



# Research Networking Event

18<sup>th</sup> March 2026



When you arrive, please put your name, role and organisation in the chat box



**Sally Shillaker** | iHV Practice Development Lead - Genomics  
**Dr Sharin Baldwin** | iHV Senior Health Visiting Research Lead

# Welcome

On arrival, please add your name, role and organisation to the chat box



## Time for you - Enjoy!



## Share experiences and network

- Unmute yourself to engage in the discussions anytime. Please stay muted when you are not speaking to avoid background noises.
- We encourage you to have your camera on so we can connect with each other.
- Type questions in the chat box during the presentations. We can use these to shape discussions.



## Feedback

- Participate in the poll
- Contact [sharin.baldwin@ihv.org.uk](mailto:sharin.baldwin@ihv.org.uk)



# Agenda

**09:30 Welcome and introductions**

Sally Shillaker, Professional Development Lead, IHV

**09:35 Research Presentation**

Eileen Perrins, Specialist Health Visitor – Parent & Infant Mental Health, HCRG care group

**10:05 Networking: Getting involved in research from the beginning**

All

**10:45 Break**

**10:50 Presentation**

Sharin Baldwin, Senior Health Visiting Research Lead, iHV

Amy Morton, Research Associate, iHV

**11:20 AOB and close**





## What do Health Visitors understand by the term ‘Breastfeeding Grief’ and how equipped do they feel to facilitate support in this area?



You can ask questions by using the chat function or simply raising your hand.

**Eileen Perrins**

Specialist Health Visitor – Parent & Infant Mental Health, HCRG care group

# **What do Health Visitors understand by the term ‘Breastfeeding Grief’ and how equipped do they feel to facilitate support in this area?**

**Findings from MSc Perinatal Mental Health studies and insights into my research journey**

**Eileen Perrins  
Specialist Health Visitor – Parent & Infant  
Mental Health**

# Introduction

A bit about me!

- Mental Health Nurse, Health Visitor,  
Specialist HV PIMH
- Video Interaction Guidance Practitioner  
(VIG), Circle of Security Parenting  
Facilitator & ADBB Referent
- MSc studies – Perinatal Mental Health



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## **Breastfeeding Grief – An Overview**

**National statistics show that 80% of breastfeeding parents stop before they had hoped to<sup>1</sup>**

**Local statistics: South Warwickshire's breastfeeding initiation rates in the first hours of life being reported as 81.8% and yet reducing by around half to just under 50% of parents exclusively breastfeeding at the 6-8 week postnatal review<sup>2</sup>**

**Local 0–5-year joint strategic needs assessment identified a need to improve the collection and interpretation of breastfeeding data; specifically qualitative data to understand the reasons behind breastfeeding cessation<sup>2</sup>**

## Research Question:

**What do HVs working in the local NHS Trust understand by the term ‘Breastfeeding Grief’ and how equipped do they feel to facilitate support in this area?**

### Aims

Explore Health Visitors’ understanding of the term Breastfeeding Grief

Explore current approaches in practice to supporting Breastfeeding Grief

Identify the strengths and/or challenges involved from a HV perspective

Illustrate what training, if any, supports HVs in undertaking this support

Evaluate the current service offer and tentatively generate ideas for local service improvement

## Methodology & research design

### Qualitative approach (critical phenomenological)

The use of qualitative inquiry is advocated for where the beliefs, attitudes and experiences surrounding the phenomena are not well understood or explored (Parahoo 2024).



## Sample

Target population: 84 Health Visitors

Sample Goal: 6-12 Health Visitors across 2 focus groups

### . Inclusion/Exclusion Criteria

		Exclusion rationale
Inclusion:	Fully-qualified HVs currently working in practice	
Exclusions:	Clinical Leads	Working strategically
	Student HVs	Limited clinical practice and exposure to BG
	Specialist HV roles (e.g. Infant Feeding Lead)	Not holding caseloads
	All other roles (e.g. Staff Nurses, Nursery Nurses)	Remit of study was an exploration of HV offer

## Collecting and analysing the data

Virtual 90 minute focus group  
Semi-structured approach  
Plan for support – ethical considerations  
Reflexivity  
Data analysis conducted manually  
Braun & Clarke's (2022) six phases of reflexive thematic analysis was used as an aid to guide the analysis process



# Themes



**Perceptions of Breastfeeding Grief**



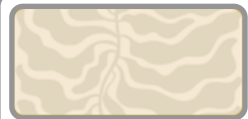
**Hidden Grief**



**Role Dichotomy: 2 Hats, 1 HV**



**Personal Discomfort**



**“And was that always the plan?”**



**Opportunity Knocks**

“I sat with my anger long enough until she told me her real name was grief.” C.S. Lewis



# Perceptions of Breastfeeding Grief

*“A real sadness, through not being able to breastfeed any longer or being unable to breastfeed in the first place. You might have tried but it’s not successful or your baby is poorly...that real sadness and emotional trauma at not being able to do something you wanted because that was best for your baby...They’re usually really emotional, very teary, often very low I’ve found.” (P07)*

*“They’re going to have to go through that grieving process, aren’t they? And whether it is similar to the grieving process of death? I would imagine, maybe some of it is.” (P06)*

*“And I will label it, as a form of grief. You need to grieve your plan and your hopes and your dreams not coming to be. And I do think families seem to be quite receptive to that phrase and they will say, ‘Yeah, that’s exactly how I feel and I’m grieving it.’” (P09)*



# Hidden Grief

*“I don’t think I get many parents who will say ‘I’m really disappointed with the fact that I can’t breastfeed... I do come away sometimes wondering whether they feel that’s the decision they have to make rather than it’s a decision they want to make. So, I guess I do wonder whether they are being honest with me.”*

*(P04)*

*“Is it something society tells us we should do? We’re women. We’ve got breasts. We should be able to breastfeed...And I think sometimes that’s really hard for women to accept because they think they’ve got the actual equipment, like why has it not worked for them?”* (P08)



# Role Dichotomy: 2 Hats, 1 Health Visitor

*“They’re embarrassed to tell you they’re no longer breastfeeding, or they couldn’t breastfeed. And I think because we’ve given them all the information about why it’s good for the baby and about why it’s good for them and their relationship with their baby, we’re almost setting them up to feel like this in a way.” (P10)*

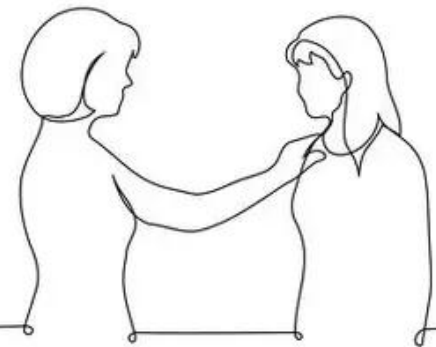
*“I always feel a bit conscious when you ask about feeding, ‘yeah, I’ve decided to formula feed’ and then, of course, you...talk about, ‘you don’t need follow-on milk and the reasoning behind that...you have to tell them that because you’re explaining why they only need first milk. But because you’re mentioning breastfeeding, I always think, ‘I hope I’m not making them feel guilty.’” (P01)*

# Personal Discomfort

*“A lot of us have our own children and our own journey with feeding our children...a lot of what we talk about, we have personal experience and we have to be careful not to let our own experience shape the advice we give families.” (P09)*

*“We don’t like feeling that we can’t fix things as HVs [group nodding] and it’s quite hard to just sit with that and actually just contain the mother...we like to have solutions...I do feel that element of discomfort. I want to fix it, but you can’t.” (P09)*

*“As a stretched service we’re not able to support in the way that some of these families need...so I find that quite hard. And I think it can almost lead to feelings of failure as a HV.” (P09)*



## **“And was that always the plan?”**

*“Whenever I go to a new birth...if the child’s being bottle fed, I will say ‘And was that the plan all along?’ And if it occurs, that actually it wasn’t the plan...then I will say, ‘And how do you feel about that?’ I do tend to delve into that.” (P09)*

*“It’s not BG specific but...the Solihull Approach...containment, having the space in your own head to actually listen and give back...I try to implement a rough copy [of Emotional Wellbeing Visits] to mums who have experienced BG...it’s just sort of trying to mould other bits of training to fit.” (P09)*



# Opportunity Knocks

*“It might be nice to touch on the information that we give antenatally...about breastfeeding...I can’t actually think how we could do it, but...more sensitively managing it...we need to bring into conversation sometimes it doesn’t always go to plan.” (P10)*

*“Maybe just asking, have they heard of the term and then getting their response to it...that conversation itself might be quite therapeutic, just having an opportunity to talk about what it might mean to them.” (P01)*

*“And I guess if you use the word grief...I suppose they understand that it might take a little while to feel differently about it. It’s giving them a longer healing time.” (P05)*

*“Maybe an evidence-based approach would be helpful, another tool in our toolkit.” (P09)*



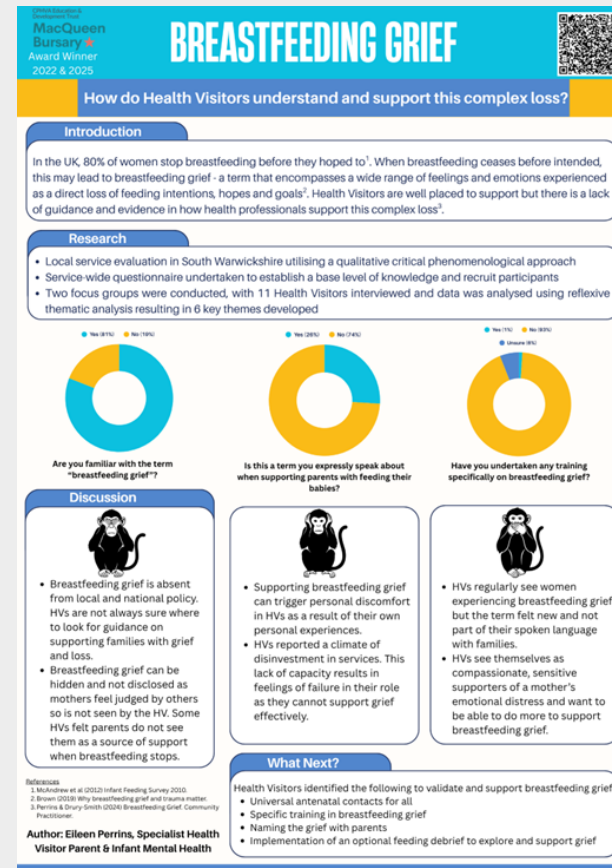
# Insights into my journey

- Time management – stick to the plan
- Think through financing your studies
- Access available support – library services, tutorials, webinars
- Learn the lingo
- Make connections – support from others
- Self-care
- Enjoy it and share it!



# What next?

- MSc completed – August 2025
- Winner of Susan Franklin Award
- 1<sup>st</sup> place poster presentation at conference
- Disseminated findings
- Secure funding to take work to the next steps, both locally and nationally



## References

1. McAndrew, F., Thompson, J., Fellows, L, Large, A., Speed, M. & Renfrew, M. J. (2012). Infant Feeding Survey 2010. The Health and Social Care Information Centre. <https://files.digital.nhs.uk/publicationimport/pub08xxx/pub08694/infant-feeding-survey-2010-consolidated-report.pdf>
2. Warwickshire County Council. (2022). Warwickshire Joint Strategic Needs Assessment: Children's 0-5. Warwickshire County Council <https://api.warwickshire.gov.uk/documents/WCCC-1350011118-3398>
3. National Institute for Health and Care Excellence (NICE). (2014) Antenatal and postnatal mental health: clinical management and service guidance. (NICE guideline CG192). <https://www.nice.org.uk/guidance/cg192/resources/antenatal-and-postnatal-mental-health-clinical-management-and-service-guidance-pdf-35109869806789> (updated 2020)
4. National Institute for Health and Care Excellence (NICE). (2021). Postnatal Care. (NICE guideline NG194). <https://www.nice.org.uk/guidance/ng194>
5. Royal College of Psychiatrists. (2023). Infant and early childhood mental health: the case for action. The Royal College of Psychiatrists. <https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/College-report-CR238---Infant-and-early-childhood-mental-health.pdf>
6. Brown, A. (2018). What Do Women Lose if They Are Prevented From Meeting Their Breastfeeding Goals? *Clinical Lactation*, 9(4), 200-207. <https://doi.org/10.1891/2158-0782.9.4.200>
7. Brown, A. (2019). Why breastfeeding grief and trauma matter. Pinter & Martin.
8. Perrins, E. & Drury-Smith, H. (2024). Breastfeeding Grief. *Community Practitioner*, Nov/Dec 24, 36-48. [https://www.communitypractitioner.co.uk/journal/11\\_24/mobile/](https://www.communitypractitioner.co.uk/journal/11_24/mobile/)
9. Parahoo, K. (2024). How to design studies and write research proposals. Elsevier.
10. Braun, V. & Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. Sage Publications.

# Thank you

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# Q&A



# Networking: Getting involved in research from the beginning

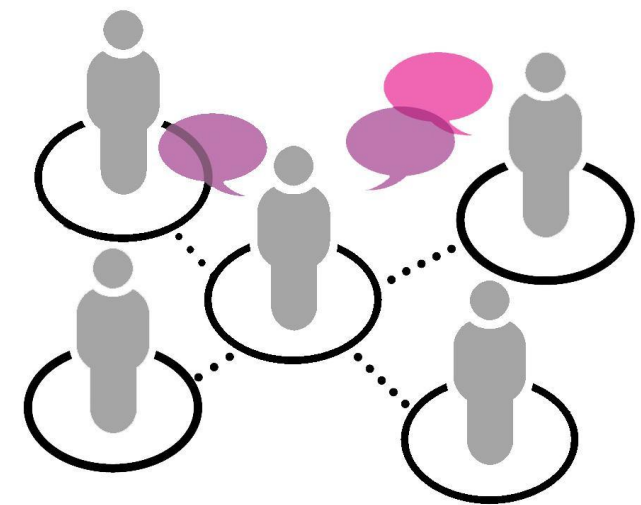


You can ask questions by using the chat function or simply raising your hand.

# Facilitated Discussion

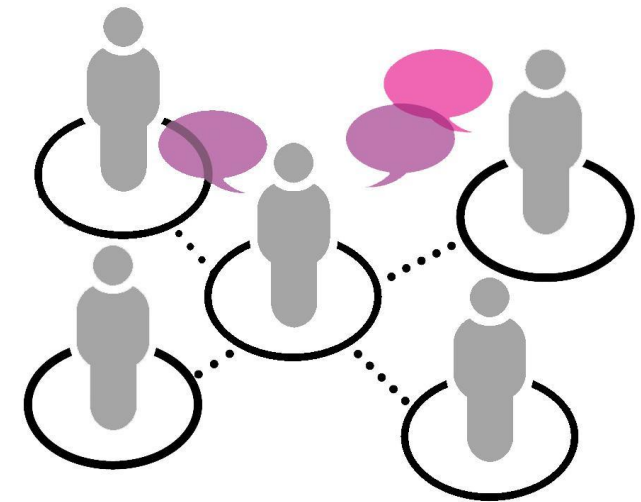
**You will now be directed to breakout rooms.**

Facilitators will be asked to feedback key discussion points when we return to the main session



## Welcome back

Facilitators will be asked to feedback key discussion points when we return to the main session



## MECSH Equity Study – Building health visiting research capacity within a NIHR study



You can ask questions by using the chat function or simply raising your hand.

**Dr Sharin Baldwin**

Senior Health Visitor Research Lead, iHV

**Amy Morton**

Health Visitor Research Associate, iHV

# A mixed methods realist evaluation of the MECSH programme investigating inequalities in access, engagement, retention and outcomes for Black and Asian parents in England



Dr Sharin Baldwin | Research Lead, Institute of Health Visiting, UK  
Adjunct Research Fellow, Western Sydney University  
Postdoctoral Research Fellow, University of Kent

# Background

- The Maternal Early Childhood Sustained Home Visiting (MECSH) programme is an evidence-based, structured, home-visiting programme providing 25 scheduled contacts from pregnancy to age two.
- MECSH has demonstrated significant benefits in Australian RCTs, including improved parenting responsiveness, breastfeeding duration, child routines, home learning environment and maternal mental health.
- Equity of access, engagement, retention and outcomes has not been evaluated, particularly for Black and Asian parents and non-birthing caregivers in the UK.
- We do not know whether MECSH is delivered in a culturally sensitive, inclusive and equitable way, and whether it achieves comparable benefit for underserved families.

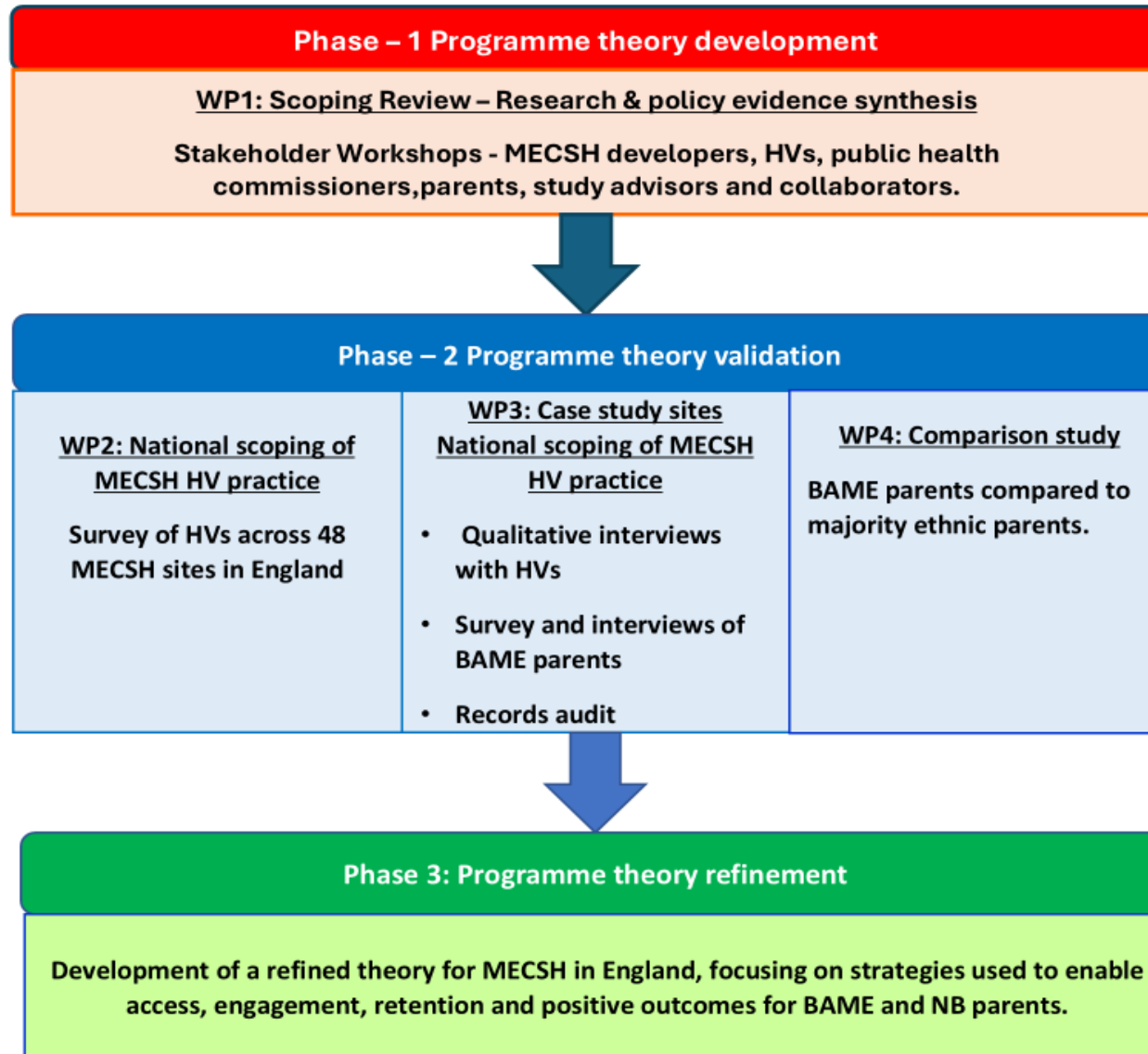
# Aims & Objectives

To evaluate equity within MECOSH in England, focusing on access, engagement, retention, cultural responsiveness, and outcomes for Black and Asian parents.

The study will assess:

- Parent engagement, retention, satisfaction, and experience
- Cultural safety, responsiveness and inclusion
- Health visitor experiences and support needs
- Programme fidelity and resource use
- Referral pathways and service utilisation
- Economic impact and value for money
- Early indicators of child and parent health outcomes

36 months, from 01/02/2026 – 31/01/2029



**Economic Evaluation**  
A realist-informed economic evaluation will examine resource use, cost consequences, and value for money.

# Expected Impact

This study will:

- Provide the first UK evidence on equity within MECSH
- Identify barriers and enablers to culturally responsive health visiting services
- Generate recommendations to strengthen inclusive practice for Black and Asian families
- Inform commissioners and national policy on equitable early intervention delivery

# Research Team

- Dr Sharin Baldwin, iHV: Lead Principal Investigator
- Professor Sally Kendall, University of Kent: Principal Investigator
- Professor Christopher Flood, LSBU: Economic Evaluation Lead
- Distinguished Professor Lynn Kemp, Western Sydney University: Advisor
- Dr Lawrence Doi, University of Edinburgh: Advisor
- Jessica Streeting, CLCH: Co-applicant/ Public Health Nurse Consultant
- Parent co-applicant: TBC
- Amy Morton: Health Visitor Research Associate, iHV
- Edwina Lintin, Bradford NHS Foundation Trust: HV Research Assistant
- Alice Cassidy, CLCH: HV Research Assistant

# Building HV research capacity and capability

- **Health visitor-led research** – designed and delivered by practitioners within the profession
- **Research about health visiting practice** – strengthening the evidence base for health visiting services
- **Addressing inequalities** – investigating access, engagement, retention and outcomes for Black and Asian parents in England within the MECOSH programme
- **Developing future HV researchers** – two developmental 20% secondment roles for practising health visitors to contribute to the study
- **Building practitioner research skills** – hands-on experience in mixed methods and realist evaluation
- **Embedding research within practice** – integrating service insight with academic research to strengthen the health visiting research culture

# My research journey

Midwife, health visitor, health visitor team leader. MSc dissertation Educator (Midwifery & SCPHN) - university setting  
Full time postgraduate researcher (PhD student)  
Research associate with iHV - developing research skills & collaboration

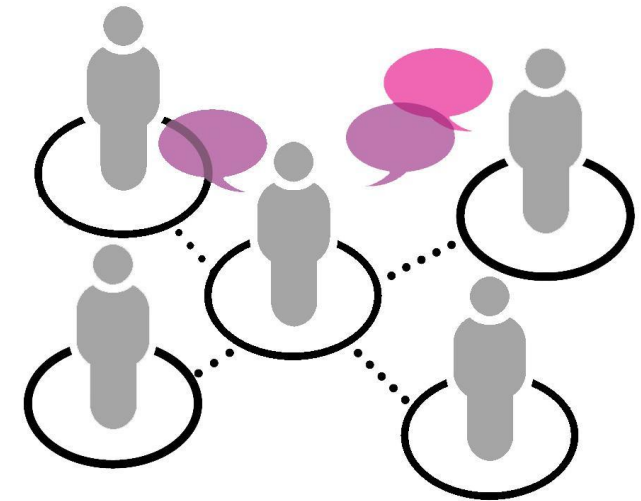


# Q&A



# Updates

- **Research bulletin** – Jan, May, Sept 2026
- **iHV Research Resources** – <https://ihv.org.uk/our-work/research/>
- **Collaboration form:** <https://ihv.org.uk/our-work/research/collaborate-on-a-research-study/>



# Future Research Network Dates

- Wednesday 1 July – 9:30-11:30
- Wednesday 11 November – 9:30-11:30



# Over to you

Help us to tailor our events to meet **your** needs!

- Submit your anonymised responses to the poll
- What more can we do to support you in your practice?

Email [events@ihv.org.uk](mailto:events@ihv.org.uk) with any suggestions



# Thank you so much for joining us

## Upcome events:

**26<sup>th</sup> Mar** | iHV Insights - Strengthening Safeguarding Practice

**15<sup>th</sup> Apr** | Practice Education Network

**16<sup>th</sup> Apr** | iHV Corporate Service Leads Network

**23<sup>rd</sup> Apr** | iHV Insights - Little Sparks, Big Starts

**6<sup>th</sup> May** | iHV Evidence Based Practice Conference

**14<sup>th</sup> May** | SCPHN Student Network



All future Member Benefit Events dates can be found at:  
<https://ihv.org.uk/training-and-events/events/>



Wednesday 6 May 2026 | Bournemouth International Centre



# iHV Evidence-based Practice Conference

From Evidence to Action: Getting it right from the start



Book your place



Hybrid Conference