

## ShowCase

### Get Closer

**Topic:** Breastfeeding

**Organisation:** Halton and St Helens PCT

**Location:** Halton and St Helens (North West)

**Dates:** Phase 1: 2006 to 2008; Phase 2: 2009 to ongoing

**Budget:** £9,000 (Phase 1); £30,000 (Phase 2)

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### Overview

In 2006/07, the Halton and St Helens area of Merseyside had one of the lowest breastfeeding initiation rates in the UK, at just 37.1 per cent. In response to this, the team at the local primary care trust named breastfeeding initiation as one of their key health priorities and formed a Breastfeeding Taskforce, which set out to understand the lifestyles and values of new mums and ensure their needs were met through the Get Closer social marketing programme.

This programme included: training for healthcare workers; tailored support materials for expectant mums and dads; and community awareness raising interventions.

In 2009 a second phase began, which extended the focus of the programme to breastfeeding duration rates at six to eight weeks. The support materials were expanded from a short booklet about breastfeeding to 2 magazines, given out by midwives at early pregnancy (12 weeks) and late pregnancy (36 weeks). The magazines cover breastfeeding and other health and lifestyle topics for pregnant women and new mums.

### Results:

- Breastfeeding initiation – 10.5 percentage point increase between 2006/07 and 2009/10
- Breastfeeding (partial or total) at 6 to 8 weeks – 2 percentage point increase between 2008/09 and 2009/10

## 1. BEHAVIOUR

- **Phase One:** Increase breastfeeding initiation rates by two per cent during the first year in the pilot area
- **Phase Two:** Increase breastfeeding duration rates at six to eight weeks

## 3. THEORY

- **Social Learning Theory:** People learn behaviour by watching people they identify with, including role models
- **Social Capital Theory:** Redefine the shared norms of the audience and shift the balance of social capital
- **Value Attachment Theory:** Attach the behavioural issue to the target audience's existing value set

## 5. EXCHANGE

### Barriers:

- Confusing health messages
- Desire to resume 'normal life'
- No social norm for breastfeeding

### Benefits and solutions:

- Information presented in the language of the target audience, in the style of glossy lifestyle magazines
- Training for health workers to send consistent messages
- Breastfeeding promoted as helping mothers feel better, burn calories and give babies best start in life
- Expectant grandmothers encouraged to attend antenatal classes with their daughters

## 7. SEGMENTATION

### Primary audiences:

- Mothers-to-be
- Fathers-to-be
- Grandmothers-to-be

### Secondary audience:

- Healthcare workers

## 2. CUSTOMER ORIENTATION

### Phase One:

- Review of national and local breastfeeding research
- Research into appropriate target audience, supported by National Childcare Trust research
- Consultation with local midwife and breastfeeding advocate
- Focus groups with young mothers, to ascertain attitudes and behaviours around breastfeeding
- Pretesting of materials with target audience

### Phase Two:

- Focus groups, interviews and one-to-one interviews with mums-to-be, their family members and key stakeholders

## 4. INSIGHT

- Defiance of 'breast is best', defending personal rights to bottle feed
- Assumption that formula milk is as good as breast milk
- Bottle feeding linked to regaining control
- Strong influence of mothers and grandmothers
- Existing materials not engaging, relevant or attractive
- Bottle feeding the social norm

## 6. COMPETITION

- Young women following their mother's advice
- Baby formula companies
- Desire for return to life as a woman, not as a mother

## 8. METHODS MIX

- Get Closer brand and promotional materials
- Get Closer mini magazines – With 'True Life Stories', 'Agony Aunts' and 'Myths and Legends' sections
- Baby Welcome Award – For baby- and breastfeeding-friendly premises
- Training and handbook for midwives
- Breastfeeding Buddy support programme