

Better Start Bradford Innovation Hub
Breastfeeding Support
September 2023



Better Start Bradford Innovation Hub Breastfeeding Support Final Report September 2023

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and Breastfeeding Support project.

The document provides an overview of the Breastfeeding Support project performance and findings from the implementation and qualitative evaluation including an interpretation of these findings by BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB.

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Produced for Better Start Bradford



Executive Summary

Project background

Within the Better Start Bradford (BSB) area, breastfeeding initiation rates are fairly well aligned with the national average, but breastfeeding rates drop quickly and substantially after initiation. Breastfeeding is a complex process that is impacted by many factors, and the sharp drop in breastfeeding rates within the BSB community suggests that women in this area could benefit from a comprehensive system of support.

The Breastfeeding Support project is a universal intervention developed within the BSB programme and delivered by Health for All. The primary offer of the project is a timely and personalised support service for breastfeeding mothers, with the goal of helping them to reach their breastfeeding goals. Women are offered the service in hospital or shortly after discharge to ensure access to feeding support as early as possible. Support is provided by qualified breastfeeding support workers, and is offered both in the home and via the telephone. Women can receive support from the project until their baby is 6 months old. The second component of the project is a programme of activities to facilitate community change around breastfeeding attitudes.

Aims of the evaluation

Breastfeeding Support has received:

- a standard implementation evaluation to understand how the project was implemented and whether implementation was in line with project design, and how satisfied they were with the support they received.
- An in depth qualitative evaluation using interviews with staff and women who participated in the project to explore the types of support women received, the acceptability of the service, and any perceived impacts of being involved with the project



This report includes data from the 58 months of delivery, from the launch of the service in October 2018 to August 2023.

Key findings of the evaluation

Referrals



The main source of referrals into this project was the Perinatal Project Administrators (PPAs), who offered Breastfeeding Support to over 4900 women, and 39% of women accepted the offer. Acceptance rates were higher when women were offered the service while still in hospital (53%) as compared to on the phone (32%). The PPAs were the source of 87% of referrals. Including referrals from other sources, 2153 women were referred into the service.

Recruitment



The project provided timely support to participants, and 98% of women were offered their initial support contact within 48 hours of referral. The majority of women who declined support after referral reported they did not need support because breastfeeding was going well (71% of declined).

The project's progression criteria for recruitment was the number of women who received an initial support contact (participated). In total, 1538 women participated in the project, which was 88% of the target of 1740. This put the project in **AMBER** for this target.



Implementation



During the contract, the project provided over 6200 support contacts for women. The median number of visits women received was 4, and this ranged from 1-32 visits for individual women.

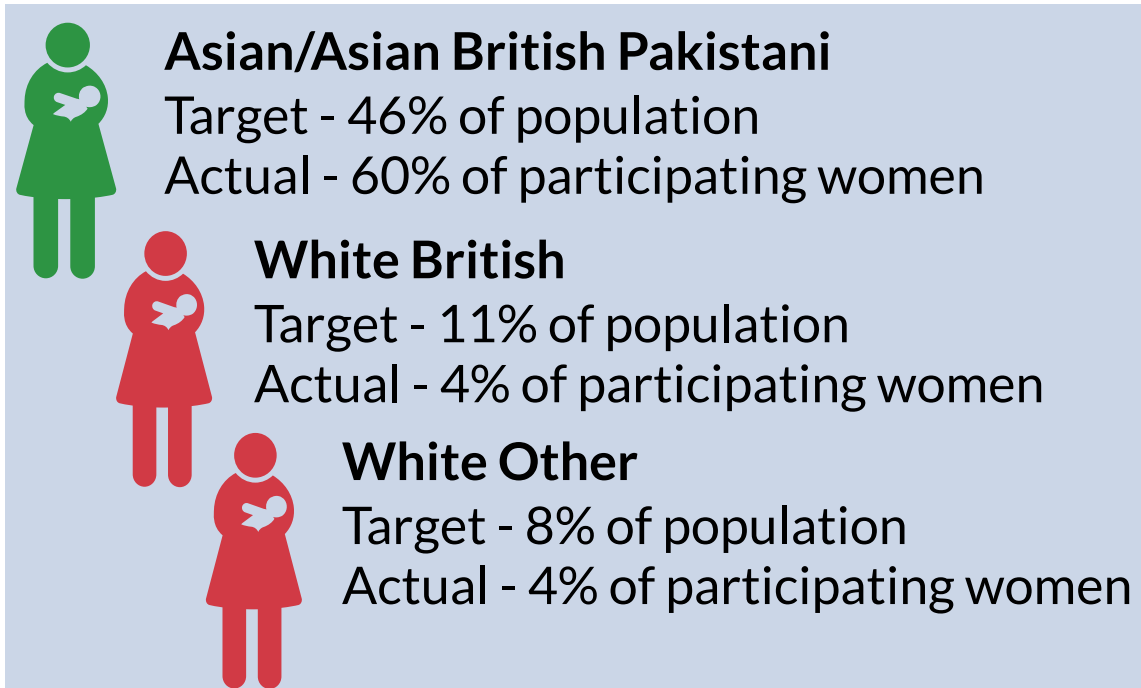
The implementation progression criteria for this project was the number of women who completed. Completion was defined as receiving 3 or more contacts of any kind (phone, video call, home visit). In total, 1000 women completed the project, which was 65% of the target of 1566. This put the project in **RED** for this progression criteria. However, the project demonstrated increasing completion rates over the last two years of delivery (76% and 80%).



Executive Summary

Key findings of the evaluation

Reach



The project aimed to serve the population in a representative way. Based on the total sample of participating women, 60% were from Asian or Asian British Pakistani backgrounds, which showed over recruitment of women from this ethnic group who represented 46% of the eligible population. This put the project in **GREEN** for the progression criteria for this group. Conversely, women from White British backgrounds represented 4% of participants, which represents under recruitment of the target (11% of the population). Similarly, women from White Other backgrounds represented 4% of participants, which shows under recruitment of the target (8% of the population). This put the project in **RED** for recruitment of these two ethnic groups.

Satisfaction



Women who responded to the satisfaction questionnaire (142 women, 15% of participants) were extremely satisfied with the support they received from the project. 99% of respondents had a median score of 4/5 or more, which suggested that respondents felt the project was useful, easy to access, and that they were satisfied and happy with the support they received.

Enhanced qualitative evaluation



Qualitative interviews with both staff and women who participated in the service showed that the service offers women a range of support, including practical advice on techniques for feeding, emotional support, and support resources including breast pumps. Key aspects that contributed to the success of the project included the timeliness of support and how accessible the service was to women, the central role of the positive relationships between women and support workers, the benefits of providing home visits, and the importance of having protected and specialised support for breastfeeding within the current healthcare system.

Recommendations

There is evidence of an ongoing need for breastfeeding support in the Better Start area and across the Bradford district. The project was successful in engaging with women quickly, and women who participated in the service were very positive about the support they received. Although the effectiveness of the project remains unknown, because there remains a clear need and there are no alternative evidence based services readily available, we recommend that Breastfeeding Support continues to be commissioned with some adaptations and considerations:

- The project should be offered to women as early as possible, and ideally while they are still in hospital.
- Breastfeeding Support staff should be present on the wards.
- Home visits should continue to be a central component of the offer.
- The antenatal component of the project should be considered and further developed to provide a better opportunity to improve rates of breastfeeding initiation and duration.
- Additional consideration should be given to how to best offer and provide support to women who speak low or no English.



Project Background

Project purpose and function

Breastfeeding may have important benefits for both children and their mothers. Research has found that breastfeeding may be a protective factor for children against overweight and diabetes, as well as dental problems, and is also associated with higher intelligence in children fed for longer periods. Mothers who breastfeed may benefit from protection against breast and ovarian cancers, as well as diabetes. Although the evidence is still limited, there is also some suggestion that breastfeeding can support attachment in children breastfed for at least 6 months. For these and other reasons, the World Health Organisation recommends exclusive breastfeeding for all children for a minimum of 6 months.

Within the Better Start Bradford (BSB) area, breastfeeding initiation rates (when breastfeeding starts and the baby receives at least some breastmilk) are fairly well aligned with the national average. However, after this point breastfeeding rates drop drastically, and rates of any breastfeeding (either exclusive breastfeeding or breastfeeding in combination with formula milk feeding) at 6 months are low. Breastfeeding is a complex process that is impacted by many factors, including at the level of the child, the mother, the family, their community, and the wider system. The sharp drop in breastfeeding rates within the BSB community suggests that women in this area could benefit from a comprehensive system of support.



The Breastfeeding Support project is a universal intervention developed within the BSB programme and delivered by Health for All, and its design incorporates evidence-based practice for breastfeeding interventions within the specific context of the Bradford health system. There were two phases to the project:

Phase 1: Personalised one-to-one support service

This service offers timely and personalised support for breastfeeding mothers, with the goal of helping them to reach their breastfeeding goals or to breastfeed as long as they would like. The service aims to contact women within 48 hours of discharge from hospital to ensure that women are able to access feeding support as early as possible, and whenever possible this is in the woman's primary language. The primary referral route is through the Perinatal Project Administrators (PPAs), a role that is independent of this project but also funded by BSB and hosted within the Bradford Teach Hospitals Foundation Trust. The original project model stipulated that women should receive a minimum of three home visits by a designated support worker along with telephone support as required. However, due to the impact of lockdowns for the Covid-19 pandemic and the resulting changes to the delivery of the intervention, the current model of the project considers a minimum of any three contacts (either face-to-face or via telephone) to be the core offer.

Phase 2: Co-created activities to support breastfeeding in the wider community

This aspect of the project aimed to work with stakeholders to develop activities to support breastfeeding in the community, including volunteering opportunities such as breastfeeding peer support.

Aims of the evaluation

The implementation evaluation aimed to understand how the project was implemented and whether this implementation was in line with how the project was designed. It also assessed whether the services were acceptable to women, and how satisfied they were with the support they received.

This project received an in depth implementation evaluation, including qualitative interviews with project staff and mothers who received the intervention. This evaluation considered both staff and participant perspectives on the project, which allowed for greater exploration of the women's journeys through the service, what the key components of the service were, and the perceived impacts of being involved with the project. Breastfeeding support has received an implementation evaluation over the 58 months of delivery, from the launch of the service in October 2018 to August 2023. The evaluation has focused on the personalised support service, rather than the community change aspect of the project, as it was not feasible to robustly assess the latter.

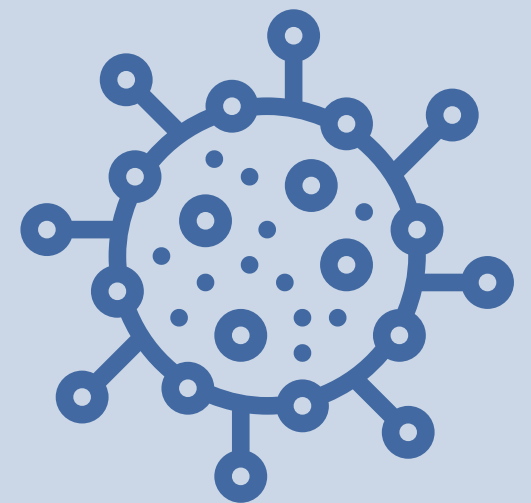


Project Background

COVID-19: Impact on the Project

The COVID-19 pandemic caused large scale changes to the delivery of many health services and interventions, and Breastfeeding Support was no exception. There were no changes to the delivery targets for the project, and Health for All worked proactively to quickly adapt service delivery to the restrictions. Changes in implementation affected how women were offered the service, as well as how women were supported in their appointments.

From March 2020, the Perinatal Project Administrators (the primary referral source into the project) had very limited contact with women on the wards, meaning that the majority of women were offered the service via telephone call instead of on the wards as had previously been the case. Face-to-face home visits were replaced with video calls, and staff reported the need to find creative ways to show women techniques for latching and positioning. These changes in how the project was offered persisted through 2020 and most of 2021, and face-to-face home visits were reintroduced in September of 2021.



Timing and details of project delivery across the five contract years



YEAR 2

1 Oct 2019 - 30 Sept 2020
Project delivery impacted by Covid-19 lockdowns, all contacts moved to virtual or phone in March, 2020

YEAR 4

1 Oct 2021 - 30 Sept 2022
Definition of project completion changed from 3 face-to-face contacts to any three contacts

YEAR 1

1 Oct 2018 - 30 Sept 2019
Project set-up and beginning of delivery

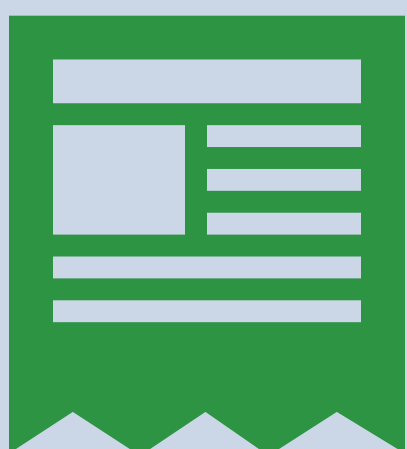
YEAR 3

1 Oct 2020 - 30 Sept 2021
Ongoing impact of Covid-19 restrictions on delivery, face-to-face home visits recommenced in September 2021

YEAR 5

1 Oct 2022 - 30 Sept 2023
Start for Life funding introduced and remit of project expanded. Only first 10 months of delivery covered in this report

Data quality



The project worked closely with the BSBIH to develop appropriate data capture procedures, including integrating SystemOne into the service's standard practice. The project delivered data in a timely and complete manner, allowing for thorough monitoring and evaluation of their delivery. We believe the data in this report is of good quality and representative of the project's true performance.

In instances where challenges or errors were identified, the project worked proactively with the BSBIH to rectify these issues. This included engaging in training when necessary, working with retrospective data to improve data quality, and implementing new data capture processes as the evaluation evolved.

Evaluation findings

Referrals into the project

The main source of referrals into the Breastfeeding Support project was from the independent Perinatal Project Administrators (PPAs), a role funded by BSB but hosted within the Bradford Teaching Hospitals Foundation Trust. The PPA role focused on making contact with new mothers to offer them appropriate perinatal projects that could have been beneficial to them. The PPAs approached new mothers to offer them the Breastfeeding Support service either while they are awaiting discharge from hospital, or via phone call shortly after discharge. Between the beginning of the project in October 2018 and August 2023, the PPAs contacted and offered the service to over 4900 women.



were contacted and offered Breastfeeding Support by the PPAs

Location and response to PPA contact



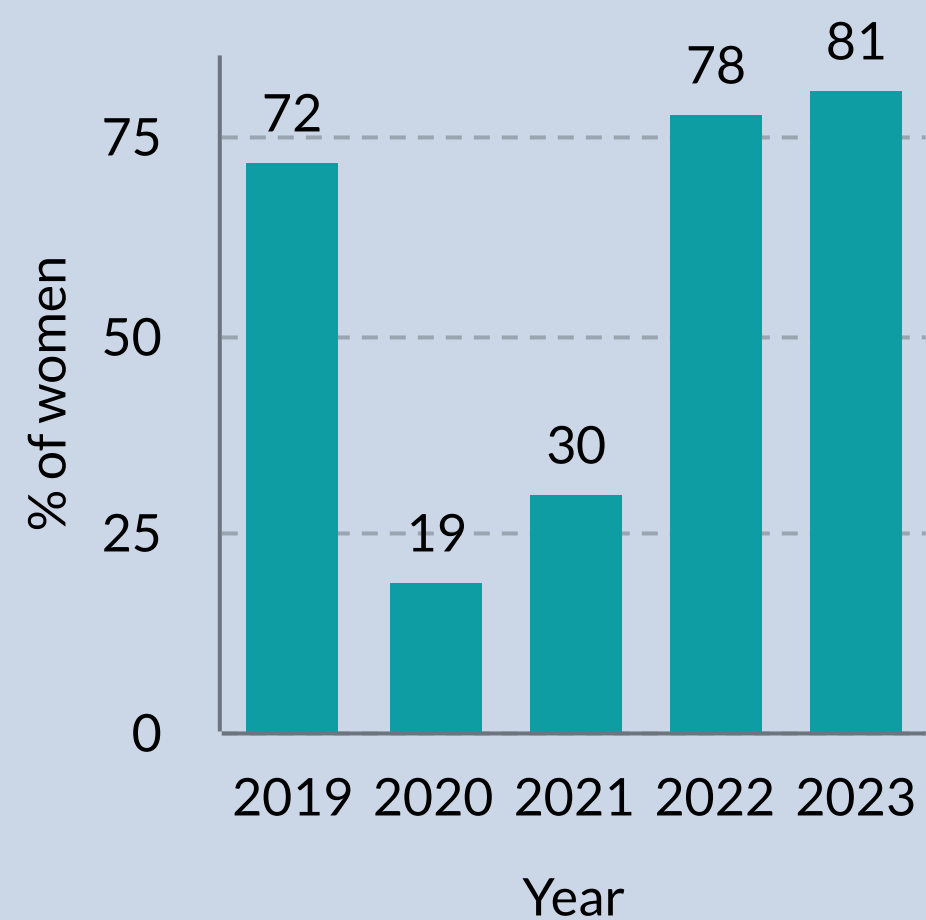
54%

of women were contacted while still in the hospital

The PPAs made contact with 54% of all contacted women before they were discharged from hospital. However, this number is affected by the changes in implementation necessitated by the Covid-19 safety restrictions. In 2019, prior to any restrictions, 72% of women were contacted prior to hospital discharge, and once restrictions eased in 2022, this number increased to 78% and then 81% in 2023. In 2020 only 19% of women were contacted while on the wards, and in 2021 only 30% of women were contacted prior to hospital discharge.

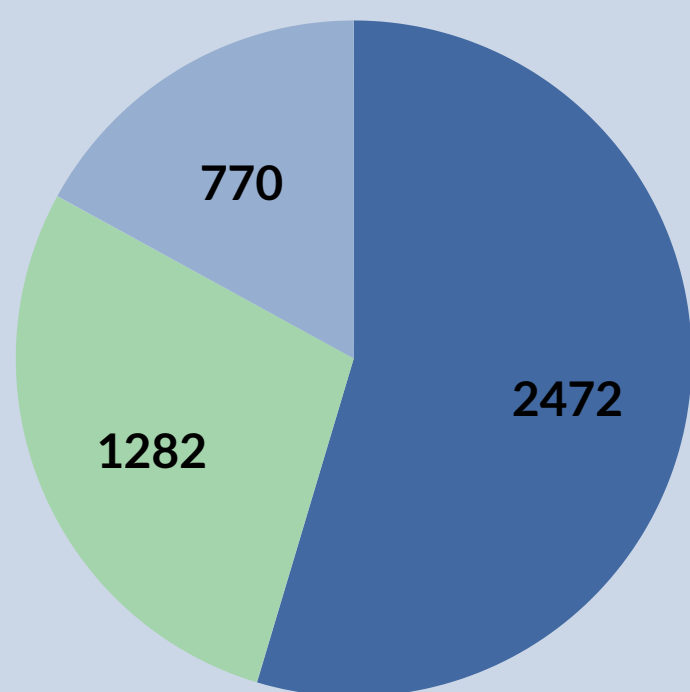
Of the 4900 contacted women, outcomes of the contact were recorded for 4894. Overall, 39% (1906) of women accepted the referral into Breastfeeding Support, while 49% (2406) declined the referral. An additional 9% (440) of women either could not be contacted or were ineligible for the service. The PPAs were unable to offer the service to 3% (148 women) of the total referrals, due to women's very low levels of English language skills.

Proportion of women contacted by PPAs before hospital discharge



Acceptance rates differed by the method of contact PPAs used to offer the service to women. Of the 2479 eligible women that PPAs were able to speak to on the wards, 53% accepted the offer of the service. Acceptance rates were lower when

Women's feeding intentions recorded by PPAs



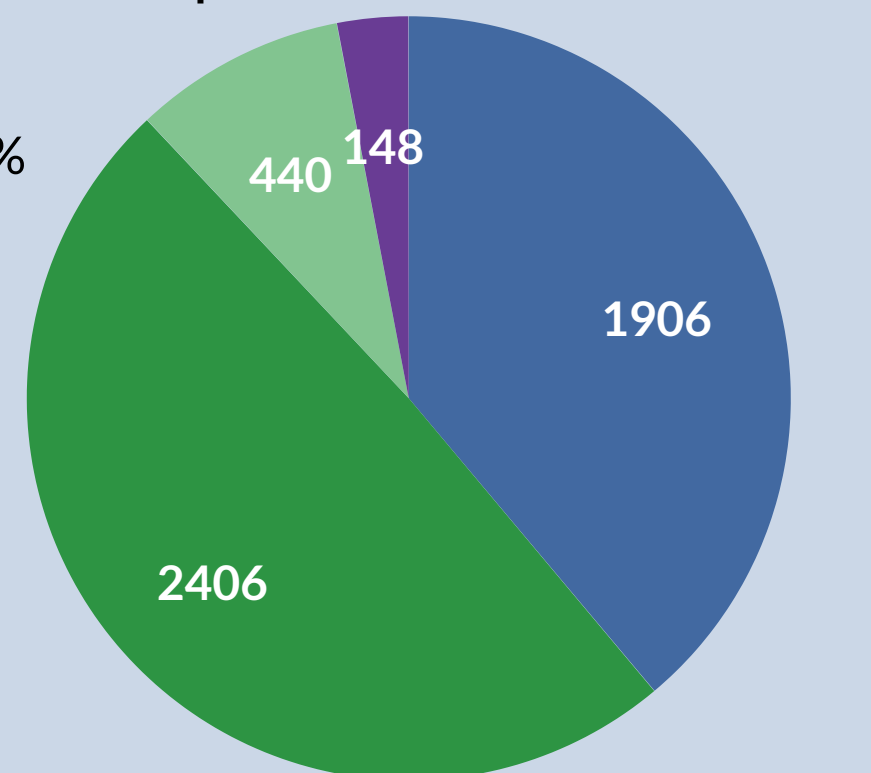
Breastfeeding (54.64%)
Formula feeding (28.34%)
Breast and formula feeding (17.02%)

women were contacted by phone, and only 32% (1805) of the eligible, contactable women accepted the referral over the phone.

Women's feeding intentions

Feeding intentions were recorded for 4524 of the contacted women. The majority of women, 55% (2472 women), said they intended to breastfeed, and 17% (770) said they intended to breastfeed alongside feeding formula milk. Exclusive formula feeding was the intended feeding method for 28% of women. Overall, this suggests that the majority of women hoped to breastfeed, either exclusively or in combination with bottle feeding formula milk.

Proportion and counts for each type of response to contact from PPAs



Accepted (38.9%) Declined (49.1%)
Uncontactable or ineligible (8.98%)
Language barrier (3.02%)

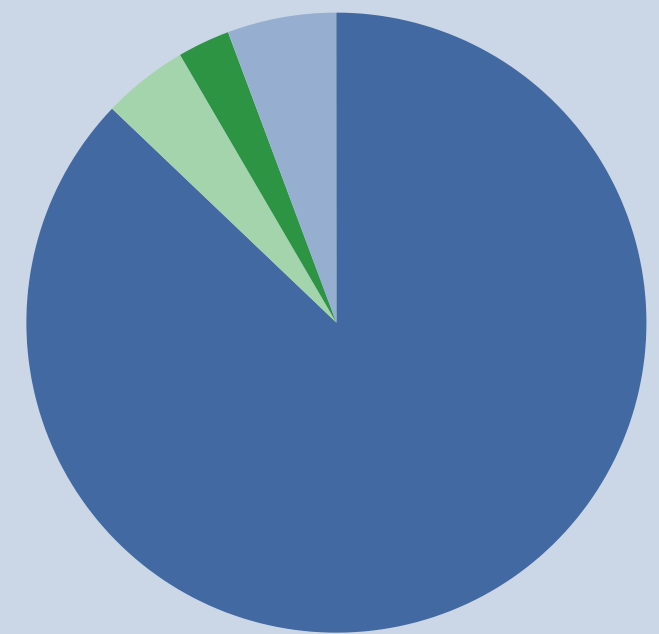
Evaluation findings

Referrals and recruitment over time

Referral sources

Although the PPAs constituted the primary referral route into the Breastfeeding Support service, women could be referred in through other sources. The PPAs were responsible for 87% of all referrals, and Personalised Midwifery provided an additional 4.5% of referrals. Self-referrals were the source of just under 3% of all referrals, and finally other sources provided just under 6% of all referrals (such as Health Visitors).

Referral sources into the project



Timing of project contact

Once women were enrolled onto the project, they received their initial support contact, which could have been either via phone call, video call, or home visit. The timing of this contact was critical, as addressing breastfeeding challenges quickly and responsively increases the chances that breastfeeding can continue. The project aims to contact referrals within 48 hours. Based on the data for participating women, 95% of women received their initial support contact within 24 hours of referral, and 98% of women received this support contact within 48 hours of referral.

These data demonstrate that the project is able to provide quickly accessible, personalised support to women. It should be noted that the service is a 5 day a week service, making it particularly notable that they are able to reach women so quickly after referral.

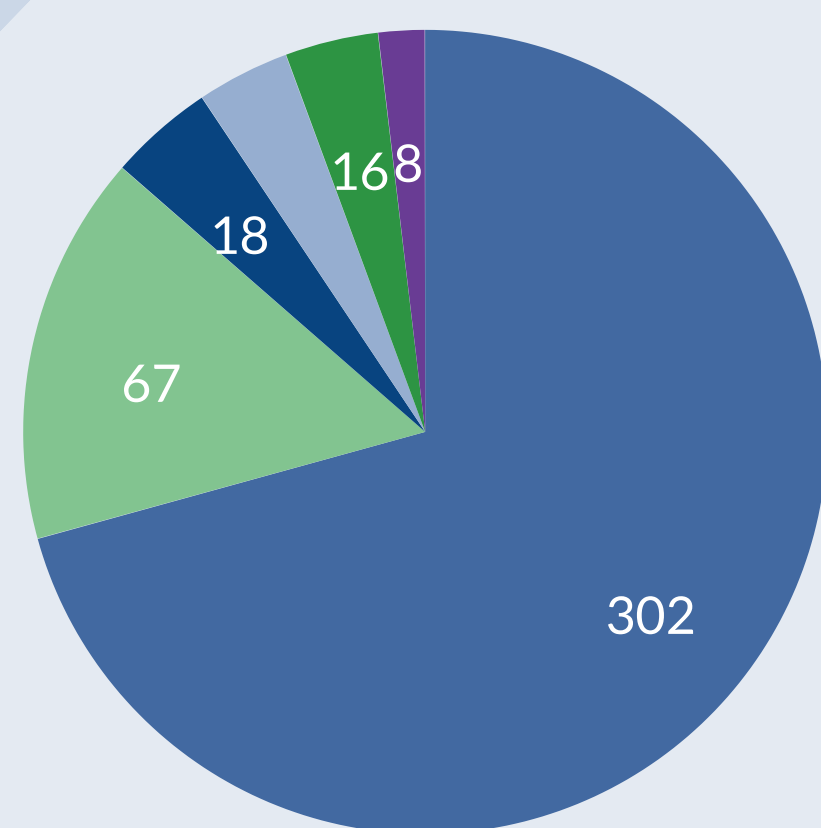


- PPAs (87.13%)
- Personalised Midwifery (4.46%)
- Self-referral (2.74%)
- Other (5.67%)

Reasons for declining support offer

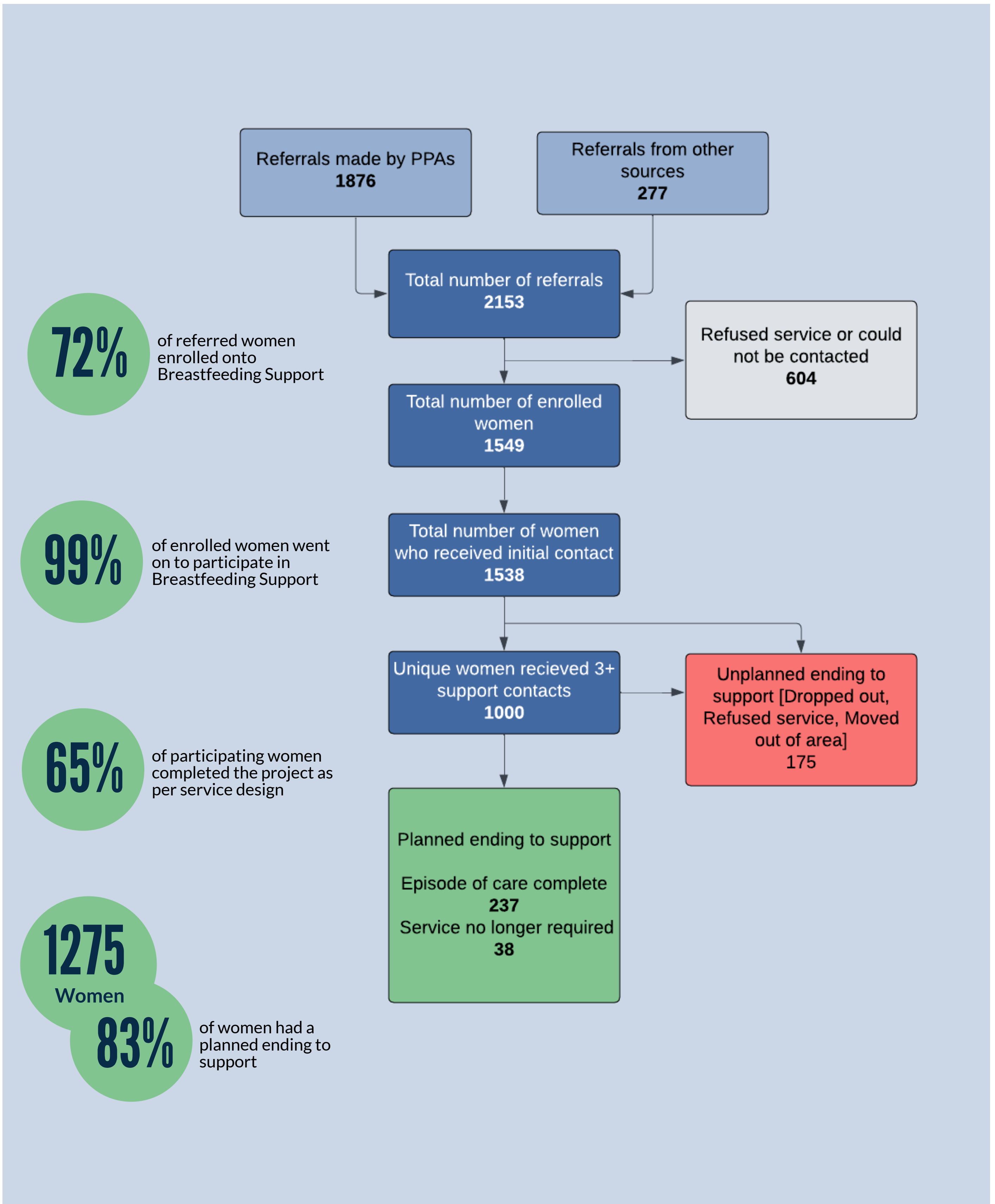
Some women declined the offer of support, despite initially accepting the referral. The most common reason women declined was because breastfeeding was going well, and of the 437 women with known reasons for declining the service, 71% (302 women) stated that they felt breastfeeding was going well and they did not require support. The next most common reason was that women had already switched to bottle or formula feeding their baby and did not require breastfeeding support (16% or 67 women). Eighteen women (4%) had switched or mixed feeding, while 16 (4%) women reported that either they or their baby were still in hospital. In this instance the service is not the most appropriate source of support for feeding. Finally, 16 women (4%) stated they no longer wanted to breastfeed, and 2% stated other reasons for declining the service.

Proportion and count for each reason for declining support offer



- Breastfeeding going well (70.73%)
- Switched to bottle/formula feeding (15.69%)
- Switched to mixed feeding (4.22%)
- Mother/baby in hospital (3.75%)
- Does not want to breastfeed (3.75%)
- Other (1.87%)

Participant Flow Diagram

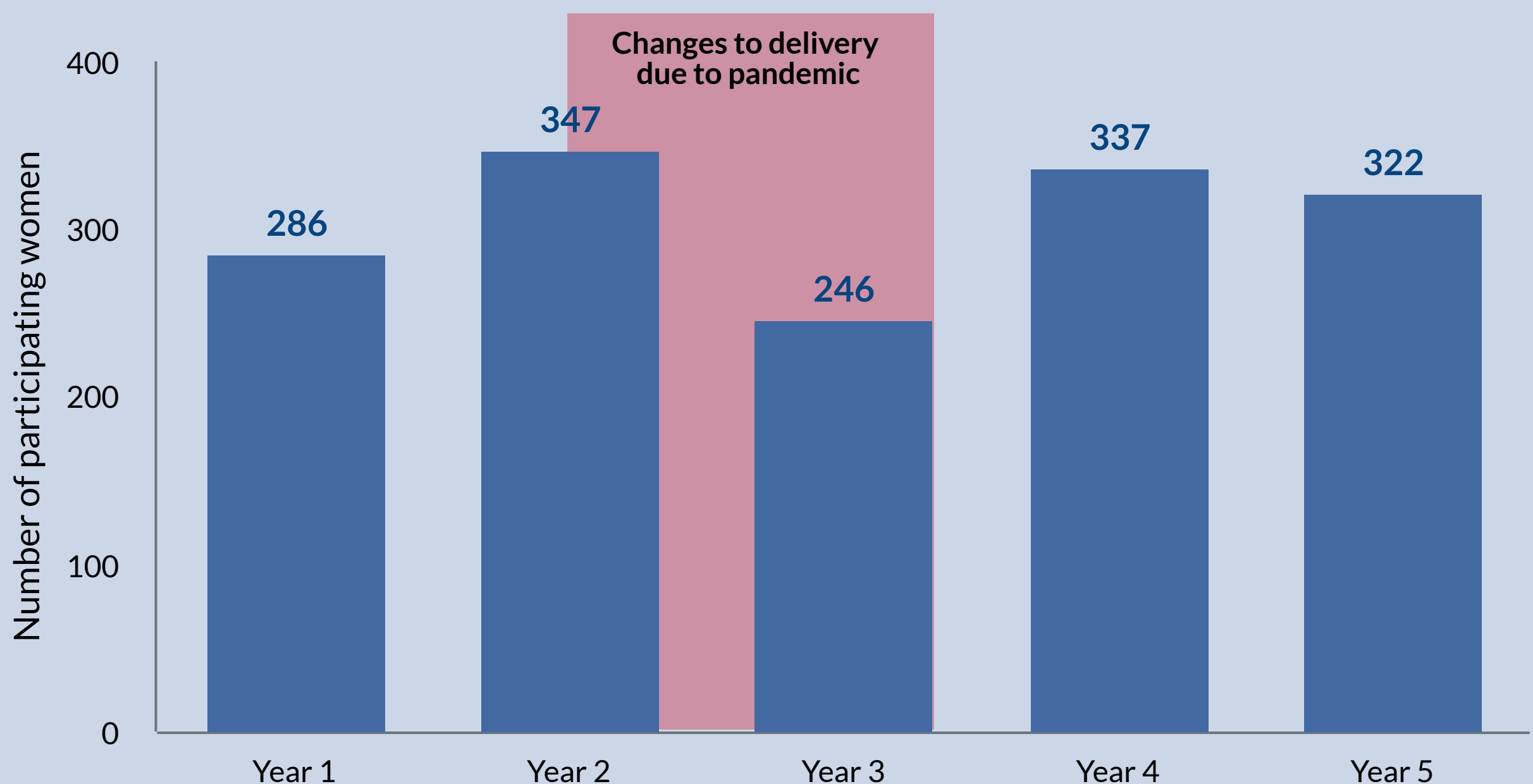


Evaluation findings

Participation over time

Women who received this initial support contact were considered to have participated in the project, and the progression criteria for recruitment was the number of women who participated in Breastfeeding Support. During the first year of delivery, the progression criteria was for 720 women to enroll, and there was no participation target. However, for all subsequent years there was an annual target figure of 360 participating women. In the first year, 286 women participated in the project (79% of target), followed by 255 in the second year of delivery (71% of target). In year 3, which was substantially impacted by changes to delivery due to Covid-19, 173 women participated in the project (48% of target), and this increased to 259 in year 4 (72% of target). In the first 10 months of year 5, 218 women participated in Breastfeeding Support (73% of adjusted target).

Number of participating women by year of delivery



Proportion of annual target



In the first year of delivery, the recruitment target related to the number of women enrolled, rather than participating, in the project. However, if the target figure of 360 from the following years is retrospectively applied, then 286 participants would be 79% of the target.

This figure is adjusted to reflect that only 10 months of this year are included in the report, so 322 participants represents 107% of the adjusted target of 300 participants



of overall participation target of 1740 women

In total, 1538 women received at least one support contact (in the form of either a telephone call, video call, or home visit) between October 2018 to August 2023. If the target of 360 participants annually is applied across all five years of delivery (see above comments about target figures for year 1 and 5), then it would be expected that 1740 women should have participated in the project. Breastfeeding Support had 1538 participants and met 88% of their total participation target across the contract period, putting them in **AMBER** for this progression criteria.






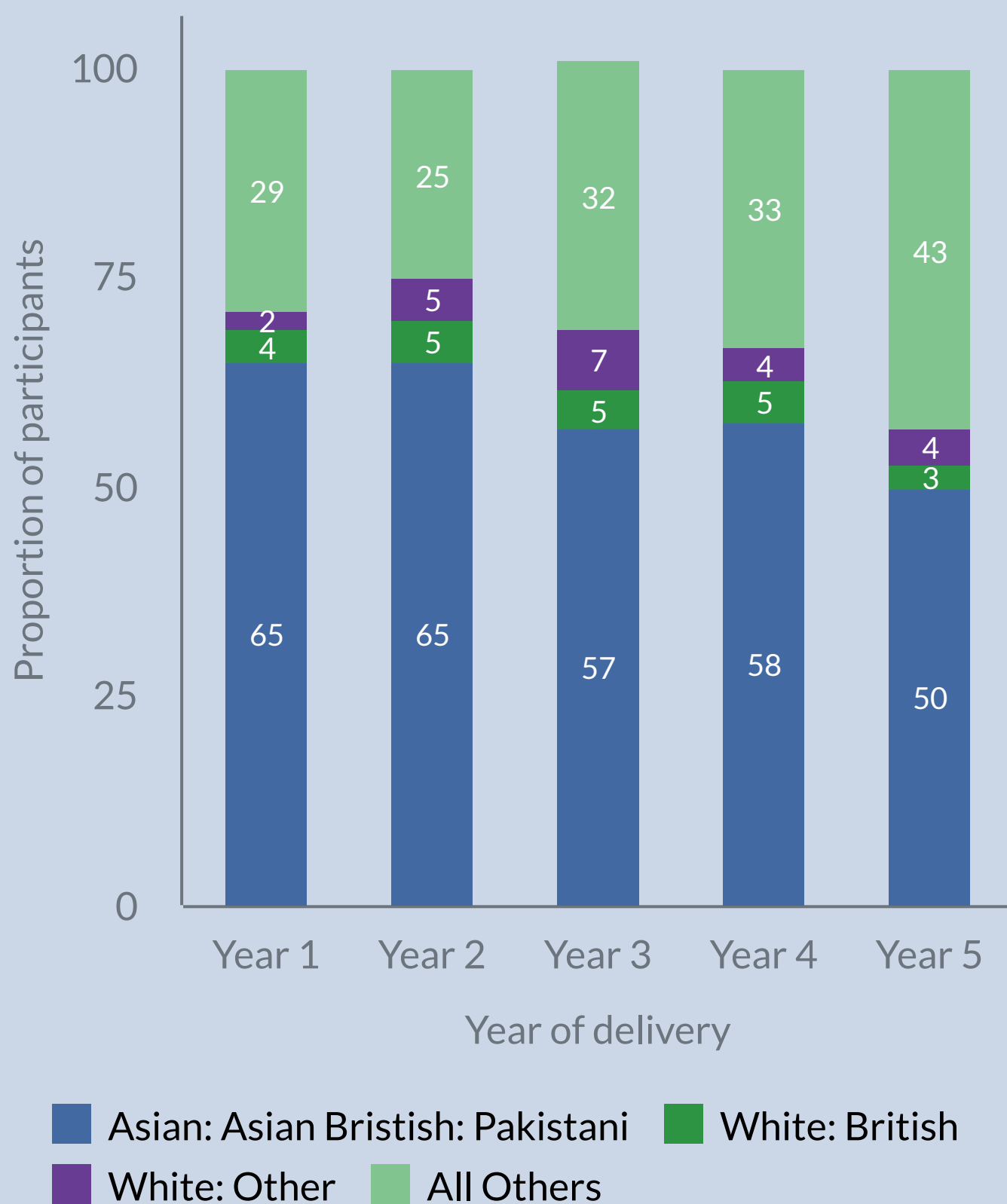
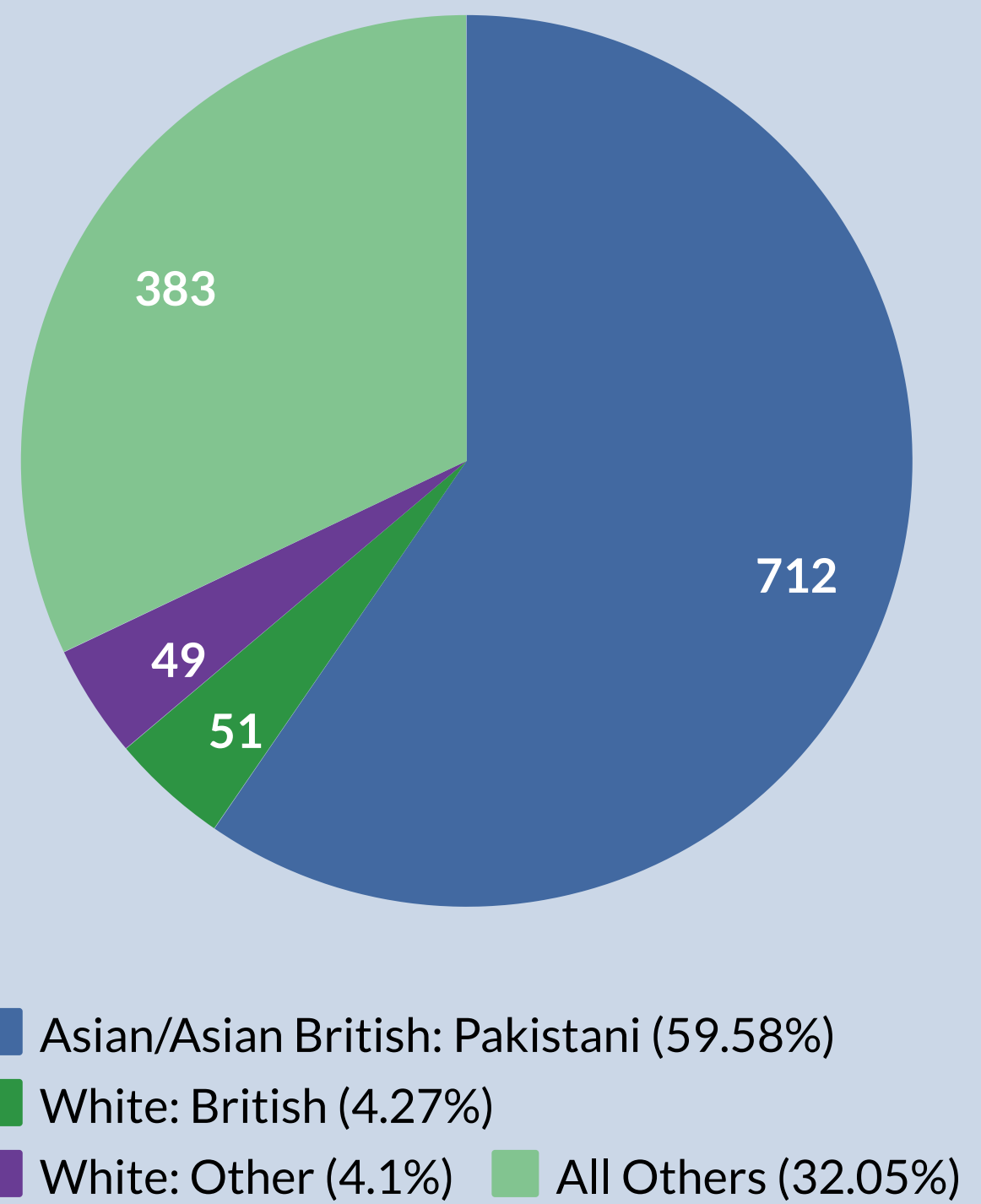
Evaluation findings

Reach and Participation

Ethnic background of participants

The Breastfeeding Support project aimed to serve the community in a representative way. The project was set targets to represent the ethnic makeup of the community, with a target for 46% of the participating women to be of Asian British Pakistani background, 11% White British, and 8% White Other ethnic background. Of the 1195 unique women who participated over the entirety of the contract period, 712 were of Asian/Asian British Pakistani background, 51 were of White British background, 49 were of White Other background, and 383 women had other ethnic backgrounds. How this relates to the targets for the three main ethnic groups is shown below:

- 
Asian/Asian British Pakistani
 Target - 46% of population
 Actual - 60% of participating women
- 
White British
 Target - 11% of population
 Actual - 4% of participating women
- 
White Other
 Target - 8% of population
 Actual - 4% of participating women



When the ethnic backgrounds of participants are considered annually, it is clear that women from Asian British Pakistani backgrounds consistently made up the majority of participants, representing between 50-65% of the total. However, there was a trend for the proportion of Asian British Pakistani women to decrease year on year, while the proportion of women from Other ethnic backgrounds increased from year 2 to year 5, from 25% to 43% of participating women. The proportion of women from White British backgrounds remained fairly consistent across years (between 2-7%), as did the proportion of women from White Other backgrounds (between 3-5%).

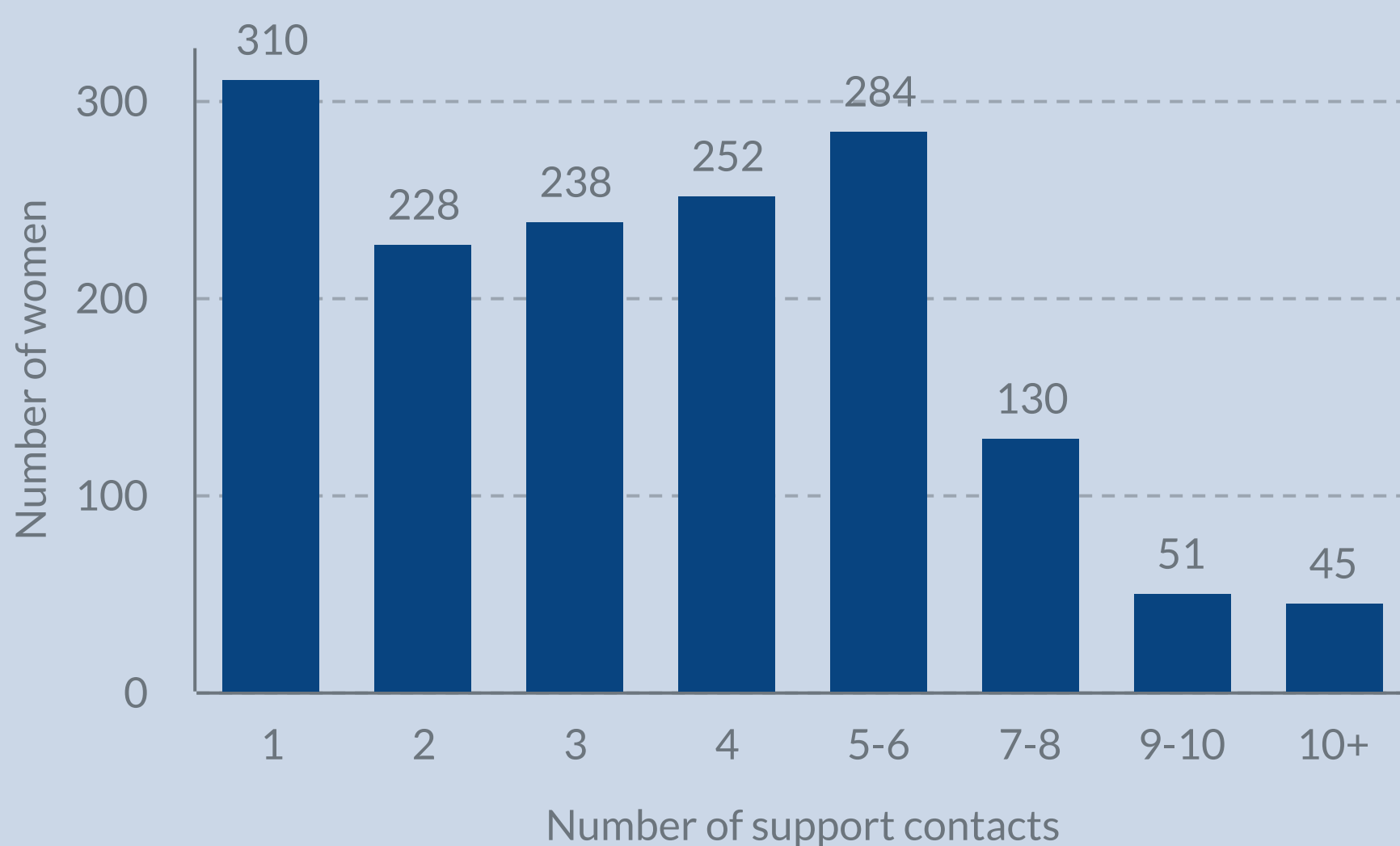
It is unclear why there was an increasing proportion of women from other ethnic backgrounds participating in the project, as this could simply reflect a lower proportion of women from Asian British Pakistani communities participating in the project, or it could reflect a changing population within the community. This could be explored further in the future. However, it does demonstrate that the project was able to engage with women from very different backgrounds, which was a clear strength of the service.

Evaluation findings

Implementation of the service

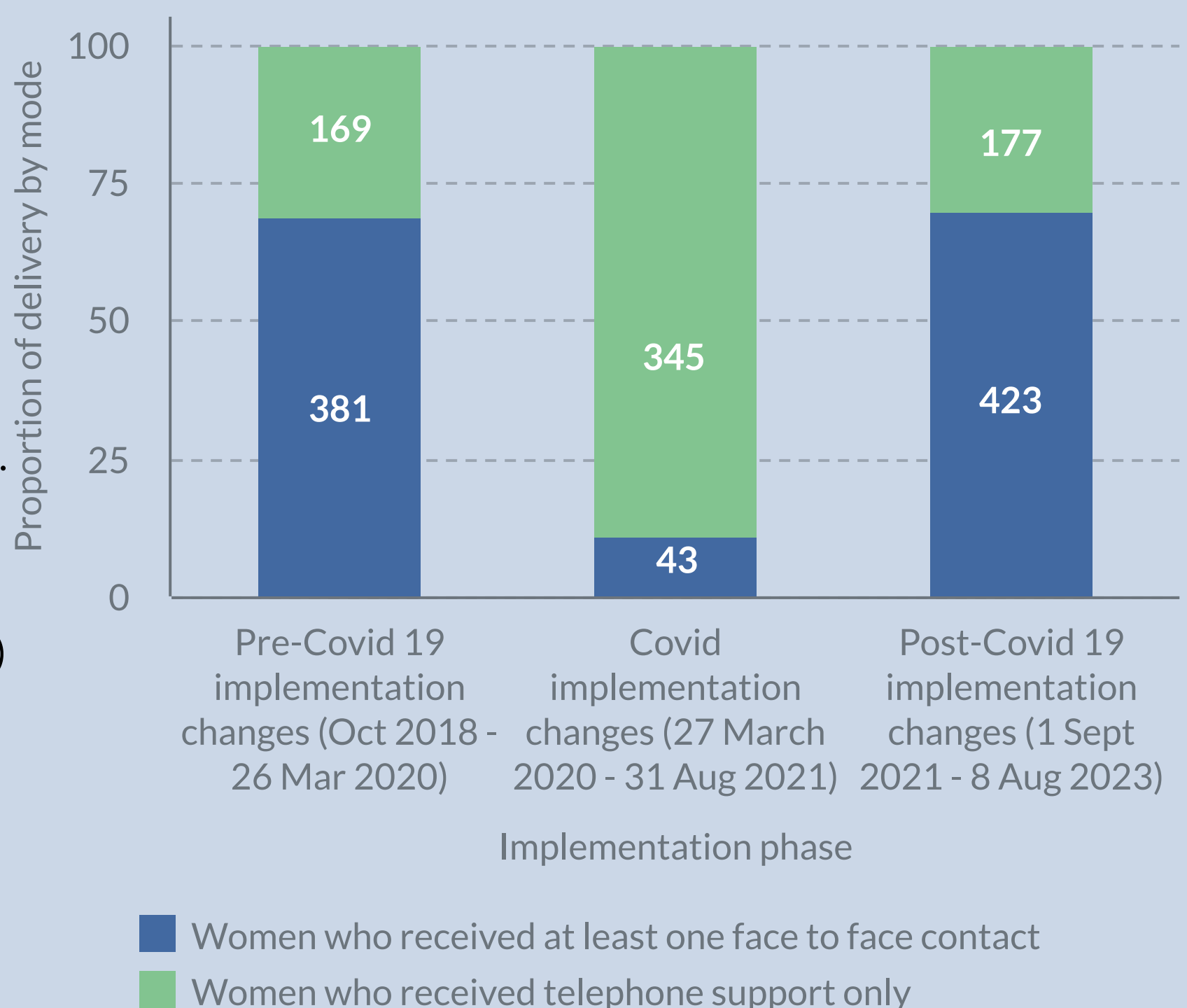
The Breastfeeding Support service provides personalised and responsive support to women, which means that the exact amount of contact that women have with the project varies depending on their needs. Over the course of the entire contract period, the project provided over 6200 support contacts to women, including by telephone, video call, or home visits. On average, women received 5 support contacts, although the actual figures show considerable variability in the actual number of visits each women received. Of the total number of participating women, 310 (20%) received one visit, 228 (15%) received two visits, 238 (15%) received 3 visits, and 252 (16%) received four visits. A total of 284 (18%) received either 5 or 6 visits, 130 (8%) received seven or eight visits, 51 (3%) received nine or ten visits, and 45 (3%) received more than ten visits. The number of contacts ranged from 1-32 in total.

over **6200** support contacts



Women received a median of **4** support contacts

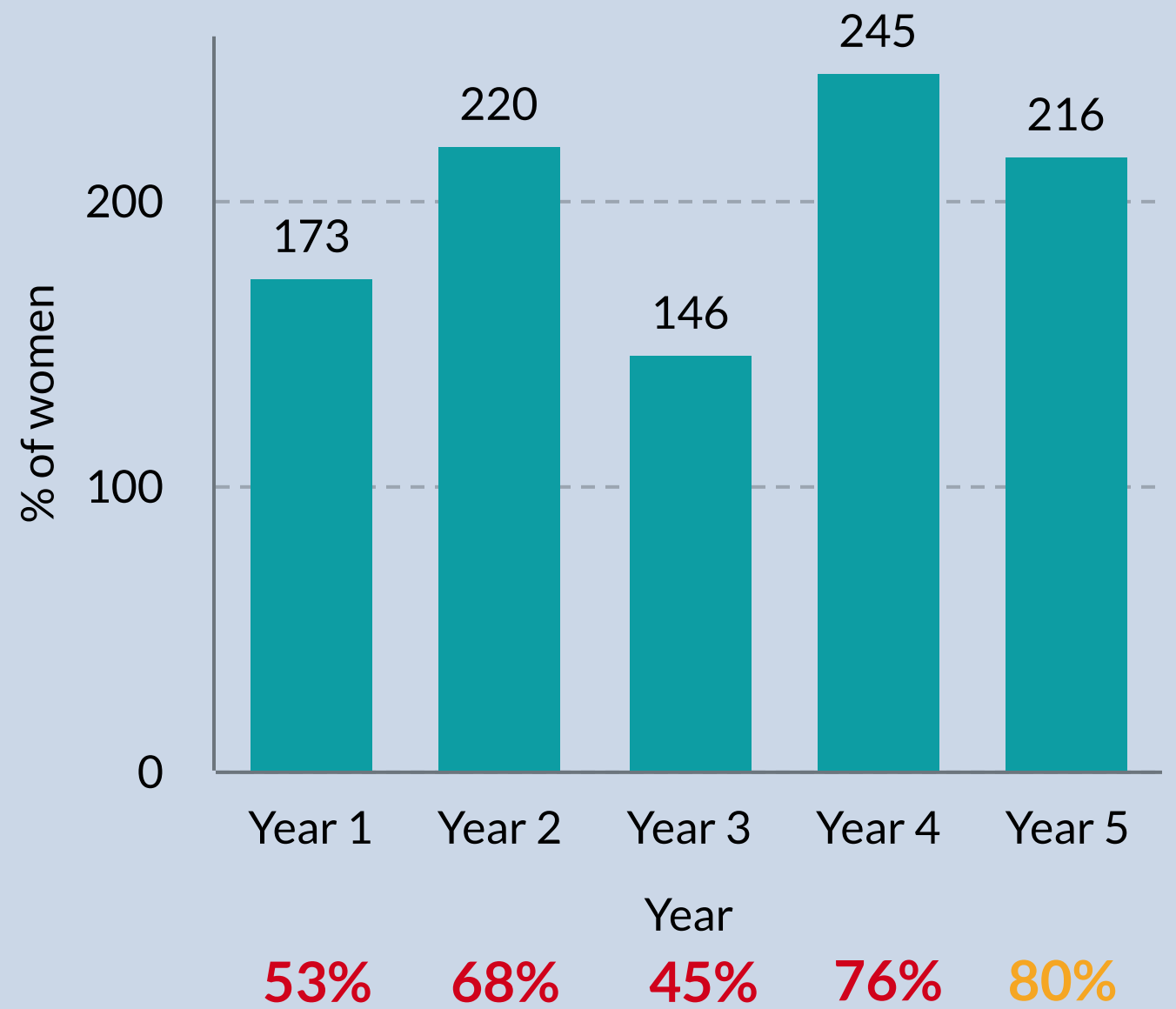
The primary methods of contacting and supporting women are through telephone calls and home visits. However, during the Covid-19 pandemic, home visits had to be discontinued and video calls were introduced. In the pre-Covid 19 phase of implementation (between October 2018 and 26 March 2020), 69% of women received at least one home visit as well as telephone support, while 31% of women received support exclusively by telephone. However, during the implementation changes due to Covid-19 (27 March 2020 to 31 August 2021), only 11% (43 women) received face-to-face support (either a home visit or a video call), while 89% (345) women were supported exclusively by telephone. Once home visits were reinstated on 1 September 2021, the proportion of women receiving face-to-face support (either by home visit or video call) increased again to 70%, while 30% of women received exclusive telephone support.



Evaluation findings

Implementation of the service

The implementation progression criteria for this project was completion. The definition of completion set out in the original service design was women who received 3 or more face-to-face contacts. After the implementation changes due to Covid-19, the definition of completion was change to receipt of 3 or more support contacts of any kind (phone, video call, or home visit). This completion definition was retrospectively applied to the entirety of the contract to make annual comparisons more straightforward, with an annual completion target of 324 women. In year 1 58% of women completed the project, and this increased to 68% of women in year 2. Only 45% of women completed in year 3, but numbers increased to 76% in year 4 and 80% in year 5. As such, completion rates have showed steady improvement over the last two years of delivery. Overall, 1000 women completed the project, which is 68% of the total target of 1566. This puts the project in **RED** for this progression criteria.

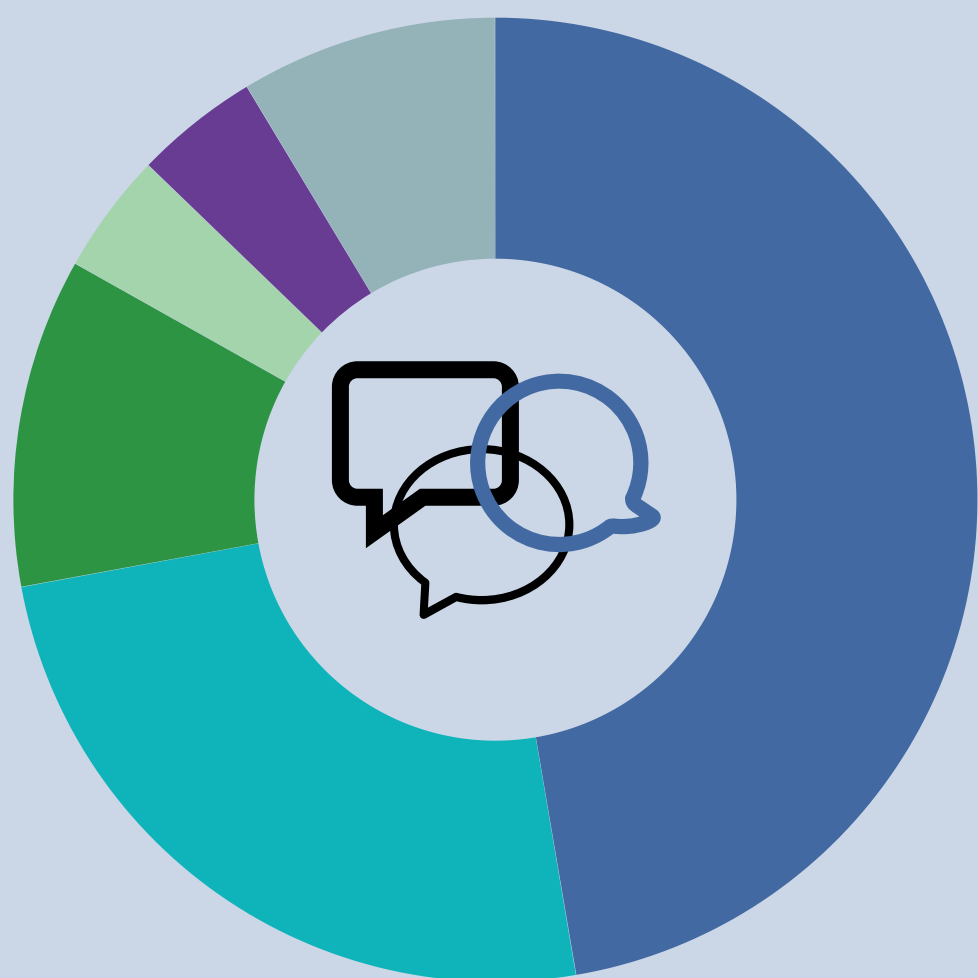


65%

of participating women completed the project as per service design

This figure is adjusted to reflect that only 10 months of this year are included in the report, so 216 participants represents 80% of the adjusted target of 270 participants

Reach and Participation



English (47.33%) Urdu (24.78%)
Punjabi (11.04%) Pashto (4.07%)
Bengali (4.17%) Other (8.61%)

Enrolled women were asked what their primary language(s) were, and 47% of women responded that English was their primary language. Urdu was the primary language for 25% of women, and 11% spoke Punjabi as a primary language. Pashto was spoken by 4% of enrolled women, while an additional 4% of women spoke Bengali. Finally, 9% of women spoke other languages.

This highlights the diversity of languages represented in the community, and the importance of working to ensure the service provides access and support for women who do not speak English well or at all.



Satisfaction

What did women say about the support they received?



In total 142 women completed the satisfaction questionnaire, which is 15% of the total number of women who participated in the project. While these findings are informative, it is important to note that it does not represent all women who participated in the project.

Women who responded were extremely satisfied with the support they received, and 99% of respondents scored the project 4 or 5 out of 5 on all satisfaction questions.

99% of respondents had a median score of 4 (out of 5) or more

99% of respondents agreed or strongly agreed that the project was helpful to them

98% of respondents agreed or strongly agreed that they were satisfied with the support they received

99% of respondents agreed or strongly agreed that the project gave them useful information

98% of respondents agreed or strongly agreed that the project was easy to access

99% of respondents agreed or strongly agreed that they would recommend the project to family or friends

99% of respondents were happy with the project overall

[Support worker] was extremely helpful!!! I struggled with low milk supply as I had encountered a few issues after giving birth to my baby...I went from bottle feeding to exclusively breast feeding after two months. This is the result I wanted as I was sure I wanted to breastfeed my baby. The information and support was extremely helpful and I don't think I would have been able to breastfeed my baby without it... thank you so much :).. when [support worker] was on leave she asked [someone else] to call me to make sure I was ok, this was extremely helpful and supportive at a time when I needed it.

I would love to write about breast-feeding support worker [name]..I was lucky to have her as my supporter...she was vigilant through out the time, whenever i needed her support she was always there for me... she's very responsible towards her work..I highly appreciate her efforts.

I'm grateful for having a resource like the Breastfeeding Clinic. I received a lot of support with my first baby, who is now 4 years old, with positioning and engorgement. I really liked how non judgmental [support worker] was in helping me with nipple confusion. She kept in regular contact and it was reassuring to have her on hand to address any concerns I had about combination feeding.

I really do believe I would've given up breastfeeding if it wasn't for the support I received and still am receiving. Thank you

Enhanced evaluation



Breastfeeding Support received an enhanced qualitative evaluation to explore both practitioners' and participants' experiences of the service. Specifically, this work aimed to explore women's journeys through the project to gain an understanding of the types of support women received, the acceptability of the service, as well as any perceived impacts of being involved with the project. Six members for staff from the Breastfeeding Support service, as well as thirteen mothers who received the service, were interviewed. Findings were used to consider what aspects of the service could be considered key components. In this report we consider some of the preliminary findings.

Breastfeeding is a complex process, and there are numerous potential challenges that mothers and babies face when they start their journeys together. The Breastfeeding Support service was designed to be adaptive to meet a variety of needs, and mothers and practitioners highlighted the following **forms of support** that the project provides.

Practical support and techniques

Women appreciated the range of support provided by the service, including techniques for positioning and latching, help with engorgement, and information about breastfeeding norms.

she literally answered every question that I had, and was, just, she showed me all the different feeding positions and especially like when I had a blocked duct, the information to get rid of that duct, and stuff like that was really helpful.



she gave, shown me different positions, she showed me pictures [...] she told me to lie down on the sofa and she gave me the baby and she told me that you can do it like this. You can do it lying down, you could do it on the side, like different positions, not just always holding the baby in your lap. Also how to transfer the baby from one breast to the other breast.



Emotional support

Staff identified that often women needed support on multiple fronts, and that they sometimes struggled to ask for help. Women felt that the service was a constant presence, and they often felt comfortable to reach out for their needs.

what I did enjoy is, I knew that, you know what, for a good two weeks I knew that there was support there, I knew that there was someone there and I could just call them and they'd call me to find out how I was, etc, how I was doing with my breastfeeding.



I just make a call to make sure everything's going well, then they tell me, 'I'm having this issue', then I feel so like, 'oh, good job I called her otherwise she was going to suffer with that and she would stay quiet', and the issue can get worse with that



Support materials

Women valued the support materials the service provided alongside the advice, such as leaflets, diagrams, and videos. Women were also very grateful for the loan pumps that the service lends out.

"I've got all the leaflets now as well so it's something that I've kept just in case. So I really valued that, you know, I could pass them on to people if they need and the leaflets were really, really helpful and she kind of drew diagrams for me as well which was really nice."



"We've bought some pumps and we'll manage a pump loan scheme for families so that they can access a proper good quality pump and have the right support and encouragement, and to use it from us. They're very, there are some in the community with the health visitors but they are difficult to get hold of and families are having to buy their own and some of them can't afford them"



Enhanced evaluation

There were a number of aspects of the service that were valued by mothers and were considered to be important to practitioners. These could be considered **key components of service delivery** that contribute to the implementation success of the project.

Accessibility and availability of the service

The service provides women with prompt and continuous support, and staff identified this as a central component of the service. Mothers often commented on how they knew the service was available to them when they needed it, and this availability was comforting and empowering for them

"they definitely have that kind of an air about them, so that's why I felt comfortable in being able to ring, and they made me feel like that as well, like I could just ring whenever I needed, which was good, you don't want to be like a nuisance."



"she was always there if I needed to call her, she said I could ring her at any time, but if I really did need to call she was always [...], you know, for her to call her cell"

"As a home visit we are able to go to the houses and see the mums, at home, at any time, at any day convenient for the mum, at a convenient time for the mum. And we, I mean it's not very much needed our on-call and our Saturday, but I think it's the opportunity, yeah, it's good that we have the opportunity for mums to call in the evening or on Saturdays. Some mums need it"



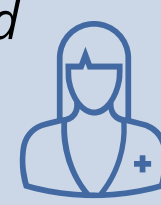
Relationship between support worker and mothers

Many mothers commented on how kind and supportive their support worker was, and staff noted the importance of building trust through ensuring continuity in the staff member working with women.



"Yeah, it was good. She always said to me if you need anything you can give me a call whenever and drop me a text and she would get back to me and things like that, so it was a very good relationship, a very helpful, informative relationship."

"if she needs us [...] we go inside, so mum [is] feeling we are there to look after and she's feeling she can come back to us if she needs any support,"



Value of home visits

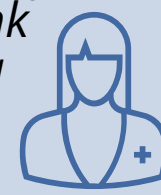
Both mothers and staff highlighted the value of home visits, noting their importance for targeted and accessible support. There was also a sense that in person care supported the therapeutic relationship.

"I was expecting just somebody to ring me up and tell me how to do it really and I was really, really pleased that, you know, the lady came to our house.



She was really thorough, she was really helpful and she was willing to come back again and again. So I was quite overwhelmed"

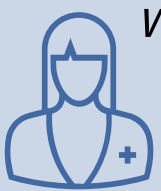
"I think being able to see somebody in their own home allows you a very unique opportunity to build a very, hopefully a very supportive relationship and one of trust and I think when you do get to see people in their own home you get that opportunity to see how, what their living circumstances are and I think you get a more holistic view of what that means for a woman to breastfeed in those circumstances or that family set-up"



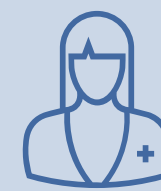
Focused support for breastfeeding

Staff from the project highlighted the value of being able to focus exclusively on breastfeeding. They consider this an important asset that differentiates them from the midwifery and health visiting services.

"Traditionally it's been midwifery then health visiting and this sort of two week gap between, which sometimes people can fall into... so that I think's really important, that we are there very early on and we bridge those two statutory services."



"It differs because we are solely focussed on the feeding relationship and we can be in there really quickly and supporting you know, as soon as we get the referral and make contact, we can be in that home within the next hour, half-an-hour and at some points if a woman needs that, some visits we have been in before the midwives, often we are in at the same time"



Enhanced evaluation

Support in women's languages

While the service was not able to provide all women with support in their primary language, the availability of Urdu/Punjabi speaking staff is an important asset of the service. Staff identified this as useful for cultural understanding and establishing a closer relationship with women.

...when you've got an interpreter you don't know if they're speaking with the same level of empathy and communication that you are trying to express to a woman, whereas you know that support worker who speaks her language is doing that...And I think it's a bit more relatable as well to a lot of women and gives them more of a voice and you know, we're working in an area with huge amounts of health inequalities and I think that's really important to break down that."



The interviews also highlighted some **areas of challenge**, which could be considered in the future.

Importance of antenatal work

Staff spoke of the importance of their antenatal work, both at the individual level as well as to facilitate culture change around breastfeeding. Some women spoke of the challenges of breastfeeding, and how support and information during pregnancy may have improved their feeding experiences after birth.

"But I think the support came right at the last moment, so when I already had my child and I was already two days in if you understand me. So I think if I needed that support while I was pregnant, even a week, two weeks before, if I had a contact number, if I was already contact with the support worker that would have already built our relationship to good level. They would have known what exactly I wanted, what I didn't want, they would know my expectations, they would help me reach them."



"I think the challenges are engagement, as always with breastfeeding, I think it, having an influence to change peoples' views and perceptions of breastfeeding and I think that's a huge piece of work, it requires an awful lot of antenatal work, a lot of kind of Public Health consultation work in terms of, you know, what do families face and why, why don't they choose to breastfeed."



Recruitment dependence on PPAs

While not all referrals into the project came from the PPAs, the majority did. This high dependence on the PPAs means that if there are staffing or capacity issues in the PPA team, this has an immediate and large impact on the recruitment figures for Breastfeeding Support.

"when we started in 2018 the hospital had only [name] and another lady and if one of them was on holiday yeah, they were not all the time there, so and then it came even worse during lockdown because there was a time where we had for weeks no referrals."



Summary of findings

Findings from the interviews highlighted the breadth of support provided by the service, and how women appreciated the comprehensive and responsive support. The key elements of the service included how accessible the it was, meaning women could receive timely support from staff they trusted and had established good relationships with over time. Both staff and mothers valued home visits, as they helped to ensure women were offered tailored support in an environment that was comfortable and private. Finally, antenatal work was identified as vital to providing a more supportive wider environment for breastfeeding, as well as giving women key information about the breastfeeding experience.



Conclusions of findings

The Breastfeeding Support service was offered to over 4600 women by the PPAs, and 39% accepted the referral. Together with other referral sources, 2153 women were referred into the service. In total, 72% (1549) of referred women accepted the referral and enrolled onto the project, and 99% (1538) of enrolled women went on to receive an initial support contact. This highlights that although the conversion of offers to referrals may be low, high proportions of referrals and enrollees were converted to participants.

The project aimed to provide timely support to women as early as possible in their feeding journeys, and 98% of women received their first support contact within 48 hours of referral. The qualitative work showed that women appreciated the prompt nature of the support, and how accessible the service was to them. In total, 1538 women participated in the project and this was 88% of the progression criteria target of 1740. Recruitment levels were relatively consistent with the exception of during the Covid-19 dictated implementation changes, suggesting these figures could be useful for setting future recruitment targets.

Implementation targets were for 1566 women to complete the project by receiving 3 or more support contacts, and the project met 65% of this target (1000 women completed the project). However, because the service was designed to be delivered flexibly, it was possible that women's needs could have been met after fewer than 3 contacts. When the total participating sample was considered and women who did not receive 3 contacts, but who were discharged from the project for the reasons that their needs were met or they no longer required the service, the number of completers increased to 1275 or 83% of participants. This suggests the majority of women have a planned ending to their contact with Breastfeeding Support.

Reach data showed that the project under recruited women from both White British and White Other categories, but over recruited from Asian British Pakistani backgrounds. This may be due to culture difference in these communities with regards to perceptions of breastfeeding. This could be explored further in future.

Qualitative interviews with both staff and women who participated in the service showed that the service offers women a range of support, including practical advice on techniques for feeding, emotional support, and support resources including breast pumps. Key aspects that contributed to the success of the project included the timeliness of support and how accessible the service was to women, the central role of the positive relationships between women and support workers, the benefits of providing home visits, and the importance of having protected and specialised support for breastfeeding within the current healthcare system.

Evidence review

Landmark reviews of research on breastfeeding [1] and interventions to support breastfeeding [2,3] have shown the long-term benefits of breastfeeding for children and mothers, and also that breastfeeding is responsive to intervention. The research also suggests that education or counselling interventions that are delivered concurrently in multiple settings show the greatest impact on breastfeeding outcomes, including initiation, exclusive breastfeeding, and any breastfeeding. However, not all interventions are effective, and it is important to consider the details of the service, its implementation, and the system in which it is delivered. Using the Early Intervention Foundation evidence scale as a framework, at the beginning of delivery the Breastfeeding Support project was judged by the Better Start Bradford Innovation Hub to be at step 1 of 10 (NL2), and now is judged to be at Step 3 of 10 (NL2).



There are no alternative evidence based interventions available that could be delivered in place of this service. Evidence also suggests that breastfeeding support services may benefit from being tailored to the specific needs of the area they are being delivered in, which highlights that even if other interventions show efficacy elsewhere, there is no guarantee of success in Bradford [4]. The Breastfeeding Support service has extensive experience with the population needs of Bradford, and works closely and successfully alongside the Infant Feeding Service delivered by the Bradford District Care Trust. This may improve implementation in ways most appropriate for this population.

Recommendations for Practice

There is evidence of an ongoing need for breastfeeding support in the Better Start area and across the Bradford district. The project was successful in engaging with women quickly and early in their baby's life, and women who participated in the service were very positive about the support they received. Other research has shown the importance of providing breastfeeding interventions that are tailored to the specific needs and conditions of the community they serve, and the Breastfeeding Support project is well integrated into the care offer in Bradford. Although the effectiveness of the project remains unknown, because there is a clear need and there are no alternative evidence based services readily available, we recommend that Breastfeeding Support continues to be commissioned with some adaptations and considerations:



- **The project should be offered to women as early as possible, and ideally while they are still in hospital.**

Data from the PPAs showed that acceptance rates for the project were highest when women were offered the service while still on the wards, so offering at this early point may increase referral uptake.

- **Breastfeeding Support staff should be present on the wards.**

This would allow the project to support the PPAs with referrals into the project, as well as provide women with access to high quality feeding support as early as possible.

- **Home visits should continue to be a central component of the offer.**

Qualitative work showed the value of home visits for both women and staff members, as they provided an opportunity for personalised care in private, comfortable surroundings.

- **The antenatal component of the project should be considered and further developed to provide a better opportunity to improve rates of breastfeeding initiation and duration.**

There remains unmet potential to support women to meet their breastfeeding goals, and antenatal work has the potential to address this in a way that the current postnatal offer cannot.

- **Additional consideration should be given to how to best offer and provide support to women who speak low or no English.**

This should consider all stages of the project, including referral, enrollment, participation, and even data collection. Ensuring accessibility is important to addressing the health inequalities of women facing language barriers accessing the care they need.



Recommendations for Evaluation

A thorough understanding of the implementation of a service is the first fundamental step in developing an understanding of whether an intervention is effective. This report represents a comprehensive evaluation of the Breastfeeding Support service's implementation over five years of delivery, and the findings consistently show that the project is well accepted and taken up by the served community, and is delivered consistently and with fidelity to the project model. For all these reasons, the BSBIH feels that this project would be a good candidate for further evaluation.

The BSBIH is currently developing plans to conduct a quantitative evaluation of the Breastfeeding Support service. This evaluation will use the BiBBS cohort to examine whether breastfeeding rates at 6-8 weeks were higher for women who participated in the Breastfeeding Support service as compared to women who did not. Using women who consented to be in the BiBBS cohort (which commenced in 2016), women who participated in Breastfeeding Support will be compared to similar women who were part of the cohort but who joined prior to when the Breastfeeding Support service commenced in 2018. This evaluation could provide information on whether participating in this intervention increases the chances that a woman will still be breastfeeding at the 6-8 week mark, which is assessed by health visitors and is a nationally considered breastfeeding outcome.

In addition to this, the findings of the qualitative evaluation are being written up for publication in a peer-reviewed journal, in order that findings from this project can be disseminated to other audiences.

