

Better Start Bradford Innovation Hub Breastfeeding Support End of Contract Report November 2021

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Breastfeeding Support teams. The document provides an overview of the Breastfeeding Support project and its performance. The report provides a summary of data collected by the project between 1st November 2018 and 30th June 2021. Emerging findings from the qualitative evaluation which began in August 2021 are also described. The qualitative evaluation is expected to conclude in March 2022. The design of this evaluation is described in more detail in the Evaluation Outline which was approved by key stakeholders from the BSBIH and BSB.

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Produced for Better Start Bradford

Executive Summary

Project Overview

Breastfeeding Support is a universal project within the 'Eat, Live, Love' theme of Better Start Bradford. The project proactively offers one-to-one breastfeeding support to new mothers living in the Better Start Bradford area and aims to improve rates of breastfeeding by supporting women to breastfeed for as long as they want to. Support is delivered by Health for All and comprises an offer of responsive and tailored support working to a model of a minimum of three home visits by the same paid support worker (where possible) together with telephone support as and when needed. The project aims to make initial contact with mothers within 48 hours of discharge from hospital. Following this, one-to-one support is provided to mothers in their relevant home language (as far as possible) and a personalised plan of care is developed to support mothers with breastfeeding. The project was newly designed within the BSB programme incorporating evidence of what works.

This report describes findings from BSBH's evaluation of the project which uses project monitoring data collected over the first two years and eight months of delivery - 1st November 2018 to 30th June 2021. As a newly designed service one aim of the evaluation is to establish the acceptability of the delivery model to women. It should be noted that due to the COVID-19 pandemic and the associated lockdown measures in person face-to-face support was paused in March 2020 in line with Government guidance and replaced with telephone based support or virtual face-to-face contacts where this was felt to necessary and appropriate. Annual anticipated figures and targets for the project were adjusted to account for the evaluation period. However, given that the project was not paused, no adjustments have been made to account for the potential impact of COVID-19. A qualitative evaluation began in August 2021 and will conclude in March 2022. However emerging findings are presented in this report. A full report of the qualitative findings will be available by mid 2022.

Project performance

Data



Data was made available on time for this report. We noticed the language data was missing for many enrollees, and we will work with the project to highlight and rectify this area to ensure more accurate reporting in the future. For this reason the rating for this project is **AMBER**.

Recruitment



Recruitment targets relate to the number of women participating in the service, defined as receiving an initial support contact from the project. It was anticipated that 1320 women would participate in the service over the evaluation period. The actual figure was 650 (49% of the target) placing the project in **RED** for this progression criteria.

However, original anticipated figures were based on 100% of **enrollees going on to participate in the service**. Based on this target the project would be in **GREEN** as 99.7% of enrollees received a support contact.



Reach

Asian:
Pakistani



White:
British



White:
Other



It was anticipated that women participating in the project would be representative of the three main ethnic groups in the maternal population of the Better Start Bradford area - 55% Asian: Pakistani; 14% White: British and 9% White: Other. The project exceeded their target for Asian Pakistani women, placing them in **GREEN** (116%), but were below target for White: British (36%) women and White: Other (56%) women, placing them in **RED**.

Implementation



Implementation targets relate to the number of women receiving face-to-face support contacts. It was anticipated that 1190 women would receive face-to-face support contacts over the evaluation period. The actual figure was 397 (33% of the target) placing the project in **RED** for this progression criteria.

However, original anticipated figures were based on an assumption that 90% of participants would go on to receive a face to face contact. Based on this target, project performance is 61%.



Key findings

Timely proactive offer of support: The project were set an ambitious target of contacting referred women to offer support within 48 hours of their hospital discharge. The project performed extremely well as **99% of women were contacted within this window.**

Engagement: Although fewer women enrolled onto the project than anticipated, **the conversion rate of referral to enrollee has increased year on year.** And 99% of enrollees went on to receive an initial support contact.

Responsive support: The project have provided around 100 support contacts to women by their preferred method every month. Support has been provided in-person in women's homes, by telephone, and by video calls when in person was paused as a result of COVID-19. **79% of women received 3 or more support contacts and 70% of participants had a planned ending to support.**

Satisfaction: 99% of women who completed a project satisfaction questionnaire had a median score of 4 out of 5, indicating high levels of satisfaction with the project and support they received.

Future evaluation

Semi-structured interviews have been conducted with project staff and the data is currently being analysed. The BSBIH also plan to interview a sample of women who have received support from the project. The BSBIH is currently working with the Data Analysts and the Project Coordinator to develop an appropriate strategy and procedure for recruiting women. The interviews with women are expected to be conducted from November 2021 until February 2022. An Evaluation Report will be produced by Mid 2022.

Full details of the enhanced evaluation can be found in the Evaluation Protocol which will be made available on request.

Recommendations

Recommendation 1

Consider ways to optimise referrals
Currently the vast majority of referrals come from the PPCs with very few received from other sources. The project should work with BSB and statutory partners including midwives, health visitors to strengthen pathways in the interest of sustainability. Engaging mothers antenatally may also improve awareness of the project and have an impact on referral rates.

Recommendation 2

Consider revising how completion is defined
As a newly designed service, with an emphasis on being responsive to mothers' support needs the current definition of completion does not seem to align with how women engage with the service. This definition should be revised to take into account what has been found to be acceptable to women.

Recommendation 3

Explore issues around reach
Continue to work on increasing the reach of the project. This includes exploring potential reasons for low representation of women from Other White backgrounds. However, the project's success with engaging women from a diverse range of backgrounds should be recognised.

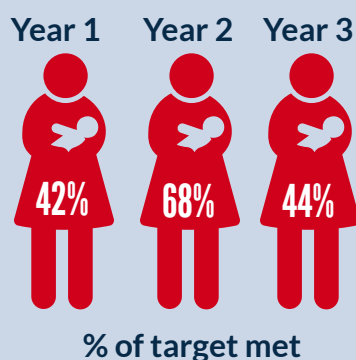
Project Performance

Data



Data was made available on time for this report. A large proportion of language data was missing for enrollees and we will work with the project to highlight and rectify this area to ensure more accurate reporting in the future. For this reason the rating for this project is **AMBER**.

Recruitment

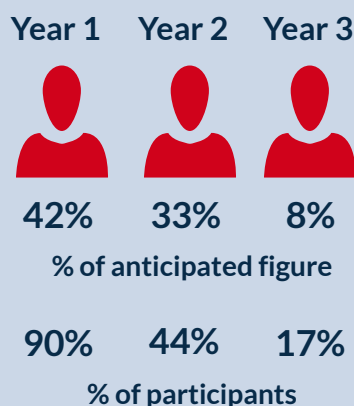


Annual recruitment targets relate to the number of women participating in the service which was defined as receiving an initial support contact. This could be a home visit, virtual visit or telephone contact. It was anticipated that 1440 women would receive the initial support contact across the contract period. Allowing for an evaluation period of 2 years and 8 months this was adjusted to an overall target of 1320 (720 in Year 1; 360 in Year 2 and 240 in Year 3).

In Year 1, 301 women received the initial support contact (42% of the target). In Year 2, 244 women received the initial support contact (68% of the target). In Year 3, 105 women received the initial support contact (44% of the target). This means the project was rated as **RED** each year.

However, 99.7% of enrollees received the initial support contact.

Implementation



Annual implementation targets relate to the number of women receiving a face-to-face support contact. It was originally considered that face to face contacts would take place in person. However, with the introduction of social restrictions in response to COVID-19, this definition was broadened to include virtual face-to-face meetings, i.e. video calls. It was anticipated that the project would provide 1298 women with face-to-face contacts during the contract period based on 90% of women accessing a face-to-face support contact. Allowing for the evaluation period this was adjusted to an overall target of 1190 (650 in Year 1; 324 in Year 2 and 216 in Year 3).

397 women received a face to face support contact (33% of target); 272 in Year 1 (42% of target), 107 in Year 2 (33% of target), and 18 in Year 3 (8% of target). The project was rated as **RED** for each contract year. **However, 61% of those enrolled onto the project received at least one face-to-face support contact.**

Reach



It was anticipated that that project participants would be representative of the three main ethnic groups in the maternal population of Better Start Bradford (women living in the BSB area who gave birth to babies across the evaluation period), 55% Asian Pakistani, 14% White British, and 9% White Other. Of 650 participants, 64% were Asian/Asian British: Pakistani; 5% were White: British and 5% were White: Other. This means that the project is over representative of Asian Pakistani women and under representative of women from White British and White Other backgrounds. The over representation of Asian Pakistani women may reflect higher rates of breastfeeding initiation. Under representation of White British women may be explained by low rates of initiation. Project reach is discussed in more detail on Page 9.

Recruitment

Contact by the Perinatal Project Coordinators

The Perinatal Project Coordinator (PPC) role is Better Start Bradford funded and hosted within Bradford Teaching Hospitals Foundation Trust specifically to recruit women into perinatal projects within the BSB programme. This includes the Breastfeeding Support Service, making them central to the referral pathway for women.

Until the start of the COVID-19 pandemic the PPCs approached new mothers about the service either face-to-face whilst they were awaiting discharge from maternity at BRI or by telephone shortly after discharge. From March 2020 women were contacted by telephone only, with access to maternity wards recommencing in September 2021.

Between 1st November 2018 and 30th June 2021 the PPCs contacted 2591 mothers and offered them a referral to the service; 1045 in Year 1; 1001 in Year 2 and 545 in Year 3.

2591

women
were contacted by
the PPCs and
offered a referral

Timing of contact

As a proactive service, it is important that women are contacted and offered support early so that they can be confident that they will receive support in a timely manner. For this reason it is an aspiration that women are contacted by the PPCs before or as close as possible to their discharge from hospital.

Of the 2591 mothers contacted by the PPCs, 552 (21%) were approached prior to hospital discharge - 372 (68%) in Year 1; 179 (32%) in Year 2 and 1 (<1%) in Year 3. A further 1938 (75%) were contacted within 48 hours of hospital discharge - 682 (35%) in Year 1; 777 (40%) in Year 2 and 479 (25%) in Year 3. In total 96% of mothers were contacted by the PPCs either prior to or within 48 hours of hospital discharge.

96%

were contacted
before or within 48
hours of discharge
from hospital

How many women accepted the offer of a referral?

Of the 2591 women contacted by the PPCs, 1059 (41%) accepted a referral to the service.

In Year 1 the acceptance rate was 50% with 518 mothers accepting a referral. In Year 2 it was 38% with 382 mothers accepting a referral and in the first 8 months of Year 3 it was 29% with 159 mothers accepting a referral. Of these 17 mothers accepted a referral during the last two weeks of the evaluation period (14th - 30th June 2021). The pre-pandemic acceptance rate was 57% for offers made face-to-face and 36% by telephone. Face-to-face offers were paused from March 2020. Since then the acceptance rate for telephone offers has fallen to 32%.

A total of 1395 women declined a referral to the service when contacted by the PPCs (54%). The proportion of women declining a referral rose from 46% in Year 1 to 67% in Year 3. Of those who declined a referral, the most common reason given was deciding to formula feed or mix feed their baby (n = 607; 44%). The second most common reason for declining was already feeling confident with breastfeeding (n = 538; 39%).

117 (5%) of those women contacted were unable to communicate with the PPCs because of a language barrier. 57% were recorded as having difficulty understanding English with 39% recorded as having no understanding of English. The most common home languages for these women were Slovakian (14%), Romanian (11%), Arabic (10%), Oromo (10%) and Hungarian (10%).

41%

of women accepted
a referral

54%

of women declined
a referral

5%

could not
communicate with
the PPCs

Recruitment

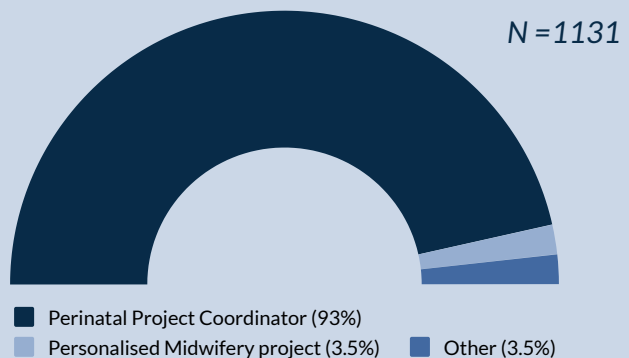
Where else did referrals come from?

While the PPCs account for the majority of referrals to the project (93%), referrals can also be made by other professionals and women can refer themselves.

In total 1131 referrals were received by the project.

The second most common referral source was the Personalised Midwifery project (n = 38, 3.5%). Other sources, including self referrals and BSB projects have been collated due to low numbers (3.5%)

Referral sources (% of referrals)



How many women were registered on SystmOne?

Of the 1131 referrals made, 1120 unique women were registered on SystmOne. 535 unique women were registered in Year 1; 417 in Year 2 and 168 in Year 3.

55 women had more than one referral to the project and 11 of these were for more than one baby.

No. of unique women registered on SystmOne

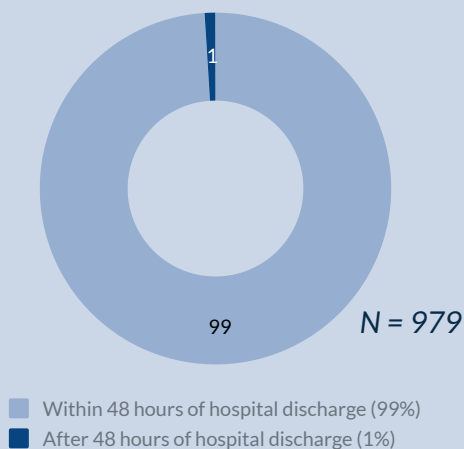


How many women were contacted by the project

As previously stated, it is an aspiration for the project that women are contacted as close to their discharge from hospital as possible to ensure they receive the support they need. The project therefore aims to contact referrals within 48 hours of discharge as far as is possible.

The project were able to contact 979 (87%) of the 1120 women registered on SystmOne - 454 in Year 1; 407 in Year 2 and 118 in Year 3.

Time of contact (%)



Of these, 965 (99%) were contacted within 48 hours of hospital discharge - 447 women in Year 1; 401 women in Year 2 and 117 women in Year 3.

99% of women were contacted by the project within 48 hours of hospital discharge

Recruitment

How many women enrolled onto the project?

Enrolment was defined as women who accepted the offer of support and completed the enrolment paperwork (whether in person or by telephone).

It was anticipated that 1440 women would enroll onto the project across the contract period based on 80% of anticipated referrals going on to enroll. Adjusting for the evaluation period, this was revised to 1320 (720 in Year 1; 360 in Year 2 and 240 in Year 3).

652 women enrolled during the evaluation period (49% of the anticipated figure). 303 women enrolled onto the project in Year 1 (42% of the anticipated figure), 244 in Year 2 (68% of the anticipated figure) and 105 in Year 3 (44% of the anticipated figure).

It should be noted that anticipated figures for enrollees were based on anticipated referral numbers which were not met, so it was not possible for the project to meet targets for enrollees.

Overall 58% of referred women went on to enrol (67% of those contacted). 56% of referred women went on to enrol in Year 1; 58% in Year 2 and 63% in Year 3.



**of referrals enrolled
onto the project**



Rates of transition between referrals and enrollees have been improving year on year. This means the project is getting closer to achieving the ambitious transition rate of 80%.

Why did women opt out of the service?

The most common reason given for opting out of the project was that women felt that breastfeeding or mixed-feeding was going well (n = 140).

Participation and Completion

How many women 'completed' the project?



According to the project's service design manual, completion is defined as accessing 3 or more face-to-face support contacts. As previously stated, originally face-to-face was defined as in person visits, however, the definition was broadened to include video meetings when in person visits had to be paused due to the COVID-19 pandemic.

It was anticipated that 1298 (i.e. 650 in Year 1; 324 in Year 2 and 324 in Year 3) women would complete the service as per service design. This was based on 100% of anticipated participants completing. Adjusting for the evaluation period the anticipated figure was revised to 1190 (650 in Year 1, 324 in Year 2 and 216 in Year 3). 115 women (10% of the target) completed the project as per service design across the evaluation period.

However, it should be noted that as the anticipated number of participants was never reached, completion targets were never achievable. Overall 18% of participants completed as per Service Design.

How many support contacts did women receive?

Although the number of women accessing three face-to-face contacts was quite low, 61% of women received at least one face-to-face support contact.

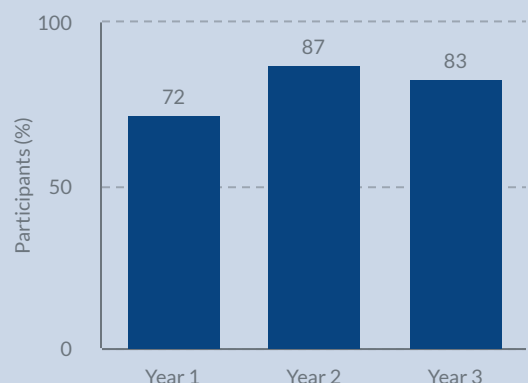
On average women received 2 face-to-face support contacts, with a minimum of 1 and a maximum of 10.

Women could also access support by telephone. 351 of women received support by telephone. On average women received 3 telephone support contacts with a minimum of 1 and a maximum of 33.

Overall 515 of 650 participants received three or more support contacts of any type (i.e. face-to-face or telephone).

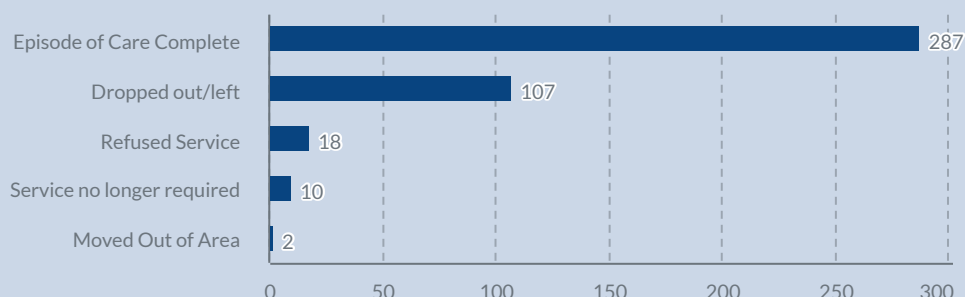
This means overall 79% of participants received 3 or more support contacts.

% of participants who received at least 3 support contacts

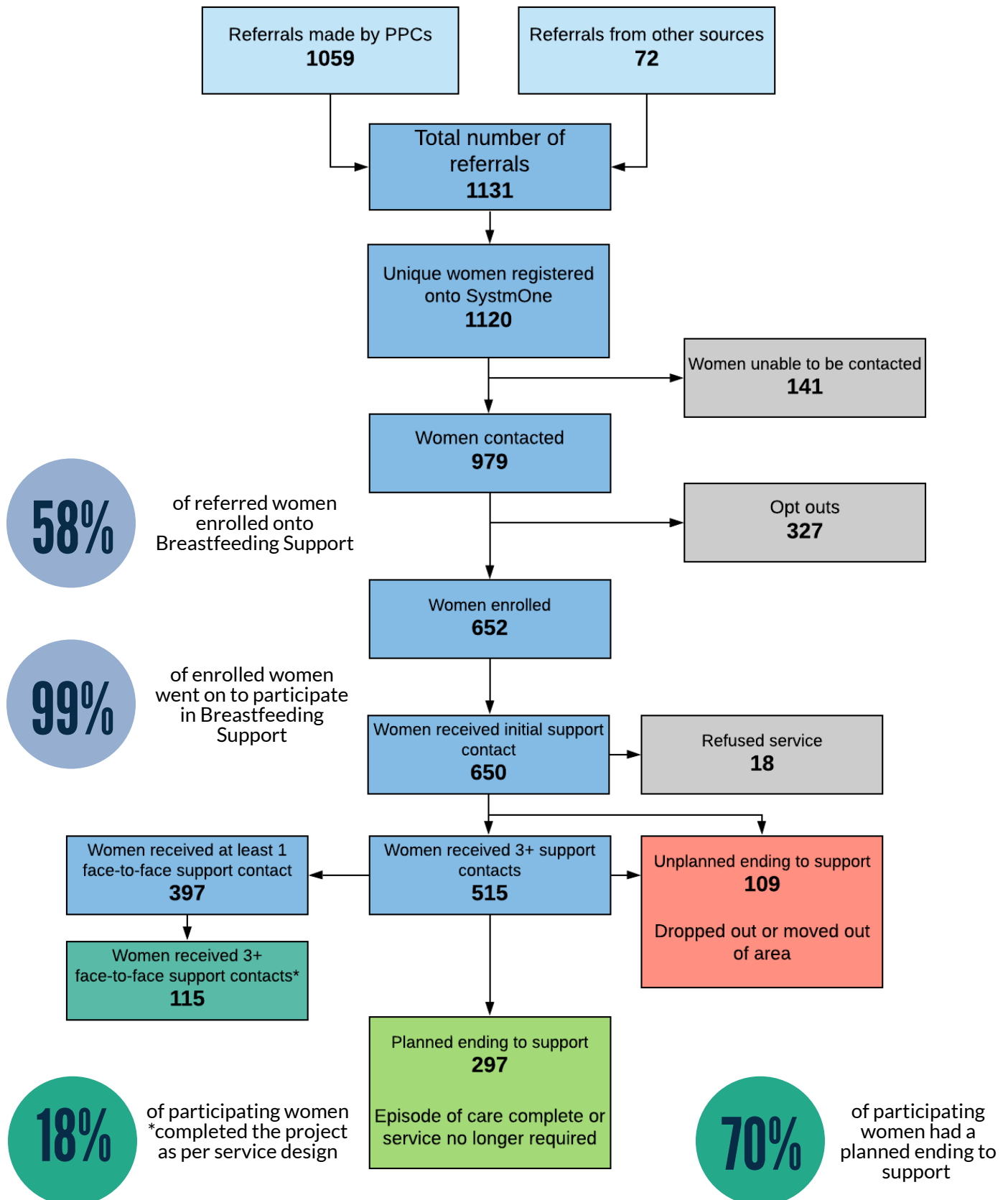


Why were women discharged from the service?

Discharge reasons were provided for 424 participants and were grouped into the following categories: 70% of women who were discharged has a planned ending to their support. 226 women were still engaged with the service at the time of writing this report.



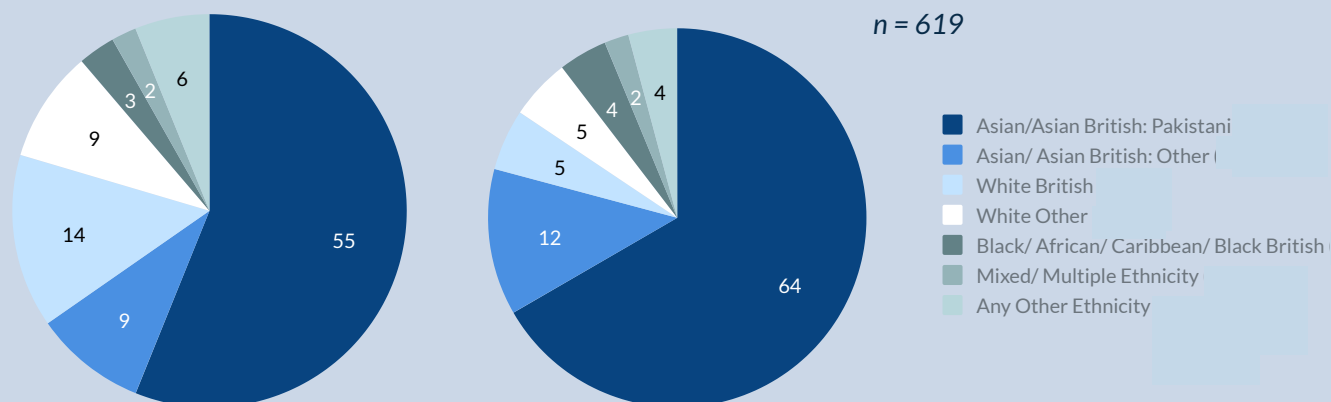
Participant flow diagram



Reach

Who took part in the Breastfeeding Support project?

Ethnicity



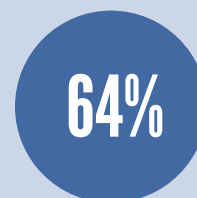
Of 650 participants, 64% were Asian/Asian British: Pakistani; 5% were White: British and 5% were White: Other. 19 participants preferred not to state their ethnicity and the ethnicity of 12 participants was unknown. When compared to the general BSB maternal population this means that the project is over representative of Asian Pakistani women and under representative of women from White British, White Other. The project is representative of Mixed/Multiple Ethnicity backgrounds (2%) and over representative of women from Black (4%) and Asian Other (12%) backgrounds.

The over representation of women from Asian, Black and Mixed backgrounds may not be surprising given that we tend to see higher rates of breastfeeding initiation in these communities. Similarly an under representation of White British women may be explained by low rates of initiation. However, it may be beneficial to investigate the low representation of women from other White backgrounds given that we tend to see higher rates of initiation in this group. Initial language barriers for women at the point of offer of the service should be considered.

Better Start Bradford Wards

618 (95%) participants were recorded as living in the Better Start Bradford area. Of those 42% were in Bradford Moor; 30% in Bowling and Barkerend; and 28% Little Horton. 5% of participants had none BSB postcodes, however, this information is taken from SysmOne GP records so may not be as accurate as the Maternity used when contacting women to offer the service.

New to breastfeeding

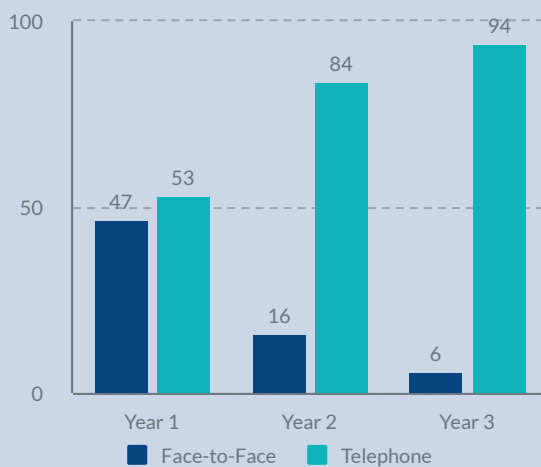


Of 650 participants, 417 (64%) women were new to breastfeeding.

Implementation

What type of support is the service providing?

% of support contacts by type



A total of 3143 support contacts were provided to women over the evaluation period; 1222 in Year1, 1342 in Year 2, and 579 across the first 8 months of Year 3.

Face-to-face contacts were conducted in person during a home visit until March 2020 when in person contacts were paused due to the COVID-19 pandemic. At this point the project moved to providing support contacts by telephone only, until face-to-face video appointments were introduced where there was a specific need for this.

In total 825 face-to-face visits were delivered across the evaluation period. 576 face-to-face contacts were conducted in Year 1; 214 in Year 2 and 35 in Year 3.

In total 2318 telephone support contacts were provided. 646 telephone support contacts were provided in Year 1 ; 1128 in Year 2 and 544 in Year 3.

The increase in the proportion of support contacts provided by telephone in Years 2 and 3 is likely to be as a result of in person face-to-face support contacts being paused in March 2020 due to the COVID-19 pandemic and the project moved to providing support contacts by telephone.

On average, how many support contacts were provided to women each month?

As previously stated 3143 support contacts were provided to women over the evaluation period; 1222 in Year1, 1342 in Year 2, and 579 across the first 8 months of Year 3. This equates to an average of 102 support contacts each month in Year 1, 112 in Year 2 and 72 in Year 3.

102
Year 1

112
Year 2

72
Year 3

Women's infant feeding intentions

Feeding method and duration

94% (n = 608) of participants answered questions about their feeding intentions at the first support contact as part of their support planning. 83% (n = 537) of participants answered the same questions again at the last support contact.

Method	At first support contact	At last support contact
Exclusive BF	58%	45%
Mixed	37%	31%
Formula	0%	20%
Don't know	4%	1%
Unknown	1%	2%
Duration	At first support contact	At last support contact
At least 6 months	49%	45%
Less than 6 months	4%	2%
No breastfeeding	0%	21%
Don't know	47%	31%
Unknown	0%	1%

45%

of women reported at the last support contact that they still intended to exclusively breastfeed

76%

of women reported at the last support contact that they still intended to continue with some breastfeeding

45%

of women reported at the last support contact that they still intended to breastfeed for at least 6 months

At the 6 month follow-up 371 women answered questions about their experience of breastfeeding:

46%

Out of 371 women, 171 were still breastfeeding at follow-up.

4 months

On average women reported breastfeeding for 3.7 months at follow-up, this ranged from 1 week to 8 months.

46%

Out of 371 women 170 said that they had breastfed/expressed breastmilk for as long as they wanted to.

Satisfaction

What did women say about the support they received?



166 women completed and returned project satisfaction questionnaires between November 2018 and July 2021. This suggests a response rate of 39%. An online version of the questionnaire was introduced in Year 3. 58 (35%) questionnaires were completed online.

99% of respondents had a median score of 4 out of 5

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

94% 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 friends and family

99% of respondents were happy overall with the project

"The information and support was extremely helpful and I don't think I would have been able to breastfeed my baby without it."

"Thanks a lot for the support. Certainly helpful."

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

Additional findings

Women's experiences of Breastfeeding Support

Of the 166 satisfaction questionnaires, 58 women added further comments about the service. Thematic Analysis of the comments revealed six themes. Below some key findings are presented.

1. Women centered support

Women suggested that the project was centered about how they wanted to feed, it was supportive of mixed-feeding, women felt no pressure to breastfeed and that the project was led by women's views.

2. Type of Support

Women received support with managing/resolving pain; help with latching and breastfeeding technique; beginning, restarting and continuing to breastfeed; increasing milk supply; practical and emotional support; and form filling.

3. Relationship with staff

Women described staff as "helpful"; "supportive"; "friendly"; "useful"; "understanding"; "kind"; "lovely"; "fantastic"; "approachable" and a "great support".

4. Emotional response to support

Women reported feeling "happy"; "confident"; "encouraged"; "reassured"; "comfortable"; "at ease"; "not alone"; "not guilty"; "understood"; "had piece of mind" and "comforted".

5. Telephone support

Women responded that they liked the ability to be able to call back when needed, that every women should have a call; helped them to feel less alone; helped to answer worries/concerns/questions and that support was just a call away.

6. Home visits

Women reported that they would have given-up breastfeeding without visits; were able to talk during visits; grateful for visits, particularly if they lived far away; able to get advice quickly, put advice into practice which alleviated pain and led to improved technique and milk supply.

Staff experiences of Breastfeeding Support

Semi-structured interviews were conducted by Zoom with 5 staff members between August and October 2021 to explore their experiences of delivering Breastfeeding Support. Emerging findings from the interviews are presented.

Staff described the workforce as:

able to build relationships with mothers and families; having a high level of job satisfaction; a highly skilled workforce with good communication and listening skills; support workers who culturally identify with mothers and provide language support; a highly trained workforce with lived experience of breastfeeding, and able to seek support from colleagues.

Staff described the impact of the COVID-19 pandemic as:

requiring a switch to home working and providing telephone/virtual support instead of home visits; virtual support not being fit for purpose and wasn't introduced not soon enough; experiencing a reduction in the number of referrals from PPCs due to staffing levels and moving to approaching women by telephone; unable to decline support to mothers outside of the BSB area and delaying the implementation of Phase 2 of the project.

Additional findings

Staff experiences of delivering Breastfeeding Support

Staff described the key elements of the service as:

client-led; gives mothers information about breastfeeding which helps mothers to make informed decisions; solely focused on the feeding relationship; provides prompt, frequent and predictable contact with mothers; looks after the whole families in the feeding way; comprising of paid support workers not volunteers who may be more likely to experience burnout; providing face-to-face support in the home; recognising that three support contacts are not essential as the number of contacts is based on mothers' needs; recognising that mothers have different feeding goals; non-judgemental as they are not health professionals; able to signpost to other services or BSB projects where necessary/required; only concluding contacts when mothers decide it is appropriate and recognising that previous breastfeeding is no guarantee of future success.

Future aspirations:

- More autonomy
- Roll-out of the project across Bradford
- Desire to do more antenatal and prevention work
- Extend support beyond 6 months for those who want it
- Wider remit which could help to fill gaps unable to be filled by midwives and health visitors

Appendix 1 - Progression Criteria Cutoffs



For more information on how progression criteria and associated cut-offs have been developed please see Bryant, et al., 2019 Use of progression criteria to support monitoring and commissioning decision making of public health services: lessons from Better Start Bradford. BMC Public Health