mean age was 35.0 years (SD = 3.82). Their sociodemographic, obstetric, and breastfeeding characteristics are presented in Table 1.

Table 1. Sociodemographic, obstetric, and breastfeeding characteristics of participants

Participant	Focus group	Age (years)	Parity	Educational level	Mode of birth	Preterm birth	Breastfeeding duration at focus group	Breastfeeding status
P01	FG1	33	1	University degree	Vaginal	No	4 months	Ongoing
P02	FG1	29	1	Postgraduate	Vaginal	No	4 months	Ongoing
P03	FG1	34	1	Postgraduate	Vaginal	No	3 months	Ongoing
P04	FG1	33	1	Postgraduate	Vaginal	No	3 months	Ongoing
P05	FG1	31	1	Vocational training	Vaginal	No	4 months	Ongoing
P01	FG2	36	1	Vocational training	Vaginal	No	10 months	Ongoing
P02	FG2	38	1	Postgraduate	Vaginal	No	31 months	Completed
P03	FG2	36	1	University degree	Vaginal	No	15 months	Ongoing
P04	FG2	38	1	University degree	Vaginal (vacuum-assisted)	No	17 months	Ongoing
P05	FG2	31	1	Higher vocational training	Vaginal	No	9 months	Ongoing
P06	FG2	39	2	Doctorate	Vaginal	No	17 months [⊗]	Ongoing
P01	FG3	37	1	University degree	Caesarean	Yes (27+6 weeks)	15 months	Ongoing
P02	FG3	43	1	University degree	Caesarean	Yes (26 weeks)	22 months	Ongoing
P03	FG3	32	1	Postgraduate	Caesarean	Yes (34 weeks)	3 months	Ongoing

Abbreviations: FG, focus group.

⊗ Participant reported 47 months of cumulative breastfeeding experience across two children, including 17 months breastfeeding her younger child and 12 months of tandem breastfeeding.

Four themes were identified, reflecting mothers' experiences of breastfeeding support provided by healthcare professionals across the continuum of care: (1) prenatal preparation; (2) hospital breastfeeding support; (3) postnatal follow-up; and (4) from professional authority to conditional trust.

Theme 1. Prenatal preparation: a gap between information and breastfeeding realities

Mothers' experiences of prenatal breastfeeding preparation varied across the focus groups. While some participants valued the education and support received during pregnancy, a recurrent concern was the gap between the information provided and the difficulties encountered once breastfeeding began. Several mothers described antenatal sessions as predominantly general or theoretical, often focusing on breastfeeding benefits and positioning, but offering limited preparation for

managing unexpected problems. Consequently, even mothers who had initially viewed their prenatal education positively described feeling insufficiently prepared when difficulties arose:

“We had quite good training, but what they told us was very different from what starting breastfeeding was actually like. Theory is one thing and practice is another. Once difficulties arose, almost nothing was as we had been told.” (FG1-P01)

Positive experiences provided a contrasting perspective. Some mothers described professionals who used practical resources, discussed potential difficulties, responded to individual questions, and showed a genuine willingness to help. These accounts suggested that prenatal preparation was perceived as more useful when it moved beyond general information and helped mothers anticipate and respond to the challenges they might encounter.

“He took time with my questions, explained different positions and the problems that could arise... I felt a genuine interest and willingness to help.” (FG2-P05)

For mothers who gave birth prematurely, however, the challenge was not primarily the content of prenatal education but access to it. Premature birth interrupted or preceded the scheduled breastfeeding sessions, leaving these mothers with little or no preparation at a time when breastfeeding involved additional demands. Participants who were already receiving care for high-risk pregnancies described missed opportunities to provide earlier or individually tailored information:

“I never got to the antenatal or breastfeeding preparation because it was a premature birth. I was already attending the hospital for a high-risk pregnancy, but nobody ever talked to me about breastfeeding or feeding. It was completely unknown to me.” (FG3-P01)

Taken together, these experiences indicate that mothers valued prenatal breastfeeding education but needed preparation that was practical, responsive to individual concerns, and sufficiently flexible to accommodate unexpected clinical trajectories. The perceived gap was therefore not simply one of information availability, but of whether prenatal support equipped mothers for the circumstances they subsequently faced.

Theme 2. Hospital breastfeeding support: inconsistent practices and variable professional expertise

Experiences of breastfeeding support during hospitalisation varied considerably, not only between mothers but also across professionals, shifts, and care settings. A recurring pattern was that the availability or willingness of healthcare professionals to help did not necessarily translate into support that mothers perceived as effective. Some participants described professionals as attentive and well intentioned while simultaneously reporting unresolved pain, difficulties with latch, or uncertainty about how to manage breastfeeding independently:

“They helped me a lot and offered me many services, but breastfeeding still didn’t get off to a good start. They were very willing to help, but perhaps they lacked knowledge.” (FG1-P01)

Mothers also described support as highly dependent on the individual professional encountered. Different professionals sometimes provided contradictory recommendations within the same hospital admission, leaving mothers uncertain about which guidance to follow. Changes between shifts or professionals could therefore transform the experience of support, with helpful encounters occurring alongside interactions perceived as dismissive or inadequately informed:

“Depending on who was there, you received different information about breastfeeding... I felt quite lost. I couldn’t understand how, within the same unit, they could tell you something different every eight hours.” (FG2-P04)

Beyond technical knowledge, mothers’ accounts highlighted the importance of how breastfeeding assistance was provided. Some described interventions to establish latch as painful, directive, or insufficiently explained, and reported situations in which care practices were undertaken without what they perceived as adequate involvement in decision-making. In these

accounts, receiving assistance did not always equate to feeling supported, particularly when mothers felt that their pain, concerns, or preferences were not sufficiently acknowledged.

Experiences in neonatal care further illustrated this variability. Mothers of premature infants described particular vulnerability when breastfeeding had to be established alongside separation from their infant, milk expression, and uncertainty about the infant's condition. Several reported receiving little initial guidance about expressing milk or the role of breast milk for premature infants. However, one mother described encountering an IBCLC nurse in the neonatal unit as a turning point:

"She explained the importance of colostrum for premature babies and how we had to work on breastfeeding. She showed me how long and how often I needed to express and explained so many things I didn't know." (FG3-P01)

This contrasting experience suggested that mothers perceived hospital breastfeeding support as most effective when professional knowledge was combined with clear explanations, practical guidance, and responsiveness to their individual circumstances. Conversely, inconsistency between professionals and support that did not address mothers' specific difficulties contributed to uncertainty even when healthcare staff were available and willing to help.

Theme 3. Postnatal follow-up: healthcare contact without sustained breastfeeding support

After discharge, mothers continued to have contact with healthcare professionals through midwifery, paediatric, primary care, and neonatal follow-up. However, these encounters did not always provide the sustained breastfeeding support they needed. Several participants described persistent pain, difficulties with latch, or uncertainty about breastfeeding that remained unresolved despite repeated consultations. One mother captured this distinction particularly clearly:

"After discharge was when I felt most alone. The midwife looked at the latch and said everything was fine, but I was still in terrible pain." (FG1-P03)

Some mothers described receiving practical assistance during consultations that was difficult to reproduce once they returned home. In these accounts, professionals could temporarily improve positioning or latch, but mothers did not always feel that they had acquired the knowledge or confidence needed to manage the same difficulty independently. Postnatal support was therefore experienced as insufficient when it addressed the immediate situation without helping mothers understand how to respond to recurring problems.

Infant weight became a particularly prominent feature of postnatal encounters. Mothers understood the need to monitor growth, especially when infants had been born small or prematurely, but some felt that discussions about breastfeeding became dominated by weight and the possibility of formula supplementation, while their pain, feeding difficulties, or concerns about breastfeeding received less attention. For some participants, repeated suggestions that supplementation might be necessary contributed to doubts about the adequacy of their own milk:

"I left there with the feeling that my milk didn't make my baby gain weight, but formula did, so I had to give formula." (FG1-P04)

Similar concerns were expressed by mothers of premature infants, for whom post-discharge growth monitoring could intensify uncertainty about whether breastfeeding was sufficient. In these situations, clinical follow-up was not necessarily perceived by mothers as breastfeeding support and could instead become a source of anxiety when recommendations were not accompanied by explanations that addressed their concerns.

When breastfeeding difficulties remained unresolved, several mothers sought support outside routine healthcare services, particularly from private lactation consultants or breastfeeding support networks. These resources were described as providing the specialised guidance that participants felt was missing from conventional follow-up. Reliance on external

support was therefore not simply an additional source of information, but, for some mothers, became a substitute for professional breastfeeding support within routine care.

Support needs also extended beyond the early postnatal period. Mothers who continued breastfeeding for longer periods described both supportive and discouraging professional encounters. Some professionals encouraged them to continue breastfeeding or actively sought solutions compatible with breastfeeding, whereas others questioned or negatively commented on breastfeeding as the child grew older. These contrasting experiences suggested that mothers valued professional support not only for establishing breastfeeding but also for sustaining it for as long as they wished.

Overall, mothers' accounts indicated that continuity of healthcare contact did not necessarily ensure continuity of breastfeeding support. What they perceived as missing was follow-up that remained responsive to breastfeeding concerns over time, integrated maternal and infant needs, and enabled mothers to manage difficulties beyond the clinical encounter.

Theme 4. From professional authority to conditional trust

Experiences accumulated across successive healthcare encounters shaped how mothers evaluated and used professional breastfeeding advice. Several participants described initially approaching healthcare professionals as authoritative sources whose recommendations they expected to trust. However, repeated exposure to contradictory guidance, unresolved breastfeeding difficulties, or advice that they perceived as insufficiently explained led some mothers to reconsider this reliance.

"Before, it was whatever the white coat said—they know. Now, after everything that has happened, I don't trust what they tell me about breastfeeding. I leave and look for information from other sources." (FG3-P03)

This change did not occur after a single negative encounter but was described as developing through repeated experiences across different stages and professionals. As mothers accumulated their own breastfeeding experience and sought additional information, some became more likely to question recommendations, compare them with other sources, or decide whether to follow them based on their assessment of the professional's breastfeeding knowledge. In FG1, one participant explicitly linked contradictory professional advice and feeling unsupported with a broader loss of confidence:

"You are told that breastfeeding is recommended because of all its benefits, but then you find yourself alone and receive different information depending on which professional you see. I stopped trusting them." (FG1-P05)

For mothers of premature infants, this tension was particularly apparent because dependence on healthcare professionals was initially intensified by their infants' clinical vulnerability. Participants described feeling unable to question decisions while their infants were hospitalised, yet some subsequently became more critical of professional advice when they perceived inconsistencies between recommendations or insufficient consideration of prematurity. Thus, increasing maternal knowledge and experience could shift the relationship from unquestioned reliance towards active verification of professional advice.

Importantly, reduced trust did not imply that mothers considered professional breastfeeding support unnecessary. On the contrary, participants continued to describe knowledgeable healthcare support as fundamental and identified individual professionals whose expertise and responsiveness had been decisive in sustaining breastfeeding. What changed was the basis on which trust was granted. Mothers described greater confidence in professionals who demonstrated breastfeeding-specific knowledge, explained their recommendations, acknowledged maternal concerns, and sought solutions compatible with continued breastfeeding.

"We need that white coat to show us that they know, so that mothers of premature babies can trust them. When I see that they know, I will trust them." (FG3-P02)

When these conditions were not met, mothers increasingly turned to lactation consultants, peer support, or other information sources to verify or replace professional guidance. These alternatives therefore functioned not only as supplementary sources of support but also as responses to diminished confidence in formal healthcare advice.

Across participants' accounts, trust emerged as neither fixed nor uniformly absent. Rather, it was continually shaped by encounters with healthcare professionals throughout pregnancy, hospitalisation, and postnatal follow-up. Consistent, knowledgeable, and responsive support could reinforce trust, whereas repeated inconsistencies or unresolved concerns shifted mothers towards a more conditional relationship with professional authority.

DISCUSSION

This study explored mothers' experiences and perceived support needs regarding breastfeeding support provided by healthcare professionals across the continuum of care. The findings show that the availability of healthcare contact did not necessarily translate into breastfeeding support that mothers perceived as effective. Across pregnancy, hospitalisation, and postnatal follow-up, mothers valued support that combined breastfeeding-specific knowledge with practical guidance, clear and consistent information, responsiveness to individual circumstances, and continuity over time. Although experiences were not uniformly negative, repeated encounters with inconsistent or unresolved support shaped how mothers subsequently evaluated professional advice.

Regarding prenatal preparation, our findings suggest that the challenge is not simply to provide more information about breastfeeding, but to ensure that this information prepares women in a realistic and supportive way. This is consistent with Gianni et al. [10], who found that most first-time mothers described their breastfeeding experience as different from what they had expected. Our findings add nuance to this discrepancy by suggesting that antenatal preparation should neither idealise breastfeeding nor frame difficulties as inevitable. Rather, women may benefit from balanced preparation that acknowledges potential difficulties while helping them understand how these can be recognised and addressed, what support is available, and when to seek help. This aligns with Schmied et al. [11], who found that women valued breastfeeding information that was positive but realistic and included practical guidance. Furthermore, the experiences of mothers who gave birth prematurely suggest that the effectiveness of antenatal preparation also depends on its timing and accessibility, since standard schedules may fail to reach women whose pregnancies follow unexpected clinical trajectories.

During hospitalisation, mothers' experiences showed that effective support depended not only on the availability of professional assistance, but also on breastfeeding-specific knowledge, consistency of guidance, and the way assistance was delivered. This is consistent with previous qualitative evidence highlighting the relational and practical quality of breastfeeding support [11]. Similarly, Whelan and Kearney [12] found that women valued practical and individualised support but described frustration with conflicting professional advice. Such variation may reflect broader professional and organisational influences: Chesnel et al. [13] found that breastfeeding support practices were shaped by providers' previous experiences and beliefs, teamwork and professional tensions, organisational constraints, and encounters with breastfeeding women. The contradictory recommendations described in our study may therefore reflect variability at both individual and service levels. Improving hospital breastfeeding support requires not only professional knowledge but also coordinated approaches that provide clear explanations, practical guidance, and responsiveness to mothers' individual circumstances.

After discharge, our findings further distinguish continuity of healthcare contact from continuity of breastfeeding support. Mothers continued to interact with healthcare professionals, yet breastfeeding difficulties could remain unresolved across successive encounters. This interpretation is consistent with Hermans et al. [14], whose qualitative systematic review showed that parents' experiences of continuity across maternity and child healthcare were shaped by relational, informational, and organisational aspects of care, including consistent information, coordination, and support adapted to individual needs. Our findings extend this perspective specifically to breastfeeding: mothers valued consistent guidance, attention to persistent concerns, and assistance that enabled them to manage difficulties beyond the clinical encounter.

This may be particularly important when infant growth requires close monitoring, as some mothers perceived that breastfeeding concerns became secondary to discussions about weight and supplementation. Integrating breastfeeding-specific assessment and explanation into necessary clinical monitoring may help address maternal and infant needs together.

Repeated experiences of inconsistent or unresolved support also shaped how mothers related to professional authority. Rather than indicating a general rejection of healthcare professionals, our findings suggest a shift towards more conditional forms of trust. As mothers accumulated breastfeeding experience, some began to question or verify professional recommendations, whereas encounters with professionals perceived as knowledgeable and responsive could reinforce trust. Previous qualitative studies have similarly reported frustration and confusion arising from conflicting breastfeeding advice [12, 15], while Hamnøy et al. [16] found that trust in breastfeeding counselling was closely linked to perceived professional competence and communication. Our findings extend this evidence by suggesting that trust is also cumulative: successive encounters across different stages and care settings may progressively shape whether professional advice is accepted, questioned, or independently verified. Professional authority therefore remained important, but trust increasingly depended on perceived expertise, consistency, explanation, and responsiveness.

These findings have implications for the organisation and delivery of breastfeeding support across the continuum of care. Improving support requires attention not only to breastfeeding-specific knowledge and skills, but also to the professional and organisational conditions that enable consistent and individualised care. Evidence from healthcare providers indicates that support practices are influenced by professional experience and beliefs, teamwork, interprofessional tensions, and organisational constraints [13]. Professional education may therefore benefit from combining theoretical knowledge with practical breastfeeding skills and experiential learning [17], alongside interdisciplinary training and clearer coordination across professionals and settings. Midwifery continuity of care models may provide a framework for strengthening continuity across pregnancy, birth, and the postnatal period and have been associated with more positive experiences of maternity care [18]. However, sustained breastfeeding support also requires coordination with nurses, paediatricians, primary care professionals, neonatal teams, and lactation specialists, as well as timely referral when specialised expertise is required. Particular attention may be needed when care trajectories differ from routine pathways, as illustrated by mothers of preterm infants in our study. Organisational approaches combining professional competence, interdisciplinary consistency, continuity, and access to specialised support may help address the fragmentation identified in mothers' accounts.

Strengths and limitations

This study has several strengths. The inclusion of mothers with different breastfeeding trajectories, including mothers breastfeeding infants under six months, mothers of children older than six months, and mothers of preterm infants, allowed the study to capture experiences across a range of maternal and clinical circumstances. The use of investigator triangulation, independent coding followed by consensus, and member checking further strengthened the credibility of the findings. Nevertheless, several limitations should be considered. The relatively small sample and recruitment within a single healthcare area in Galicia may limit the transferability of the findings to other populations and healthcare settings. In addition, recruitment through an online mother support network and subsequent snowball sampling may have favoured the participation of women with a particular interest in breastfeeding or more salient experiences of professional support, potentially introducing selection bias. Eligibility required at least one month of breastfeeding experience; therefore, the study did not capture the perspectives of women who discontinued breastfeeding within the first month, whose experiences of professional support and early breastfeeding difficulties may differ from those represented here. Participants also recalled experiences occurring at different stages of their breastfeeding trajectories, and some accounts concerned events that had occurred months or years previously; consequently, recall bias cannot be excluded. The study focused exclusively on mothers' perspectives and did not include partners, other family members, or healthcare professionals; therefore, the findings reflect mothers' perceptions of breastfeeding support rather than the perspectives of all those involved in its

provision. Finally, although the focus groups included women with different breastfeeding trajectories, the findings should not be interpreted as representing the full diversity of breastfeeding experiences.

CONCLUSIONS

Mothers' experiences of breastfeeding support across the continuum of care indicated that continued contact with healthcare services did not necessarily ensure support that was perceived as effective or responsive to their needs. Effective support was characterised by breastfeeding-specific knowledge, practical guidance, clear and consistent communication, responsiveness to individual circumstances, and continuity over time. Importantly, mothers' experiences were not uniformly negative, and knowledgeable and responsive professionals could play a decisive role in helping them navigate breastfeeding difficulties. However, repeated experiences of inconsistent or unresolved support could progressively shape how mothers evaluated professional advice, leading trust to become more conditional. Strengthening breastfeeding support therefore requires attention not only to professional knowledge and skills, but also to continuity, interdisciplinary consistency, and coordination across care settings. Breastfeeding support should be understood as a cumulative and relational process that needs to adapt to mothers' changing circumstances across successive stages and care settings.

Declarations

Ethics approval and consent to participate

The study was approved by the Research Ethics Committee of University of Santiago de Compostela, Spain, on 3 April 2024. All participants received verbal and written information about the purpose and procedures of the study and provided written informed consent prior to participation. The study was conducted in accordance with applicable national and European data protection regulations.

Consent for publication

Not applicable.

Availability of data and materials

The datasets generated and analysed during the current study are not publicly available due to the qualitative nature of the data and the need to protect participants' confidentiality.

Competing interests

The authors declare that they have no competing interests.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Statement on infant formula industry

This research received no funding, sponsorship, material support, or other support from infant formula manufacturers or distributors.

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