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Maternal and infant food insecurity: A qualitative investigation into women's experiences during and after pregnancy in South London

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A period of the life course where optimal nutrition and food security are crucial for the life-long health and wellbeing of women/birthing parents and infants is preconception, pregnancy, and infancy.⁽¹⁾ It is estimated that nearly one in every four households with pre-school children (0-4 years) experience food insecurity (FI) in the UK.⁽²⁾ Yet, we lack an evidence-base exploring experiences of FI in this life course stage.^(3,4) This study aimed to explore women's experiences of food insecurity during and after pregnancy, including its influence on infant feeding decisions.

This study was ethically approved (Ref No: LRS/DP-23/24-39437) and pre-registered on OSF Registries (<https://osf.io/9hn6r>). Semi-structured mixed format individual interviews were conducted between November 2023 and February 2024. Pregnant individuals, those who had given birth ≤ 12 months ago, ≥ 18 years old, food insecure, residing in South London and with recourse to public funds were recruited through purposive sampling. The topic guide was informed by FI, pregnancy and postpartum related literature and piloted ($n = 2$). Interviews were audiorecorded and professionally transcribed. Demographic data was summarised using SPSS. Inductive thematic analysis was used to analyse the data and was completed using NVivo.

Eleven food insecure participants (2 pregnant, 9 new mothers; 2 White European, 9 Black African/Caribbean/British women) participated in the study. Six women were 0-6 months postpartum, and 3 women were between 6-12 months postpartum. The preliminary findings are represented by three themes: 1) A dichotomy: knowing vs affording, 2) Adaptive food coping strategies, and 3) Infant feeding practices. Participants shared detailed accounts of valuing a healthy diet and adapting food practices, yet they still were unable to meet their dietary needs and desires during and after pregnancy. Participants described worry around breastmilk supply; quality and quantity. Complimentary feeding was also identified as a source of worry. "She is still breastfeeding fully. I don't want to change to milk, which maybe, sometimes, I might not be able to afford it . . . I won't stop until she is 1." Whilst the cost of formula feeding was a driver of a more severe experience of FI.

Policy and practice recommendations include enhancing local breastfeeding support to address FI specific concerns around breastmilk supply and at national level, advocating for greater support for adequate healthy food provision and for a price cap on infant formula. Future interventions must support maternal mental health given the high cognitive stress identified with living with FI during and after pregnancy. Further high-quality research is needed 1) amongst asylum seekers and refugees and non-English speakers who may also experience FI, and 2) exploring cultural influences on breastfeeding and the relationship with FI.

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