How can we replicate the successes of face to face antenatal infant feeding sessions online?

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Disclaimer: This version is edited from an original dissertation study submitted for a bachelor's degree.

Abstract

This study explored the views of 24 antenatal practitioners regarding online infant feeding education. The data was collected via an anonymous, online, semi-structured survey which was advertised in social media groups. An appreciative stance was taken to analyse the responses for what works well in practice. The collected data showed evidence of reflection from participants and generated several themes for analysis. Highlighted areas of discussion were: the desire for human connection in perinatal education, interactivity, support for facilitators, and the benefits of facilitating online, including improved accessibility. Additionally, data was triangulated to compare the participants' attitude towards online practice and the degree to which they adapted their session plans for online delivery. It was concluded that online education can be as effective as in person education, provided the practitioners who are motivated to pursue this practice are provided with quality training, resources and support.

Acknowledgements

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List of Abbreviations

ANE – Antenatal Education
CPD – Continual Professional Development
NCT – National Childbirth Trust
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
PIS – Participant Information Sheet

Introduction

Infant feeding education and support is crucial in the UK, which has one of the lowest breastfeeding rates in the world, with 8 out 10 women stopping breastfeeding before they want to (UNICEF, 2010). The culture of the UK may be outwardly supportive of breastfeeding, but many factors make it more difficult for parents to achieve their feeding goals (Brown, 2018). Support for breastfeeding is lacking (Breastfeeding Uncovered: Dispatches, 2018, Brown, 2019a) as is the knowledge of breastfeeding in parents and the health professionals that support them (TEDx Talks, 2023).

Antenatal education provides parents with information about infant feeding and accessing feeding support. Cultures with more support for parents postpartum have been linked to higher breastfeeding rates and lower prevalence of perinatal mental health concerns (Mohrbacher & Kendall-Tackett, 2010, p.106). A moderate increase in breastfeeding in the UK could lower rates of a number of illnesses and save the NHS over £17million per year, and an additional £31million over the lifetime of each annual cohort of mothers (UNICEF, 2012, p.11).

This study aims to explore how the successes of in person antenatal infant feeding education can be replicated in an online environment, according to the practitioners that facilitate these sessions. The sessions delivered by participants took place over a 3 hour video conference, with supplemental materials shared with clients before and after the session. There are guidelines set out by their organisation (Anonymous, 2018, 2019, 2023) which detail what should be covered and best practice. The COVID-19 pandemic lockdowns was the first time that the organisation had provided online classes. At time of writing, classes are primarily in person, with online sessions being offered if no alternative is available.

Much of the literature about antenatal education studies the perspective of parents. Most parents likely only attend one antenatal course – though some attend for subsequent babies, or will attend both National Health Service (hereafter NHS, 2021) and private classes – therefore having little to compare their experience to. Practitioners have knowledge of their practice over time, having experimented with what works, have reviewed parent feedback, and updated their sessions as new knowledge emerges. Online antenatal education is still relatively new, and becoming more accessible as technology becomes cheaper and more widely available.

Literature Review

Background

Antenatal classes have helped parents to prepare for childbirth, caring for and feeding their babies since the late 1950s (National Childbirth Trust, hereafter NCT, no date). There is no set curriculum or national guidelines of what should be included in antenatal education, however the National Institute for Health and Care Excellence (hereafter NICE) provides information on what should be covered in NHS antenatal classes (NICE, 2021). The various organisations which provide antenatal education create their own guidelines.

Parents use the internet to attend antenatal classes, share ideas and experiences, find information, and socialise. Online antenatal education (hereafter ANE) cannot be discussed as a single method – there are many ways to share information and teach on digital platforms. A nuanced understanding of the tools available is required to analyse what works well (Hogg, 2023, p.39), not forgetting that individuals will respond differently to them. When judging the effectiveness of online ANE, it is important to understand which method(s) are being researched. Table 1 contains a summary of the different methods that appeared in the reviewed literature:

Table 1 - Methods Reviewed in Literature

Method	Cited in
Group sessions hosted on video conferencing, with supplementary information/activities sent to parents.	Nolan, 2021
Digital platform to host educational content (anytime access).	Ghaffari et al, 2017 Levett et al, 2023 Mousavi & Farahani, 2022
Alongside the above formats, some courses include a way to communicate with the antenatal educator.	Nolan, 2021 Ghaffari et al, 2017 Mousavi & Farahani, 2022
Educational apps designed to support parents postpartum.	White & Scott, 2019 Seyyedi et al, 2021
The use of animation to teach health professionals about breastfeeding physiology.	Hartney, Dooley & Nagle, 2021.

Online education has been judged as inferior by many educators (Brookfield, 2017, p.190), but the potential for online teaching has expanded along with technology. Computing technology is generally becoming more affordable (Segan, 2022) and internet use is becoming more widespread (Office for National Statistics, 2019). It is therefore becoming easier to access technology based education.

All learners bring their life experience and expectations to the ‘classroom’. In any class, each participant will have some expectation of the class, and they may have learning preferences

(Rogers, 2007, p.27) and opinions on the best way to learn (Pp.6-7). Parents' options for ANE may be limited by location, price or technology requirements; with free options offered by the NHS (2021) and BabyCentre (2023a), most expectant parents in the UK should be able to access classes.

What Parents Want from Online Antenatal Education

It is important to acknowledge that the majority of research regards women/mothers, so fathers' and partners' views are not as well understood. No research regarding LGBT+ parents was found during the course of this review. In practice, organisations and practitioners take parent feedback into consideration when designing their curriculum; therefore, it is relevant to this study to hear what parents are saying, as this likely influences practice. It is apparent from the work of Brown (2017, 2019b) that infant feeding education should not be restricted to new parents; wider families, communities and society should be aware of how to support infant feeding. This view is shared with women who have experienced breastfeeding promotion and/or support (Brown, 2016, p.106).

Convenience was a key benefit for parents attending online ANE (Wallace et al, 2023, Pp.4-5, Whitworth, Donnellan-Fernandez & Fleet, 2023, p.4), particularly for those who did not attend 'live' sessions and were able to work through the content at their own pace (Levett et al, 2023, p.6, Wallace et al, 2023, p.6). Participating in online ANE also increased opportunities for the non-birthing parent to participate (Mousavi & Farahani, 2022, p.261) – even live sessions are more accessible, because they can be accessed anywhere with a suitable internet connection.

A clear desire from parents was improved navigation and structure. Some found it difficult to find their way through the material and expressed that communication could be improved (Levett et al, 2023, p.5, Wallace et al, 2023, p.4, Whitworth, Donnellan-Fernandez & Fleet, 2023, Pp.4-5).

Some women showed a preference for a blend of in-person and online education (Whitworth, Donnellan-Fernandez & Fleet, 2023, p.6), stating that they valued time with a qualified practitioner for asking questions (Brady & Lalor, 2017, p.10). When combining approaches, there are logistically more things that can potentially go wrong. However, the benefit of a blended approach is that parents can take in the educational content at their own pace, whilst maintaining the support of a professional. This approach is supported in the postnatal period, too. A trial for a breastfeeding support app, used alongside appointments and communication with healthcare providers, was well received (Seyyedi et al, 2021).

The Desire for Human Connection

Digital technology is increasingly used to source health information (Mousavi & Farahani, 2022, Pp.254-255, White & Scott, 2019, p.24). It is well documented that new parents are information seekers and that they frequently use the internet to access it (Hay et al, 2022, Pp.1-2, Pp.5-6, Whitworth, Donnellan-Fernandez & Fleet, 2023, p.2, Wright, Elcombe & Burns, 2021, p.553, Pp.547-50). Whilst most research focuses on mothers, Laws et al (2019, p.2) found that almost half of fathers use the internet for child health related information.

However, the presence of a qualified professional was valued in studies that looked at women's preferences for information during pregnancy (Hay et al, 2022, Pp.4-5, Wright, Elcombe & Burns, 2021, p.553), suggesting that despite the wealth of information available, personal expertise is valued.

Reflecting traditions of information being passed down the generations, Whitworth, Donnellan-Fernandez & Fleet (2023, p.6) found that women value the experiences of those who have already had children. Brady & Lalor (2017, Pp.9-10) discuss the phenomenon of mothers seeking a human connection during the perinatal period and the value of social opportunities (p.10, Whitworth, Donnellan-Fernandez & Fleet, 2023, p.6).

Whilst online ANE can provide social opportunities for parents, some have found that it is not a suitable replacement for in-person interaction. Nolan (2021) found that practitioners were less likely to enjoy teaching online and that they struggled to make a connection with parents, though it should be noted that these interviews took place during the pandemic lockdowns with practitioners who were new to teaching online.

Summary

The internet is a widely used tool during the perinatal period, for information gathering, socialising, ANE and communicating with health professionals. The literature presents a variety of ways in which technology can be used to facilitate and enhance education.
Mothers desire human connection in the perinatal period, but it may be satisfactory to communicate online; parents have shown satisfaction at being able to communicate with their peers and educators via messaging apps (Whitworth, Donnellan-Fernandez & Fleet, 2023, p.6). Some parents also appreciate the option to attend ANE from the comfort of their homes.

The research did not present any examples of how infant feeding practitioners overcome the obstacles of teaching more physical topics online – for example, allowing parents to try feeding positions – though labour and birth positions were discussed. Although infant feeding generally requires less teaching of physical skills, this has been addressed in this research (Q11, Appendix 1).

Methodology

Approach

The survey was designed with reflective practice in mind, using a constructivist approach. Constructivism dictates that new knowledge is created via lived experiences, and that the experiences of others are essential for our own understanding (Dadds, 2002, p.19). The data collected was mostly qualitative, encouraging participants to write free form, with some structured questions which provided context. To give voice to the participants, their responses are presented in their own words (McNiff, 2017, Pp.42-43).

The inquiry stance applied in this research relates to local knowledge amongst a community of practitioners. There is much knowledge shared amongst practitioners about best practice, and an aim of this project is to add to that communal knowledge. Cochran-Smith & Lytle (2021, Pp.102-103) explain that teachers are constantly theorising – reflecting in action – to promote social change; in this case, improving outcomes for parents via sharing knowledge and skills.

As with any reflective exercise, participants may have felt some discomfort. Being reflective practitioners, they are well practiced in reflective exercises, so the risk was considered low for this sample. Great care was taken when designing the participant information sheet (hereafter PIS, Appendix 2) and survey questions (Appendix 1), to show respect for participants' practice (McNiff, 2017, p.35). During data analysis, negative comments were not ignored; instead, they were reframed when coming to conclusions and making plans for future practice.

Any UK based antenatal educators who have taught infant feeding online were eligible to participate. Although some countries do have policies governing antenatal education – such as Australia (Childbirth and Parenting Educators of Australia, 2018) and Iran (Turkzahrani et al, 2012, cited in Mousavi & Farahani, 2022, p.256) – there are no national guidelines in the UK. Due to the differences in policy and culture, the research was confined to UK practice to maintain relatability.

Richards & Malamo (2022, p.24) discuss the importance of creating space for practitioner voices to be heard. During initial reading around this topic, very little was found on practitioners' perspectives. Therefore, this study was designed to create knowledge (McNiff, 2017, p.21) to inform practice. The voices of practitioners are highly relevant to the field of antenatal education and currently underrepresented outside of their respective organisations.

Purposeful sampling was used in setting the participation criteria so that it is relevant to my research, with the intention of reaching as many eligible practitioners as possible. The survey was advertised in practitioner groups on social media; to acknowledge that not all practitioners will be in such forums, users were encouraged to share the research with other practitioners.

Impact

This is a small scale study that represents practitioners in a niche profession. However, the findings from this study may be applied more generally to wider audiences, such as antenatal teachers, and educators that utilise technology based learning. Due to the rapid rate of technological advancement, it is important to acknowledge that new technology and the adoption of it within the profession could quickly outdate this research. Although the views of the practitioners will still be of value, those that address specific technologies may be outdated in the near future. A range of differing views were presented in the data, but the general themes may translate into other groups of practitioners.

The impact of the research on the participants is hard to know, as the survey was anonymous with no follow-up. Practitioners were provided with relevant contact details (Appendix 2) should they require support, but at time of writing none have reached out. To avoid pressuring participants, all questions were non-mandatory. Evidence of reflection on practice was identified within the data, which may have had a positive or negative impact on participants (Costley, Elliot & Gibbs, 2010, Pp.5-6). Though, as stated above, with a sample of qualified reflective practitioners, confidence in their ability to use this experience for good is high.

The impact of reading the research will be individual. It is possible that disagreements between professionals could arise (Costley, Elliott & Gibbs, 2010, p.126), though due to the high variety of methods in this practice, the author believes that those within the field of antenatal education are likely to take from this reading what is useful for them, and disregard what is not.

Method

A survey consisting of 14 questions and 9 sub-questions was designed for data collection. It was designed using JISC Online Surveys (JISC, 2024), which can be read in full in Appendix 1. Of the questions, 7 were structured and the others (including 9 sub-questions) were free form. The structured questions provided important contextual data which assist in the understanding of the context and practice for that participant. The survey was designed to encourage reflection, by asking practitioners their views on various elements of practice. The nature of the study was made clear to participants in the PIS (Appendix 2).

The use of social media to advertise the survey ensured that the study was seen by as many people as possible. Permission was requested from group administrators to post in 6 private groups and 5 responses were received. An unexpected benefit of using social media was the use of the comments function under the posts, which facilitated communication between the author and potential participants.

Reflective practice is often done privately and shared with trusted individuals when appropriate. Although honesty in the responses cannot be guaranteed, the survey was made completely anonymous to encourage practitioners to speak freely. The only identifying information that some practitioners included is the organisation that they work for, which has been removed from the data reduction grid (Appendix 3).

By using an anonymous survey, some depth was sacrificed in favour of breadth. I decided that this was appropriate to gather data from a wider range of participants. To encourage participation, the survey was also designed to be easy to use (Flick, 2020, Pp.241-242), not too time consuming, accessible on different devices, and to be able to return to the survey at a later time. JISC Online Surveys (2024) provided these functions, a range of formatting options, and high levels of security. By presenting all participants with the same questions in the same format, the method was consistent, ensuring a higher level of plausibility (Walker & Solvason, 2014, p.93).

During the survey design, choices were made which may have affected the quantity and quality of data collected – such as making the questions non-mandatory, resulting in less data collected. However, these decisions were made in order to prioritise user experience, which the author hopes will have led to more engagement with the process.

The data collected explores how practitioners work, their feelings and experiences around online practice, what they feel works well, and what they would like an online session to look like (Appendices 1 & 3). Together, these responses provide a great deal of insight towards the research question. Though practitioners were not asked the research question directly during the survey, the answers they have given combine to achieve this in a more rounded way (Flick, 2020, p.304).

Prior to receiving the data a blend of ‘top down’ and ‘bottom up’ analysis was selected, as is appropriate for a semi-structured survey (McGrath & Coles, 2013, Pp.175-6). The structured questions provide data which can be viewed in a structured manner, alongside providing context for individual responses. For example, a quick assessment of practitioners' views towards certain elements could be gleaned by using Likert scale (1932) questions. Free form data provided its own themes, by recognising repetition and patterns in responses which guided the development of themes and conclusions. The data presented the most appropriate method for triangulation - comparing practitioners' attitudes towards online practice with their adaptation to online practice (see below).

Bias and Ethical Considerations

The author was aware of which responses come from practitioners within their organisation, due to the familiarity with their practice and some participants revealing this information. It is the responsibility of the author to take a stance of objectivity towards the data .

Ethical guidelines from BERA (2018) and the University of Worcester (2018) have been adhered to.

Data

Analysis

The data was read through several times from different perspectives (Walker & Solvason, 2014, p.95). There is an obligation to the participants to report their views accurately, so the principles of grounded theory were applied (Costley, Elliott & Gibbs, 2010, p.88, McGrath & Coles, 2013, Pp.117-118).

Due to the sample size and subjective nature, all figures should represent general trends rather than hard statistics (McGrath & Coles, 2013, p.79). It is difficult to prove generalisability compared to Antenatal Teachers as a whole (Walker & Solvason, 2014, Pp.90-91). Six responses identified the organisation, and none of the responses gave any indication that they worked elsewhere. From the session structure and language used, it is likely that all participants follow the same practice guidance. This strengthens the project's relevance for those involved.

Initial themes were used to code the data in a spreadsheet. During this process, the themes were altered until they best represented the data. Each response was numbered and relevant quotes were logged and coded. Participant ID numbers were retained in case participants requested to withdraw (none did). Once the initial reduction was complete, the grid was revisited to select quotes that best represented the data (Appendix 3).

Three sentences were omitted for ethical reasons. These were not relevant to the research question and were discussed with the research supervisor. Additional edits were made for anonymity.

Findings

In line with the appreciative, strengths based approach, this section begins with a summary of the benefits of working online, according to the sample (Figure 1). Data from across the survey was used to create this image:

Figure 1 - Benefits of Online Practice

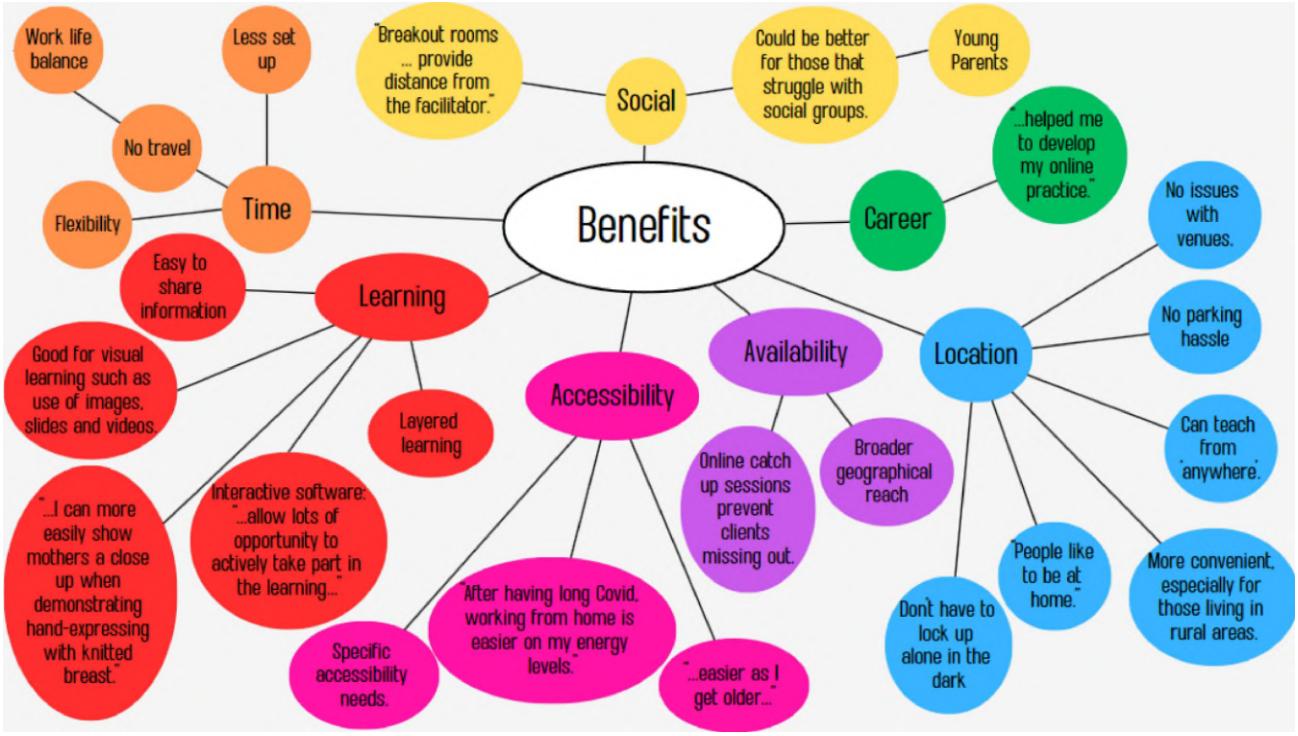

Figure 2 – Mind Map of the benefits of online practice. Phrases have been summarised and grouped unless indicated by quotation marks.

"They will always choose in person..."

A minority of the sample expressed confidence in online relationship building:

"Online: feels more person centred and hones in on individual needs alongside the session plan. Can be more reactive online ..." A.13.4A
"…I feel I connect better than a face to face session ..." H.13.13

But it was clear that the majority of practitioners and clients prefer to meet in person:

"They just want to be together ... they will always choose in person." H.3.8A
"[I prefer in person because] this helps to build a rapport. I have found that I have more postnatal contact with clients ... clients tend to approach me with more personal type questions, this doesn't happen online ..." H.15.4A

Practitioners expressed concerns about clients building relationships:

"… I felt that face to face sessions allowed me to interact with more nuance ..." P.16.3B
"The social aspect of learning online can be lost." H.20.8A

Some practitioners try to mitigate this challenge:

"…adding more chances to get to know each other ..." H.24.5A
"…I post topic information weekly to try and build a rapport ..." H.15.13

However, online sessions were praised for their increased accessibility and reach:

"Accessibility to more - those who find social groups difficult, young parents for example." A.6.2
"...easier for parents with anxiety, remote parents can join." A.11.8A
"Excellent for parents with say mobility issues or mental heath issues …" A.23.8A
"I can reach a broader demographic and range of geographical location online." A.10.7A

Online sessions may be perceived as a 'back up' option as they are often provided when in person is not possible. This perspective could damage the experiences of practitioners and clients.

"We need to understand why [feedback is negative] ... Managing expectations is a problem too, I.e., an apology letter explaining a session is unfortunately online ..." M.11.6A

"Anything can be taught online with some imagination!"

Teaching in a different format requires practitioners to consider how best to facilitate learning. Some practitioners found that working online has educational benefits:

"The parents are learning in the environment that they will be feeding their babies in." B.17.2
"Anything can be taught online with some imagination! I love anything visual such as baby feeding cues as a card sort using jamboard - these are an exact replica of what I do in person…" B.7.10

All participants selected either 'very often' or 'at least once…' when asked how often they use interactive activities, which practitioners valued. There was disagreement as to whether the online format is interactive:

"I think it's easy to fall into the lecturing style when online teaching, and I think that this does not hold the learners attention …" D.21.8A
"I really enjoy making online sessions interactive … These things replicate what we would do in person and allow lots of opportunity to actively take part in the learning." I.7.2

Some found that practitioner demonstrations are more difficult online. Visual media were highlighted as a benefit of the format, which can be limited in physical venues:

"Videos are particularly helpful to spark discussion ..." B.10.2
"As I do the 'expressing' content online I can more easily show mothers a close up when demonstrating hand-expressing with knitted breast." B.24.7A

Both online and in person sessions should be 'as alike as possible' according to 45.8% of participants. Whereas some clarify that the topics covered should be the same though taught in a different format, others said that they deliver the same session where possible. Participants who expressed positivity towards online practice also mentioned adapting their sessions. This was investigated further by triangulating this data.

"I keep my session framework the same and adapt each activity for online - I think this is how it works so well ..." M.11.4B
"All [should be the same]. But difficult with positioning." D.2.5A

Table 2 was constructed by coding participant numbers to reflect their attitude towards online practice. The whole survey was reviewed but questions 7 & 8 (Appendix 1) were prioritised. Results were re-checked for accuracy. 41.66% of the sample are currently teaching online, the 'positive' participants had the highest rate of current practice. Some practitioners have not practiced online since the pandemic lockdowns, which was a turbulent time of rapid adjustment for practice.

Table 2 – Attitudes and Current Practice

Attitude Towards Online Practice	Number	Current Online Practice	Percentage
Positive	13	7	53.85%
Neutral	9	3	33.33%
Negative	2	0	0%
Total	24	10	41.66%

Responses were then analysed to determine the degree to which practitioners adapted their sessions. Each was rated either "Flexible", "Moderate" or "Rigid", with these results also being re-checked for accuracy. The highest correlation was those with a positive attitude and flexibility (Table 3). It is possible that, during the pandemic, practitioners had little time to adapt. If those that stopped practicing had continued, they may have adapted their sessions over time.

Table 3 - Practitioners' Attitude and Degree of Flexibility.

Attitude and Flexibility	Number	Percentage	Current Online Practice	Percentage
Positive/Flexible	7	53.85%	4	57.14%
Positive/Rigid	2	15.38%	2	100%
Positive/Some Adaptation	4	30.77%	1	25%
Neutral/Flexible	2	22.22%	1	50%

Neutral/Rigid	3	33.33%	1	33.33%
Neutral/Some Adaptation	4	44.44%	1	25%
Negative/Rigid	2	100%	0	0%

Whilst this is interesting, it may not be representative of a larger group. The trend within this sample is useful for me in developing my practice and I hope will be of interest for practitioners.

"...where online is done well I do believe it is as good as face-to-face … But it is often not done well - we need to support it more…"

One intention of this research design was to discover what practitioners feel they need in order to create their ideal online session. Data primarily from question 14 (Appendix 1) was used in Figures 2 and 3. Some practitioners are more suited to facilitating online because they possess the skills and enjoy it. With additional training and support, this group of practitioners could expand. Providing support and resources could help them to strengthen this format, and potentially improve parent feedback.

Figure 2 – Practitioners' Wishes - Technology

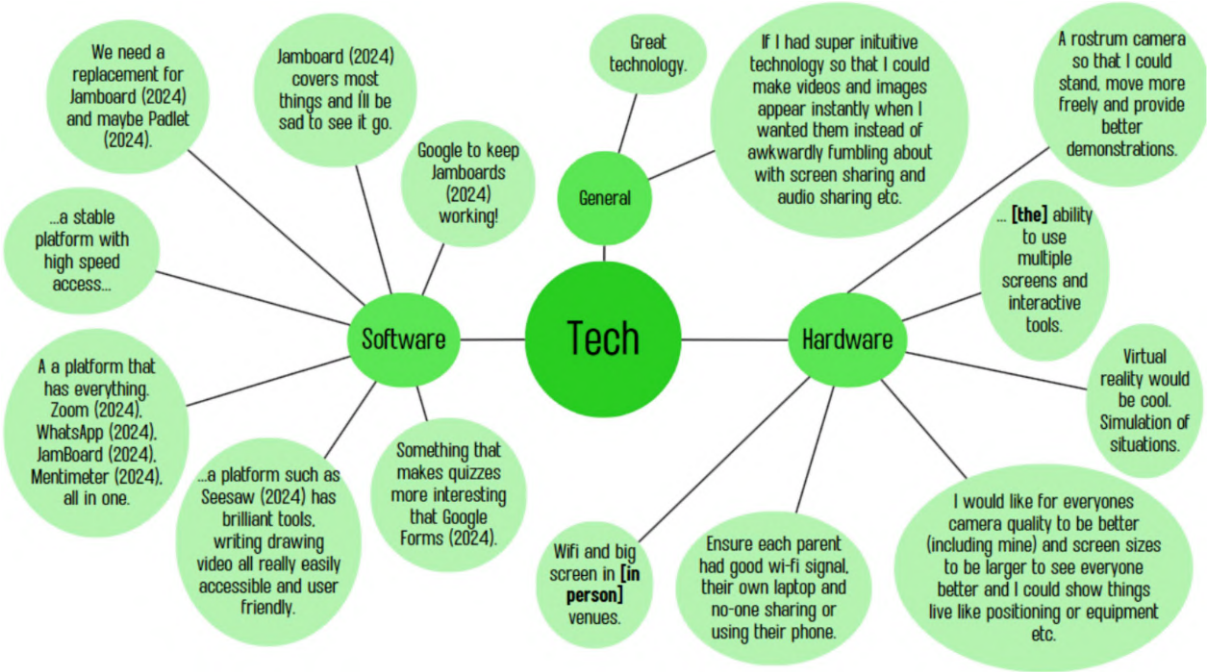

Figure 2 – Quotes from practitioners describing what technology they would like to access.

All the technology described exists, but there are barriers to access. Whilst the majority of UK adults have internet access (Office for National Statistics, 2019), some connections are too slow for this work. Not all hardware is capable of running video conferencing. Audiovisual

quality requires suitable cameras, lighting and microphones. The requirements are not 'top end', but they come with a cost:

"… internet worries and slow connection, what if it drops out? Cannot afford better equipment." D.23.7A

Another barrier is knowledge and awareness, which may be mitigated with training and resource provision. Several practitioners mention Jamboard (2024), which will be discontinued this year, but appear to be unaware of alternatives.

Figure 3 – Practitioners' Wishes - Resources

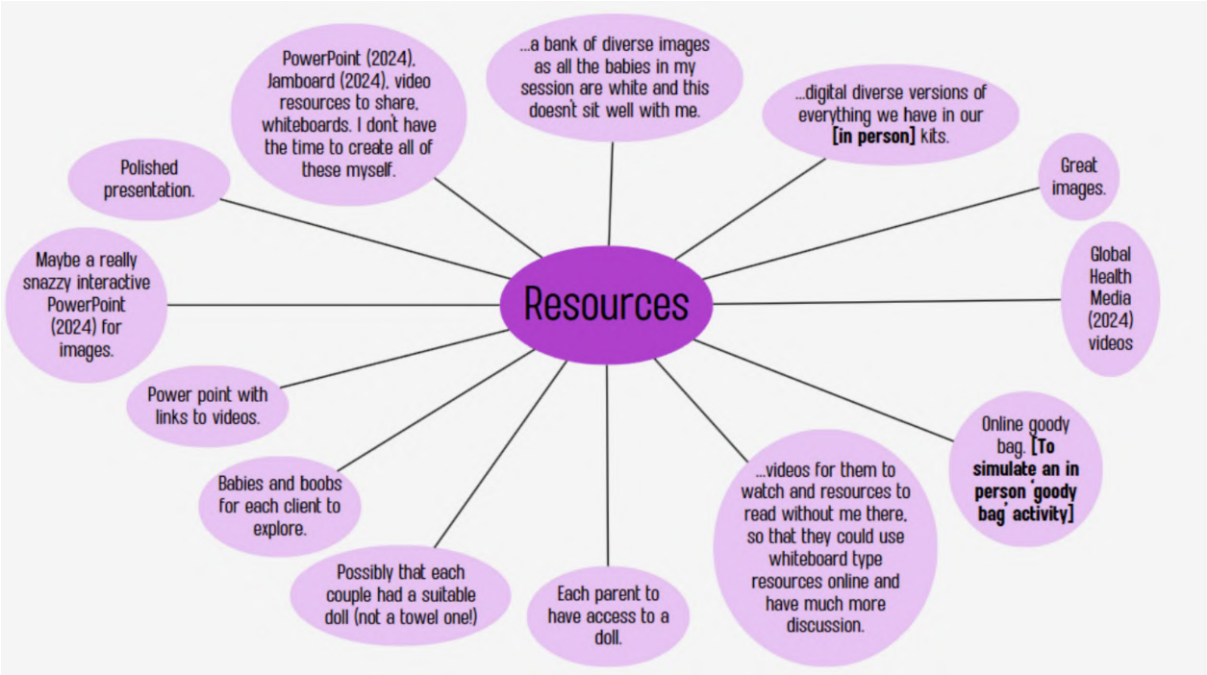

Figure 3 – Quotes from practitioners describing resources they would like to access.

Practitioners require high quality digital resources. The creation and upkeep of these resources can be time consuming:

"When we went online I made My own PowerPoint (2024) using and adapting my own in person resources. The generic ones did not suit my facilitation style." M.3.4B
"… I don't have the time to create all of these myself." D.23.14

It is common to use props during in person sessions for clients to experience 'hands on' learning. In practice, parents mostly respond positively to this approach. To address the need for props, further research is needed to assess their effectiveness and parent response. Some practitioners replicated the use of props with materials their clients had at home, or with videos:

"… using doll, teddy. Home made towel baby. I found people really engaged with this during COVID but not so bothered now." M.3.11
"I replace them with a demo video and follow-up q and a." M.12.11

Discussion

Facilitation, convenience, interactivity and human connection were all strongly represented in the literature and data. Nolan's (2021) paper prompted the inclusion of question 13 (Appendix 1), regarding online relationship building. While some practitioners felt that they connect well, or even better, online:

> "I find I connect well with parents, many contact me for support afterwards. I feel I connect better than a face to face session as I have more eye contact." H.13.13

The majority (61.9%) stated that they found it difficult.

Perhaps the biggest difference in the sample is the structure of online ANE. In this organisation, the majority of information is delivered live. Some practitioners highlighted the difficulty in maintaining concentration and screen burnout:

> "I think they find it harder to maintain concentration." D.16.8A
>
> "… After a tiring day at work I've found parents are even more tired, to then learn online at night, tiring for their eyes compared to face to face in the evening ..." D.23.8A

Additionally, some practitioners acknowledged the benefits of layered learning:

> "I find that using a digital environment … complements my in person session and offers the opportunity for layered learning. It also gives the clients the opportunity to learn at their own pace whereas during an in person session there's a lot of information to digest ..." B.15.10

Conclusions

McNiff discusses holding knowledge lightly (2016, p.7), as all knowledge has the potential to become outdated by new evidence or a change in context. 'Best practice' can also become outdated, as will these conclusions.

A few practitioners mentioned actions that they may take, such as revisiting sessions plans and approaching online practice after a break, suggesting that the reflective nature of the survey has prompted future development.

As social media groups were used to recruit practitioners, they were also used to disseminate the findings. 4 posters were created (Appendix 4) which were shared in the groups. The full study was made available to the participants and to the antenatal education organisation. In the planning stages of the project, staff within that organisation provided valuable insight, expressing a desire to read the completed work.

There is potential to follow up this research in the following areas: the effectiveness and necessity of using props in ANE, the format of in person ANE (how can we best pace out information for parents to digest, whilst making the most of the time with an antenatal teacher), comparing UK and international practice, and repeating this study in the future as practice develops. A disappointingly small number of research included fathers and partners, so further research is needed that explores their needs, and how digital antenatal education could benefit them.

When designing education for parents it is important to acknowledge the desire for human connection, as has been referenced in the literature review (Brady & Lalor, 2017, Pp.9-10, Whitworth, Donnellan-Fernandez & Fleet, 2023, p.6), organisational feedback and this data. Some prefer self-directed education and their preferences should not be ignored in favour of the majority. A diverse range of social media tools exist, and it is possible to offer parents more than one option to engage with the social aspect of learning as much or as little as they choose.

From the findings, literature review, and new research (Metin & Baltaci, 2024), it is concluded that online antenatal education can be as successful as in person courses. To achieve this, we first should consider the format of online education. Interactivity was important to participants, but some have noticed a decline in engagement. There is evidence that parents appreciate the opportunity to learn at their own pace (Levett et al, 2023, p.6, Wallace et al, 2023, p.6) and delivering education in shorter sessions over several weeks has been successful, as in Metin & Baltaci (2024, p.4). Practitioners also identified the difficulty of facilitating for 3 hours online. Identifying practitioners who are motivated to deliver online education and supporting them with format-specific training and resources should result in quality improvement. Additionally, due to the increased accessibility of online education, training and marketing should take this into consideration to provide parents with the best possible experience.

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Appendix 1 – Survey Questions

1. Which methods have you used to teach online? Tick all that apply:

☐ Video conferencing (such as Zoom, Skype, Teams, etc.)
☐ Instant Messaging (such as WhatsApp, Facebook Messenger, Discord, etc.) Online
☐ Learning Platforms (such as Thinkific, Google Workspace, etc.)
☐ Pre-recorded videos
☐ Pre-recorded audio/podcasts
☐ E-mail (for anything other than communication about the session-for example, sharing educational links, documents, videos, etc.) O Telephone
☐ Other

If you selected Other, please specify:

2. What do you feel works well about the methods that you use(d)?

3. A - How recently have you taught an antenatal infant feeding session online?

☐ I currently teach online
☐ I stopped teaching online in the last year
☐ I stopped teaching online in the last two years
☐ I haven't taught online since the pandemic lockdowns
☐ I last taught online before the pandemic lockdowns
☐ Other

If you selected Other, please specify:

B - If you no longer teach online, what was the reason that you stopped?

4. A - Have you ever taught antenatal infant feeding sessions in person?

☐ Never
☐ I used to teach in person
☐ I currently teach in person and online
☐ I only teach in person

B - If you have ever taught in person, do you have a preference for in person or online teaching? If so, what are some of the factors that make you feel this way?

C - If you have ever taught in person, how different are your in person and online courses?

5. A - For this question please select the statement that most closely reflects your position. To what extent do you feel that online antenatal infant feeding education should be like sessions taught in person?

- ☐ They should be as alike as possible
- ☐ They should be similar
- ☐ I'm not sure
- ☐ Some elements should be cared over
- ☐ They should be different

B - Which elements should be the same/different, in your opinion?

6. A - Have you ever taught a "hybrid" course? A hybrid course is one in which you teach part of your course in person and part online.
   B - If yes, how well do you think this format works? Are there any benefitbacks that you perceived?

7. A - For this question please select the statement that most closely reflects your position. Please tick the appropriate response. For me as a practitioner, I feel that online antenatal education is:

- ☐ My preferred method
- ☐ Something I enjoy
- ☐ Neutral
- ☐ I do/did it when necessary
- ☐ I strongly dislike it

B - Please tell me about the benefits and/or drawbacks of teaching online for you as a practitioner.

8. A - For this question please select the statement that most closely reflects your position. Please tick the appropriate response. For the parents I teach, I feel that online learning is:

- ☐ An excellent format
- ☐ A good format
- ☐ An acceptable format
- ☐ A poor format
- ☐ A terrible format

B - Please tell me more about the benefits and/or drawbacks for the parents that you teach online, in your opinion. You may include comments from parent feedback if you wish.

9. Think about how the content you deliver is shared with parents. Rate the following facilitation methods by how often you use them.

- Teaching new information "live"
- Sending out educational materials for parents to consume in their own time
- Setting parents "homework" - something which will be later used "live"
- Facilitated discussion to deliver new information
- Facilitated discussion around information previously sent to parents (for example, a video that they have watched)

- Questions and answers - either “live” or via messaging/email
- Interactive activities during a “live” session

Each item was ranked either: Very often, At least once per session/course, Occasionally, Rarely, I used to do this but no longer, I have never done this.

10. Which areas of infant feeding education do you find are well suited to a digital environment? For example, you may find that a particular topic is easy to teach due to the ease of sharing images and video.

11. In person sessions often include hands-on activities, such as practicing feeding positions or handling feeding equipment. Do you try to replicate these online? If so, how?

12. Are there any challenges that you have faced in teaching particular areas of infant feeding? Were you able to overcome these, and how? For example: I found it difficult to do X, so I now do Y instead.

13. Some practitioners have found that, when teaching online, it is harder to connect with parents (Nolan, 2021). Do you find this is true for you? If so, do you try to mitigate this?

14. Final Question. If you had access to any resources you need, what would your ideal online session look like? Be as creative as you like - the sky is your limit here.

Thank you so much for taking the time to complete this survey. Your responses will greatly assist in this research project and the time you have taken is greatly appreciated.
If you have any queries, please do not hesitate to contact me on [email removed].
If you would like to have your responses withdrawn from the survey, please contact me on the above email address with your participant number no later than 29/12/2024.

Appendix 2 – Participant Information Sheet and Privacy Notice

PARTICIPANT INFORMATION SHEET AND PRIVACY NOTICE

TITLE OF PROJECT: How can we replicate the successes of face to face antenatal infant feeding sessions online?

Invitation

The University of Worcester engages in a wide range of research which seeks to provide greater understanding of the world around us, to contribute to improved human health and well-being and to provide answers to social, economic and environmental problems.
We would like to invite you to take part in one of our research projects. Before you decide whether to take part, it is important that you understand why the research is being done, what it will involve for you, what information we will ask from you, and what we will do with that information.

The survey can be completed anonymously and we would encourage that you avoid including any personal information. If you do include any sensitive information this will be kept confidential. Under General Data Protection Regulation 2016, we are required to provide a justification (what is called a "legal basis") in order to collect such information. The legal basis for this project is "task carried out in the public interest".
You can find out more about our approach to dealing with your personal information at https://www.worcester.ac.uk/informationassurance/visitor-privacy-notice.html.

Please take time to read this document carefully. Feel free to ask the researcher any questions you may have and to talk to others about it if you wish. The survey will close on 31st January 2024, after this time you will not be able to submit any responses.

What is the purpose of the research?

This study aims to collect a range of opinions from antenatal teachers that cover infant feeding and have taught online. Specifically, it will ask about your use of online teaching resources and the extent to which your online teaching mimics the facilitation of face to face sessions.

The analysis of this data will inform my own practice as a Breastfeeding Counsellor, and the final project will be available to participants (and their organisation(s), if applicable) upon request, in the hope that the findings may prompt further discussion and/or inform future decision making.

Who is undertaking the research?
Terri Harman
Student on the [course name and email removed].

Who has oversight of the research?

The research has been approved by the Research Ethics Panel for the College of Arts, Humanities and Education, in line with the University's Research Ethics Policy. The University of Worcester acts as the "Data Controller" for personal data collected through its research projects & is subject to the General Data Protection Regulation 2016. We are registered with the Information Commissioner's Office and our Data Protection Officer is [name and email removed]. For more on our approach to Information Assurance and Security visit: https://www.worcester.ac.uk/informationassurance/index.html.

Why have I been invited to take part?

You have received this invitation because you are an antenatal teacher and/or a breastfeeding counsellor that facilitates breastfeeding sessions. If you have received this invitation in error, please accept our apologies and do not complete the survey.

Do I have to take part?

No. It is up to you to decide whether or not you want to take part in this study. Please take your time to decide; you can complete the survey at any time until 31st January 2024. If you wish to have your responses withdrawn please contact the researcher with your participant number and your data will then not be used.

Please note, once the study has progressed it will be impossible to remove your confidential data. If you would like your participation to be withdrawn from the study, please inform the researcher by 29th February 2024.

What will happen if I agree to take part?

If you agree to take part, you will:

- Complete this survey online. You can save your progress and return to the survey at any time before the cutoff date.
- You will be provided with a participant number, which can be quoted if you need to discuss your participation with the researcher.
- Upon completion of the survey, you can withdraw your responses from the study at any time before 29th February 2024.

What are the benefits for me in taking part?

As a practitioner, I hope that participants will find value in considering their responses and that participation will provide a chance to reflect on practice. This project has been designed to not only collect a range of views and experiences, but as an opportunity to share that experience with others, in a safe and confidential manner.

As well as sharing your own views, you will have the opportunity to share any comments/feedback that you have received from parents regarding the topic, in a confidential manner.

Are there any risks for me if I take part?

The study is considered to be low risk to participants. As with all reflective exercises, there can be no guarantee that you will not feel some discomfort. If at any time you wish to discontinue your involvement with the research, you will be able to do so without any questions asked. If at any time you need support, you can:

- Contact the researcher – Terri Harman [email removed]
- Contact your supervisor/mentor/tutor/practice team.

What will you do with my information?

During the project, all data / information will be kept securely in line with the University's Policy for the Effective Management of Research Data and its Information Security Policy. Anonymous data will be used:

- Along with information gathered from other participants in the research project to seek new knowledge and understanding that can be derived from the information we have gathered.
- To summarise this information in written form for the purposes of dissemination (in the form of a dissertation).

If you wish to receive a summary of the research findings or to be given access to any of the publications arising from the research, please contact the researcher.

How long will you keep my data for?

Your data will be retained until the project (including the dissemination period) has been completed and the dissertation has been awarded a final grade. When the grade is finalised all data relating to the project will be destroyed.

How can I find out what information you hold about me?

We will not be storing any personal information about you. For more information about Individual Rights under GDPR and how you exercise them please visit: https://www.worcester.ac.uk/informationassurance/requests-for-personal-data.html.

What happens next?

Please keep this information sheet.
If you have any further questions then please contact: Terri Harman at [email removed].
If you have any concerns about the project at this point or at any later date you may contact the researcher (contact as above) or you may contact the research supervisor, [name and email removed].
If you would like to speak to an independent person who is not a member of the research team, please contact [name removed] at the University of Worcester, using the following details:
[contact details removed].

Thank you for taking the time to read this information.

Appendix 3 – Data Reduction Grid

Key:

Theme	Identifier
Convenience	C
Benefits of Online Practice	B
Human Element	H
Other Points of Interest	G
Accessibility	A
Preference for In Person	P
Drawbacks of Online Practice	D
Interactivity	I

Each Quote has been logged by its theme, participant number and question number.

Example:	
Human Element	H
Participant	5
Question	4B
Code	H.5.4B

Data Reduction Grid:

After all quotes relevant to the themes had been logged, I then narrowed down which might be used in my write up. I first used bold to highlight each time a new point was made, or a previous one had been expanded upon. I then reviewed this selection and highlighted the strongest quotes using italics. Strongest quotes were selected by the level of detail, clarity, and context provided.

Theme	Location	Quote
Convenience	C.23.2	I like that all my resources are safe in one place digitally, no bulky equipment to carry around.
	C.7.4A	However, from a personal point of view teaching online is much easier for me, no travel, no lugging dolls around etc and I do feel (based on my own feedback forms) that parents learn the same regardless of how I facilitate. I tend to do local courses in person and courses further afield online.
	C.17.4A	Online is easier for me as a [Breastfeeding Counsellor].
	C.1.6A	Benefits - convenience.

	C.3.6A	I think [hybrid courses] works well but it is no longer what the clients want, so a hard sell. It benefits me especially in winter as most places I teach are a good distance. But if the planned hybrid courses don't book then that's it.
	C.7.6A	I really enjoy this work. I usually do a BF session on a weekday evening sandwiched between two Saturdays. I think the parents like the fact they don't have to leave the house after a long day at work.
	C.24.6A	Works well for me. Shorter in person sessions are less tiring for the parents (I teach on a weekday evening as the [Antenatal Teacher] does 2 x full Saturdays).
	C.2.7A	Don't have to travel so better for … family life.
	C.3.7A	Benefits are no time spent loading the car, driving, setting up a venue, and doing all this in reverse.
	C.4.7A	Benefits - not having to leave the house. Less prep.
	C.5.7A	Not having to go out on cold dark nights with loads of kit.
	C.6.7A	I can teach from anywhere. Less travel meaning better work life balance.
	C.7.7A	No travel, no childcare needed (as I can start later so my husband is home), I can step out of my office and back into my life. I can get on with other tasks whilst they're in breakout rooms. I can get a cuppa from my own kitchen! I love working online!
	C.9.7A	I live in a rural area so less travel.
	C.11.7A	Benefits: no travel time, no equipment to carry, shorter set up time ... no unlocking/locking up alone in the dark, easier as I get older, it works well, I can teach anywhere.
	C.13.7A	Practicalities are easier: 2 hour round commute v a designated space at home.
	C.14.7A	Benefits- in own home...
	C.15.7A	Benefits: Clients don't have to travel after a day at work.
	C.16.7A	No travel time.
	C.17.7A	It is far easier for me as the [Breastfeeding Counsellor].
	C.20.7A	Travelling to teach in person is timely and there are implications for parking and carrying resources. Teaching online is convenient and fits into other work and home life well.

	C.22.7A	Minimal travel is a huge bonus, no setup time, can go to bed earlier :)
	C.23.7A	Benefits: it fits around me and my lifestyle. I like being able to turn on the computer and just go, it is all there ready for me. No travel time, no setting up a room, worries about travelling or venue issues.
	C.24.7A	Don't have to go out!
	C.2.8A	Although I think sometimes they don't mind online particularly in evening when dark and cold.
	C.7.8A	The benefits outweigh this though, especially when it's an evening session throughout the winter. People like to be at home.
	C.11.8A	Benefits: no need to travel.
	C.13.8A	No rush to commute home then out again. Relaxed environment. Open forum for questions/clarity.
	C.14.8A	I feel that they are perhaps more comfortable as they are at home…
	C.20.8A	I feel that it's a convenient option for busy working parents to be.
Benefits of Online Practice	B.2.2	Ticks a lot of boxes with types of learning.
	B.3.2	Zoom great for showing pictures and slides. Breakout rooms for discussion and interaction. WhatsApp for pre and post discussion. Sharing handouts and links. Signposting to videos and websites... Opportunity for Q and A.
	B.5.2	Break out rooms in Zoom provide distance from the facilitator. More electronic methods available such as polls, whiteboards, pictures, videos etc where they are often restricted in rural community venues.
	B.6.2	Ease of sharing info in various formats to suit different learning styles.
	B.10.2	Videos are particularly helpful to spark discussion as feeding is such a practical topic.
	B.17.2	The parents are learning in the environment that they will be feeding their babies in.
	B.13.7A	The way I facilitate feels more successful for parents, I feel they gain more from my session. I say this after facilitating face to face for many years with continual evaluation of my session plan and execution.
	B.16.8A	... to consider practical questions about how their home fits feeding positions.

	B.24.7A	As I do the 'expressing' content online I can more easily show mothers a close up when demonstrating hand-expressing with knitted breast.
	B.17.8A	They are learning about something they will be doing in their own homes in their own home.
	B.23.8A	Benefits: can be in the comfort of their own home, can eat and drink with no worries about the people around them.
	B.7.10	Anything can be taught online with some imagination! I love anything visual such as baby feeding cues as a card sort using jamboard - these are an exact replica of what I do in person…
	B.15.10	I find that using a digital environment, sharing articles and videos complements my in person session and offers the opportunity for layered learning. It also gives the clients the opportunity to learn at their own pace whereas during an in person session there's a lot of information to digest in a relatively short period of time.
Human Element	H.7.2	...allow opportunity for group bonding too.
	H.15.2	Video conferencing needs the practitioner and clients to arrange time to call, but it enables the practitioner to read body language and respond to clients in a more nuanced way. Clients can interrupt the conversation to ask questions whereas on WhatsApp messages can cross over each other and could possible lead to confusion or time wasting.
	H.20.2	Zoom is fabulous for better connection with the clients - seeing their reactions to information given and for forming relationships.
	H.24.2	Zoom - we can see each other which aids communication and break-out rooms enable group work.
	H.1.4A	Human connection. Rapport. Relationship building. Trust.
	H.4.4A	It allows you to recognise faces.
	H.12.4A	...due to the parents ability to bond chat and make a group. They are much more likely to ask questions face to face. They are also much more likely to contact me regarding anything after the course if I've met them face-to-face rather than online.
	H.13.4A	Online: feels more person centred and hones in on individual needs.
	H.14.4A	...can read body language, create a connection.

	H.15.4A	...as this helps to build a rapport. I have found that I have more postnatal contact with clients after an in person session whereas clients are less likely to contact me for postnatal feeding support when they have attended an online session. I feel that clients can see the 'real' me especially during the coffee break when clients tend to approach me with more personal type questions, this doesn't happen online. Clients also sometimes choose to stay whilst I'm clearing away to ask questions or just chat revealing some of their concerns. I can also hear general conversations in the room during a session and this can help me to adapt my content during the session.
	H.16.4A	People engage more. People ask me little questions privately during the sessions.
	H.17.4A	In person makes it easier to build relationships with the parents.
	H.18.4A	Get a feel for the group dynamic and parents can speak to each other informally, something that is lost on zoom.
	H.19.4A	I think online teaching is a special skill and I find it harder to read the group.
	H.22.4A	More engagement from the participants mostly.
	H.23.4A	...because of the rapport you build with clients quickly. Being able to pick up on the smallest of body movements and clues from the parents to help with facilitating. It's hard to gauge how parents are taking to a session online sometimes, they are not so open. Easier to get more feedback from the parents in person and fuller discussions I've found.
	H.12.4B	I have changed the online course slightly, just because it is impossible to teach something like positioning and attachment in the same way as it relies heavily on you observing them closely and them having a good bond with their facilitator. I cover the same subjects but in a shorter format online, as I believe they lose concentration much more quickly.
	H.23.5A	Building on the parents relationships with each other as a group to help bonding. Facilitate discussions to draw them out and help with learning, same as in person.
	H.24.5A	Content and ability to contribute and ask questions should be the same, different may be adding more chances to get to know each other if the course is entirely online.
	H.7.6A	...and due to them having met each other in person before the breastfeeding session they're normally really chatty and comfortable. I am the [Antenatal Teacher] and [breastfeeding counsellor] for most of my courses, which I enjoy. When I'm the [breastfeeding counsellor] only I have to work harder to build rapport online when it's the first time I've met them. I enjoy these sessions less.

	H.12.6A	I think this works much better as parents are often bonded already…
	H.16.6A	Hybrid does mean that the group gels better though than fully online.
	H.24.6A	Drawbacks are, if it's a full online course, having to make more opportunities for parents to bond.
	H.4.7A	Don't build the same relationship so less contacts after.
	H.10.7A	...but you do not have as much chance for groups to bond.
	H.14.7A	Feel parents can choose to tune out online, whereas in person they must engage.
	H.3.8A	They just want to be together on person... if online is the only option then we can make it as good as possible, but they will always choose in person.
	H.7.8A	I feel the drawbacks might be the lack of opportunity to chat with others in the group.
	H.11.8A	Drawbacks: isolating, no meeting face-to-face (where online is done well I do believe it is as good as face-to-face in terms of learning and enjoyment. But it is often not done well - we need to support it more) I teach peer support online as well and this works well.
	H.14.8A	...but they miss the interaction with their class, the banter, the ability to bond in quite the same way as in person.
	H.20.8A	The social aspect of learning online can be lost.
	H.24.8A	Drawbacks would be less chance to bond/build group if whole course online.
	H.9.12	Hard to keep the partners engaged.
	H.10.12	If I am not the main antenatal practitioner it is harder to get clients to prepare for the session.
	H.2.13	Sometimes but depends on group and you can get this face to face. My feedback generally has been excellent online so I am not sure I 100% agree. But I'm sure there is some level of connection lost.
	H.4.13	Yes. From facial recognition to ensuring they speak, ask etc.
	H.5.13	Yes, a bit due to distractions at their end. As long as it is not disrupting others then I have stopped worrying.
	H.9.13	Yes it can be. I use small group activities and pop in to the breakout room.
	H.12.13	Yes ... I tell them where I live and talk about myself to humanise myself. I also follow up any questions with email or messages.

	H.13.13	I find I connect well with parents, many contact me for support afterwards. I feel I connect better than a f2f session as I have more eye contact.
	H.14.13	Yes and no. I worry for them bonding with each other. I have found it easy to build that bond online myself as I am confident online.
	H.15.13	I agree so I post topic information weekly to try and build a rapport with clients.
	H.16.13	I've never felt I really could mitigate this.
	H.18.13	Yes it is surreal online.
	H.20.13	Yes, also set up a WhatsApp group to encourage chat and shared experiences.
	H.21.13	Yes I do find that this is true. This is another issue that I found difficult to work around and also puts me off of online teaching in future.
	H.22.13	I agree.
	H.23.13	I really do. Something to put them at ease, get them laughing or joking can help break the ice so they are more able to talk and connect and contribute.
	H.24.13	Definitely if haven't already met them face to face, e.g. on the rare occasions I pick up a session out of area.
	H.3.14	I'm really boringly content with what I have. Or rather had as I no longer cover breastfeeding online. I don't think jazzy online techniques really replace just simple info giving, discussion and using our skills as facilitators as long as that is engaging and interesting.
	H.14.14	Not sure, I haven't run an online session since the lockdowns. Maybe I should update my PowerPoint and put myself out there to practice. It is easier to log on and run a session compared to setting up a hall but then I do feel bad for the parents as they miss out on that chance to meet each other in person and share info over a cuppa.
Other points of interest	M.3.4B	When we went online I made My own PowerPoint using and adapting my own in person resources. The generic ones did not suit my facilitation style. The sessions are therefore similar. But the hands on part is obviously missing online..
	M.6.4B	Very similar but some different activities as my face to face ones didn't all translate to virtual
	M.11.4B	I keep my session framework the same and adapt each activity for online - I think this is how it works so well. I have never used the lockdown PowerPoints; it's not the best model for learning.

	M.13.4B	Completely different. Working online has me thinking even more about how we close the gap between what we know, what folk think they need to know and the evidence base and practice knowledge and skills needed.
	M.7.5A	All elements should be the same but changed to ensure they work online, for example, I use Jamboard and Menti throughout my sessions. I don't have a screen at my venues so take advantage of Menti where I can as feel it's useful.
	M.10.5A	Content should carry over but the dynamics of face to face vs Zoom facilitation differ.
	M.13.5A	The basic requirements needed have to be included. How they are facilitated for knowledge and understanding can be very different. Trying to do things the same in a different platform doesn't work.
	M.11.6A	It can work well but parent feedback is negative. We need to understand why and his we can improve the experience. Managing expectations is a problem too, I.e, an apology letter explaining a session is unfortunately online v a positive letter explaining how an online session will work.
	M.11.8A	...(where online is done well I do believe it is as good as face-to-face in terms of learning and enjoyment. But it is often not done well - we need to support it more)…
	M.3.11	Yes. If they like, using doll, teddy. Home made towel baby. I found people really engaged with this during COVID but not so bothered now.
	M.12.11	I replace them with a demo video and follow-up q and a.
	M.23.12	I have coloured water in the bottle so that stands out better for them to see more clearly than water alone.
	M.12.14	I don't have time to cover this but a platform such as seesaw has brilliant tools: writing, drawing, video all really easily accessible and user friendly.
Accessibility	A.5.2	Sessions can be timed to suit individual needs - it might be a late finish but they don't need to travel home.
	A.6.2	Accessibility to more - those who find social groups difficult, young parents for example.

	A.8.2	Enables parents to participate without leaving home. Works well for parents who can't travel.
	A.9.2	Accessible, can suit a range of learning styles.
	A.15.2	I've found using WhatsApp the best way of sharing links to articles and videos, most clients use this platform and with it being on their phones they can access the information at anytime convenient to them.
	A.16.2	Live interactivity with Zoom. WhatsApp can allow more time for everyone to get involved and better for the shy.
	A.13.4A	Online: feels more person centred and hones in on individual needs alongside the session plan. Can be more reactive online v facilitating any given activity where there is a variety of learning needs that may be missed.
	A.20.4A	They both have their merits. Being able to go online or to choose to teach online allows for improved choice for parents.
	A.3.7A	But, I don't feel it is such a good experience for the clients, so that affects my job satisfaction. I do a lot of "catch up" sessions for people who are unwell (started with COVID) and I find these work well. I enjoy the challenge and the parents are happy because they care getting something that they would otherwise have missed.
	A.10.7A	I can reach a broader demographic and range of geographical location online.
	A.11.7A	...easier as I get older…
	A.13.7A	After having long Covid, working from home is easier on my energy levels.
	A.19.7A	It's better to have an online course with a [Breastfeeding Counsellor], it means if there's a problem with venues or illness the session can still go ahead.
	A.21.7A	Online can be a useful fallback option if circumstances prevent in person teaching.
	A.5.8A	If people have specific needs such as accessibility, online can be helpful.
	A.11.8A	...easier for parents with anxiety, remote parents can join.
	A.17.8A	If the parents were unable to attend an in person session they don't miss out.
	A.19.8A	Saves travel for clients who are further apart or have mobility issues that prevent them travelling.
	A.22.8A	...but for less able-bodied/remote living, I think there will always be a place for online too.

	A.23.8A	Excellent for parents with say mobility issues or mental heath issues which means they would be unable to attend an in person course. It's great if there are any issues in terms of no local practitioners, they get the same course, can still meet local people but the teacher is not in the area. Can take notes whilst they learn.
	A.24.8A	It can be a great option for a shorter session like the one I do (1 hour) and/or if no local teacher available.
Preference for In Person	P.14.3B	Prefer face to face.
	P.16.3B	Because I felt that face to face sessions allowed me to interact with more nuance with the participants .
	P.18.3B	Prefer face to face.
	P.19.3B	Prefer face to face get to know the dynamics of a group better.
	P.21.3B	I prefer the engagement of in person, people can be much more talkative and willing to participate when they are in the room. Also my family set up makes teaching online logistically difficult.
	P.22.3B	I don't enjoy it as much as as I do face to face.
	P.1.4A	In person.
	P.3.4A	In person is what the parents prefer. I am happy with either.
	P.4.4A	In person is totally different. It is far better. It allows you to recognise faces, read the room, move, change things, people to talk ... I have been teaching online in recent times [for a different organisation] and will not change my mind that in person is best.
	P.5.4A	In person, first time parents to be often don't have the equipment/props I find useful such as dolls, breast shells, silicon pumps, bottles.
	P.6.4A	I prefer face to face as a practitioner. The interaction online is not the same and much harder to do group work.
	P.7.4A	I prefer the in person sessions, I adore facilitating them and I don’t think you can beat the feeling of being in a room together.
	P.8.4A	I prefer in person because its easier to teach practical skills and model myself. I use a goody bag to prompt discussion in small groups which works really well.

	P.9.4A	I think the parents learn more in person.
	P.12.4A	In person is much better.
	P.14.4A	Prefer in person.
	P.15.4A	I prefer in person.
	P.16.4A	In person.
	P.18.4A	In person.
	P.19.4A	Prefer face to face as I prefer the way I engage with clients.
	P.21.4A	I like in person teaching better, I find it difficult to get a quiet and private space to teach online at home and this can also mean my attention is divided …
	P.22.4A	In person. More engagement from the participants mostly. I also have trouble sitting down/still for long periods of time, so being able to wonder round the room and chat suits me!
	P.23.4A	I prefer face to face.
	P.18.4B	In person so much better. Content in both covered but I hate Zoom.
	P.14.5A	The aims should be similar, the methods less so. I do feel online involves a compromise (less interactive, engagement) so prefer face to face.
	P.16.6A	I only did it when I had no choice. I prefer fully face to face.
	P.18.7A	I am a people person, Zoom feels corporate like my work Teams meetings ... Soulless.
	P.2.8A	Think parents prefer face to face.
	P.4.8A	They all prefer face to face across the board.
	P.8.8A	Parents prefer in-person classes generally.
	P.12.8A	During the pandemic, I got brilliant feedback for my online sessions, however now that parents want to face-to-face I often get comments such as 'this feels a bit old-fashioned to be doing it on Zoom'.
	P.18.8A	Parents may prefer it as many are comfortable with online. I am an older practitioner so prefer face to face.
	P.22.8A	I have had feedback from parents to say they prefer face to face.

	P.23.8A	After 2 years of being solely online during the pandemic, many people want real face to face connections with people, they are fed up with online. On a personal level every online session I have ran I have had feedback to say it would have been better in person.
	P.18.14	It wouldn't ... I would do face to face every time.
Drawbacks of Online Practice	D.8.3B	My technology wasn't good enough.
	D.2.4A	Downside is leaving positioning as can't support with practice very easily online.
	D.14.4A	I feel more confident as no concerns over technology failures.
	D.2.5A	All. But difficult with positioning.
	D.14.5A	The aims should be similar, the methods less so. I do feel online involves a compromise (less interactive, engagement) so prefer face to face.
	D.5.7A	Tech issues - drawback. Engagement, if people work online all day they don't necessarily want to be online at home - drawback. Distractions for delegates e.g. pets - drawback.
	D.8.7A	I have poor technological skills and internet.
	D.11.7A	Drawbacks: isolating for me, no face-to-face contact.
	D.14.7A	Disadvantages - stress over technology failures, passwords etc, not done in a long time so out of practice, would need to re-write whole session.
	D.15.7A	Drawbacks: live demonstrations are far harder.
	D.23.7A	Drawbacks: internet worries and slow connection, what if it drops out? Cannot afford better equipment. What if the parents do not talk or keep their cameras off. Maybe not so private depending on where the parent is joining from.
	D.24.7A	Drawbacks for me - concern that someone may have trouble with the technology.
	D.8.8A	My tech skills.
	D.15.8A	Drawback: clients say that 3 hours online is too long to be on a screen.

	D.16.8A	I think they find it harder to maintain concentration.
	D.21.8A	I think it's easy to fall into the lecturing style when online teaching, and I think that this does not hold the learners attention and they are less likely to retain information. I think it is more likely to be a bit boring for them.
	D.23.8A	Drawbacks: internet issues and equipment issues, hard if they are not working with a laptop, some of the resources do not work so well on phones or tablets. After a tiring day at work I've found parents are even more tired, to then learn online at night, tiring for their eyes compared to face to face in the evening. 3 hours is a long time online in the evening. Less likely to answer questions or chip in during discussions as turning their mics back on is a faff for some, extra chore.
	D.7.11	I ask clients to bring a baby or make a towel baby. This is a drawback as in person they all have a doll and hold and care for it throughout the session but even with encouragement this rarely happens online.
	D.18.11	Find it really hard to do online.
	D.3.12	My favourite activity face to face is a Random Objects table with various items to do with feeding, and another table with pumps. Both impossible to do online.
	D.7.12	I find it difficult to encourage people to hold their doll/towel baby throughout the session. Sometimes demonstrating positions can be difficult as my camera is within the screen of my mac so can be hard to move. Showing the tummy balls has less impact when online as if you hold them close to the screen they look huge. I try to hold them behind the palm of my hand for reference. Also, I bring a bottle with me to in person sessions to practice paced bottle feeding, which is lost when online if the parents don't have a bottle already (I don't ask them in advance as I don't want to encourage them to purchase items they might not need).
	D.15.12	My challenges were usually down to technology problems so I upgraded my laptop and things improved. P & A demos are difficult so I share videos too.
	D.21.12	I found it difficult to cover challenges as it was either in breakout rooms and lots of questions after or mostly me talking. I never really overcame this as I don't teach online anymore.
	D.23.12	Paced bottled feeding. I find it hard to get my angles right for the camera so that everyone can see clearly. I have coloured water in the bottle so that stands out better for them to see more clearly than water alone.
	D.23.14	PowerPoint, Jamboard, video resources to share, whiteboards. I don't have the time to create all of these myself.

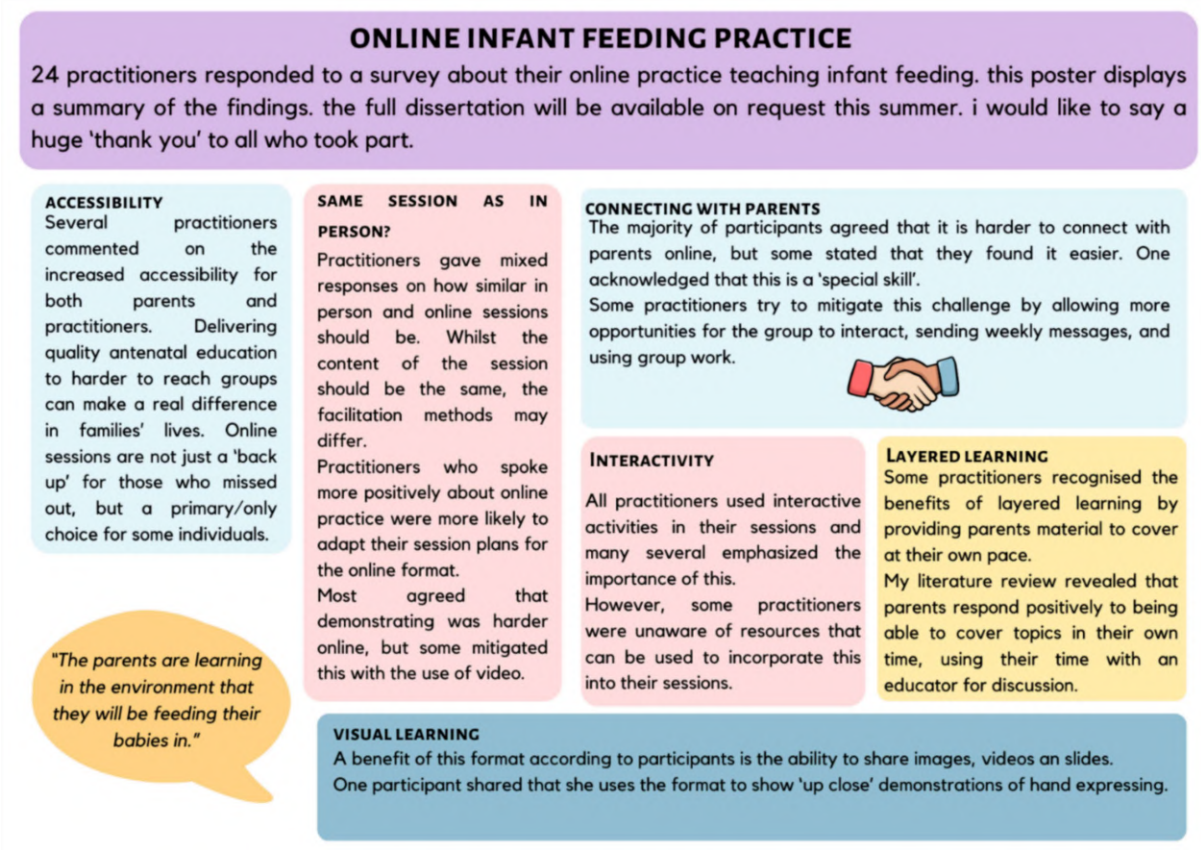
Interactivity	I.7.2	I really enjoy making online sessions interactive using Jamboard, Mentimeter and by using the break out rooms option. These things replicate what we would do in person and allow lots of opportunity to actively take part in the learning.
	I.11.2	Keeping it interactive with lots of activities, facilitated discussion and breakout rooms.
	I.16.2	Live interactivity with zoom. WhatsApp can allow more time for everyone to get involved and better for the shy.
	I.16.2	Activities for participants to 'do' rather than just staring at the screen and listening seems to get people more engaged, and with methods like WhatsApp they can return to shared links later on.
	I.21.2	Had some great online groups. Some even more interactive than face to face sometimes.
	I.2.4A	My session was very interactive with a range of activities.
	I.9.4A	I enjoy both. If it's kept interactive it works very well.
	I.11.4A	In person sessions are more fun for me, there's much more back and forth interaction. Sometimes online it can feel like you are just talking at people who are reluctant to talk back rather than facilitating.
	I.21.4A	I try my very best to be the same. I facilitate the same activities but altered to suit an online format. I do have a PowerPoint presentation but this is only to show a few images. Everything is all group work aimed at active learning.
	I.7.4B	I try to include the same information for both types of delivery, although demonstrations are much easier and more interactive when in person.
	I.15.4B	Online there are tools that we can use to add to the learning - Jamboards (going in 2024 :-( ), links, votes, WhatsApp, breakout rooms and we can adapt to use these well (and adapt to use them in face-to-face on phones too). It's so important to keep it engaging and interactive.
	I.11.5A	The aims should be similar, the methods less so. I do feel online involves a compromise (less interactive, engagement) so prefer face to face.
	I.14.5A	Drawbacks - Interaction. Questions. Confidence to ask.
	I.1.6A	They seem to learn more when in person. I believe this is because they are more interactive. Non birthing parent is more engaged.
	I.9.8A	I feel like the technology hasn't quite kept up with what parents want, so I feel like it could be a much more interactive format.

	I.12.8A	All of it as long as it's kept interactive. I also ran an online baby cafe, online bf support and online postnatal group and this helped me to develop my online practice.
	I.11.10	PowerPoint is useful but not very interactive. Great if my session was a lecture but it isn't.
	I.10.14	Something that makes quizzes more interesting that Google forms. Maybe a really snazzy interactive PowerPoint for images. In all honestly though, I think Jamboard covers most things and I'll be sad to see it go. If there was one thing I'd like to have that would be a bank of diverse images as all the babies in my session are white and this doesn't sit well with me. [Organisation] should really provide us digital diverse versions of everything we have in our kits.
	I.7.14	Babies and boobs for each client to explore.

Appendix 4 – Dissemination to Social Media Groups

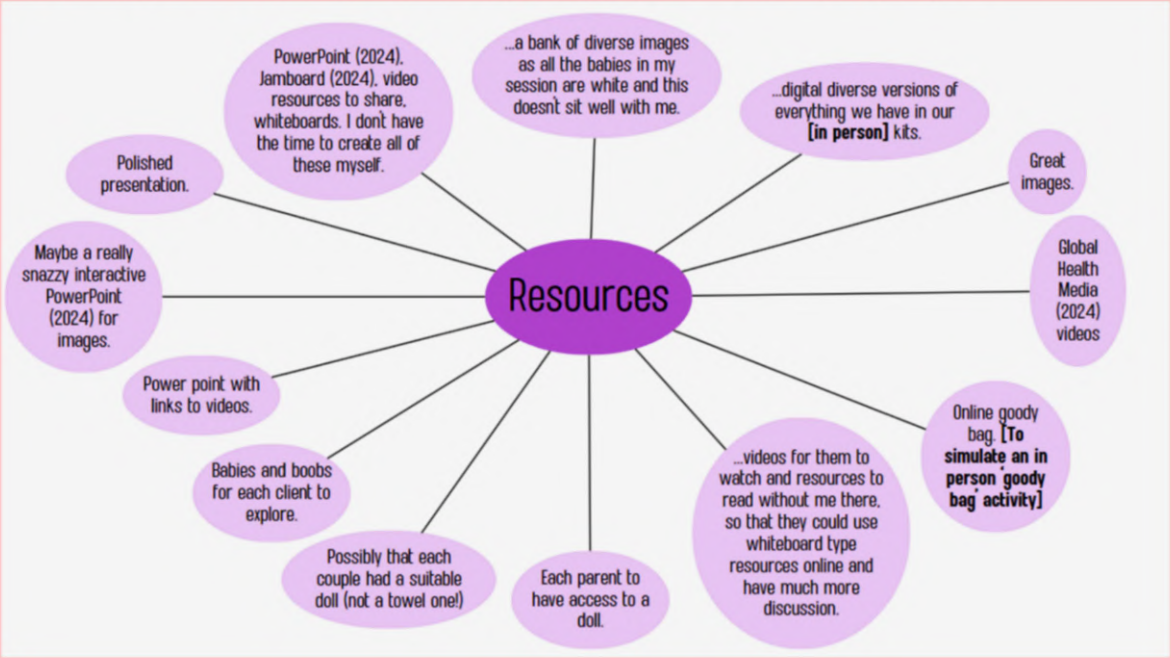
The following posters were created and shared online in the social media groups that practitioners were recruited from. As stated, the full study will be available to them after grading if they wish to access it. These initial findings were shared with the intention of feeding back to the participants and providing insight to a larger group who may not have taken part.

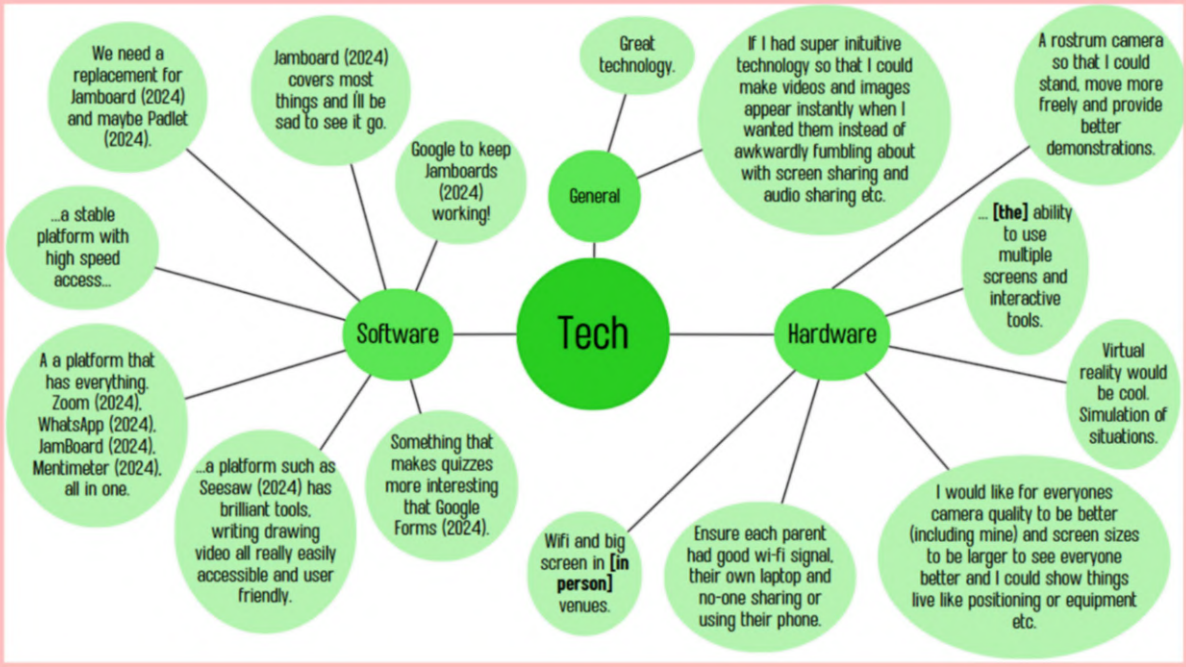
Social media post text: “Over the winter I posted about my level 6 research project and I am thrilled that so many responded. Part of the process is to feed back findings to those who participated and other practitioners who may have an interest in the study.
The study was titled 'How can we replicate the successes of face to face antenatal infant feeding sessions online?'
The attached images provide a summary of the findings. The full research project will be available to those who request it this summer (once final grading has been approved).
I would like to say a big 'thank you' again to those who took part, your words have been so impactful for me and my practice; I truly hope that you found it a worthwhile exercise.”

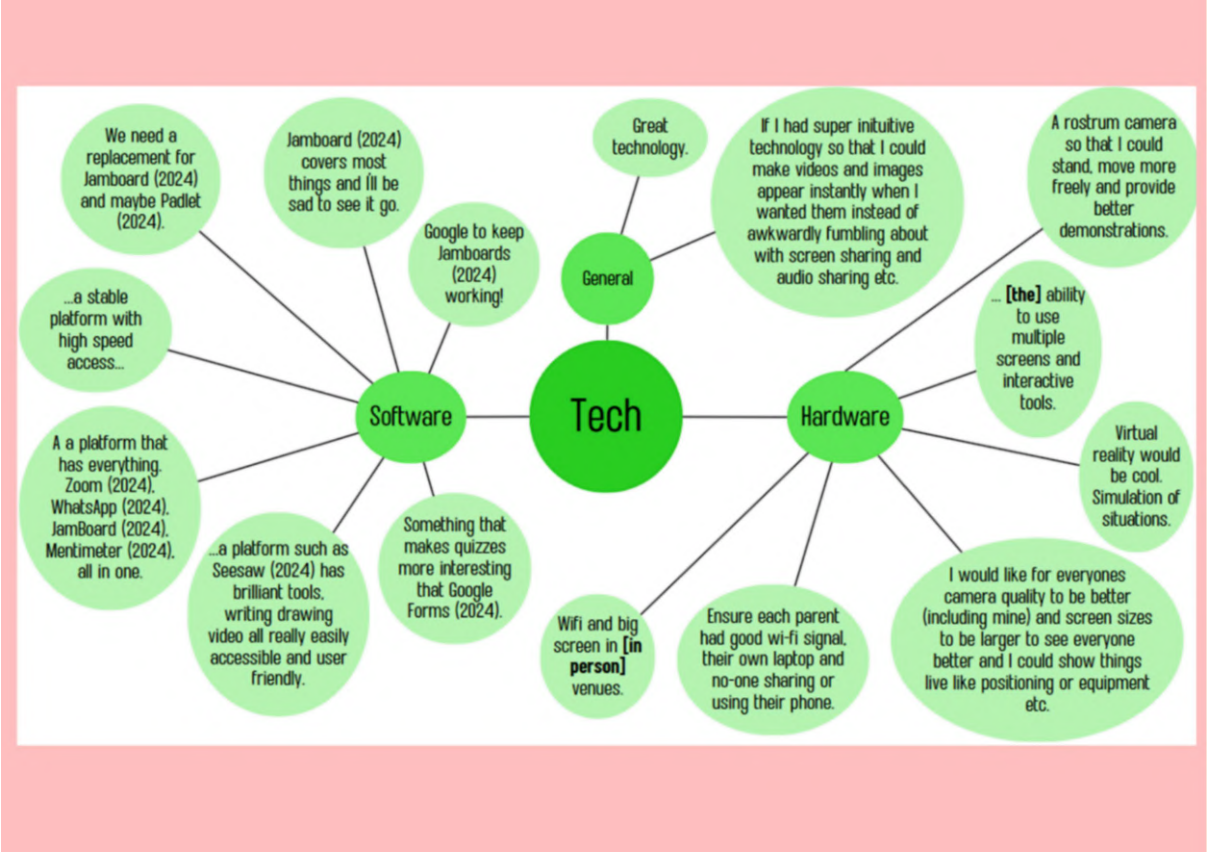


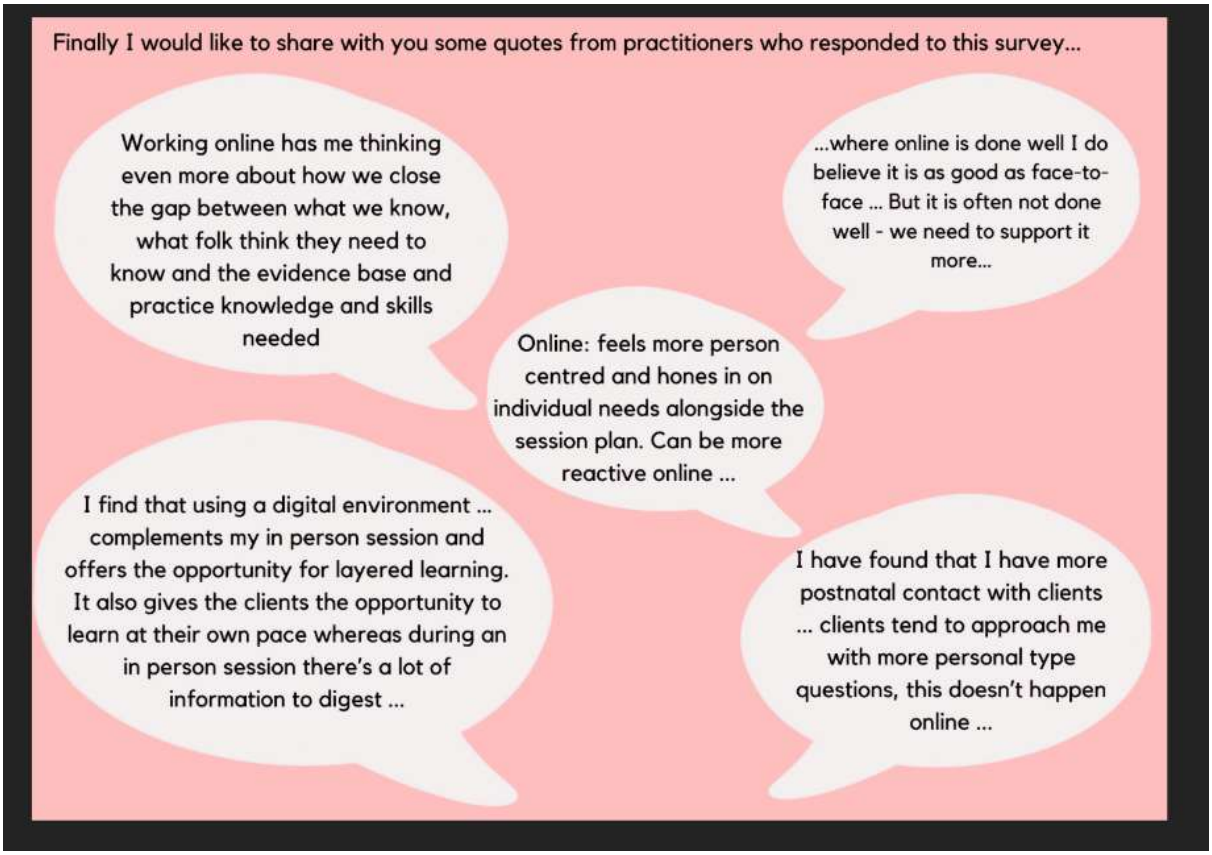
PRACTITIONER 'WISH LIST'

The final question of the survey asked practitioners would they would like to have access to in order to create their 'ideal online session'. These findings were compiled into the following images...






Tech
Software
Hardware
General
We need a replacement for Jamboard (2024) and maybe Padlet (2024).
Jamboard (2024) covers most things and I'll be sad to see it go.
Google to keep Jamboards (2024) working!
...a stable platform with high speed access...
A a platform that has everything. Zoom (2024). WhatsApp (2024). JamBoard (2024). Mentimeter (2024). all in one.
...a platform such as Seesaw (2024) has brilliant tools, writing drawing video all really easily accessible and user friendly.
Something that makes quizzes more interesting that Google Forms (2024).
Great technology.
If I had super intuitive technology so that I could make videos and images appear instantly when I wanted them instead of awkwardly fumbling about with screen sharing and audio sharing etc.
A rostrum camera so that I could stand, move more freely and provide better demonstrations.
... [the] ability to use multiple screens and interactive tools.
Virtual reality would be cool. Simulation of situations.
I would like for everyones camera quality to be better (including mine) and screen sizes to be larger to see everyone better and I could show things live like positioning or equipment etc.
Ensure each parent had good wi-fi signal, their own laptop and no-one sharing or using their phone.
Wifi and big screen in [in person] venues.


Finally I would like to share with you some quotes from practitioners who responded to this survey...
Working online has me thinking even more about how we close the gap between what we know, what folk think they need to know and the evidence base and practice knowledge and skills needed
...where online is done well I do believe it is as good as face-to-face ... But it is often not done well - we need to support it more...
Online: feels more person centred and hones in on individual needs alongside the session plan. Can be more reactive online ...
I find that using a digital environment ... complements my in person session and offers the opportunity for layered learning. It also gives the clients the opportunity to learn at their own pace whereas during an in person session there's a lot of information to digest ...
I have found that I have more postnatal contact with clients ... clients tend to approach me with more personal type questions, this doesn't happen online ...