

## ORIGINAL ARTICLE

# Breastfeeding mothers' awareness and experience of using the breastfeeding memory aide CHINS: An exploratory descriptive qualitative study

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**Abstract**

**Background:** Breastfeeding has immediate and long-term benefits for both mother and child, but many mothers feel unprepared for the challenges of early breastfeeding. The first letter mnemonic, close, head free, nose to nipple, in-line, sustainable (CHINS) was developed as a tool to help practitioners remember retain and recall the principles of positioning for effective breastfeeding and a UK-wide evaluation shows it is used widely within the UK breastfeeding workforce. This study sought to understand the extent to which breastfeeding mothers were aware of CHINS and their experience of using it to support their breastfeeding.

**Methods:** An exploratory qualitative research design was used to describe and interpret the findings of individual interviews with 11 breastfeeding mothers from across the United Kingdom who were recruited via a digital flier shared via social media and breastfeeding networks. The interviews were analysed thematically.

**Results:** Awareness and perception of CHINS, Timing of introduction to CHINS, and Sharing CHINS were the key themes to emerge, with an overarching core theme—The Right Advice at the Right Time. All the participants in the study were aware of CHINS and found it particularly helpful during the early stages of breastfeeding. Some participants reported that others, including fathers and peers, were aware of CHINS and had used it to support breastfeeding mothers. The participants felt support for breastfeeding was variable and that it was important to ensure that the right advice was given at the right time.

**Conclusion:** This study included a small number of breastfeeding mothers from across the United Kingdom and whilst there were high levels of awareness and perceived value of CHINS, a larger study would be warranted to explore the value of CHINS in more depth as well as to understand the role of CHINS in the wider education of peers and significant others, including fathers.

**KEYWORDS**

breastfeeding, CHINS, education, peers, skills, support

**INTRODUCTION**

Breastfeeding has immediate and long-term health benefits for both mother and child. For example, it is estimated that if all UK infants were exclusively breastfed, the number of

babies admitted to hospital with diarrhoea would be halved, and those admitted with a respiratory infection would be reduced by a quarter.<sup>1</sup> Additionally, breastfeeding protects children from other infections, diabetes, asthma, heart disease, obesity, and sudden infant death syndrome.<sup>2</sup> Mothers who

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breastfeed have reduced risk of breast and ovarian cancers and breastfeeding supports maternal mental well-being, helping the mother-baby relationship.<sup>2</sup>

Women who are older and from professional backgrounds with higher levels of educational attainment are more likely to breastfeed, whereas those from poorer socioeconomic backgrounds are less likely to do so.<sup>3</sup> Breastfeeding rates are impacted by a range of factors, including the long history of formula feeding in the United Kingdom, stigma associated with breastfeeding in public, as well as perceptions that breastfeeding is difficult and embarrassing. These are compounded by many mothers having little exposure to breastfeeding or encouragement to do so from their immediate social circle.<sup>3</sup> While the proportion of new mothers initiating breastfeeding has increased from 66% in 2005/6 to 74% in 2010/11 and remained stable until 2016/17, this has dropped slightly to 72%, and rates of babies who are partially or fully breastfed drop significantly at 6–8 weeks and 2021/22 data shows rates of 49%.<sup>2</sup> It is suggested that many who stop breastfeeding during this period cite problems such as the ability to latch, sore or painful nipples and insufficient milk supply as reasons for stopping, and importantly many indicate they would have liked to have continued for longer.<sup>3,4</sup>

Fox et al.<sup>3</sup> suggest that women often feel they are unprepared for the challenges of early breastfeeding and that whilst breastfeeding promotion, which has characterised health policy and practice continues to be important, what women really need is practical support in the early post-natal period and beyond. An international systematic review of breastfeeding interventions in primary care found that interventions that combine pre- and postnatal components had a larger impact on increasing short- and long-term breastfeeding rates, and that the greatest impact is when a combination of approaches are employed.<sup>5</sup> Practical support should include help with positioning and attachment, which are known to be the most common reasons for problems with breastfeeding,<sup>1</sup> and it is here where the memory aide close, head free, nose to nipple, in-line, sustainable (CHINS) can have value.

Close, head free, nose to nipple, in-line, sustainable is a first-letter mnemonic developed by the first author during her own United Nations International Children's Emergency Fund Baby Friendly Initiative (UNICEF BFI) Training—see Table 1. CHINS was grounded in the UNICEF breastfeeding theory delivered within the training and was designed to help practitioners remember, retain, and recall the principles of positioning for effective breastfeeding. It has since been incorporated into UNICEF BFI training and is widely established in the practice of many breastfeeding practitioners and publications.

While CHINS has been widely used, until recently it had not been formally evaluated. A UK mixed-methods evaluation of the memory aide CHINS was conducted during 2022–2023, funded by the Burdett Trust for Nursing,

TABLE 1 An overview of CHINS.

**Close:** babies need to be close to their mother so they can scoop enough breast into their mouths. Ensure both mother and baby's clothing and hands are not in the way.

**Head free:** when attaching to the breast babies tilt their heads back. This allows the chin to lead as it comes to the breast. Even a finger on the back of the baby's head will restrict this important movement.

**In line:** the baby's head and body should be in alignment so they do not have to twist their neck, which would make feeding and swallowing difficult.

**Nose to nipple:** with mother's nipple resting below the baby's nose, they will begin to root. As the baby tilts their head back, the nipple will slip under its top lip upwards and backwards to rest between the hard and soft palate. Nose to nipple is the starting point for effective attachment.

**Sustainable:** mothers need to be comfortable and relaxed and in a position that suits them best.

which focused on understanding the impact of CHINS for breastfeeding practitioners and mothers. A summary of the findings was shared via a poster presentation at the Annual Baby Friendly Initiative Conference in November 2023.<sup>6</sup> The findings indicate that CHINS has been widely embedded in the practice of key professionals involved in the promotion and support of breastfeeding, particularly midwives and health visitors, and has had a positive impact on their work. Whilst CHINS was developed for use by practitioners, this strand of the wider evaluation sought to conduct exploratory work to determine whether breastfeeding mothers were aware of CHINS and if so, to understand their perceptions of it to further inform its role in breastfeeding education and practice. This paper focuses on breastfeeding mothers' awareness and experience of the breastfeeding memory aide CHINS.

## METHODS

### Justification for using exploratory descriptive qualitative (EDQ) research design

The EDQ research design outlined by Hunter et al.<sup>7</sup> combines approaches outlined by Sandelowski<sup>8</sup> and Stebbins<sup>9</sup> whereby there is a descriptive element that is used to gain insight and inform but there is also an interpretive element where the aim is to use the data in a meaningful way. Drawing on Hunter et al.'s<sup>7</sup> approach an overview of the stages in this study is shown in Figure 1.

### Aims

To conduct an EDQ study in the United Kingdom to gain insight into whether breastfeeding mothers are aware of CHINS and their perceptions of it.

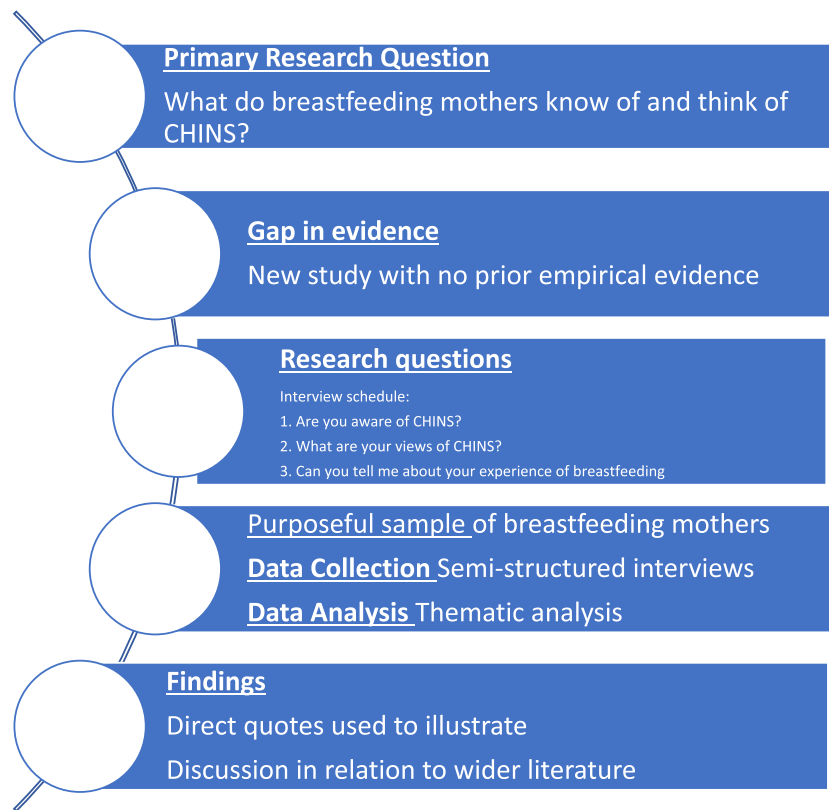


FIGURE 1 Exploratory descriptive qualitative design. CHINS, Close, Head free, In line, Nose to nipple, Sustainable.

#### Objectives:

1. To conduct individual qualitative semi-structured interviews with breastfeeding mothers from across the United Kingdom.
2. To thematically analyse the findings to identify key themes.
3. To use the findings to make recommendations for practice and for future research.

#### Recruitment

In January 2022, an electronic flier was developed, and this was shared widely via regional and infant feeding networks across the United Kingdom, as well as via social media, including Facebook, Twitter and LinkedIn. The flier was reposted regularly via social media over the course of the next 6 months. In total a purposeful sample of 11 breastfeeding mothers (with an age range of 26–44) were recruited from across the United Kingdom. The characteristics of the participants can be seen in Table 2.

#### Data collection

To facilitate the UK scope of the study interviews were conducted either over the telephone or via Microsoft

Teams. All interviews were conducted by the first author and lasted between 45 and 60 min. To reduce interviewer bias, given that the first author had developed CHINS, an interview schedule was employed to ensure all participants were asked the same questions. The interviews were voice-recorded for sharing with the second author. Participants were advised that all views of CHINS were welcome and of value to the study, and that critical views could help to strengthen it. The interview schedule (Figure 2) focused on knowledge and views of CHINS as well as allowing mothers to freely share what they wished about their experiences of breastfeeding and the support they had received or would value. Participants were given a £20 gift voucher following their involvement.

#### Data analysis

Thematic analysis based on Braun and Clarke's<sup>10</sup> framework was used, which is consistent with EDR, where the intention is to explore and describe but also to identify and evaluate core statements to get to the core of participants' experiences.<sup>7</sup> This involved the first and second authors independently reading transcripts to become familiar with the data before identifying meaningful sections and initial themes and rereviewing these and the data to ensure no new themes were emerging. This was followed by several further meetings to review, refine and finalise the themes.

TABLE 2 Characteristics of the participants.

Pseudonym	Age	Ethnicity	Marital status	Occupation	Education	Household income	area	Children
Jane	44	White British	Married	Driving instructor	None given	£34 000	Wolverhampton	Two (18 months and 13 years old)
Libby	40	White British	Married	International relations manager sport	BSc	£80 000	Lincolnshire	Two (infant and 3-year-old)
Nina	40	Mixed other	Married	Care worker	GCSE City and Guilds NVQ	£30 000	Durham/Teesside border	Three (infant, 1-year-old and 4-year-old)
Jenny	38	White British	Cohabiting	Social worker	BSc	>£50 000	North Yorkshire	Two (1-year-old and 4-year-old)
Rachel	26	White British	Cohabiting	Primary teacher	BA (hons)	£70 000	Stockton on Tees	One (infant)
Hannah	44	White British	Married	Self-employed	Hons degree	£60 000	County Durham	Four (infant, 5-year-old, 7-year-old and 9-year-old)
Jill	28	White British	Cohabiting	Car insurance	None given	£21 000	County Durham	One (infant)
Kate	30	White British	Cohabiting	Not working	GCSE	Benefits	County Durham	One (infant)
Sally	36	White British	Married	Breast screening service	BSc	£80–90 000	Greater Manchester	One (infant)
Connie	29	White British	Cohabiting	Recruitment	GCSE	£36–48 000	South Wales	One (infant)
Sarah	32	White British	Married	Government researcher	MSc	£84 000	South Wales	Two (14 months and 2-year-old)

Abbreviations: BA, Bachelor of Arts; BSc, Bachelor of Science; GCSE, General Certificate of Secondary Education; MSc, Master of Science; NVQ, National Vocational Qualification.

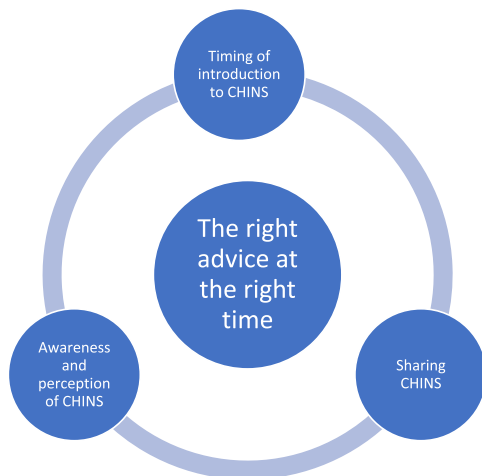


FIGURE 2 Identified themes. CHINS, Close, Head free, In line, Nose to nipple, Sustainable.

## RESULTS

The key subthemes to emerge from the interviews are shown in Figure 2: awareness and perception of CHINS, timing of introduction to CHINS and sharing CHINS. These subthemes combine in the core overarching theme—The right advice at the right time.

## AWARENESS AND PERCEPTION OF CHINS

The participants in this study all had some level of awareness of the memory aide CHINS and were able to cite key features of the memory aide, such as having baby ‘close to me, and, like, in-line’ (Kate), as well as the need for ‘nose to nipple’ (Jane). Their awareness came mainly from their midwife or health visitor, as outlined below:

Yeah, one midwife came in and explained CHINS to us. I think it was a lady called [Name]. And she came in and she explained it to us. (Rachel)

One participant (Connie) reported CHINS being covered in a private breastfeeding session she had paid to attend, which was delivered by the Natural Childbirth Trust. This had helped her to understand the key principles of positioning, and she felt this was very important:

I'm a double H, so having a newborn is quite daunting, because of how much breast there is [...] But I always made sure she could move her head [...] If she was in my lap, for instance, I would use the nose-to-nipple, definitely. Obviously, every woman's different [in terms of body shape]. (Connie)

There was a consensus among the participants that CHINS should be shared widely and routinely with breastfeeding mothers to ensure they had the right information to breastfeed effectively. For example, Jane told us:

You want to actually have a proper routine set in your head. You know, you want to make sure they are close to you. You want to make sure that they are, you know... They've got the nose to nipple [...] The nose to nipple—that's the thing that I couldn't get right with [...] That's why it was more relevant [...] So, it's getting it all in the right order, and it made sense to have a correct order. (Jane)

Sally and Jill referred to the positive impact CHINS had had on their breastfeeding:

Like I said, I genuinely did see the CHINS information and I did follow the advice and... I know when she's latched on properly. (Sally)

It was only after I'd got all of the information [CHINS] that she actually started latching on properly. (Jill).

Here, the participants felt CHINS had had a positive impact on their ability to breastfeed but also it had given them confidence that their babies were feeding effectively.

## TIMING OF INTRODUCTION TO CHINS

The timing that CHINS was shared was an important theme and the participants referred to three key stages in their breastfeeding journey. Firstly, the antenatal period where they were preparing to breastfeed, secondly during the early stages of breastfeeding and finally, during times when they were facing difficulties, they felt CHINS helped them to back to basics.

### Preparing to breastfeed

As outlined by Sarah, having CHINS before the birth of her baby would have helped her to understand the principles of positioning and she felt this would have made her feel better prepared:

I definitely think it would be helpful for people who are... Like, for me, thinking about when I was going to have a baby, if I'd read a bit more about that to help, you know, me think about my positioning and that sort of thing, because I think that was my issue—was positioning more

than anything else. I think if I'd known a bit more, had a bit more advice about it, I would have felt more prepared. (Sarah)

Jane also held this view: And I didn't even pack bottles after that. It was literally like a week before I was due to have my c-section, and I'd got the idea of going and buying spare bottles to pack, ready, just in case. But on the basis of that conversation, I went, stuff it—I'm not even going to bother. I'm actually just going to do exactly what's in my head. And then my husband, bless him, as soon as he heard her cry, he went, don't forget CHIN. (Jane)

Here, the participants' feedback suggests sharing information about CHINS in the antenatal period might not only help to prepare mothers to breastfeed but might also help them make decisions about whether to breastfeed or formula-feed their babies. Jane's point is a reminder that fathers and significant others of breastfeeding mothers play an important role.

But, no, I found it [CHINS] really helpful. It helped my partner as well because it made him remember. And he kept... I remember him saying to me a few times, close... And, like [...] And it was like he'd really taken that in. So, it was probably a good visual aid for the person supporting the mum, actually. (Rachel)

## CHINS in the early phases of breastfeeding

The participants reported a need for good support during the early phases of breastfeeding and they felt CHINS could be helpful at this important stage. For example, Libby said:

You know, especially early days... If I was ever struggling a bit with latch, you know, I'd just... I remember always telling myself like, you know, nose to nipple and... You know, let them have their head, you know, and keeping them flowing... and so, I just... I know that it was those things that I would always try and repeat. (Libby)

For Nina, although she had older children, she felt CHINS had helped her with breastfeeding:

With my third it was more just sort of reminding me—go back to basics—you're dealing with a baby here, who can't push themselves into the right position the way the bigger ones can. So, it was just a reminder to make sure that they were tucked in close and

head in line and... Nose to nipple—that's the biggest one, from it. (Nina)

One participant was keen to point out that CHINS could have real value in the early days and weeks of breastfeeding and felt that once she became aware of CHINS, it had had a positive impact on her breastfeeding experience:

I think it [CHINS] would have [helped], in the first couple of weeks, definitely. It was only after I'd got all of the information that she actually started latching on properly. Whether that was me getting used to it, or whether too sure what I was doing, I did have to use quite a lot of nipple cream, because it was getting really, really sore. And I can see why people do give up on breastfeeding, if they don't have that help. (Jill)

## SHARING CHINS

Perhaps the most significant evidence of the value of CHINS to breastfeeding mothers is demonstrated by the fact that many of the participants had shared it with their peers. For example, Jane recalled supporting a friend:

Do it this way—get her close to you, get her comfortable, make sure that she's got, you know, head free and all that [...] She is still breastfeeding her daughter. (Jane)

Sarah had also shared it, as outlined below:

Oh, yeah, definitely. I have done [shared CHINS] with a couple of friends who've had babies after me. My one friend had a baby in September 2020, and I'd said to her about it, because she'd expressed she wanted to breast-feed, so I said 'Well, this was really helpful...' and all that sort of stuff. (Sarah)

There was also evidence of the impact that sharing CHINS with fathers could have. For example,

But, no, I found it [CHINS] really helpful. It helped my partner as well because it made him remember. And he kept... I remember him saying to me a few times, close... And, like [...] And it was like he'd really taken that in. So, it was probably a good visual aid for the person supporting the mum, actually. (Rachel)

Here, consistent with Jane's comment outlined earlier in this paper, when CHINS is shared with fathers and other significant people around breastfeeding mothers, it can help them to provide good support.

## THE RIGHT ADVICE AT THE RIGHT TIME

Whilst this exploratory qualitative study sought to understand the extent to which breastfeeding mothers were aware of CHINS and their views of it, a key over-arching theme to emerge was that the mothers in this study wanted the right advice at the right time. This was particularly important in the antenatal period and early stages of breastfeeding, as outlined already. There was a consensus from the participants that good support both from professionals and peers was invaluable but also that this support varied greatly. Jill told us:

It was quite a big shock to me, the fact that there was seven babies there around her age and she was the only one on breast. (Jill)

Jill was clear that she found the support from her peers helpful in relation to other aspects of parenting, alongside recognising the real benefits of social networks, but she did feel that the chance to talk about the particular experience of breastfeeding would have been welcome, particularly in the early weeks and months. This was echoed by some of the participants who had experienced and benefitted from peer support. Whilst peer support was considered challenging in relation to the number of breastfeeding mothers attending some community groups, this was compounded by variation in the support from professionals. One participant made the following comment:

Because I know I wanted to do it, I felt like I had to reach out for that help. Like, it didn't feel like, if I hadn't pushed... If I hadn't pushed for the help, I don't think it would have been given to me. (Kate)

Kate felt that the support she had received was helpful, but that more could be done to ensure mothers were aware of it and were actively offered it rather than having to seek it. She noted that not all breastfeeding mothers would know where to go for support or perhaps may not feel confident in asking for it.

What was also important, particularly in the very early postnatal period was that the focus of support was relevant. For example,

Realistically, I think the biggest thing from my point of view is that... The education of the staff—that they know what they're talking about. And when to intervene, and when to help. And the fact that... Putting the importance on the correct things. I would much rather have somebody come and talk to me about breast and bottle feeding, rather than giving me a free pack of condoms. (Jane)

Here, Jane was clear that advice in the immediate postnatal phase should focus very much on feeding and immediate care needs and that other important advice could be given at a later stage. An unexpected theme to emerge was support for stopping breastfeeding. Both Hannah and Jenny reported a lack of support at this key stage:

it's just, with breastfeeding in particular, if you get to a point where you want to wean [wean off the breast], there isn't any real support around that. It's more about getting off to a start rather than how to end. (Jenny)

The other bit that I don't see any support on—and I certainly had challenges—is the other end, when you're wanting to wean off the breast. (Hannah).

For Hannah and Jenny, this stage of their breastfeeding journey was important to them, and they felt that practical advice as well as support for the emotional impact of breastfeeding cessation would have been valuable. They noted that this stage coincided with the fact that less support from health professionals was offered.

## DISCUSSION

The aim of this study was to understand the extent to which breastfeeding mothers were aware of CHINS and their experience of using it. As outlined in the findings, levels of awareness were high and CHINS had, had a positive impact in terms of raising knowledge, skill, and importantly confidence in breastfeeding. As mentioned previously, the findings of a UK evaluation of CHINS focused on breastfeeding practitioners<sup>6</sup> show widespread use of CHINS among key practitioners including midwives and health visitors, and that this is largely driven by its sustained use in UNICEF Baby Friendly Initiative training. Indeed, key guidance for staff to use and share with parents makes specific reference to CHINS in supporting effective breastfeeding.<sup>11</sup> For one participant, the impact of learning about CHINS was so significant that it changed her decision to breastfeed. Whilst this was a small study and the participants may not be representative of the wider population of breastfeeding mothers, this does suggest that CHINS can play an important role in breastfeeding education and support and aligns with wider evidence that outlines the need for skills-based education and support to improve initiation and continuation.<sup>5,12</sup>

The high levels of awareness of CHINS provide some evidence that the mothers in this study had received support from professionals and peers in relation to their breastfeeding, given that these were the main routes by which they became aware of CHINS. However, despite this, some of the participants perceived a lack of support. This might suggest a mismatch in terms of the support they received and the

support they wished for but might also be reflective of geographic variation in the availability of professional and peer support. The shortage of midwives<sup>13</sup> and health visitors is well documented in the United Kingdom,<sup>14</sup> and this produces challenges in terms of service delivery and priorities at local level. Whilst this may explain some of the experiences of the participants in this study, it is something that would require more detailed exploration with a larger sample. Equally, whilst it was not the focus of this study, the references in this study to the role of peers and significant others, including fathers, suggest that sharing CHINS more widely could have benefit. Although there is a developing body of work outlining how fathers support breastfeeding, this emphasises their role in influencing infant feeding decisions and helping to support family functioning.<sup>15</sup> More detailed exploration of their role as an information giver or practical supporter is needed, as highlighted in this study where their knowledge of CHINS was beneficial. This suggests that there is value in their inclusion in antenatal and postnatal contacts with health professionals and more detailed exploration of how professionals do and should not only include but provide targeted support to fathers in the various roles they occupy in supporting breastfeeding is needed.<sup>15</sup>

The timing of advice for breastfeeding was a key theme to emerge and of particular interest was that some of the participants felt they would have liked support from health professionals at the point where they wished to stop breastfeeding. It is accepted that this may have been compounded by a number of factors, including the workforce and geographical pressures outlined above but equally, this may be a result of the strategic emphasis on service providers to capture data on initiation and breastfeeding data at 6–8 weeks<sup>16</sup> as well as the fact that only 1% of women in the United Kingdom are exclusively breastfeeding at 6 months.<sup>16,17</sup> These statistics present a dilemma for services that are already depleted in terms of how priorities are identified, scarce resources are targeted, and whether emphasis is placed on initiation and continuation or support later in the breastfeeding journey. What is important to consider is that discontinuation of breastfeeding can produce a sense of internal conflict for some mothers. Indeed, Komninou et al.<sup>18</sup> note that some mothers can find themselves facing conflicting expectations from family, work and social commitments that present real barriers to breastfeeding, as well as internal conflict and emotional distress relating to their sense of duty as a mother and their own personal needs. Therefore, this may be an area and time where professionals can play a key role in providing support.

## CONCLUSIONS

This exploratory study had a small sample of 11 breastfeeding mothers and on this basis, it is not possible to generalise the findings to a wider population, particularly as all the participants had heard of CHINS and were overwhelmingly

positive about it. Recruiting a wider population of breastfeeding mothers would help to provide a more robust evaluation and could obtain the views of those who had not heard of CHINS or who had found it unhelpful, which could inform future developments and applications of CHINS. This could be achieved by expanding the approach to recruitment and circulating the opportunity to take part in the study more widely via other health professionals and community or charitable organisations. Equally, future research could adopt a mixed-methods approach where the practices of breastfeeding mothers and their significant others were observed and researched over a longer period. Despite this, it is important to acknowledge that this was an exploratory study, and it was positive that there was representation from geographic areas across the United Kingdom and that the interviews were lengthy and detailed. Inherent in any research is the extent to which the interviewer and the context impact on the findings, and in this case, the interviewer's connection to CHINS may have impacted but the participants did appear to speak openly about their experiences. This is reflected in the findings where experiences were not confined purely to experience of CHINS but allowed breastfeeding mothers to talk about wider experiences and views which were important to them. As such, this study provides insight into some of the needs of breastfeeding mothers.

Based on the findings of this study, there is a clear need to consider what advice and support is given to breastfeeding mothers and when. This includes more extensive consideration of how interventions such as CHINS can help breastfeeding mothers to develop skills and feel confident in breastfeeding. Whilst not the focus of this study, it would be valuable to consider the role of CHINS in the wider education of peers and significant others, such as fathers, who play a key role in promotion and support of breastfeeding.

## AUTHOR CONTRIBUTIONS

Lynette Shotton conducted data collection. Lynette Shotton and Tracy Collins analysed the data and identified themes from the data. Lynette Shotton was a major contributor in writing the manuscript. Lynette Shotton and Tracy Collins read and approved the final manuscript.

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## CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

## DATA AVAILABILITY STATEMENT

The data sets generated and/or analysed during the current study are not publicly available but are available from the corresponding author on reasonable request.

## ETHICS STATEMENT

Ethical approval was granted by Northumbria University (ID 40808) and participation of the adults involved was on a voluntary basis. Consent to participate was obtained before conducting the interviews. Informed consent was obtained from participants, and this included awareness of how data would be stored, managed, and published. All data collected were anonymised and audio recordings were destroyed following transcription. A university-approved transcription service was used to transcribe interviews verbatim, and these were stored on a secure university server.

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