



ROTHERHAM PCT BREASTFEEDING INSIGHT REPORT



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1. INTRODUCTION

1.1 INTRODUCTION AND BACKGROUND

NHS Rotherham has outlined a commitment to increase breastfeeding in line with regional and national averages and achieve the Vital Sign targets set by the Department of Health from initiation through to 6-8 wks. Rotherham has historically struggled to increase breastfeeding rates and their performance has placed them within the lower half of the regions results.

The Hub has been working in partnership with NHS Rotherham to develop a Breastfeeding campaign that aims to normalise breastfeeding amongst the lowest initiators of breastfeeding. Through analysis of datasets, this group can be segmented as follows:

Under 25 year old British, white and mixed race women, living in areas that rank highly on the IMD and therefore falling within the lower, DE socio-economic groups.

In support of the creation of a breastfeeding campaign The Hub has gained insight into the knowledge and attitudes of this target audience and their influencers towards breastfeeding.

Key findings and insights have been drawn from this research and, in light of NHS Rotherham's breastfeeding strategy, a thorough appreciation of current and medium term capacity within the NHS Rotherham team, openly available national research, best practice and The Hub's experience in reaching young Mothers to engage, inspire and motivate them to breastfeed, we have made recommendations to develop Rotherhams campaign tone, messaging and mix accordingly.

1.2 AIMS AND OBJECTIVES

The objectives of this research were to ascertain levels of knowledge and attitudes towards breastfeeding before campaign intervention with a particular focus on understanding barriers to breastfeeding and appropriateness of existing support.

Specifically the research was designed to:

- Develop a greater understanding of the feeding 'decision journey' – when choices are made and why
- Understand the effect of influencers on the feeding decision and influences on feeding choices
- Understand the triggers to bottle feed / barriers to breastfeed
- Explore attitudes and perceptions to bottle feeding
- Explore attitudes and perceptions to breastfeeding
- Evaluate awareness and usage of breastfeeding support services in Rotherham
- Explore levels of awareness of national breastfeeding campaigns
- Undertake pre-testing of the Be A Star campaign – message, visuals and textual detail
- Evaluate appeal and perceived effectiveness / usefulness of intervention ideas

2. METHODOLOGY AND SAMPLE

A combination of research methods were used in this project:

- an assessment of baseline data statistics
- qualitative research
- quantitative research

Research was undertaken from within the target audience (see page 2 for description) broken down between:

- mums
- mums to be
- and their key influencers, namely
 - parents
 - grandparents.

The Hub advised NHS Rotherham that stakeholders should also be consulted with. This would enable the gathering of insight into the knowledge and experience of key professionals around the feeding behaviour of the target audience in Rotherham and to gather an understanding of any perceived gaps in service that may affect the success Be a Star.

To this end, NHS Rotherham has commissioned Prof Ray Lowry, Sunderland University to gather insight with Stakeholders as part of the Healthy Pregnancy Social Marketing Project¹.

To gain maximum value from these research projects it will be essential to share learnings between all the organisations involved.

2.1 BASELINE DATA

To evaluate the success of the Be a Star campaign and to provide context for current recommendations, a range of baseline data-sets in relation to the current Breastfeeding situation in Rotherham have been requested, including:

- Number of maternities
- Breastfeeding Initiation Rates*
- 6-8 week Breastfeeding rates*
- Number of audience visiting support sessions

*Amongst our audience (white/mixed race women, under 25 years) and all women

To date data has been provided in relation to:

- Number of maternities
- Breastfeeding initiation rates for under 25yrs in the period April – December 2008
- Breastfeeding initiation rates for women of all ages in the period April – December 2008.

At the time of writing, duration rates at 6-8 weeks and the statistics for the number of people visiting support sessions are pending.

¹ This study is intended to support the development of smoking cessation and breastfeeding promotion activities in Maternity services. Women of childbearing age are being consulted to assess current activities and to pre-test new approaches to care along with differing resources. The project also includes a staff training package to educate and motivate clinical staff in effective health promotion interventions with clients. This programme of work was due to be completed by end March 2009, however delays have been experienced and it will now conclude in April 2009.

2. METHODOLOGY AND SAMPLE

2.1 BASELINE DATA (CONT'D)

This baseline data is important to indicate how prevalent breastfeeding initiation and duration is currently and how many visitors are currently accessing services. This provides a benchmark to assess any increases and to evaluate the effect of the Be a Star campaign. Figures for maternities, initiation rates and duration rates will be collected throughout the campaign duration to allow any form of evaluation to be conducted.

It must be noted that, from the information shared with us, 'not known' as a feeding status is at 63% in Q1 2008 and 58% in Q2 of 2008. This indicates that the data collection systems in place are not working well.

We recommend that processes are put in place to allow collection of this duration data going forward. This data is essential in assessing the impact of the campaign, associated interventions and for future campaign development.

In relation to gathering details on the number of our target audience who currently visit support sessions a headcount from March 2009 onwards has been recommended. This will allow us to evaluate if the campaign has an impact on people accessing services.

2.2 QUALITATIVE RESEARCH

Due to budgetary constraints, recruitment was undertaken by NHS Rotherham. Detailed advice and recommendations were made highlighting that participants could be recruited from existing groups and through relationships the health professionals currently have with this audience. However, due to the capacity issues, NHS Rotherham experienced some difficulties in recruiting respondents so alternative methods were utilised to consult with the audience.

In total 25 respondents were spoken to qualitatively.

- 1 x focus group with teen mums at the Rowan Centre in Rotherham.² (7 mums)
- 8 x face to face depth intercept interviews in Mothercare, Rotherham (4 mums, 2 mums-to-be, 1 grandparent, 1 partner)
- 10 x telephone depth interviews (2 mums, 3 mums-to-be, 3 partners, 2 grandparents)

2.2.1 Sample Profile

- Mums to be
 - 1x 19 and under
 - 1x 20 – 25
 - 2x 26 – 30
- New Mums
 - 9x 19 and under
 - 1x 20 – 25
 - 4x 26 - 30
- Grandmothers x3
- Partners x4

² The Rowan Centre is designed to deliver a schooling alternative for mums under 16 years old who have exited traditional formal education due to motherhood

2. METHODOLOGY AND SAMPLE

2.2 QUALITATIVE RESEARCH (CONT'D)

2.2.2 Planned Feeding Choices

- Mums to be:
Planning to Bottle feed x 2 Planning to Breast feed x 2
- Mums:
Planned to bottle feed x 2 Planned to breast feed and undertaken x 1
Planned to breast feed but ended up bottlefeeding x 11

We need to recognise that those taking part may have been influenced by the nature of this research project when stating they had considered breastfeeding as their desired feeding choice.

It was generally the case that the younger mums interviewed (those mum's aged 15 to 17 from the Rowan Centre focus group) lived at home with their parents, or in Local Authority provided accommodation, while the older mums lived with their partner. The four mums to be were all in a relationship and living with the baby's father.

2.2.3 Partners and Grandparents

Interviews were held with 4 dads, 2 of whom were supportive of breastfeeding and 2 of whom were happy for their partners to make the choice.

We also spoke to 3 grandmothers who generally did not want to pressurise their daughters into a feeding decision and were supportive of whatever method they had chosen.

2.3 QUANTITATIVE RESEARCH METHODOLOGY & SAMPLE

Self completion questionnaires were distributed by NHS Rotherham to breastfeeding venues and Children's centres in the area. The questionnaires were designed to collect awareness of and usage of breastfeeding support services and attitudes to breastfeeding and bottle feeding. Unfortunately, due to the difficult to reach nature of the target group this impacted negatively upon the response rate.

In total we received 24 completed questionnaires from respondents:

- Aged 19 and under x13
- Aged 20 to 25 x5
- Aged 26 to 29 x0
- Aged 30 or over x6

As the Be a Star campaign targets the under 25 age group (as they are know to be the lowest initiators of Breastfeeding generally) we have excluded any respondents from our sample that exceed this age, leaving a sample size of 18.

- 6 new mums and 1 mum to be were breastfeeding or planning to
- 11 mums and 1 mum to be were bottle feeding or planning to

There was a fairly even split of first time mums and subsequent mums across the sample. Of those mums who already had a child 6 had bottle fed previously and 4 had breastfed. The majority of mums and mums to be were planning to bottle feed their new babies. Also the majority of mums did not know anyone that was currently breastfeeding. However it needs to be highlighted that this was a low sample and therefore robust conclusions cannot be drawn from this.

2. METHODOLOGY AND SAMPLE

2.3 QUANTITATIVE RESEARCH METHODOLOGY & SAMPLE

2.3.1 Questionnaire Sample

The following charts provide further detail around the quantitative sample that responded to the questionnaires.

Figure 1: Age of respondents

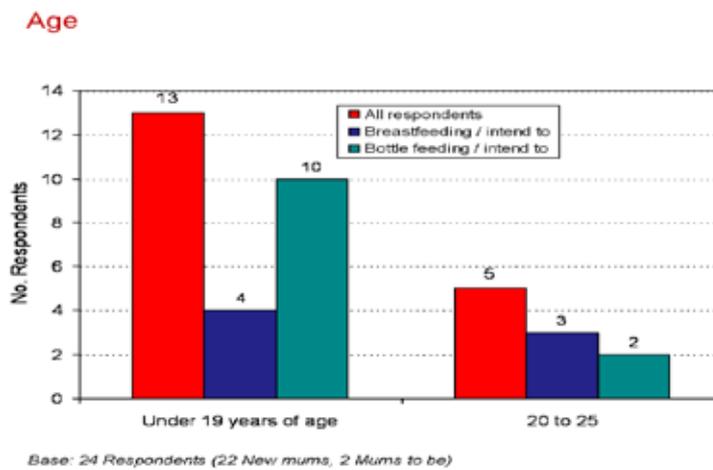
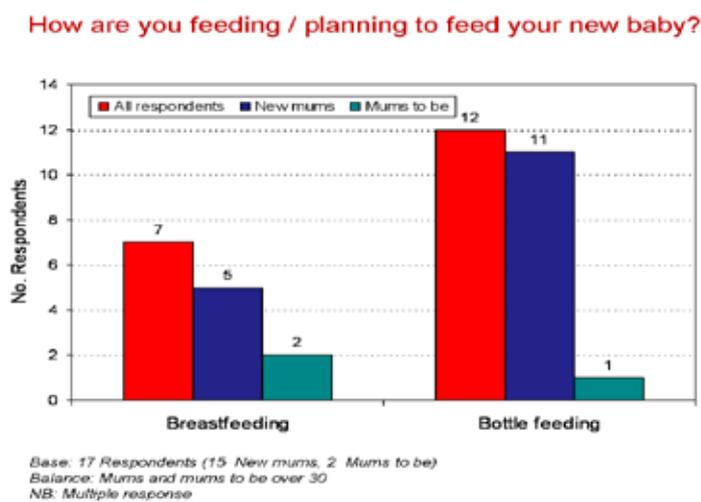


Figure 2: Feeding method used/ intended feeding method - New Mums and Mums-to-be



2. METHODOLOGY AND SAMPLE

2.3 QUANTITATIVE RESEARCH METHODOLOGY & SAMPLE

2.3.1 Questionnaire Sample

Figure 3: Feeding method used/ intended feeding method - Under 19 and 20-25's

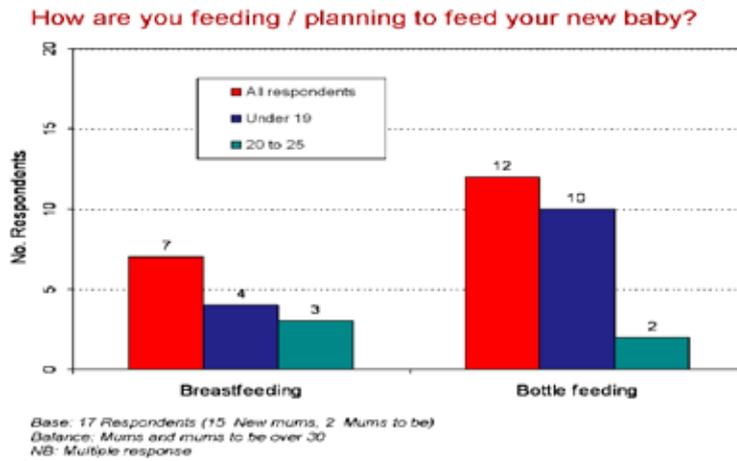
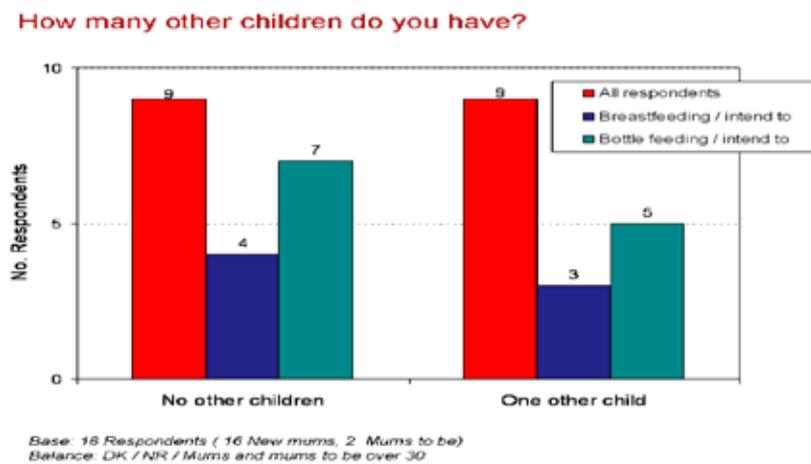


Figure 4: Number of other children



2. METHODOLOGY AND SAMPLE

2.3 QUANTITATIVE RESEARCH METHODOLOGY & SAMPLE

2.3.1 Questionnaire Sample

Figure 5: Feeding of other children

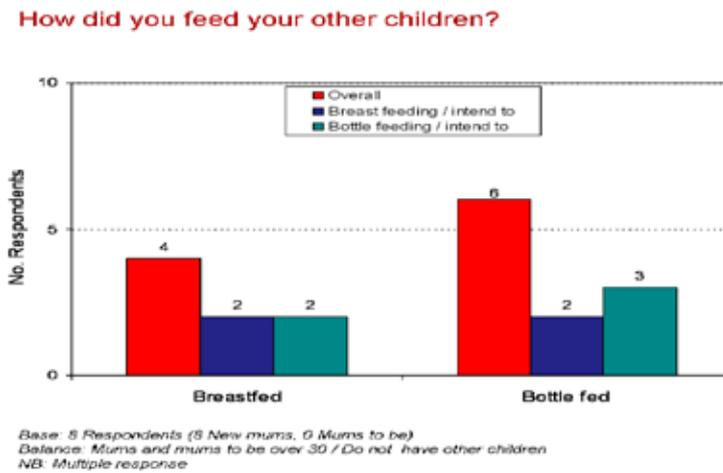
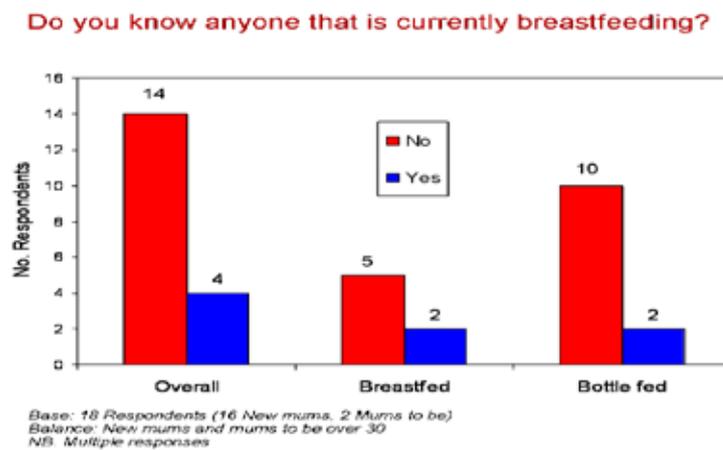


Figure 6: Awareness of other breastfeeders



3. BREASTFEEDING IN ROTHERHAM

3.1 MATERNITY RATES, INITIATION RATES AND DURATION RATES FOR BREASTFEEDING

Detailed statistics have been provided by NHS Rotherham relating to maternities, and feeding method in Rotherham amongst the 18-25 age range.

3.1.1 ROTHERHAM BREAST FEEDING INITIATION FIGURES AGES 18-25 2008¹

MONTH	No of births AGE 18-25	BREASTFEEDING	ARTIFICIAL	NOT RECORDED
JANUARY	100	55	45	
FEBRUARY	107	46	59	2 SCBU
MARCH	94	43	50	1 stillbirth
APRIL	83	37	45	1 stillbirth
MAY	93	39	51	3 not recorded
JUNE	82	34	48	
JULY	96	44	52	
AUGUST	90	50	39	1 not recorded
SEPTEMBER	110	58	52	
OCTOBER	102	43	58	1 SCBU
NOVEMBER	79	32	46	1 IUFD
DECEMBER	88	40	47	1 Stillbirth
TOTAL	1124 100%	521 46%	592 53%	11 1%

*Not recorded²

What is known currently is that there were 1124 maternities amongst the 18-25 age group in 2008, of these 46% initiated breastfeeding.

When this is compared to the national rates it can be seen that the rate for women under 25 in Rotherham is much lower than nationally – **52% nationally vs 46% Rotherham for the 07/08 period.**

Unfortunately the information is not separated further by area, ethnicity, socio economic grade or other factors that would assist in highlighting any specific locations and demographics of under 25 years.

1 Supplied by Rotherham NHS Foundation Trust

2 For the normal all age BF initiation figures submitted to DH via NHS Rotherham the not recorded data for RFT is virtually zero, this is because individual cases are chased up for the monthly statistics submitted, but might remain as 'not recorded' or 'SCBU' on the data collection system from which these figures have been taken.

3. BREASTFEEDING IN ROTHERHAM

3.1 MATERNITY RATES, INITIATION RATES AND DURATION RATES FOR BREASTFEEDING ^(CONT'D)

3.1.2 ROTHERHAM BREAST FEEDING INITIATION FIGURES ALL WOMEN Q1 07/08 - Q2 08/09

	Q1 07/08	Q2 07/08	Q3 07/ 08	Q4 07/08	TOTAL 07/08
No of maternities	704	757	693	830	2984
No initiating	376	401	384	469	1630
% initiating	53.40%	53%	55.40%	56.50%	54.60%
No not known	10	15			
% not known	1.40%	2%			

	Q1 08/09	Q2 08/09
No of maternities	713	775
No initiating	413	444
% initiating	57.90%	57.30%

Statistics relating to maternities and feeding method in Rotherham amongst all women have been gathered from the DOH³ and show a total of 2984 maternities in Rotherham with a 54.6% initiation rate amongst all women.

When this is compared to the national rates it can be seen that the rate for women overall in Rotherham is much lower than nationally – **76% nationally vs 54.6% Rotherham for the 07/08 period.**

3.1.3 ROTHERHAM DURATION FIGURES ALL WOMEN Q1 07/08 - Q2 08/09

	Q1 08/09	Q2 08/09
No. of infants due for 6–8 week checks	759	838
No. status not known	476	485
% status not known	63%	57.90%

Unfortunately there is no information on local duration rates but it is of vital importance to record these rates as we know qualitatively that initiation rates do not necessarily translate into duration rates, with many mums undertaking breastfeeding for a limited period and then choosing to bottle feed.

There is a high rate for women and their babies undertaking a 6-8 week post natal check in Rotherham whose feeding method is recorded/ classified as 'not known'. This 'not known' figure is 63% and 58% for Q1 and Q2 2008 respectively for all women participating in 6-8 week checks. We recommend that processes are put in place to allow monitoring of this more effectively going forward to ensure accurate records are maintained.

3 http://www.dh.gov.uk/en/Healthcare/Maternity/Maternalandinfantnutrition/DH_073254

3. BREASTFEEDING IN ROTHERHAM

3.1 MATERNITY RATES, INITIATION RATES AND DURATION RATES FOR BREASTFEEDING ^(CONT'D)

3.1.3 Audience visits to support services in Rotherham

NHS Rotherham has an established network of support services within the area. A suggestion for additional baseline data is a headcount undertaken each month for all services / those services of primary importance to allow a comparison of usage of services pre and post campaign. Currently there are no figures for this, however NHS Rotherham has agreed to start monitoring this from March 2009.

3.2 NHS ROTHERHAM'S BREASTFEEDING VISION & MILESTONES

Rotherham PCT has an ambitious vision to increase breastfeeding in line with regional and national averages and to achieve Vital Sign targets set by the DoH. NHS Rotherham is working to achieve the following specific milestones:

Milestones:

- Increase breastfeeding initiation rates to 60.62% by 2011⁴
- Increase breastfeeding duration rates to 32% by 2011
- Undertake Stage 1 assessment for UNICEF BFI in September 2009
- Undertake Stage 2 assessment for UNICEF in September 2010
- Achieve UNICEF BFI Accreditation by September 2011 in hospital and community settings

NHS Rotherham has allocated a substantial budget and resources to help them achieve their targets and there is high level of activity at strategic and grass roots levels within the organisation. NHS Rotherham's commitment to breastfeeding can be seen by the £350,000 budget allocated to breastfeeding provision. This budget has facilitated the employment of an Infant Feeding Coordinator, an Infant Feeding Project Worker, the purchasing of breast pumps for all Children's Centres to develop a breast pump loan scheme, funding the implementation of UNICEF BFI and funding of an additional 6 support workers.

A number of steering groups have been established, or re-established, including the NHS Rotherham Breastfeeding Strategy Group which will monitor progress against targets and an Infant Feeding Group. A draft of the NHS Rotherham Breastfeeding Strategy has been created and was due for completion in November 2008. There is the intention for all health professionals to be trained in breastfeeding support in line with UNICEF BFI guidelines in the near future.

⁴ Source: Transformational Initiatives for Strategic Plan: Improving Breastfeeding, provided by NHS Rotherham

3. BREASTFEEDING IN ROTHERHAM

3.3 CURRENT BREASTFEEDING SUPPORT PROVISION

Within Rotherham there is a wealth of breastfeeding support provision, training and research activity which will be essential in delivering Rotherham's vision. There appears to be a large commitment and range of activity around the promotion and support of breastfeeding within the local area, with a high level of adherence to international UNICEF BFI guidelines.

Within the area there is:

3.3.1 Venues & resources

- RFT Maternity unit
- 39 GP's surgeries
- 20 x Children's centres / 16 x libraries
- 75-80 x Health Visitors who undertake routine ante natal health visits
- Infant feeding coordinator and NCT breastfeeding councillor

3.3.2 Training & best practice implementation

- Conducting in house breastfeeding training which adheres to BFI standards for Health Visitors, Midwives, Healthcare Assistants, Nursery Nurses (to date 53 individuals have undertaken this training)
- Undertaking a training package for clinical staff to implement breastfeeding policy and UNICEF BFI
- NHS Rotherham and RFT Maternity Unit implementing UNICEF BFI
- NHS Rotherham have been awarded a Certificate of Commitment to UNICEF BFI standards

3.3.3 Research

- 5 x maternity matters task groups to assess perceived weak areas in provision
- Ray Lowry is researching with mums and stakeholders
- Rotherham Council Scrutiny Review

3.3.4 Groups

- Weekly breastfeeding clinic at Rotherham Hospital
- 10 x support sessions (listed below) in Rotherham with 3 more to come in June / July 2009 in Maltby, Kimberworth and the Arnold Centre
 - Mums Know Breast: Rawmarsh Children's Centre
 - Bumps & Babes: Rotherham Central Sure Start
 - Babies to Breast: Rotherham Central Sure Start
 - Drop In: Rotherham District General Hospital,
 - Drop In: Wath Victoria Children's Centre
 - Babies to Breast: Rockingham Children's Centre
 - Drop In: Coleridge Children's Centre
 - Drop In: Thrybergh Rainbow Centre
 - Babies to Breast: Mothercare, Rotherham
 - Mums Know Breast: Mothercare, Rotherham

NHS Rotherham has ambitious targets to meet in relation to increasing initiation and duration rates for breastfeeding over the next few years. To allow robust measurement of this, and gauge the impact of initiatives that are implemented processes will need to be put in place to ensure robust data can be gathered to assess whether these targets are met. Ideally information should be gathered in relation to age of mums, locality and socio-demographic detail to allow not only monitoring but also the optimum targeting of resources.

4. RESEARCH FINDINGS

The Hub conducted a qualitative research study to explore levels of knowledge and attitudes towards breastfeeding before campaign intervention with a particular focus on understanding barriers to breastfeeding and appropriateness of existing support.

The findings of this research are detailed below under the following subsections:

- The 'feeding 'decision journey' – when feeding choices are made and why
- Influencers and influences on feeding choices
- Triggers to bottle feed / barriers to breastfeed
- Attitudes and perceptions of bottle feeding
- Attitudes and perceptions of breastfeeding
- Awareness and usage of breastfeeding support services in Rotherham
- Awareness of current breastfeeding campaigns
- Pre-testing of the Be A Star campaign
- Appeal and perceived effectiveness / usefulness of intervention ideas

4.1 THE 'FEEDING DECISION JOURNEY' – WHEN FEEDING CHOICES ARE MADE

4.1.1 Feeding considerations ante natally

All mums had considered how they were going to feed their babies prior to their babies being born. Most mums to be were already thinking about their preferred feeding method.

"[I thought about how I was going to feed] probably when I was about six months pregnant. (Mum, 26 - 30)

"I decided on feeding probably about five months [into the pregnancy]. It was about halfway through....with the doctors and midwives." (Mum, 19 and under)

"[I decided on feeding] when the doctor asked me.... When I went after I found out I was pregnant. He asked me straightaway." (Mum, 19 and under)

"I thought about it all the time." (Mum, 19 and under)

Only two of the mums and one of the mums to be had not considered how they were going to feed their child prior to the birth.

"No. I didn't really think about it, you know, am I going to breastfeed or bottle feed. I'd got bottle stuff ready just in case. (Mum to be, 20 - 26)

"I don't know. I didn't think about breastfeeding." (Mum, 19 and under)

"The midwives at anti-natal classes all tell you to breastfeed." (Mum, 26 - 30)

4. RESEARCH FINDINGS

4.1 THE 'FEEDING DECISION JOURNEY' – WHEN FEEDING CHOICES ARE MADE (CONT'D)

4.1.2 Feeding considerations ante nately included breastfeeding

12 mums and 2 mums to be planned to breastfeed their babies, or at least considered this method, but a smaller proportion were planning to bottle feed.

"I'd love to breastfeed.....just for the bonding, really, and it helps you lose the weight you've put on." (Mum to be, 26 - 30)

"I have decided to breastfeed...for that bond and for the baby to get goodness." (Mum to be, 26 - 30)

"[I thought about breastfeeding] probably when I was about six months pregnant." (Mum, 26 - 30)

"I was always planning to breastfeed from the beginning." (Mum, 26 - 30)

"Breastfeeding...after I found out I was pregnant." (Mum, 19 and under)

"I am going to bottle feed... I just don't like [the ideas of breastfeeding]." (Mum to be, 19 and under)

"I am going to bottle feed...it's twins...I don't disagree with breastfeeding, but because there's two it's a lot easier to bottle feed." (Mum to be, 20 - 25)

4.1.3 Post natal 'reality'

However, the majority of mums did not put breastfeeding into practice for a number of reasons, which are highlighted in section 4.3.

"I initially started off wanting to breastfeed, but it didn't work out that way." (Mum, 26 - 30)

"I wanted to breastfeed but ended up bottle feeding." (Mum, 19 and under)

"I wanted to breastfeed but he ended up being bottle fed." (Mum, 19 and under)

Of the 14 mums interviewed, only one persevered with breastfeeding her baby long term, the other 13 mums bottle fed despite 12 of them stating prior to the birth that they had wished to attempt breastfeeding. The reasons which impacted upon feeding decisions will be explained in the forthcoming sections 4.2 - 4.4.

4. RESEARCH FINDINGS

4.2 INFLUENCERS AND INFLUENCES IN FEEDING CHOICE

This section examines the role of influences and influencers.

4.2.1 Ante natal classes and midwives

The only formal influencer/ influence mentioned qualitatively were antenatal classes and midwives. For those mums who had attended the classes they believed they had gained some useful advice, however usage of these services was relatively low amongst the target audience.

“The midwives at ante-natal classes all tell you to breastfeed... Everything you read and everybody tells you it is the best thing for the baby.” (Mum, 26 - 30)

“I went to an antenatal class about breastfeeding.” (Mum, 19 and under)

“[The midwives] did try and talk me out of [bottle feeding] but they didn't pressure.” (Mum, 19 and under)

“I went to an antenatal class about breastfeeding....[they said] breastfeeding is best, but if you can't do it, it's alright.” (Mum, 19 and under)

“All the leaflets and stuff like that, and what the midwives are saying, there is a lot more in about breastfeeding [than what there used to be].” (Mum to be, 20 - 25)

4.2.2 Peers and Family influence

Looking at the less formal influencers – peers and family of mums and mums to be there was a similar pattern across the quantitative sample and the qualitative sample that grandmothers and partners are key in terms of providing advice and support.

The following charts show responses from the quantitative sample in relation to who they perceived to be the key influencers. We asked mums and mums to be to rank how important the following peoples advice/ opinion was in choosing how they fed their baby, giving a score of '1' to the person they judged the most important and '6' to those they judged the least important.

4. RESEARCH FINDINGS

4.2 INFLUENCERS AND INFLUENCES IN FEEDING CHOICE (Cont'd)

4.2.2 Peers and Family influence (Cont'd)

Figure 7: Influencers in feeding decision - overall

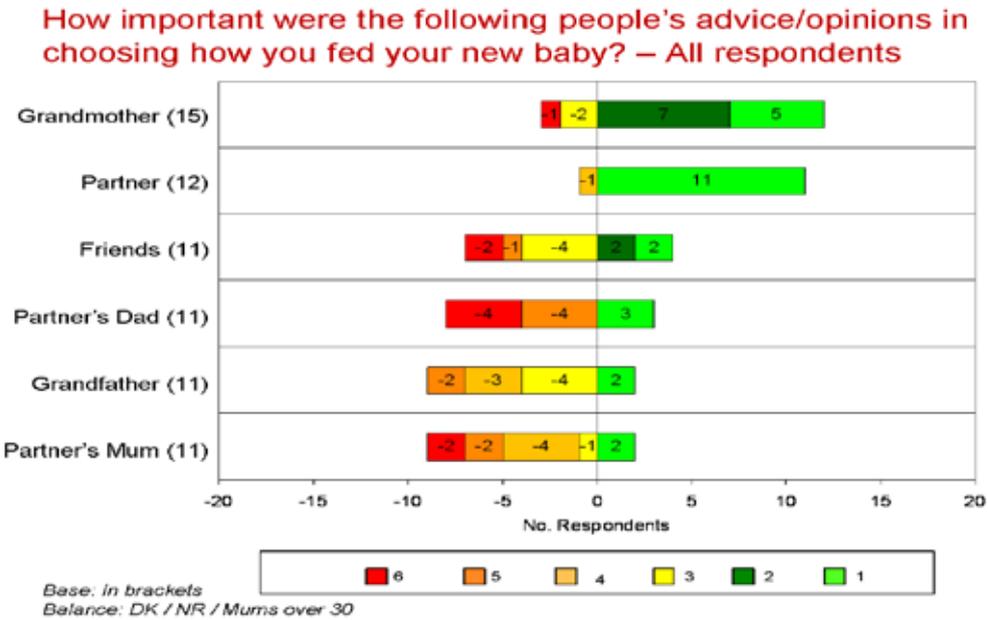
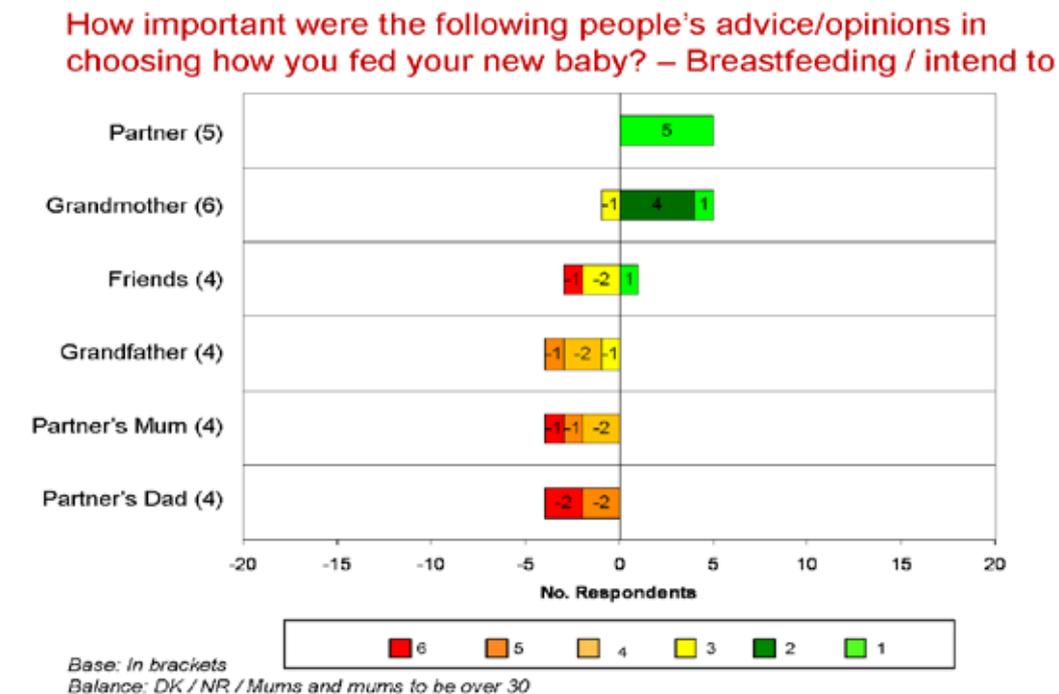


Figure 8: Influencers in feeding decision – those breastfeeding or intending to

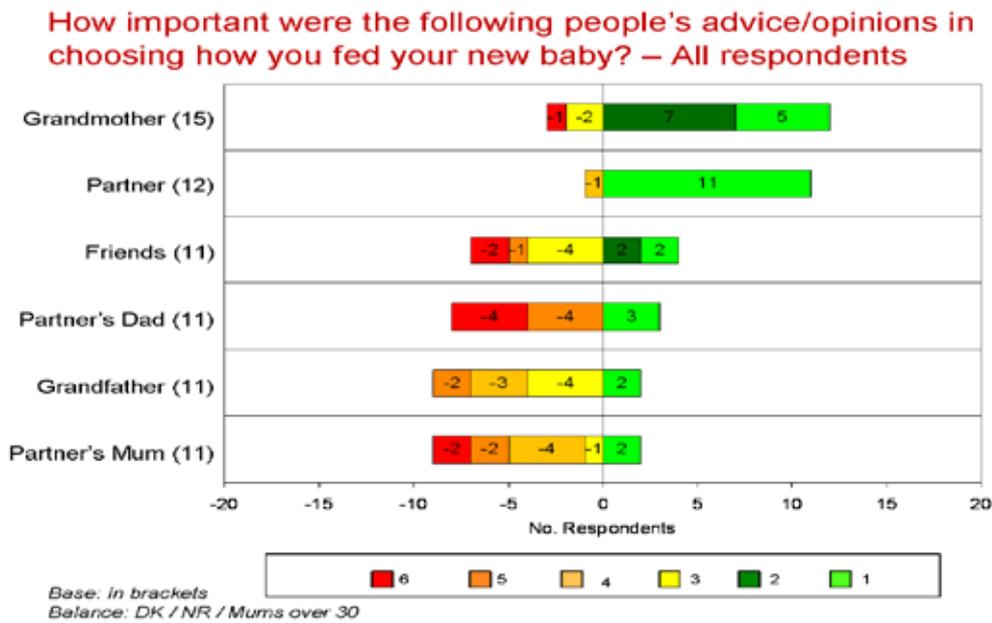


4. RESEARCH FINDINGS

4.2 INFLUENCERS AND INFLUENCES IN FEEDING CHOICE (Cont'd)

4.2.2 Peers and Family influence (Cont'd)

Figure 1: Influencers in feeding decision – those bottle feeding or intending to



It can be seen that across the whole sample respondents rated their grandmother and partner as most influential, with 12 people giving their grandmothers influence as either most or second most influential with 11 respondents ranking their partners as most influential. There were no significant differences in influence when we look at those breastfeeding or bottle feeding.

4.2.3 Grandmothers as influencers

This was supported by what was learned qualitatively with the majority of mums and mums to be saying their own mothers were an important source of support and advice in relation to feeding their babies.

“I think it’s quite important because we don’t really know. They’ve been through it with us and stuff like that, so I asked her quite a lot of things.” (Mum, 19 and under)

“[Mum] told me with breastfeeding you get all the goodness and that, but she said it’s up to you. The best thing to do is breastfeed, but if you want to bottle feed then do that. She really just said it was my choice what to do.” (Mum, 19 and under)

“She told me to breastfeed because it’s better for them, but bottle feeding is better as well because my boyfriend could do it.” (Mum, 19 and under)

4. RESEARCH FINDINGS

4.2 INFLUENCERS AND INFLUENCES IN FEEDING CHOICE (Cont'd)

4.2.3 Grandmothers as influencers (Cont'd)

“Because I lived at home when she was first born, my mum and dad were helping me with the bottles. My mum taught me how to sterilise and make them up, so I had my mum there to show me what to do.” (Mum, 19 and under)

“Because she’s my mum and I listen to anything she says.” (Mum, 19 and under)

“Their opinion was just important as mine as a parent.” (Mum, 19 and under)

Grandmothers offered support to their daughters with practical help and advice whether the baby was breastfed or bottle fed. Grandmothers often were reluctant to be dogmatic about their preferred feeding choices, recognising that their children would make their own decisions and not wishing to alienate or pressurise them. Grandmothers generally encouraged them to do what they were most comfortable with or what they wished to do. There was very little direct pressure to breastfeed or bottle feed, but as can be seen from the final comment influence can sometimes be communicated less directly.

“My other daughter breastfed, so I was pleased about it....[Her sister] offered advice, but [name] is quite an independent person and will only take what she wants from people.” (Grandmother)

“I do give her advice to do it if you can, or do it until you feel uncomfortable or upset about it. You should try.” (Grandmother)

“She knows if she does come to me for advice; I wouldn’t be upset if she couldn’t....” (Grandmother)

“[Mum] didn’t really say much. She said ‘it’s up to you what you do.’ (Mum, 19 and under)

“...My son was bottle fed from the beginning and has never been to the doctors.” (Grandmother)

4.2.4 Partners as influencers

In relation to partners’ influence around half of those dads referenced in interviews did not express a feeding preference, seeing the decision about feeding resting with the mum:

“[He said] I’m the man, you do it all.” (Mum, 19 and under)

“[My partner] was all ‘You do whatever.’ I wish he’d put his foot down more sometimes. He said ‘If that’s what you want to do then we’ll do that.’” (Mum, 26 - 30)

“He’s not into all that stuff. He’s good with him, but he doesn’t talk about stuff like that.” (Mum, 19 and under)

“I just let her get on with it.” (Partner)

“He’s quite happy. If I’m happy, he’s happy.” (Mum to be, 26 - 30)

4. RESEARCH FINDINGS

4.2 INFLUENCERS AND INFLUENCES IN FEEDING CHOICE (Cont'd)

4.2.4 Partners as influencers (Cont'd)

Where the dads had a preference their influence was stated more openly than the grandmothers to the mums. The majority of dads wanted their partners to bottle feed so that they could share the feeding, however a couple of partners did not want their partners to breastfeed because they were not comfortable with this.

“He just kept saying to me bottle feeding so that when he wanted to take him...”
(Mum, 19 and under)

“I chose to bottle feed so he could have a go.” (Mum, 19 and under)

“I think it goes on generations, doesn't it? Probably my generation of fellas wouldn't like it because their friends come round and they might see.” (Mum, 20 - 25)

“My partner at the time, like I say, it was an abusive relationship. I've left him now, finally, after loads of refuges. He wouldn't let me breastfeed... I think it was just another way to control me and what I did.” (Mum, 20 - 25)

A smaller number of dads wanted their partner to breastfeed because of the health benefits but indicated that this feeding decision had not been made in response to his views.

“I was glad [that my partner breastfed] because it's better for the baby..... You're kind of brought up thinking that's best.” (Partner)

4.2.5 Conclusion

In conclusion antenatal classes and midwives were listed as the main source of formal information and influence in feeding choice for those that attended, at least until the birth, making those mums that attended more willing to try breastfeeding. However at birth these predispositions did not often translate into action.

In relation to the informal influencers grandmothers and partners mums are keen to stress that they chose the method of feeding that best suited them stating that neither had an overriding influence on mums final feeding choice. However when we take into consideration the quantitative data and appreciate that mums want to be seen as the key decision maker it is likely that grandmothers and partners have had a greater influence than stated. Also it needs to be recognised that influence will have been communicated prior to the pregnancy during their daughters' childhood (by the grandmothers) or subconsciously through the sharing of views and opinions about feeding in a time before and during the pregnancy (in relation to both partners and grandmothers).

4. RESEARCH FINDINGS

4.3 TRIGGERS TO BOTTLE FEED/ BARRIERS TO BREASTFEED

The main triggers for bottle feeding were lack of confidence in ability to breastfeed, lack of support, discomfort and bottle feeding being initiated and not being aware of / being unwilling to change feeding methods.

4.3.1 Lack of confidence

The lack of confidence was spoken about in a variety of ways, around concerns that their baby was not latching on correctly, that they were not doing it 'properly' or that the mums believed their child was not getting sufficient nutrition.

"I tried, but she wouldn't latch on." (Mum, 19 and under)

"He couldn't latch on properly, so I was getting frustrated all the time because he wasn't feeding properly." (Mum, 19 and under)

"I think [the breastfeeding] lasted for about a day. It was shocking. She was big to start off with. She was nine pounds ten and nothing seemed to fill her. It was just constantly on the go.... We fed her and then about an hour later she was screaming again. As soon as I put her on the bottle, she did seem to settle a lot better. She was taking about three ounces from the beginning and was a lot better." (Mum, 26 - 30)

"It was just because [my daughter] wasn't successful. She'd had an issue when [name] was first born of not getting the help, so she ended up back in hospital after a few days because [the baby] was dehydrated." (Grandmother)

"He wasn't getting enough." (Mum, 19 and under)

"In the end, I wasn't getting enough milk for her, so I had to bottle feed." (Mum, 26 - 30)

4.3.2 Lack of support

This seems to indicate that with additional advice and support showing mums how to breastfeed that some of these worries and problems could have been addressed and these mums may have continued to breastfeed. Some mums explicitly mentioned that they would have benefitted from more advice and support prior to the birth and immediately post giving birth:

"I knew they got goodness out of it, but nobody really... Obviously, you know how to breastfeed, but nobody really sat me down and told me stuff about it, so I didn't really get much choice." (Mum, 19 and under)

"That's what put me off – I was scared of drying up [again]." (Mum to be, 26 - 30)

"No-one asked me how I was going to feed...I would have liked to have talked to someone." (Mum)

4. RESEARCH FINDINGS

4.3 TRIGGERS TO BOTTLE FEED/ BARRIERS TO BREASTFEED (Cont'd)

4.3.2 Lack of support (Cont'd)

"I was always planning to breastfeed from the beginning, but didn't get any help in the hospital with getting her to latch on. I didn't think she was feeding properly at all. I kept pressing the buzzer through the night, but whenever they did come they just said 'Yes, how long has she been on for?' I thought she'd been on for about five minutes, so they said 'that's fine' and then they went, but they didn't look to see if she was properly on, which it turned out she wasn't, and she was readmitted malnourished and dehydrated two days later. They were more bothered in showing me how to bath her than to actually show me how to feed her."
(Mum, 26 - 30)

"[Midwives] did come and support you, but it always seemed to be as though they were in a rush and they had to go off to the next patient... They were lovely. They were really nice. I did get to know them really well, but I do think they're spread too thinly." (Mum, 26 - 30)

4.3.3 Discomfort

Some mums also mentioned that the discomfort of feeding dissuaded them from continuing to breastfeed:

"I wanted to breastfeed, but ended up bottle feeding... Because I got sore. It hurt, so I just stopped doing it." (Mum, 19 and under)

"It would have been nice if there were classes beforehand because you'd know what to expect. I didn't think it would be as painful as it was. You just think that on paper they make it look as if it's lovey dovey, but it's not as straightforward as that." (Mum, 26 - 30)

This discomfort may have been because their breastfeeding technique needed refining but it may also have been due, as the second mum indicates to, an unrealistic image of what breastfeeding was going to be like.

4.3.4 Feeding choice 'taken out of their hands'

Other respondents felt that the feeding choice had been made for them by the situation in the hospital and either did not want to change the feeding method or were not aware that they could revert back to breastfeeding.

"I had an emergency caesarean so I was knocked out to the world. When I came round, they were already feeding her with bottles and I thought there was no point changing her."
(Mum, 19 and under)

"When I had him I was bleeding and had to have a blood transfusion, so I wouldn't have been able to [breastfeed] while they were sorting that out, so his dad just gave him a bottle and then I didn't want to change him." (Mum, 19 and under)

"I wanted to breastfeed because breast is best, but he got put on a bottle first." (Mum, 19 and under)

4. RESEARCH FINDINGS

4.3 TRIGGERS TO BOTTLE FEED/ BARRIERS TO BREASTFEED (Cont'd)

4.3.5 Ease/ convenience

Finally some mums said they had chosen to bottle feed when they were in hospital as this was an easy and convenient option.

"[The bottles] are made when you're in hospital. [The midwives] put a teat on for you and it's all done." (Mum, 19 and under)

"I went straight to bottle....[the midwives] gave me the old 'do you want a bottle?'" (Mum, 19 and under)

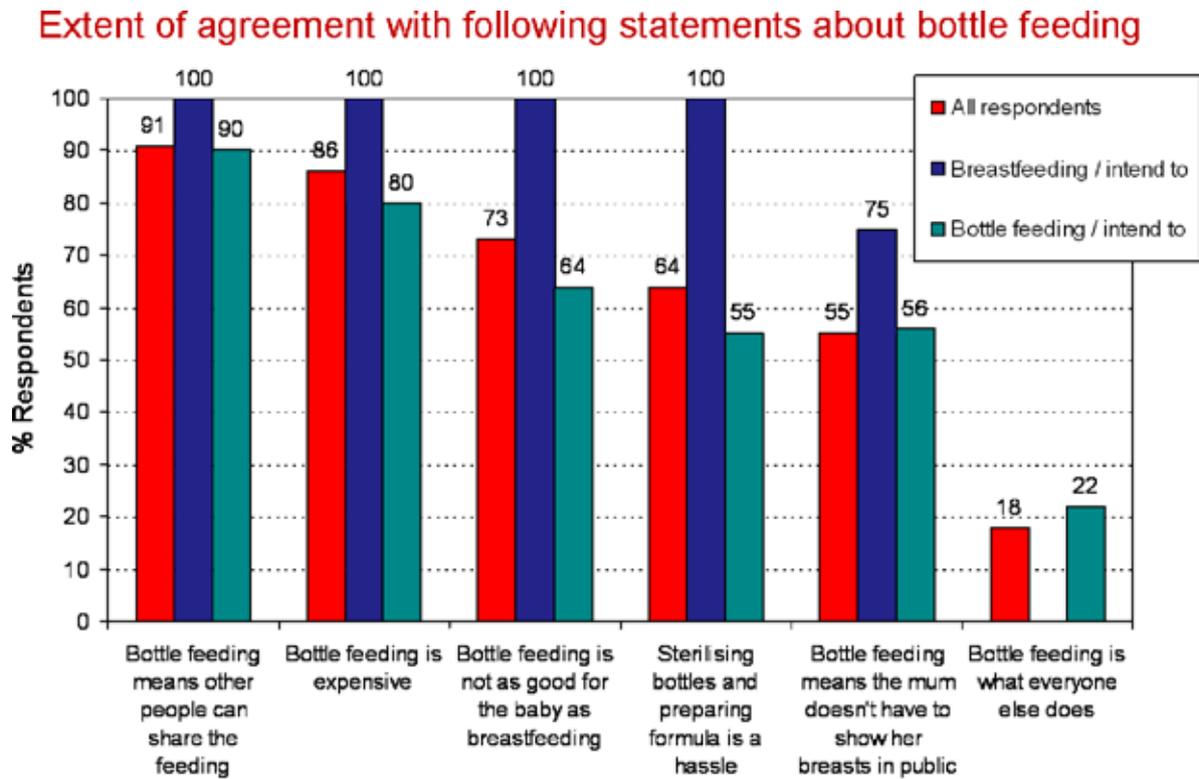
4.3.6 Conclusion

The majority of barriers to breastfeeding and triggers to bottle feeding mentioned focus more on avoiding what are perceived to be the negatives of their experiences with breastfeeding (lack of confidence in doing it 'right', lack of advice and support and discomfort) rather than seeking out bottle feeding as a positive choice, although for some mums the ease of bottle feeding was seen as an influence. Potentially with more support and information given antenatal and postnatal more mums may be encouraged to successfully initiate and maintain breastfeeding for a longer period.

4. RESEARCH FINDINGS

4.4 ATTITUDES AND PERCEPTIONS OF BOTTLE FEEDING

Figure 10:



Base: 13 Respondents (Average base 5 Breastfeeding, 10 Bottle feeding)

Balance: New mums and mums to be over 30 / NR / DK

NB. Multiple Responses

The above figure shows the responses of those taking part in the quantitative questionnaire in relation to bottle feeding. The main statements that were agreed with were that other people can share the feeding, that breastfeeding is expensive and that it is not as good for the baby as breastfeeding. These statements are supported by the sample we spoke to qualitatively.

This section reviews the perceived advantages and disadvantages of bottle feeding. The main advantages of bottle feeding were seen to be around convenience and ease, freedom for mum, being able to share the feeding and a reassurance that the mum knows how much milk the baby has taken in.

4. RESEARCH FINDINGS

4.4 ATTITUDES AND PERCEPTIONS OF BOTTLE FEEDING (Cont'd)

4.4.1 Benefit - Convenience and ease

Key benefits of bottle feeding were seen as 'convenience' and 'ease' by some mums.

"You can feed anywhere." (Mum, 19 and under)

"It's easy. You just warm it up and off you go." (Mum, 26 - 30)

"More convenient." (Mum, 26 - 30)

4.4.2 Benefit - Freedom

Some mums, especially younger mums cited freedom as a key benefit of bottle feeding, that they would not feel as tied to the baby and the responsibilities of motherhood.

"You can go out, I suppose. I can just leave her with mum." (Mum, 26 - 30)

"It's easier for you to get your life back to normal." (Mum, 26 - 30)

4.4.3 Benefit - Shared feeding

Some mums and dads saw a benefit of bottle feeding as being that both parents were able to be involved with the feeding:

"Everybody can feed. I'm thinking of expressing so [my partner] can get up in the night."
(Mum to be, 26 - 30)

"Mentally, yes, because then you can share it with the dad. With my third son it was lovely for my husband to be able to feed him as well. We'd pass him round a bit so it's not all you, especially with having two young kids at the time. It was nice to share that burden. I kept my sanity." (Grandmother)

"Perhaps from a partner's point of view, maybe." (Grandmother)

"Bottle feeding is something I can do, as well, so that's a big advantage." (Partner)

"It's easier, to be honest, because my husband was getting involved. When he could get up for the night feeds it was better." (Mum, 26 - 30)

4.4.4 Benefit - Confidence

Another benefit of bottle feeding mentioned was the reassurance they felt in being able to see how much milk their child had taken. This again relates to a lack of confidence and concern of mums that they are not doing it 'right'. Being able to see first hand that their child had taken the recommended amount gave the mum reassurance that they were doing it 'right'.

"You can see how much they're taking." (Mum, 19 and under)

"...You can see what they've had." (Grandmother)

4. RESEARCH FINDINGS

4.4 ATTITUDES AND PERCEPTIONS OF BOTTLE FEEDING (Cont'd)

4.4.5 Drawback - Sterilisation

The main disadvantage of bottle feeding was seen to be the sterilisation process and preparation of bottles but other drawbacks included the cost of formula, mums guilt at bottle feeding and some cases of poor digestion of formula milk. The issue mentioned most frequently by mums of bottle feeding was the sterilisation:

“Having to make bottles up all the time and washing them.” (Mum, 19 and under)

“Sterilising was a bit of a chore.” (Mum, 26 - 30)

“Sterilising.” (Mum, 19 and under)

“You have to [sterilise bottles] every morning. It has got to be changed very morning.” (Mum, 19 and under)

“Just the messing about. You’ve got to make sure that everything is sterilised properly and things like that, and you’ve got to carry bottles everywhere you go. You’ve got a lot more to prepare.” (Grandmother)

“Messing around warming them up and sterilising.” (Partner)

4.4.6 Drawback - Cost

Also cost was cited as a disadvantage:

“Because the formula is so expensive, it wasn’t really an option.” (Mum, 26 - 30)

“Costs.” (Mum, 19 and under)

“It makes you skint.” (Mum, 19 and under)

4.4.7 Drawback - Guilt

As was guilt which one mum talked openly about and some negative experiences with digestion:

“I felt really guilty giving my baby formula....I just thought ‘it’s not natural’.” (Mum, 26 - 30)

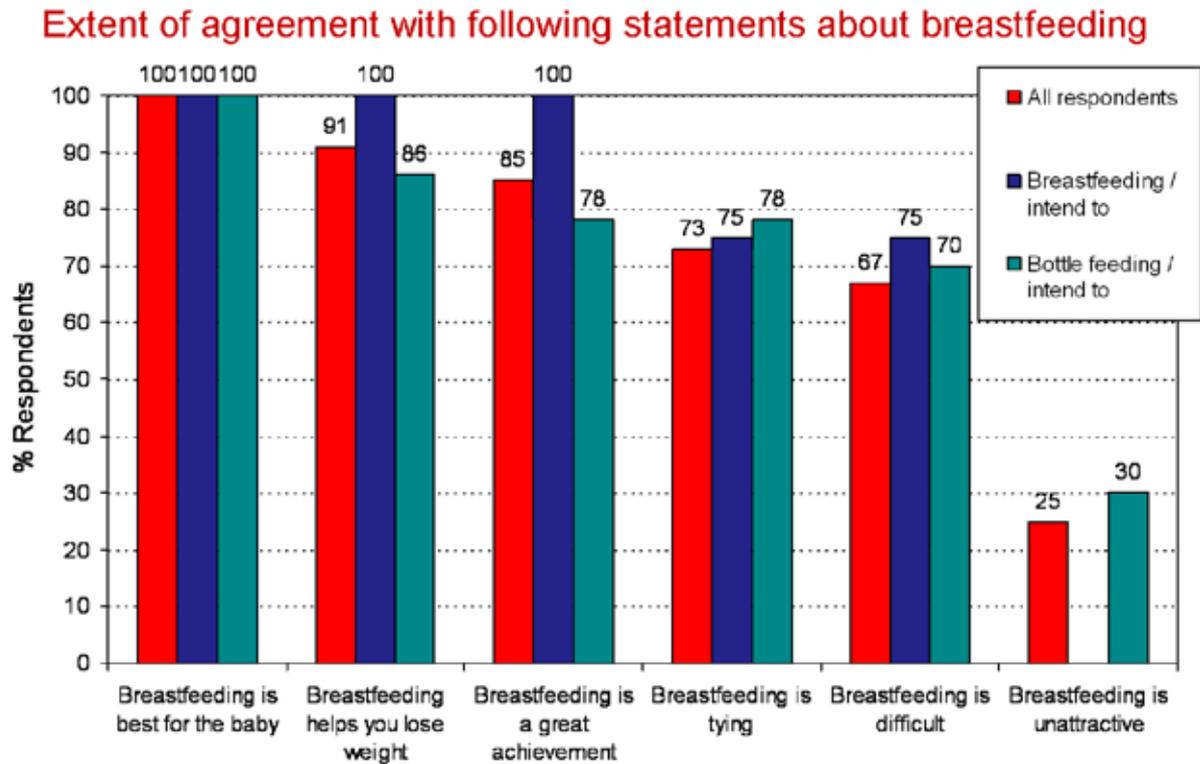
“They can get a lot of wind.” (Mum to be, 26 - 30)

4.4.8 Conclusion

Although there were seen to be some clear disadvantages related to bottle feeding, generally focussing on the practical element e.g. sterilising and the cost of formula, the stronger, more emotional advantages of bottle feeding such as the freedom that mum gets by being able to involve others in feeding and the confidence and reassurance of knowing she has fed her baby the ‘right’ amount outweighed these practical disadvantages for the 13 mums who did not breastfeed.

4. RESEARCH FINDINGS

4.5 ATTITUDES AND PERCEPTIONS OF BREASTFEEDING



Average base: 13 Respondents (Average base 5 Breastfeeding, 10 Bottle feeding)
 Balance: New mums and mums to be over 30 / NR / DK
 NB. Multiple responses

Feedback from the questionnaires highlights that universally respondents believe that breastfeeding is best for the baby, that breastfeeding helps mums lose weight and that it is an achievement. There was less mention by those that we spoke to qualitatively explicitly about breastfeeding being an achievement but both breastfeeding being better for the baby and helping mums lose weight was mentioned frequently.

Almost universally mums, mums to be, partners and grandmothers believed breastfeeding to be best for their child in health terms, with many also believing that it helped mother child bonding and a smaller number of mums identifying the physical benefits that they could derive from breastfeeding.

4. RESEARCH FINDINGS

4.5 ATTITUDES AND PERCEPTIONS OF BREASTFEEDING (Cont'd)

4.5.1 Benefit – 'Goodness'

The vast majority of the target sample knew that breastfeeding had health benefits for the child, with varying degrees of knowledge about this:

"I know breastfeeding is better, anyway, so that is what I always wanted to do." (Mum, 26 - 30)

"I did want to breastfeed because... it is better for them." (Mum, 26 - 30)

"Breastfeeding is best." (Mum, 19 and under)

"It's better for the baby." (Grandmother)

"It helps their immune system, doesn't it?" (Mum, 20 - 25)

"It has got all the nutrients and everyday things they need." (Mum, 19 and under)

"It helps the immune system." (Mum, 19 and under)

"It protects them from infections and stuff." (Mum, 19 and under)

"The first three days are the best bits because it's the best kind of milk to give them, and then the rest of it is normal milk. The first three days is the proper milk that helps them."
(Mum, 19 and under)

"Get antibodies and that." (Mum to be, 26 - 30)

"All I know is that it's good for your child." (Mum to be, 20 - 25)

"They get all your goodness, don't they?" (Mum to be, 26 - 30)

"Just they're more immune to infections because they've got antibodies." (Partner)

"He wanted her to be breastfed as well because she'd get all the goodness from it."
(Mum, 26 - 30)

4.5.2 Benefit – Emotional bond between mum and baby

The bond that breastfeeding is seen to form between mum and baby was identified as an advantage by many respondents:

"You're going to have that closer bond." (Mum, 26 - 30)

"I heard it forms a stronger bond between you and your child." (Mum, 20 - 25)

"For that bond and for baby to get the goodness." (Mum to be, 26 - 30)

4. RESEARCH FINDINGS

4.5 ATTITUDES AND PERCEPTIONS OF BREASTFEEDING (Cont'd)

4.5.2 Benefit – Emotional bond between mum and baby (Cont'd)

“Just for the bonding, really.” (Mum to be, 26 - 30)

“I think it helps mother and baby bond a lot.” (Partner)

“From a bonding point of view.” (Grandmother)

4.5.3 Benefit – Mums can lose weight

A smaller amount of mums to be talked about the benefits of breastfeeding for the mum herself, including weight loss following the birth.

“The only thing I heard was weight loss.” (Mum to be, 20 - 25)

“It helps you lose the weight you’ve put on.” (Mum to be, 26 - 30)

The main disadvantage mentioned in relation to breastfeeding initiation and continuation were other peoples negative opinions directed at mums breastfeeding in public (not necessarily experienced first hand but perceived), with others talking about the physical demands of feeding, concerns that their partners were not able to share the feeding and a lack of support/reassurance.

4.5.4 Drawback – Embarrassment about feeding in public

Many mums were very wary about breastfeeding in public and this was stated as one of the main barriers towards breastfeeding. Mums were concerned about what other people may think or say to them if they were to breastfeed in public.

“I think people are scared of what other people think when they’re out shopping and things.” (Mum, 20 - 25)

“I think it’s because they’re frightened about if the baby needs feeding [in public]; I think they feel embarrassed.” (Mum, 20 - 25)

“It was really uncomfortable and I felt a bit like people were watching me.” (Mum, 26 - 30)

“I wouldn’t [breastfeed] outside. I would do, but everyone stares at you.” (Mum, 19 and under)

“I wouldn’t do it [outside].” (Mum, 19 and under)

“Also, when you’re out, if you don’t want to breastfeed in public then it’s easier to give them a bottle.” (Mum, 26 - 30)

“I don’t think I’d [breastfeed] outside.” (Mum, 19 and under)

4. RESEARCH FINDINGS

4.5 ATTITUDES AND PERCEPTIONS OF BREASTFEEDING (Cont'd)

4.5.4 Drawback – Embarrassment about feeding in public (Cont'd)

"I thought about it all the time. I wanted to breastfeed because I knew it was the best thing to do because they get everything from it, but in a way I didn't want to because I felt embarrassed. When they need a feed, I'd be embarrassed if I was somewhere. I know you can express milk, but it will be harder than making a bottle up so somebody else can do it. I think they were the main reasons why I didn't do it because I felt embarrassed of doing it, but I wish I would have done it now." (Mum, 26 - 30)

"... I think I did worry about if you're out and about and they want feeding."
(Mum to be, 26 - 30)

"I don't know if I'd feel a bit embarrassed about it.... I am quite shy." (Mum to be, 26 - 30)

4.5.5 Drawback – Physically demanding

Some mums also found breastfeeding overwhelming in terms of the physical demand that was placed upon them, or imagined demand (from a bottle feeding mum) with a couple of mums mentioning discomfort.

"Just because she relies on me all the time, and the middle of the night and things like that, but that's the only one." (Mum, 26 - 30)

"It's quite demanding on the mum.... only you can feed the baby." (Mum, 26 - 30)

"He wanted a bottle every hour. If I had been breastfeeding, it would have been a lot more painful for me." (Mum, 20 - 25)

"You get sore." (Mum to be, 19 and under)

4.5.6 Drawback – Lack of support

Also some mums talked again about the lack of perceived support and guidance in relation to how to breastfeed as being a barrier to continuation of breastfeeding.

"It was hard. I found it hard. I didn't think you had as much support as you should do."
(Mum, 26 - 30)

"It's my first child, so it's not something I'm aware of how to do. There was no help."
(Mum, 26 - 30)

4. RESEARCH FINDINGS

4.5 ATTITUDES AND PERCEPTIONS OF BREASTFEEDING (Cont'd)

4.5.7 Drawback – Lack of role for partner

A small number of mums cited a concern that their partner would bond less well with the baby if they were not able to participate in the feeding and one dad feeling somewhat powerless in relation to the feeding as he was not able to help directly.

“Then again your husband wouldn’t have that bond, would they? They’re pushed to the side.”
(Mum, 26 - 30)

“There’s nothing I can help with, so that’s the downside.” (Partner)

4.5.7 Conclusion

To conclude, there is a universally held belief that breastfeeding is best for the child physically and emotionally (the mother baby bond) but the pressure, both perceived and actual, of other peoples negative opinions about breastfeeding appears to put many women off breastfeeding and is cited as an important reason for either not initiating breastfeeding or early discontinuation of breastfeeding. Also the physical demands are identified by a number of mums as a barrier to continuing breastfeeding as they felt that they would be overwhelmed by the frequency and constancy of the demand for feeding.

4. RESEARCH FINDINGS

4.6 AWARENESS OF ANY SUPPORT SERVICES FOR BREASTFEEDING AND BREASTFEEDING CAMPAIGNS

4.6.1 Awareness of current breastfeeding campaigns

Many of the mums, mums to be and a partner had some awareness of leaflets and posters regarding breastfeeding, but were unable to be more specific. They recalled seeing leaflets and campaign posters in their doctors surgery and in the hospital, and one mum to be mentioned that Facebook had some information, but she didn't remember too much about it. The general impression was that the leaflets and posters had limited impact.

"I got a leaflet after the baby was born – it had different positions and how breastfeeding is good for the baby." (Mum, 19 and under)

"My GP gave me some leaflets to look at but I can't say I've looked at them properly." (Mum to be, 26 - 30)

"I've seen the odd leaflet on the wall, but usually we've been straight in and straight out. I've not seen many. I've not seen anything in any detail." (Partner)

"I saw posters and that." (Mum, 19 and under)

"I saw leaflets." (Mum, 19 and under)

"They had leaflets at the doctor's....they just told you what was good about [breastfeeding] and why you should do it." (Mum, 19 and under)

"When I was carrying, I had a look at leaflets in waiting rooms. It was telling you about how good it is for your baby." (Mum, 20 - 25)

"I've seen adverts and messages about breastfeeding] at the doctors and hospital. There's stuff on Facebook." (Mum to be, 26 - 30)

4.6.2 Awareness of current support services

Some mums, when prompted, were aware of some organisations and groups they could attend, but again, none of the mums were able to go into too much detail, and they had made little impact.

"A baby clinic...you get them weighed but you can talk to them about anything." (Mum, 19 and under)

"I've been [to Bumps and Babes]...it's like toddlers and babies...new mums go to groups and talk about things." (Mum, 19 and under)

4. RESEARCH FINDINGS

4.6 AWARENESS OF ANY SUPPORT SERVICES FOR BREASTFEEDING AND BREASTFEEDING CAMPAIGNS (Cont'd)

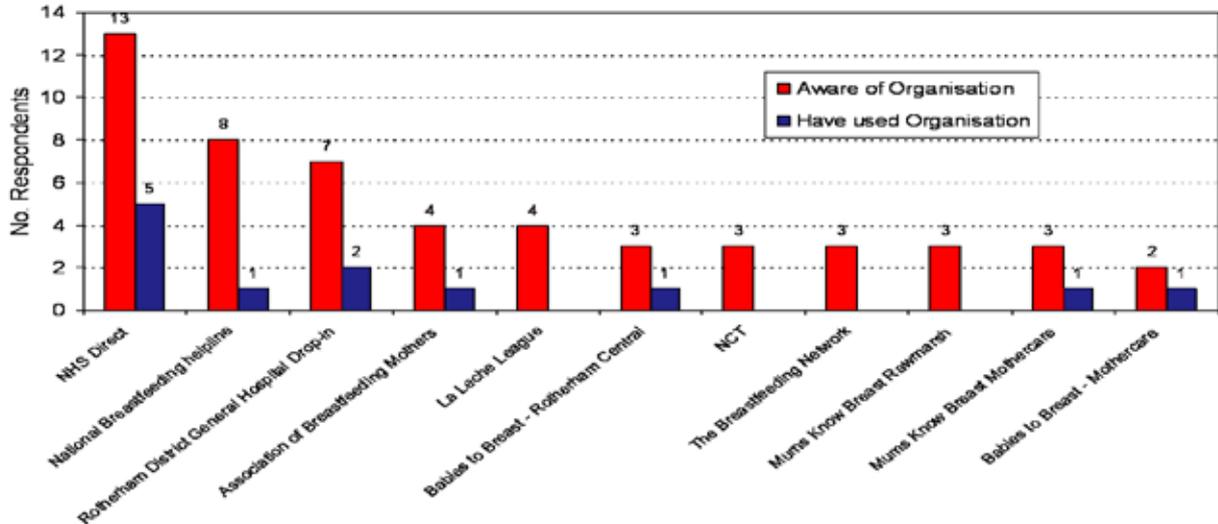
4.6.2 Awareness of current support services (Cont'd)

"[The Drop in] sounds like youth start." (Mum, 19 and under)

Awareness of support campaigns and services was quite low – respondents were unable to talk about any they had experience of in any great detail. They did seem to be aware that information was available, but the take up had been low.

Questionnaires were used to probe further about awareness and usage of national and local support services and the responses can be seen in the following charts. NHS Direct, the National Breastfeeding Helpline and the Rotherham Drop in Centre had highest levels of awareness, although awareness of NHS Direct was likely to be influenced by general usage rather than breastfeeding specific usage. More mums planning to breastfeed or breastfeeding had accessed organisations than those planning to or choosing to bottle feed. Usage of the services was at a relatively low level.

Awareness and use of organisations – All respondents



Base: Aware - 14 Respondents (12 New mums, 2 Mums to be) / Used- 6 Respondents (6 New mums, 0 Mums to be)
 Balance: New mums and mums to be over 30 / NR / DK
 NB. Multiple Responses

4. RESEARCH FINDINGS

4.6 AWARENESS OF ANY SUPPORT SERVICES FOR BREASTFEEDING AND BREASTFEEDING CAMPAIGNS (Cont'd)

Figure 13:

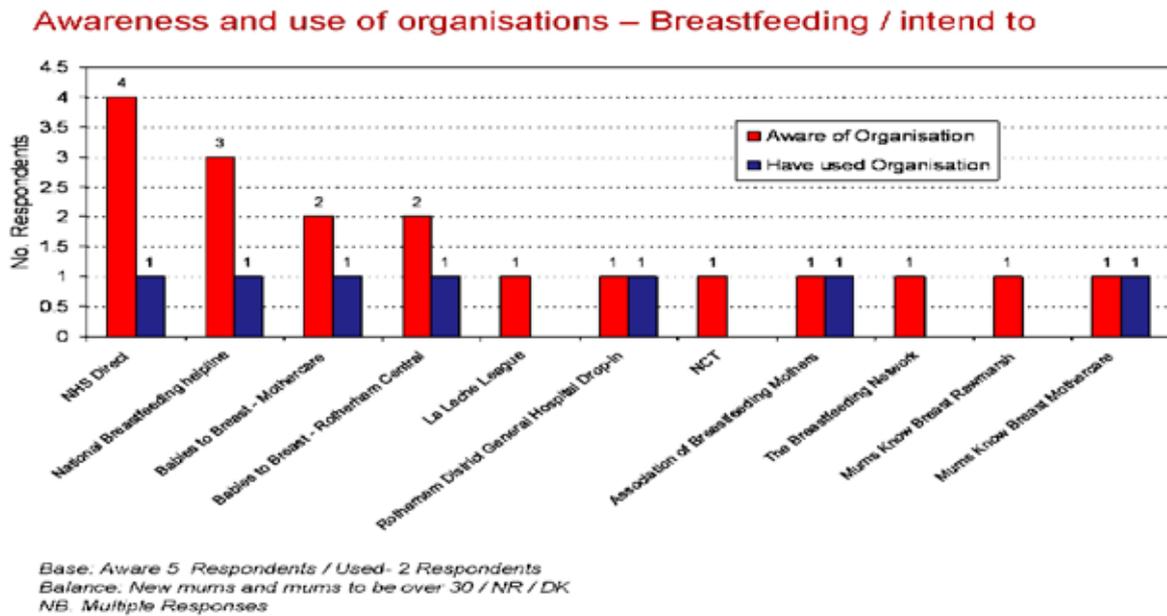
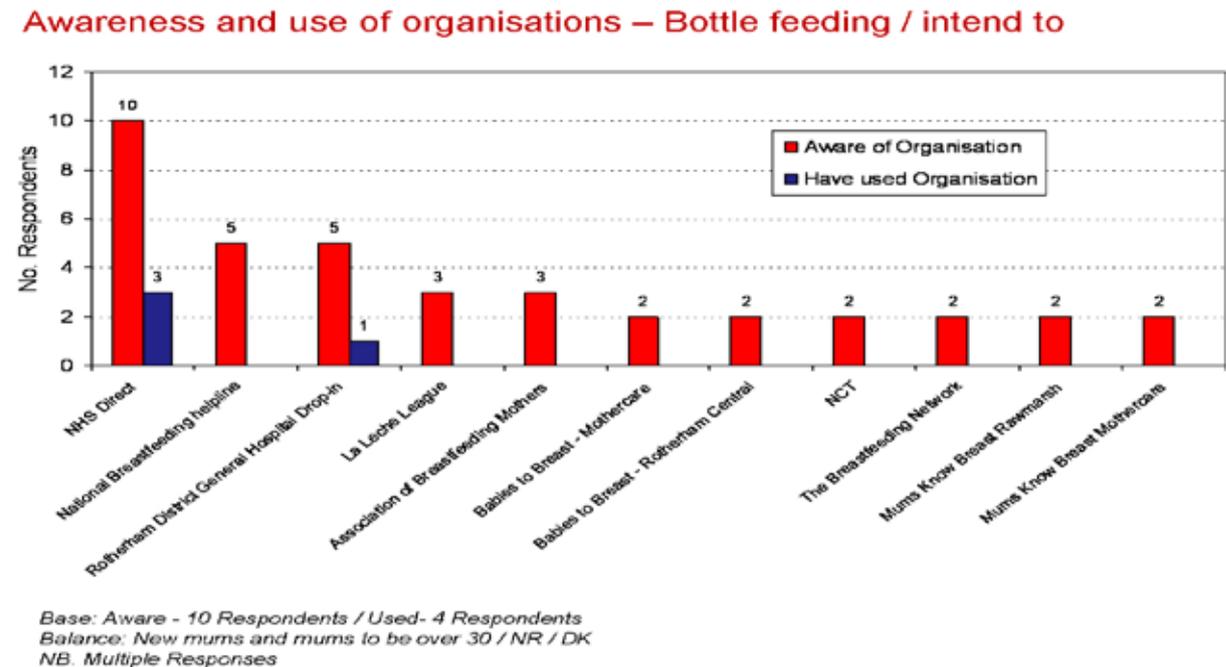


Figure 14:



4. RESEARCH FINDINGS

4.7 PRE TESTING OF THE BE A STAR CAMPAIGN

4.7.1 First reactions to Be a Star campaign

The Be a Star campaign was communicated to the audience through visuals of posters (where interviews were conducted over the phone the posters were described to the respondents). On being shown the posters, or having them described, the majority had positive initial reactions to them and felt it was a positive move forwards from what they would expect to see.

“If I saw it, I’d definitely look at it. They’re bright, aren’t they? They catch your eye.”
(Mum, 26 - 30)

“They do get your attention because of the bright colours. It does encourage you to read on.”
(Grandmother)

“You’ve got to get people to read them first, haven’t you? People see that and then are more inclined to read about the other bits. You need to be drawn into it before you get into the finer detail.” (Partner)

“If I was out, I wouldn’t think it was a breastfeeding poster. It’s not what you’d normally see.”
(Mum, 19 and under)

In relation to the communication of the core message – that the women in the posters are local mums breastfeeding who are not famous ‘stars’ but are stars because they are breastfeeding – this was understood by most but for some there was confusion. Those that understood the message had positive feedback.

“I think it’s a really good idea to entice young mums into breastfeeding.” (Mum to be, 20 - 25)

“I think it’s saying everybody can breastfeed and it’s good for the baby if you do.”
(Mum, 26 - 30)

“Anything to encourage [breastfeeding] is good.” (Partner)

4.7.2 Seeing the mum as a ‘famous star’

Some took out the positive message that the young mum was actually a famous ‘star’ because the styling was so effective.

“It’s like they can do stuff and still have children as well.” (Mum, 19 and under)

“That they’re not just doing it because they’re in a position, you know, like an actor or model would promote things. She’s not just a model. They’re doing it for a reason, aren’t they?”
(Mum)

“That it’s for anybody. It’s for anybody from anywhere.” (Grandmother)

“You see that person is doing something other than breastfeeding. They’ve got a separate life that includes the child.” (Mum, 20 - 25)

4. RESEARCH FINDINGS

4.7 PRE TESTING OF THE BE A STAR CAMPAIGN (Cont'd)

4.7.3 'Breastfeeding mums can feed anywhere'

Whereas others took out a positive, but literal message that mums can breastfeed anywhere.

"I think they're trying to say that no matter where you are, what you're doing, you've got your baby with you all the time." (Grandmother)

"It's saying you can do it anywhere. Whatever you're doing, it doesn't matter."
(Mum, 19 and under)

"It shows you can do it no matter what you're doing." (Mum, 19 and under)

4.7.4 'It's not obvious she's breastfeeding'

Some people that looked at the posters commented on the fact that it wasn't always obvious that the mum was breastfeeding which led to confusion for some when they were trying to interpret the overall message. However it is important to bear in mind that for some mums and mums to be exposure is a barrier.

"No, it's not [obvious she is breastfeeding]". (Mum, 20 - 21)

"It's not focusing on the baby breastfeeding." (Mum, 20 - 21)

"Don't think it says a lot, not sure what it's trying to say." (Mum, 26 - 30)

"It doesn't say anything about breastfeeding, apart from that bit at the bottom."
(Mum, 19 and under)

4.7.5 Feedback to the visuals

Feedback to the visuals were generally positive with grandparents and mums especially, who were pleased that young mums had been portrayed in a positive, upbeat and aspirational way.

"I'm just thinking how nice they look because they all look like they've time to do all this and have their babies with them at the same time. It looks nice." (Grandmother)

"She just looks funky." (Mum, 19 and under)

"I'd say they're attractive." (Mum, 19 and under)

"It's like they can do stuff and still have children as well." (Mum, 19 and under)

However a number of respondents were again rather literal in their response to the poster visuals saying that the images were not realistic and that it made breastfeeding look easy, which had not been their experience of breastfeeding

4. RESEARCH FINDINGS

4.7 PRE TESTING OF THE BE A STAR CAMPAIGN (Cont'd)

4.7.5 Feedback to the visuals (Cont'd)

"No....you wouldn't breastfeed dressed like that." (Mum, 26 - 30)

"I wouldn't be breastfeeding like that. I'd be in my sloppy jumpers, wobbly belly and jogger bottoms." (Mum, 26 - 30)

"If you take it too glamorous, you take it away from the people you're trying to appeal to."
(Partner)

"I know you wouldn't be dressed like that and it is for an advert, but they do all look as though it's really easy. They do make it look as though it's really easy. (Mum, 26 - 30)

"They make it look as though 'That's it, away you go.'"(Mum, 26 - 30)

4.7.6 Feedback to the wording

In relation to the specific wording on the posters, the most effective messages were the short, upbeat messages from influencers eg parents, child, boyfriend and friend. Respondents appreciated the positive 'quotes' which were supportive and seen as a positive personal touch.

"I do like how they've put all that there [the message from the boyfriend]." (Mum, 26 - 30)

"It makes it more personal. It's like being advised rather than dictated to." (Partner)

"It's showing that different people in her family and her friends all appreciate her."
(Mum, 19 and under)

"It's good for breastfeeding. That's nice. That's something her husband or partner can write."
(Mum, 26 - 30)

Others welcomed the highlighting of the health benefits, where these were noticed, for mum and baby also.

"... it's good for the baby if you do [breastfeed]." (Mum)

"Fair enough they're explaining about breastfeeding like it reduces your chance of stomach upsets and stuff like that, so that's good that they've put that. If I read all that, I might have thought more about it." (Mum, 19 and under)

To ensure that the local Be a Star campaign meets the needs of the local target audience respondents we asked about amendments that they would recommend for the local roll out of the campaign. Suggestions primarily focussed around making the breastfeeding message totally transparent, slight modification of the visuals and the benefits of breastfeeding being even more apparent.

4. RESEARCH FINDINGS

4.7 PRE TESTING OF THE BE A STAR CAMPAIGN (Cont'd)

4.7.7 Respondent suggestions – breastfeeding message

Respondents did not dictate how the breastfeeding message could be made clearer but wanted to see, and have other people see, at a glance that the poster was part of a breastfeeding campaign which could be achieved through a combination of visuals and text.

“I don’t think it looks as though they’re breastfeeding and if you didn’t notice, you might not take notice of what it is. (Mum, 19 and under)

4.7.8 Respondent suggestions – benefits

Some mums stated that they would want to see the benefits of breastfeeding highlighted more, as some did not pick up on the benefits contained within the paragraph. This would also work to reinforce the message that this was a breastfeeding campaign.

“It needs something on there about breastfeeding is the natural way of feeding your child, just something to get the message home.” (Mum, 20 - 25)

“Probably put in something like ‘reasons for breastfeeding.’ If someone is thinking about breastfeeding and it says something like that in big letters, they might think ‘Oh.’ And then reasons for not bottle feeding.” (Mum, 19 and under)

“It is eye-catching, but I’d rather it be reasons why to breastfeed.” (Mum, 19 and under)

“That wouldn’t really catch my eye, you know, it wouldn’t catch my eye unless I looked at that bit [about the benefits].” (Mum, 19 and under)

“I think more like something that takes your eye straightaway, something there like a heading there to get you straight to what it’s all about. ‘She’s not a singer, she’s a star,’ you look at that and it’s like she’s holding the baby rather than breastfeeding the baby. Think of something really good to put on the top as a headline, something that gets your attention.... Draw your eye to the fact she is actually breastfeeding.” (Grandmother)

“If you’re putting the health benefits on it, I think that’s a good idea.” (Mum, 26 - 30)

4.7.9 Respondent suggestions – feedback from mum

In terms of other information they would like to see on the posters some mums did mention that they would like to see personal feedback from the mum.

“Put how she found breastfeeding.....I think you’ve got to put pros and cons.... Probably some numbers [to call] for more information.” (Mum)

4. RESEARCH FINDINGS

4.7 PRE TESTING OF THE BE A STAR CAMPAIGN (Cont'd)

4.7.10 Respondent suggestions – images

Those that reacted literally to the images did agree that they would not necessarily wish to see an everyday mum but would prefer a slightly improved version of mums like themselves.

“Joggers and a sloppy top - if you've got a little one that's a month old you've not got time to be dressed like that with the hair and make up, have you? Make it more realistic, I suppose.”
(Mum, 26 - 30)

“Just normal, happy women - it just glamorises it too much.” (Mum, 26 - 30)

“[She would wear] jeans and a top...just normal stuff.” (Mum, 19 and under)

“Make people on them look more... Not realistic, but wearing stuff that normal people would.”
(Mum, 19 and under)

“[They could still look nice, maybe] just like a nice dress and not a big fluffy one. Something you'd go out to a party in and just nice shoes and stuff.” (Mum, 19 and under)

“What you'd go to the pub in or something, like a party at the pub for somebody's birthday.”
(Mum, 19 and under)

A suggestion by a couple of mums who had talked about embarrassment when breastfeeding suggested that for further iterations of the campaign communications could be used to help tackle this social stigma.

“Put it in the background of a pub, or on a bus, or in a shop – show them that you can do it on the bus or when you're shopping.” (Mum, 19 and under)

4.7.11 Conclusion

To conclude the campaign does mark a real step change in terms of what people are expecting to see in relation to a breastfeeding campaign which is a positive move in terms of changing peoples perceptions but also means the signposting of the message and the purpose needs to be stronger than in other more traditional campaigns. The use of images of young, fashionable mums is new and innovative but for the Rotherham target the glamour may benefit from being toned down from the more dramatic dancer/ opera singer glamour to the more everyday, achievable WAG style glamour.

In relation to the messages communicated in the wording it will be important to recognise that some of the target population may have literacy issues and be less willing than other audiences to read the 'small print' of posters or areas of condensed text. The shorter phrases were noticed and appreciated more than the longer paragraph stating the benefits which was missed by many. Therefore messaging should be kept short and impactful which would allow the key text to stand out and be absorbed more easily.

4. RESEARCH FINDINGS

4.8 APPEAL AND PERCEIVED EFFECTIVENESS OF INTERVENTION IDEAS (Cont'd)

A number of interventions were tested with respondents which could be implemented as part of the Be a Star campaign. These were peer to peer support in hospital, peer to peer support in home, breastfeeding sessions, 24hr helpline, SMS messaging, breastfeeding friendly venues and a blog / internet site. Overall these were received very positively.

“I think you’ve got some really good ideas!” (Mum to be, 26 - 30)

“The more things that are out there the better because a lot of people panic when stuff is not going right.” (Partner)

“I think you’ve covered it all. I think you’ve got some really good ideas.” (Mum to be, 20 - 25)
The three ideas that received most support were the face to face support services – in hospital peer to peer support, in home peer to peer support and breastfeeding support sessions as there was seen to be a real need to gain advice first hand from mums that had experience of breastfeeding rather than learning remotely how to breastfeed. To look at these in turn:

4.8.1 Peer to peer support in hospital

Peer to peer support in hospital was well received with many seeing this as a crucial opportunity for friendly advice from a mum who had breastfed herself at a time when the reality of feeding and decisions about feeding were made. There were many positive mentions of midwives but there was a real desire for a mum who had been through the process and could offer tips on how to do it and empathise with them.

“Some of the midwives aren’t a mum themselves, they can’t relate to it...someone who’s breastfed and in the hospital would be loads better.” (Mum, 26 - 30)

“Somebody coming round to talk to you about it. If the midwives have never breastfed before, they don’t really know much.” (Mum, 19 and under)

“I think if it was a professional I might feel a bit more comfortable because they’re trained to do it, but obviously they haven’t got the experience of that a mum has. I think that would be good.” (Mum to be, 20 - 25)

“Yes [on maternity ward peer support] and probably before as well, you know, in anti-natal classes or something like that.” (Partner)

“That would be better than anything else. The midwives have got a lot of paperwork to do and haven’t really got the time. At least a mum who has already had a baby knows what you are going through a bit more.” (Mum, 26 - 30)

4. RESEARCH FINDINGS

4.8 APPEAL AND PERCEIVED EFFECTIVENESS OF INTERVENTION IDEAS (Cont'd)

4.8.1 Peer to peer support in hospital (Cont'd)

"I do like that idea of, instead of it being a nurse or a midwife, having another person like me. You wouldn't feel as bad taking it from someone like that. Some of them come round and haven't got children themselves, and you think 'What are you telling me for? How can you tell me that?' It is nice if someone else has done it." (Mum, 26 - 30)

However, this offer of support needs to be managed carefully for some mums who highlighted that they may be feeling particularly sensitive and somewhat overwhelmed by the birth and so not wish to see visitors immediately post birth.

"I wouldn't like [peer to peer support on the ward]. When I first had my little one, it was the midwife that tried to help me and I still felt uncomfortable with her doing it. (Mum to be, 20 - 25)

"When you've just had your baby in hospital, you just want your family. I wouldn't want anybody else coming in. It's a bit too soon. I know you've got to breastfeed from birth, but in hospital I'd want a professional. I wouldn't like anybody else to come in." (Mum to be, 20 - 25)
Peer support on the maternity ward - "I think that's less of a good idea.... I'm not sure they're receptive at that point." (Grandmother)

4.8.2 Peer to peer support in home

In home peer to peer support was also seen positively by many respondents because those that had tried breastfeeding recognised that the time post discharge from hospital was sometimes more difficult than when they were in hospital where health professionals had been available. Mums talked about the need for ongoing support in feeding as opposed to one single session.

"Peer to peer at home - "That's a brilliant idea." (Grandmother)

"That sounds like a good idea. When I was breastfeeding I didn't know anybody else that would have done it, so that would have been a benefit to me. It is really hard at first. If they tell you it will get better after the first few weeks... because a lot of people give up in the first couple of weeks. I think that would be really useful." (Mum, 26 - 30)

"That's good. Like I said, I had that miserable nine months when I had [name]. I had this one woman that came to the house and she didn't really give me much advice other than 'You're doing ever so well. Persevere.' I didn't get any proper advice. Because I've been through it, I can give [name] advice. I was miserable. (Grandmother)

"I think that one about a mum coming round and supporting people [is good]."
(Mum, 19 and under)

"It encourages a bit more, doesn't it? You know there's someone there for you, you're not by yourself." (Mum, 26 - 30)

4. RESEARCH FINDINGS

4.8 APPEAL AND PERCEIVED EFFECTIVENESS OF INTERVENTION IDEAS (Cont'd)

4.8.3 Breastfeeding support sessions

The suggestion of breastfeeding support sessions was again received positively with mums and a partner seeing this as a beneficial idea which would not only advise the mums how to breastfeed but would also manage expectations of what breastfeeding was to be like prior to the birth. One mum in particular welcomed this idea for the knowledge it would have given her about breastfeeding which may have made her more likely to continue breastfeeding and seek support.

"[It was good] in antenatal class, they had two mums come in." (Mum, 19 and under)

"The earlier you can get the support the better." (Mum to be, 26 - 30)

"If you weren't necessarily thinking about breastfeeding, it might change your mind if you went. You might think 'I will try it.'" (Mum to be, 26 - 30)

"I think that's definitely the best time when they're pregnant. I think that's when they're thinking most about everything." (Partner)

"I think that would be very useful. I think it would make people think a lot more about going for the breastfeeding option." (Mum to be, 20 - 25)

"Yes. If I'd have known how they're meant to latch on properly, it might have given me an idea of what to look out for. She wasn't putting all of my nipple into her mouth. If I'd have known they were meant to from the beginning, I would have been more persistent with the nurses to let them know she wasn't feeding and things weren't right." (Mum, 26 - 30)

4.8.4 24 hour helpline

The suggestion of a 24hr phone line received the greatest level of interest amongst the non face to face interventions because of the immediacy of support and being able to access support at times when other people are not available.

"If you're stuck in the middle of the night that might be useful." (Mum, 26 - 30)

It's like the twenty-four hour telephone support line, if [name] hadn't got me I don't know what she would have done because suddenly all her milk [dried up]... and the baby was screaming. It would have been nice if she could have phoned up and spoken to somebody." (Grandmother)

"That would probably be better than text support. If you're having to hold your baby and text at the same time it's more difficult." (Mum, 26 - 30)

4. RESEARCH FINDINGS

4.8 APPEAL AND PERCEIVED EFFECTIVENESS OF INTERVENTION IDEAS (Cont'd)

4.8.5 SMS messaging

The SMS helpline received an overall positive response, with a number seeing it as an effective and well targeted idea because of the prevalence of mobile phone usage and the anonymity it offered.

"I think the text one because a lot of young people use texting now." (Mum, 19 and under)

"Everyone uses their phones for everything, don't they?" (Mum to be, 26- 20)

"Yes. You don't often get a lot of time to sit on the phone, but you can manage to read a quick text or send a quick text. If you could get advice that way, it's more manageable."
(Mum, 26 - 30)

"I'm better at texting than phoning. I can say more on a text. If you're embarrassed about a question you want to ask, you could text it in. I'm better at texting, so I'd have to text."
(Mum, 19 and under)

A small number of respondents were less keen about the text intervention because they saw this communication as lacking impact and suggested that it was a fashionable option rather than meeting a specific need.

"I don't think it would sink in. I think they'd just read it and leave it, whereas if somebody is talking to you, you sit and listen. If I just read something, I'd just put it back down. Not everybody thinks like me, but I think a person there would be thinking more than what you would do through a text message. I think it's a good idea, but I think more people would listen to somebody who is actually there." (Mum to be, 20 - 25)

"It's a gimmick, isn't it?" (Grandmother)

4.8.6 Blog / forum

Reactions to the blog and forum intervention received mixed reactions depending on the internet access/ usage of the respondent and by confidence levels in literacy and computer skills. It was seen as potentially playing a supportive role to share views with other mums rather than as a 'crisis intervention' role which mums could imagine for the 24hr helpline.

"[It's good] because I'm on the internet a lot." (Mum 19 and under)

"I suppose it depends how much you use the internet. It's finding time to do that. If someone is coming round to your house then it's a lot easier." (Mum, 26 - 30)

"I think in the early days I wouldn't have had much time to sit at a computer." (Mum, 26 - 30)

"It'd be good if I needed it. I've looked at the internet for advice before [about his baby]2
(Partner)

4. RESEARCH FINDINGS

4.8 APPEAL AND PERCEIVED EFFECTIVENESS OF INTERVENTION IDEAS (Cont'd)

4.8.6 Breastfeeding friendly venues

Providing a list of breastfeeding friendly venues / places such as cafes and shops within the community was regarded positively and a real need, but was also met with some disbelief and concern. One mum was very open in displaying her lack of confidence in feeding, not focussing on the negative reactions she may get to breastfeeding per se but fearing reactions about her feeding in the 'wrong' way.

"The venue can say it's okay to breastfeed, but you'll still get customers that will go in... especially some of the older ones. Someone can still go up and complain. It's what other people are going to be thinking." (Mum, 26 - 30)

"If I was breastfeeding in public, I'd have thought people would have been looking at me saying 'She's doing it wrong.' She knows how it feels to be the one breastfeeding and other people to be thinking." (Mum, 19 and under)

"You wouldn't feel like... I think you feel like you're doing something wrong. Because you're a young mum, people are looking at you and thinking 'Is she doing it right?' I used to think that a lot anyway that people used to look at you. All sorts of things run through your head, but I think it would have helped us a lot more." (Mum to be, 20 -25)

"I'd like that. I am a shy person. If there is somewhere you can go where everyone is doing it... you're not going to be looked down at or stared at." (Mum to be, 26 - 30)

"Yes, because the people that go in these cafes, if they know that... they could put one of these up in the cafes. If they accept that people are... If you go in a normal café, like I say, you get some tuts. If you go in a café and you expect mums to be breastfeeding... A lot have to go into the toilets to change the baby and stand in the toilets feeding them. That's not good, is it?" (Grandmother)

4.8.7 Conclusion

All the interventions tested have the potential to meet the range of needs of mums and mums to be have in relation to breastfeeding.

Those most desired were face to face support methods and breastfeeding friendly places. The favoured non face to face intervention was a 24hr helpline which mums believed they could benefit from and could act as something of lifeline to them at key moments of need.

The text service and blog could be useful in delivering information and maintaining contact with mums but would need to be in addition to other more direct interventions to have greatest effect.

5. CONCLUSIONS

- Breastfeeding was recognised almost universally as being the ‘best’ for babies, but the perceived costs outweighed the benefits for many. Breastfeeding was deemed to be better for babies in terms of health benefits – immunity, nutrients, an enhanced bond between mother and child, weight loss and can be seen as a great achievement.
- The two key periods to target mums and their choice of feeding were prior to the birth (from 20 weeks onwards) and in the 1-2 days immediately following the birth. The period prior to the birth was when mums first considered how they were going to feed their children and were in a relatively relaxed and receptive mindset (compared to immediately after the birth) to absorb information, consider their options and learn about how to feed. The time immediately post birth was the key period for mums in terms of switching from breastfeeding to bottle feeding which indicated the need for additional support and advice at this point in time.
- In terms of influencers those that had attended ante natal classes had been influenced by what they had seen, were more knowledgeable about breastfeeding and more strongly disposed to breastfeed than their peers. Dads were more influential in mums choice of feeding method than grandparents, with more dads being comfortable in expressing opinions as to how their child was fed. Grandmothers were seen as important sources of advice and support but were more accepting of their daughters choice of how to feed and were keen to support regardless of feeding method chosen.
- Current awareness of breastfeeding campaigns and services amongst the sample was low. The Be a Star campaign was seen as being well designed to cut through other publicity and stand out from other campaigns and could be used to highlight local services.
- The Be a Star campaign was received positively due to the attention grabbing visuals, positive images of young mums, the non authoritarian tone and the way the benefits of breastfeeding were highlighted (where these were seen). A variety of messages were received from the communication – mum as a star, breastfeeding mums can feed anywhere and that you can breastfeed discretely. In relation to visuals the respondents wished to see visuals that were aspirational but achievable. It was also noted that the target audience may have literacy issues which may make reading larger areas of text difficult/ more challenging and so need to design the posters/ other communication with this in mind.
- The suggested interventions with the greatest appeal were face to face interventions – peer to peer support in hospital and at home and breastfeeding support sessions. The idea of a 24hr helpline was also received well as mums and mums to be could imagine it being something of a lifeline to them if they found themselves in a difficult situation. There was a role for blogs and SMS services in a supporting role to those more immediate intervention suggestions and to those who desired more anonymous communication eg less confident mums.

5. CONCLUSIONS

- Triggers to bottle feeding were in part a push away from breastfeeding and an avoidance of what were perceived to be the negatives of breastfeeding – lack of confidence in doing it ‘right’, lack of support, the physical demands placed upon them and embarrassment of feeding in public. The positive pull towards the perceived benefits of bottle feeding were convenience, freedom, ability to share feeding and confidence in giving their child what they need (as gauged by whether their child had taken in the amount of milk suggested on the tin).
- To ensure the effectiveness of the campaign it will be important to minimise the barriers to breastfeeding and the perceived incentives towards bottle feeding whilst also maximising the incentives towards breastfeeding.
 - Barriers to breastfeeding – to minimise
 - Lack of confidence that they are doing it ‘right’
 - Lack of support in learning how to breastfeed
 - Lack of role for partner in feeding
 - Physically demanding
 - Potential embarrassment in relation to feeding in public
 - Incentives to bottle feed – to minimise or look at how breastfeeding can deliver these benefits
 - Convenience and ease
 - Freedom
 - Ability to share feeding
 - Confidence in doing it ‘right’
 - Incentives to breast feed – to maximise
 - Best for the baby
 - Breastfeeding helps mums lose weight
 - Breastfeeding is an achievement
 - Emotional bond between mum and baby

6. RECOMMENDATIONS

Through the interrogation of the research findings a deep understanding of what motivates and drives our audience in Rotherham in their decision on how to feed their baby has been gained. The key barriers to breastfeeding/triggers to bottlefeeding and also what this audience considers to be the benefits to initiating and maintaining breastfeeding have been highlighted.

Recommendations are made (below) on what interventions and social marketing mix will help create a breastfeeding culture at all levels of the community. This will enable mums and mums to be feel supported and empowered in their decision. Which in turn will serve to improve breastfeeding initiation and duration rates across Rotherham.

6.1 Preparing Mums ante-natally

The Global Strategy for Infant & Young Child Feeding states that ‘Even though breastfeeding is natural it is a learned behaviour. Mothers need accurate information and support to ensure they breastfeed successfully.’ (WHO 2003). Additionally we know our Mums make the decision on how to feed their baby very early in pregnancy.

The Be a Star campaign promotes the positive and emotional outcomes of breastfeeding—pride, independence, confidence, achievement. Mums in Rotherham must be prepared ante-natally and armed with appropriate information to support their decision.

- Mums provided with a Be a Star pregnancy booklet which will motivate them into thinking about breastfeeding, leveraging the emotional and independence benefits. The booklet will:
 - Give advice/experiences from real-life Mums on the realities of BF
 - Highlight the practicalities of BF whilst resuming ‘normal’ life and retaining freedom (which is of paramount importance especially amongst younger Mums)
 - Help them to understand why BF is good for them and their baby (eg: most know its better, but few knew it helped you lose weight)
 - Dispel the myth about BF babies not getting enough milk linking this with obesity
 - Provide advice about where to go for help and support
- Use real-life experiences of our Mums to reinforce the message that BF is not easy, but it is worth it—“If I can do it so can you”, “no pain, no gain”. We believe that the most appropriate way of doing this would be in the form of a diary which gives a regular account of one woman’s breastfeeding journey, warts and all. This real-life diary will be posted on the beastar.org.uk blog and be promoted by midwives and health visitors, as well as through the material distributed to our Mums.
- Extensive media relations will allow the issue to be highlighted to the community as a whole by partnering with a local newspaper to ensure ongoing media promotion of the issue and the involvement of the local Mums who appear as Stars of the campaign and in the diary.
- Pregnant women to be invited to attend a BF support group to speak to real-life Mums first hand to gain advice and understanding of the realities of BF. As attendance at ante-natal sessions is generally low in Rotherham we would recommend the women are personally invited, a Be a Star invitation will support MW/HV’s and recommend incentivising women to re-attend once the baby is born by sending a further personal invitation and redeemable voucher.

6. RECOMMENDATIONS

6.2 Creating community acceptance

A breastfeeding friendly scheme to increase breastfeeding friendly environments for Mums will ensure public acceptability of breastfeeding as the norm.

- In support of this a Be a Star community pack, will introduce retailers to the scheme, provide an overview of why BF is important and what they can do to support Mums. It will also provide them with materials for display in their premises to promote their involvement with the scheme and also the Be a Star campaign, giving it further reach and coverage.
- All retailers taking part in the scheme will be listed on the Be a Star blog - this will require regular maintenance and updating by NHS Rotherham.
- Reinforce the campaign message to Mums that 'breastfeeding is for people like you', showing that it is a source of pride and achievement and provide them with a Discrete Feeding leaflet. This will highlight where they can go in the community that is accepting of BF Mums (those engaged in the above scheme) and also how to feed discretely by holding their baby in appropriate ways and the clothes they wear. We would also recommend the Discrete Feeding leaflet be available for Mums in hospital/taken into hospital with them in case of a lack of support in the acute setting. This will provide them with information to support them at the time of need and also an immediate source of assisted support through the peer service and SMS helpline.

Changing community norms and making breastfeeding acceptable in Rotherham is something that needs to be tackled at a grass-roots level. By targeting community members from a young age we will be reaching those who are most pre-disposed to changing the norm, i.e. those without ingrained and deep-rooted social barriers.

- As a further development phase of Be a Star, material for schools/primary schools and a link-up with peer educators to disseminate the campaign message in SHE lessons
- Using the Stars to act as ambassadors and go into schools to show real life experiences will add authenticity to the delivery of this message.

6.3 Supporting Health Professionals

An outcome for NHS Rotherham is to ensure all staff working with pregnant and/or new mums are trained to be able to effectively support mothers. Additionally NHS Rotherham need to ensure staff who support breastfeeding Mums have the necessary skills to maximise every opportunity to promote and encourage breastfeeding.

- An internal campaign 'Create a Star' could be introduced prior to launching Be a Star. Create a Star is aimed at 'frontline staff', to generate awareness of the campaign, ensure they understand the key messages and who the campaign is aimed at and understand how a coordinated partnership approach is central to the success of Be a Star. 'Frontline staff' being those who have contact with pregnant or breastfeeding women, in all NHS and local council facilities. It is crucial that everyone working with our Mums delivers consistent advice and provides the necessary support they need. (Research is currently being conducted with health professionals and access to the findings will be required in support of this.)

6. RECOMMENDATIONS

6.4 Support at home / post-birth

- Providing 24hr support when needed is crucial to ensure women maintain breastfeeding once they initiate and the initial hours after the Mother returns home from hospital are considered a key time when this support should be available. Currently NHS Rotherham has a programme to develop a Peer Supporter Service in Rotherham and additional support workers will be recruited to provide additional breastfeeding support for vulnerable groups. A helpline cannot replace the face-to-face support but needs to work in conjunction with it should that face-to-face contact not be available immediately. The Hub recommended a 2-way SMS communication system which will allow for this support to be provided 24 hrs, commitment from the PCT is required for the management and implementation of the proposed system.
- The blog, national helpline and SMS service will support Mums once they are in the home. The SMS service in particular providing motivations at key touch points to those registered with the service.
- An information leaflet is provided to Mums at the first health visit, listing helpful numbers and local groups they can attend to maintain that essential peer support while they are BF, this leaflet is in a handy size and magnetised so it can be stuck to the fridge to act as a constant reminder.