Increasing breastfeeding in Doncaster

A social marketing strategy

May 2008

DRAFT REPORT

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Increasing breastfeeding in Doncaster

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A Summary

1. Background

- Doncaster PCT commissioned Dr Foster Intelligence (DFI) to gain insights into six public health issues and to develop social marketing strategies aimed at achieving long term solutions.
- This report focuses on the issue of increasing rates of breastfeeding.

2. Methodology

- Analysis of national and local data to identify key target populations in Doncaster who are less likely to breastfeed.
- Focus groups with new mothers to identify the barriers to breastfeeding and explore how they could be reduced.

3. Key findings

3.1. Analytics

- Breastfeeding initiation rates for Doncaster PCT are amongst the lowest in the country.
- Lower incidence and prevalence of breastfeeding is associated with:
    - Birth order – prevalence is higher among mothers of first babies
    - Routine or manual occupations
    - Mothers leaving full time education at age 16 or younger
    - Mothers aged 20 or younger
    - Women from white ethnic groups

3.2 Qualitative research

- The key influences on whether a woman tries to breastfeed are a family history of breastfeeding; a general belief that breastfeeding is 'best for the baby'; and a lack of discouragement from her partner.
- The main barriers to breastfeeding are the view that it will be inconvenient; lack of facilities for feeding in public; embarrassment; fear of disapproval if feeding in public; fear of pain; and worries about the baby getting enough milk.
- The key barriers to establishing breastfeeding are a lack of knowledge amongst new mothers; a lack of support from midwives at the hospital; and a lack of appreciation of how difficult it can be to breastfeed successfully.
- The main barriers to continuing to feed once a new mother gets home are difficulties in devoting the time to feeding and finding places to feed outside the home; embarrassment and lack of support from the community; and physical issues such as painful breasts and mastitis.

- A hospital's early discharge policy coupled with the requirement that the baby should be properly fed before that point, can conspire to undermine efforts to breastfeed.

4. Recommendations

4.1 Target groups

- Pregnant women with the following characteristics:
    - Those who have had more than one baby
    - Those in routine and manual occupations or have never worked
    - Those who left full time education at age 16 or younger
    - Those aged 20 or younger
    - Those from white ethnic groups
- Women who failed in their previous breastfeeding attempt and those with a family history of allergies, in particular asthma, should be targeted with appropriate support and information.
- The general population of Doncaster should be a target group for PR activity.
- All health professionals working with children, in particular those in contact with mothers before and after the birth, should be a targeted for training.

3. Strategy

3.1 Service development and improvement

- A pro-active peer mentoring scheme offering advice, guidance and practical help to all new mothers is a good supplement to the support of a midwife or health visitor.
- At the ante-natal stage women should be informed about the common difficulties experienced with breastfeeding and how they can be overcome.
- Women who "fail" in their attempts to breastfeed one child may still wish to breastfeed subsequent children and should be given individual support.
- It is vital that women are provided with the best possible chance to establish breastfeeding whilst in hospital. Ensuring that there is sufficient trained staff on all post-natal wards and encouraging women to stay in hospital until breastfeeding is established is also key.
- Easily accessible and, ideally, face-to-face support should be made available to all breastfeeding mothers on discharge from hospital.
- Enabling women who arrive home from hospital in the afternoon or evening to access breastfeeding advice there and then if required rather than having to wait for the midwife's visit the next day is also important.
- GP practices and clinics should be encouraged to provide a welcoming atmosphere for breastfeeding mothers.

- Health professionals in contact with women before and after the birth should have the skills and knowledge required to help women to breastfeed. Ensuring all staff working with children have a basic knowledge of breastfeeding will improve rates and outcomes.
- To enable the service to evaluate its performance and target marketing activity effectively, improving the capture of local data is vital.

3.2 Marketing and communications

Aim

- To increase the acceptability of breastfeeding in Doncaster - making it fashionable, the norm, important and valued.

Messages

- Information about the short and long term benefits of breastfeeding, ensuring that the main barriers are addressed.
- The positive aspects of breastfeeding and how it can contribute to the quality of life.
- Breastfeeding can be part of a modern lifestyle and is not the domain of the old fashioned 'stay-at-home' mother.
- Sources of support and help.
- The common difficulties experienced and how they can be overcome.
- The whole community should provide a supportive environment for mothers who breastfeed.

Activity

- The number of places where breastfeeding is welcomed should be increased and information provided to mothers on where breastfeeding is welcomed in Doncaster. Stickers or posters on doors should make it clear that an outlet is participating and women should be given a list of these outlets in pregnancy.
- Developing specific communication for pregnant women who have a family history of allergies and/or asthma should be considered.
- Developing a "true life" magazine, based on a diary format that chronicles the day-to-day ups and downs of breastfeeding, would be an effective way of reaching the target audience who are very familiar with this type of medium.

Communication routes

- Large posters in ante-natal clinics or screening centres are an effective way of reaching pregnant women and should be considered for delivering simple and direct messages.
- The idea of developing DVD on how to breastfeed should be explored further.
- The use of the PCT's website should be considered to support the activity outlined above.

PR

- Changing the general public's view of breastfeeding is vital and the local press can help with this.

B Background and Objectives

1. Background

Doncaster PCT commissioned DFI to provide insights into six public health issues and to develop social marketing strategies aimed at developing long term solutions to these issues. The six public health issues are:

- Increasing the rates of breastfeeding
- Increasing physical exercise
- Reducing the prevalence of smoking
- Reducing the number of falls in the elderly
- Reducing hospital admissions for COPD
- Reducing childhood obesity

This report contains initial recommendations for a strategy to increase the rates of breastfeeding in Doncaster. This strategy will be further developed with PCT staff at a workshop on 13 May, 2008 and finalised thereafter.

2. Context

Breastfeeding helps give babies the best start in life and has a major role to play in improving the health of infants in childhood and reducing admissions to hospital in the first year of life. Exclusive breastfeeding for six months has been proven to reduce health inequalities and is a key indicator for the reduction of infant mortality. Children and adults who were breastfed have a reduced risk of being obese in childhood and later life.[1]

Breastfeeding rates in the UK are amongst the lowest in Europe and those that do start discontinue very quickly. The current government target is to increase breastfeeding initiation rates by 2 percentage points a year.

In 2006/7, 3,691 women gave birth in Doncaster of which 1,767, 47.9 % breastfed. This is one of the lowest breastfeeding initiation rates in the country. There are a number of breastfeeding support programmes in Doncaster, mainly based in Sure Start Children Centre areas. Doncaster PCT want to create a culture where breastfeeding is valued and mothers feel empowered to make an informed choice about how they feed their baby and receive support whatever decision they make. In addition, they want to increase awareness of the benefits of breastfeeding and improve the support given to new mothers.

NICE has identified the interventions that have proven to be successful in increasing breastfeeding initiation and duration rates. These include:

[1] Department of Health 2004, World Health Organisation 2003, NICE 2006

- Baby friendly initiatives in maternity and community settings
- Education and/or support programmes
- Changes to policy and practice within the community and hospital settings
- Complementary telephone peer support
- Media programmes

2. Objectives

2.1. Analytics

The objective of the quantitative analysis was to identify key target audiences in Doncaster who are less likely to breastfeed.

2.2. Qualitative research

The overall aim of the qualitative research was to identify the barriers to breastfeeding and explore how they could be reduced. The specific objectives were to explore:

- the environmental and cultural issues around breastfeeding in Doncaster, including the influence of family and friends
- the sources of information and education about breastfeeding and what the most effective forms of communication are
- the experiences of the practical help and support offered to new mothers by the NHS and other agencies
- the reactions to some new ideas aimed at increasing breastfeeding rates

C Method and Sample

1. Analytics

DFI carried out analysis of national and local data to identify key target populations in Doncaster who are less likely to breastfeed. The following data was used:

- The Infant Feeding Survey 2005
- Department of Health's Local Delivery Plan Return 2005/6
- Data from Doncaster PCT

See Appendix 1 for more details.

2. Qualitative research

The research was conducted using a series of three ninety minute focus groups in Doncaster.

One group was conducted amongst women who did not breastfeed; one amongst women who breastfed for less than four months (but in most cases was much less than this) and one amongst women who breastfed for at least three months (but in most cases much longer than this).

All the women lived locally and gave birth at the city's hospital with the exception of one birth at Scunthorpe hospital (where the respondent had previously lived and given birth to her older child) and one at Worksop hospital (equi-distant for the respondent to Doncaster). The babies of three of the mothers in the sample had spent some time in the special care baby unit immediately after birth. A number of the women used their local Sure Start or Children's Centre. The sample comprised a mix of first time and subsequent mothers

D Analytics

To support the development of a social marketing strategy, DFI analysed national and local data to identify those less likely to breastfeed. This section sets out the main findings from this quantitative analysis.

1. National picture

1.1 Initial incidence of breastfeeding

Initial breastfeeding rates in 2005 for the UK were 76% in England, which is a 7% increase on 2000.

Lower incidence and prevalence of breastfeeding is associated with the following:

- Birth order – prevalence is higher among mothers of first babies
- Routine or manual occupations
- Mothers leaving full time education at age 16 or younger
- Mothers aged 20 or younger
- White ethnic group

1.2 Birth order

The incidence of breastfeeding is higher among mothers of first babies compared with later babies. In the UK, 79% of first-time mothers breastfed their babies initially compared with 73% of mothers of second or later babies. However, this gap closed between 2000 and 2005.

1.3 Socio-economic group

There was a clear association between breastfeeding and socio-economic status. In the UK, 88% of mothers in managerial and professional occupations breastfed initially, compared with 77% of mothers in intermediate occupations, 65% of mothers in routine and manual occupations and 65% of those who had never worked.

Between 2000 and 2005 breastfeeding rates across the UK increased among mothers in routine and manual occupations from 59% to 65% and from 52% to 65% among mothers who had never worked.

1.4 Education

Across the UK, mothers who had left full-time education at age 16 or younger were the least likely to have breastfed (59%), while those who had left full-time education at 18 or older were the most likely (91%).

1.5 Age

Breastfeeding rates were lowest among mothers aged 20 or under (51%) and highest among mothers aged 35 or over (84%).

1.6 Ethnicity

Mothers from all minority ethnic groups were more likely to breastfeed compared with white mothers. Over 90% of mothers who classified themselves as Asian, Black, Chinese or other ethnic origin initially breastfed compared with 74% of white mothers.

1.7 Duration of breastfeeding

Whilst in the UK 76% of mothers started breastfeeding at birth, many stopped soon after. 63% of mothers were still feeding at one week, 48% at six weeks and 25% at six months.

2. Local picture

2.1 Initial incidence of breastfeeding

According to the Infant Feeding Survey 2005, the incidence of breastfeeding in Yorkshire and Humber was 75%. This information is not available by PCT. However, PCTs are required to collect data on breastfeeding initiation rates through the local delivery plan collection[2]. According to these figures, the rate for Doncaster PCT for the first quarter of 2007/08 was 48.5%. This figure is the eighth lowest out of all 149 PCTs.

Table 1 below shows breastfeeding initiation rates for Doncaster PCT since 2005/06.

Table 1: Percentage of mothers initiating breastfeeding, Doncaster PCT

Year	% initiating breastfeeding
2005/06	52.3%
2006/07	48.5%
2007/08 Q1	48.5%

2.2 Duration of breastfeeding

Within Yorkshire and Humber breastfeeding rates reduced from 75% at birth to 59% at one week, 43% at six weeks and 21% at six months.

Table 2 below shows the duration of breastfeeding for the Yorkshire and Humber SHA region but restricts it to include only mothers who did breastfeed. The breastfeeding rate drops more quickly than for the UK as a whole, after one week 78% of mothers who breastfed initially were still doing so in compared with 83% for England.

[2] Department of Health Local Delivery Plan 2005/6

Table 2: *Duration of breastfeeding amongst those who breast fed initially*

Indicator	Yorkshire & Humber SHA %	UK %
Birth	100	100
2 days	94	94
3 days	89	91
4 days	85	88
5 days	83	86
6 days	79	84
1 week	78	83
2 weeks	70	78
6 weeks	57	63
4 months	40	44
6 months	28	33
9 months	19	23

3. Mosaic™ lifestyle groups

Analysis of Mosaic™ lifestyle data was not possible as the local breastfeeding data provided was incomplete. The analysis requires postcode details, but as this information was only available for a very small number of data entries it was not considered a valid exercise.

4. Profile of those least likely to breastfeed in Doncaster

Based on the above analysis, pregnant women with the following characteristics are least likely to breastfeed in Doncaster:

- Those who have had more than one baby
- Those in routine and manual occupations or have never worked
- Those who left full time education at age 16 or younger
- Those aged 20 or younger
- Those from white ethnic groups

E. Qualitative Research

Using qualitative research, DFI has been able to explore people's attitudes to and experiences of breastfeeding in Doncaster and their responses to some new ideas aimed at increasing its uptake.

The findings from the qualitative study are detailed below under the following headings:

- Influences on whether to breastfeed
- Barriers to taking up breastfeeding
- Barriers to successfully establishing breast feeding
- Barriers to continuing to feed once home
- Benefits of breastfeeding
- Weaning
- Ways of encouraging women to breastfeed successfully

1. Influences on whether to breastfeed

In this sample the key influences on whether the mother had decided to try breastfeeding were:

- A family history of breastfeeding (usually meaning their own mum but also siblings and/or female in-laws).
- A general belief that breastfeeding is "best for the baby" (sic). This view is usually shaped by conversations with health professionals before the baby is born. It can also be reinforced by family members and books respondents have read. Some mothers knows little about the specific health benefits of breastfeeding, whilst others are motivated by a history of allergies and asthma in their family to give it a try.
- Lack of discouragement from a partner. This can take the form of positive encouragement, especially if the partner was breastfed himself, but for the most part it tends to mean that the partner is happy to leave the decision to the mother.

"Yeah, breast is best, they say, don't they? My Mom did it with all three of us. Especially the first bit that comes out, which is to prevent illness and things like that".

(Breastfeeding less than four months)

"My partner definitely wanted me to do it. It just depends on your upbringing. He was one of six and I'm one of five, and he was breastfed and so were all his sisters. So like me obviously he's very traditional so he wanted that. He didn't have any objections, he wanted me to breastfeed."

(Breastfeeding four plus months)

"Well, it prevents against infections and obviously it's giving her – they did actually say to me at the hospital if you can persevere and do it for at least the first six weeks you're giving the child the best start in life to prevent against infections and things like that. And she never had any health problems".

(Breastfeeding four plus months)

2. Barriers to taking up breastfeeding

A number of factors seem to deter women from even considering breastfeeding, these are a mix of practical, emotional and cultural. The key barriers are:

- The view that breastfeeding will be inconvenient and not fit into a woman's lifestyle
- Worry about lack of facilities for discrete feeding in public and lack of awareness of appropriate nursing bras and clothing
- Embarrassment about breastfeeding *per se*
- Fear of disapproval if feeding in public
- Fear of pain
- Worries about the baby getting enough milk (particularly if mums had previously bottle fed an older child)

Breastfeeding is not seen as an easy option in practical terms. Women who have not breastfeed tend to dwell on the inconvenience of finding somewhere to feed in public. They assume that few places exist in Doncaster city centre that would have dedicated facilities for breastfeeding. This is exacerbated by the fact that there also appear to be few places to go with very young children other than local playgroups or mother and baby sessions. For these women, breastfeeding is therefore seen as the province of their mum's generation whom, they imagine, would be content at home or modern women who "stay at home and do the ironing" (sic). In other words, it is a lifestyle issue for young women accustomed to going out and about with friends and family whenever and wherever they want to.

"Inconvenience. They don't think it's convenient because nobody's a stay at home mum really any more. Everybody works".

(Breastfeeding four months plus)

Related to this can be an instinctive embarrassment about breast feeding. This can be because *"boobs are for sex"* (sic). It can be because some shy women don't want to expose their breasts in front of anyone else and have been put off by women 'letting it all hang out' in public. Two of the women said they would not even feed in front of their sister or mum.

Women can be fearful of the disapproving reactions of others in public places and one even cited a rumour (although she clearly believed it) that you can be fined for breastfeeding in public in Doncaster. They felt that men and older people would the most disapproving (a view supported by the women who have had experience of breastfeeding in public locally).

"You would have people staring at you. I would, because I'm really shy.

……. I don't want to get my boob out in front of anyone [laughs]."

(Non breastfeeding mum)

One woman even pointed out that a trip to her GP's was stressful because she needed to feed the baby after a delay to her appointment and they were unable to provide her with somewhere private to do it.

Women were interested to discover the advantages of a feeding bra and clothing that could allow breastfeeding to take place discretely in public. They were vaguely aware of the existence of such a bra but did not know how it worked whereas breastfeeding mums make the point that there is no need to draw attention to yourself whilst you are feeding.

"You get some of them, "I'm this new age mum and if I want to sit there with my breast completely hanging out I will"… Which I don't think you need to do now because there are nursing bras. I had a nice big cotton blanket I used to put all the way round, like swaddle round me".

(Breastfeeding four months plus)

In general, non-breastfeeding respondents did know that breastfeeding is best for the baby just as those who feed do. The majority were in receipt of advice and information from midwives when pregnant about smoking, healthy eating and breastfeeding which they remain aware of even if they do not act upon it. Thus their reasons for not breast feeding do not seem to relate to a lack of generalised knowledge about its benefits.

Two mums interviewed in the non-breastfeeding group said that they would like to try and breastfeed if they became pregnant again. They were mainly deterred by issues of embarrassment and fear of pain and motivated to try by a belief in the health benefits.

"My sister breastfed her little girl before I had my baby and it was painful and she got infections around her nipples. I don't know, it put me off. I bottle feed now.

Moderator*: So had you given any thought at all to breastfeeding before?*

I thought about it, because it is supposed to be good for the baby, but then I changed my mind

Moderator*: Because of your sister?*

Yes, and her boobs and stuff like that. She said it really ached. She said they were really painful and she was crying"

(Non breastfeeding mum)

Previous experience of bottle feeding can also influence attitudes to breastfeeding in future. Whilst it might not necessarily put women off trying, it generally does raise or inflate anxieties about how they would know that the baby is getting enough milk. In theory they seem to know that the baby will feed until it has had enough but this does not altogether reassure them.

This last factor also overlaps and is relevant to our findings amongst women who tried to breastfeed and gave it up (usually very early in the life of their child – under a week). This included some women who never really managed to start feeding successfully. One of the key reasons why breastfeeding fails to start successfully is the combination of ignorance on the part of the mother about what to expect and lack of support from hospital midwives.

3. Barriers to successfully establishing breastfeeding

Poorly managed expectations about breastfeeding fall into two categories, both influence the chances of establishing successful breastfeeding. These are:

- Ignorance about breastfeeding and lack of support from midwives at the hospital
- A lack of appreciation prior to the birth about just how difficult it can be to breastfeed successfully.

The anxiety about whether the baby is getting enough milk when the mother is breastfeeding is one example of how ignorance and lack of explanation from midwives can be a barrier to establishing feeding successfully. There were other examples in the research. We encountered a young girl who managed to breastfeed successfully in the hospital but not at home less than a day later. She then decided that her milk had dried up and so she began to bottle feed. It was unclear what role her midwife played in this decision (if any) but the respondent was unaware of the difference between the first and second stages of breastfeeding and the fact that the milk does not come in for a period after the birth. Another was left to speculate about why she didn't manage to breastfeed.

"I think it's to do with me having asthma, that's why asthmatics can't really breastfeed properly.

Moderator: Why is that?

I haven't got a clue. I know my mum couldn't when she had us".

(Non breastfeeding mum)

Mothers with babies in special care can face particular difficulties especially as this is not something that can necessarily be predicted by a mum who assumes she is going to be able to breastfeed after the birth.

"So we weren't expecting her to go into special care and do that as well, so we tried for about two days but we also tried with the pump as well, to get the breast milk, but it didn't work. Because she was on a drip then and she was off in another ward and it was a bit hard then to actually do it because I didn't have the baby there with me."

(Breastfeeding less than four months)

The issue of ignorance about what a mother should expect and ask for when trying to breastfeed is compounded by a general lack of support encountered by the majority of women in this sample when in hospital. Most said that they were not shown how to breastfeed. Two of the non-breastfeeding women had intended to feed and fell victim to a lack of support in hospital. A few said that they were not allowed to go home until their babies had fed satisfactorily and that this was used as a reason for them to accept a bottle of formula with a view to trying to breastfeed again once they were home. This experience in the hospital is probably the single most important factor in undermining attempts to feed.

Women tended to fall into two camps at this early stage. The first group comprised those who were really committed to breastfeeding and needed help to establish feeding and their confidence about doing it. However, they did not get this support.

The second group, who tended to be younger and less informed, had decided to breastfeed because of encouragement from their midwife at the ante-natal stage. This group was less entrenched in their desire to feed. A lack of support from hospital midwives seemed to lead them easily into accepting a bottle of formula after quite perfunctory attempts to breastfeed.

"She just wouldn't latch, so the midwife expressed a bit off of me, so she had a little bit of breast milk.

Moderator: *And then what happened after that?*

She got on bottle milk.

Moderator: *Whose idea was that? Was that your idea?*

No, the midwife's. (Hospital)

Moderator: *What did she say to you?*

She said you'll be better off if you give her bottle milk because she's tired, so I started feeding the bottle milk.

Moderator: *What did you think about that?*

I thought that it was good".

(Non breastfeeding mum)

All those who made it home still breastfeeding felt much better supported by the community midwives than by the hospital midwifes. The exception to this was a mother with experience of Scunthorpe hospital who described a different scenario and one that was very appealing to the other mums in the group.

"Where I had (first baby) - I had her at Scunthorpe General Hospital and I had a special ward for breastfeeding mums, and everybody on that ward was breastfeeding, and they had a midwife there 24 hours a day so that whenever a mum was feeding and had any problems, they would...

Moderator: Oh, they'd come and help?

Yeah, they actually sat at the top end of the ward, so obviously every time I fed, or tried to feed they helped me"

*…..Yeah. Obviously, once they said you were ready to go home, it was your choice whether you'd stay another night or whether you were ready to go home. But they won't send you home, unless your baby was suckling out and was feeding properly and gaining weight. Which was good for the support in the hospital,……..... there were people coming (*back into the hospital*) daily, just like a few hours a day, up to the ward, so if you were struggling they were obviously bringing them back."*

(Breastfeeding less than four months)

The following individuals accounts make it clear how crucial the first experiences of breastfeeding are.

"One midwife that did come to the house every day while I was trying and really helped and she was really, really helpful and I really, really tried, but I think then it was too late, because it was two days after (the birth then) *and she'd not latched on properly and she had had a little bit of formula in between and then I'd also expressed some milk as well to try and feed her. When I first had her, we tried to breastfeed, but she wouldn't latch on straight away, maybe she was dopey, because I did have diamorphine, and the midwife there, I don't know whether they were trying to get rid of me, but she said, well, give her this formula milk now and then when you get home, or the next day (*see the midwife then*). She was born at 20 past two in the afternoon – I got home for half past six in the evening".*

(Breastfeeding less than four months)

"Well, you see, on my birthing plan, it was that I wanted to go straight home, but then after I'd had the baby, I was really tired, and because I'd wanted to feed and she wouldn't latch on, I wanted to stay. But she was saying, well, if you just want rest, go home.

Moderator: It feels like you're still not quite sure whether the right thing was done?

No, so I think I feel that had I stayed in and had the support then I might have succeeded".

(Breastfeeding less than four months)

"I did have a bad birth and I went and had to have an operation straight away and they gave her a bottle, while I was having the operation, and then I gave her a bottle while I was in the hospital, because I was in really bad pain. And when I got home, the midwife came and I tried to do it, and I think it is because of that, because I couldn't do it (breastfeed) *and she* (the baby) *couldn't do it"*

(Breastfeeding less than four months)

"I don't think they take enough time to show you how to breastfeed and stuff like that, because as soon as you've had your baby, they just leave you laying there and they don't come back in and check on you or anything or ask you if you want help"

(Non-breastfeeding mum)

Lack of support from a hospital midwife was compounded by the women's expectations of breastfeeding. Most of those who gave up prior to four months gave up within a week of the birth. They felt that they had underestimated or had just not realised how difficult breastfeeding was going to be. They had had access to advice prior to the birth: most had received a leaflet (usually the leaflet entitled "Breastfeeding") and most had attended an ante-natal session about breastfeeding which took the form of a talk, sometimes from a woman who had breastfed her baby.

Our view is that these women were set on the option of breastfeeding but focused at the ante-natal stage on the birth. Consequently they did not take in or were not given enough information about how hard breastfeeding can be to initiate and maintain. Although establishing feeding in the hospital is crucial, the motivation to continue to feed at home is hard to maintain. In hindsight, women felt that knowing the

experiences of other women would have helped them to persist and keep the issue in perspective once they were at home.

"They were helpful, but still don't think I was prepared for what it was really going to be. I think I just expected that the baby would latch on and the baby would be fine and (it would) just fall into place, but I don't think I was prepared for it; it really was hard and I was really unprepared for how hard it would really be."

(Breastfeeding less than four months)

"Yeah, because I thought I was the only one in the world that was going to go through how difficult it actually was. And every time she cried, I mean, it was, is she going to feed this time or isn't she, and not wanting her to wake up, because I you never know whether she's going to latch on or not."

(Breastfeeding less than four months)

4.Barriers to continuing to breastfeed once home

The barriers to continuing to feed are:

- Practical – difficulties devoting the time to feeding and finding places to feed outside the home
- Social – embarrassment and lack of support from the community
- Medical/experiential (painful breasts, mastitis)

Women who persisted with breastfeeding agree that there are few places to feed in public in Doncaster. Mothercare has a private room but beyond that women find it hard to think of anywhere (although Debenhams was mentioned once). Some commented that the Mothercare room is cramped and not always big enough to cope with the number of mothers who want to use it. One or two mention having to use public toilets and one used a café, but was put off by the stares and comments of an older couple. There is general agreement that Doncaster needs more public places to breastfeed. The problem is compounded by the lack of places to take young babies beyond locally based mother and baby groups or health clinics.

"If I'd got shopping or something like that, I remember being in Doncaster and I think I had to feed her in Woolworths and it was disgusting in their changing room"

(Breastfeeding four months plus)

"Mothercare isn't wide enough for your pram. So you can get in there and sit down. But there isn't actually a lot of room in there and if there's more than two people that's that".

(Breastfeeding four months plus)

Views are mixed on whether most mothers in the area breast or bottle feed and this seems partly related to where women live. On balance, in this small sample, breastfeeding women reported being in a minority in their community. Most women are thought to bottle feed for reasons of convenience, because they never consider another option or because they get help with the cost of formula milk (low income families). There is also agreement that Doncaster is not a very supportive place to breastfeed in because of the lack of facilities and because of the stares of others.

"Some of my friends say it would be embarrassing and you do get people looking at you but I'm not bothered but it could put you off"

(Breastfeeding under four months)

"Doncaster is a bit like that. People are funny like that. When I go to visit my sister in London there are loads of places to go, not like round here"

*(*Breastfeeding four months plus)

"I got tutted at in the café across from the little sandwich shop. It's usually really quiet, so I started daring myself to go in there to do it and I got tutted at by an old lady and it put me off doing it again in any café."

*(*Breastfeeding four months plus)

"If they had something like a big café in Doncaster with a crèche and it sold organic things. Even how many children are there, there's thousands and thousands? That is what is lacking. When I was pregnant I used to fantasise about opening something like that for myself. Because you would make a killing".

*(*Breastfeeding four months plus)

The pain of breastfeeding was mentioned by some women as a deterrent to continuing to feed, whilst others found the experience more straightforward and suffered little pain. The two women who suffered little managed to get the baby to latch on almost immediately in hospital and found breastfeeding easy to do. Others suffered with painful nipples and, in several cases, mastitis. In general, the community midwives were sympathetic and offered advice although one woman had been given cabbage leaves by her mum, who also bought her some nipple shields.

None of the women with mastitis had been given antibiotics by their GP, although one had approached her GP on the advice of her midwife to be told that he did not think she needed them. The pain did not make any of our sample stop breastfeeding but all felt they had come close and had to endure a period of upset and a lot of discomfort before they could breastfeed more easily. Whilst we cannot generalise too much from these findings, this must be a factor in some women not being able to continue with breastfeeding.

"Mastitis, and then my midwife would come; she gave me some brilliant cream, well gel that did soothe it a lot.

Moderator: Did she come every day at this stage?

To help me, yes. And she was good, and she'd put him on and showed me how to. And it would feel better, it wouldn't be hurting as much, but then she'd go. I think it was just up all the time, and my partner couldn't help, and you're tired, plus he didn't sleep; so I tried it for three weeks and then it was just too much.

Moderator: And what was the last straw, do you think? (After three weeks)

Oh, cabbage leaves in the bath, and oh it was horrible; they (my breasts) were massive and you couldn't touch them."

(Breastfeeding less than four months)

5. Benefits of breastfeeding

For those who do persist in breastfeeding a number of benefits were identified:

- Health benefits to the baby
- Emotional bonding with the mother
- Regaining your figure once the baby is born

The fact that breast milk is free was only mentioned once in the research. The most salient benefit of breastfeeding is the health benefit it gives to the baby. Breast milk was seen as good for babies and is believed to give them the best start in life. This message seems to have got through whether the mums breastfed or not.

When asked, some women think that breast milk can guard against infection or give the baby "all the goodness she needs". One or two mention that breast milk is good for allergies or can make the baby more intelligent. However, most women did not know the specific detail of why breast milk is best. A few individuals with allergies in their family, in particular asthma, read a leaflet during the session which pointed out the benefits of breast milk in helping to prevent asthma. They found this interesting and commented on it. This seems to be positive and motivating information and there was a suggestion that posters could be put up at ante-natal clinics and next to the ultrasound machines that could tell women the specifics of why breast milk would be good for babies in families with a history of allergies.

"She was born with a suspected chest infection, that's why she was a special care baby unit. So that's what spurred me on to continue. Even when I got mastitis and the doctor got called out when she was three days old. And it was painful and sore. My nipples became chapped and stuff. I persevered with the nipple shields. I do intend to want one more child in a few more years but I don't know how I'll feel next time. I don't know, I'm a bit unsure"

(Breastfeeding four months plus)

A key benefit of breastfeeding mentioned by several women is the bond that is build-up between the mother and baby. One mother said that her friend was thinking of breastfeeding when she gives birth in a few months having seen the way the respondent and her own baby bonded. Those who had recently given up breastfeeding said that they found it really difficult to see someone else feeding the baby and were sad to be giving bottles themselves (in preparation for a return to work). Whilst they felt that breastfeeding took real patience and determination at times, they felt that the emotional bond they had built with the baby was really worthwhile.

"I started crying, the first bottle I fed her it while I was crying.

Moderator: Because how did you feel then? Why were you…?

I don't know. I just… Well like all of a sudden like I'm going back to work, I've got to put her onto solids anyway. It just jumped at me.

And like I had to do all the feeds and then other people started helping. And taking my job off me"

(Breastfeeding four months plus)

There is a vague recognition that breastfeeding helps mothers get their figure back after giving birth, this was mentioned occasionally by both mums who breastfeed and mums who do not. This is a message worth reiterating to women who are ambivalent about breastfeeding but seemed less compelling than dealing with support for women in hospital or tackling the inconvenience and embarrassment of feeding in public. It can also be counteracted by a belief that your "boobs will sag" which some women had heard cited as a reason not to breastfeed.

6. Weaning

Not many women in the sample had reached the weaning stage and there seems to be some confusion locally about whether weaning should take place at three or four months. In general, women seem to have received less advice about weaning beyond the practical advice to wean at a certain time and begin with baby rice. There were no mentions of the relationship between early healthy eating habits and long term health and the consequences of establishing healthy eating habits early in life seemed less top-of-mind as a message. One woman had attended a cooking party at her local Sure Start centre and found it really helpful in teaching her how to prepare fresh food for her baby. Others in that group thought that this would be a good thing to go to.

"We got an invitation through the post to go to a weaning party where we go and have her weighed, well, I don't have her weighed much now, but where I used to go every week and have her weighed – and there were probably about eight to ten mums with their babies, and you got a pack with the weaning information and a spoon, a bowl and then an ice cube tray – to do your portions in. And it was about an hour and a half talk on the different stages and they discussed the baby foods on the market and then about doing your own. And then we all got a recipe book as well.

Moderator: And what did you feel about that?

"It was really, really good. I've done all (baby's) foods; she occasionally has a jar if we go out, which she' not really impressed with. But I did want to do my own food anyway, but going to that weaning party and they showed us what to give them and what foods to do yourself and the ice cube trays to put all portions in. So we do batch foods and she has it like that".

(Breastfeeding less than four months)

7. Ways of encouraging women to breastfeed

We have considered a range of ways of encouraging women to take up breastfeeding and to persist with it. Some of these ideas were fed into the groups using dedicated stimulus materials (see Appendix 2) and some emerged from the discussions themselves. The following ideas are explored in depth:

- Building up and publicising places where breastfeeding is welcome in Doncaster, with the aims of making breastfeeding fit more easily into the lives of today's young women and affecting a change in the local culture around the issue
- Peer mentoring
- Incentivising breastfeeding (vouchers and loyalty points)

- Meeting other breastfeeding mothers at the ante-natal stage to help normalise breastfeeding and encourage women to consider it
- Using a “true life” magazine to provide emotional as well as practical support to breastfeeding mums at the post-natal stage
- Providing a DVD at the post-natal stage to help with breastfeeding technique
- Key service issues

7.1 Making breastfeeding in Doncaster more convenient

Overcoming women’s perceptions that breastfeeding will interfere with their lifestyles is difficult to tackle. To chip away at this barrier, the local community needs to increase the number of places that women can breastfeed in public and women need information about how they can feed discretely in a public place using the right bra and clothing.

If we can increase the number of places where breastfeeding is accommodated, either through the provision of private facilities or just a sticker or poster on the door that welcomes women who feed, this can be used as a PR vehicle to get the message across to the wider community that breast is best.

Articles in the local press (Doncaster Free Press, Tickell Today, The Weekender) promoting places where mums can go could also be used to raise awareness of breastfeeding and its benefits amongst the wider community. The majority of women we talked to said that they read at least one local free paper. They felt that more could be done to discuss the issue in the community and get people to realise that breastfeeding is natural and should be encouraged. A recent scene in Eastenders was recalled in two of the groups and not felt to be a helpful portrayal of the issue:

“She was breastfeeding in a cafe and Ian asked her to leave, which put a lot of people off as well. Then you would get the feeling, that you are not going out anywhere because people will stare. I think you should see more people actually breastfeeding in public places and things like that”.

(Breastfeeding less than four months)

Women could also be given a list of places that welcome breastfeeding at the ante-natal stage as part of a discussion that shows women that they can feed and still have a life.

7.2 Peer mentoring

We discussed support for women once they have given birth and the importance of good hospital and community midwives. The idea of using a peer mentor to help women breastfeed was felt to be very good on a number of fronts. When women come home from hospital they can need more support than can be provided by the midwife or health visitor. Two women interviewed had used the telephone helpline and more were aware of it, but the majority felt they would want to get help face-to-face, especially at first. In part, this was due to a desire to have someone see them and the baby and check that what they were doing was right.

Moreover, as most of the women interviewed were quite young (early to mid twenties on average), they liked the idea of having someone more their own age to interact with. However good a midwife or health visitor is (and most felt very supported at home), the women felt it would be nice to be able to chat to someone who had been through the experience of breastfeeding recently and who would not make them feel silly or embarrassed for asking or worrying. They would like to meet their mentor - whom they called a breastfeeding friend - whilst pregnant to exchange contact details and establish a relationship. That person would then come to their house after the baby is born, in the first few days if necessary, and provide practical and emotional support. Our view is that the re-contact may have to be facilitated by the midwife if the new mother is preoccupied or lacking in confidence.

"So then they could obviously tell you the bad bits that they've had breastfeeding, but obviously the good points and how they've got through it and they're still doing it, and say if they are going to do it up to six months. And especially someone doing it at the same age, telling you, not somebody older, and you think, yeah whatever. If they were younger, you may listen more and try; I think it would be good"

(Breastfeeding under four months)

"Maybe while you're pregnant. Maybe they should be like – what's the word – designated to you. If you live in a certain area then those people should be designated to you in that area. They could have your phone number maybe. They could arrange to meet you through the phone, and talk to you over the phone".

(Breastfeeding four months plus)

"I like the idea. I'm really shy and stuff like that, and I don't like talking to older people Yes, you get confidence and you don't feel scared about talking to a younger person."

(Non breastfeeding mum)

The one area the mentor would be less able to help with is the immediate return home from hospital. Some women felt that the first few hours and the first night were crucial in terms of breastfeeding and whether they were going to manage. The telephone helpline may be the only back-up for women not seeing a community midwife until the day after discharge. If this is the case, hospital midwives might be encouraged to suggest women ring the telephone helpline but this may not be enough for women who are highly anxious and leaving hospital unsupported or not yet confident about feeding. The sooner contact can be made with the community midwife the better. Whilst a telephone helpline might be effective for general queries about breastfeeding, the dedicated support of a midwife is what women feel is really needed to help maximise their early chances of establishing breastfeeding successfully.

"She (the midwife) does a lot of work for breastfeeding. Once she started to come to me, she was brilliant, she really, really was. I think I needed her support, but because I didn't come home until half past six (at night)*, she wasn't then at work until the next day and she couldn't come."*

(Breastfeeding less than four months)

7.3 Incentivising women to breastfeed

The discussion covered two ideas relating to providing incentives to women to breastfeed, ie the provision of vouchers to spend in local shops and the creation of a club, which allowed women to earn points by attending ante-natal classes and support groups whilst breastfeeding. The response to these ideas was mixed. Some women were of the view that you would either breastfeed or you wouldn't and that financial incentives were not appropriate.

"If you want to breastfeed your baby, I don't think it should be about money for you to actually breastfeed your own child; if you want to do it, you should do it, if you don't, you shouldn't.

You'll get some people that'll just go for the wrong reason, just to get vouchers and the money. It could go the wrong way".

(Breastfeeding less than four months)

Those in the sample who wanted to feed and then couldn't, tended to think the money would be better spent on resourcing what they thought was the main problem area, namely getting support to women where and when they needed it.

"I think instead of putting your money into that, they should put the money into like helping people to breastfeed.

……..Put the money into breastfeeding. Maybe just have one person that specialises in breastfeeding, because if we are going home on the day the baby's born, that person can go and at least spend an hour (with us straightaway before we leave the hospital)"

(Breastfeeding less than four months)

The general assumption was that young girls might find the voucher idea more attractive than older mothers. On probing, this was because of the belief held locally that some young girls get pregnant to obtain benefits and other financial help. Some of our respondents felt that these girls would welcome any additional financial help and that it therefore might work to incentivise them.

"Most girls down my end have had a baby every year for the last five years and all you ever hear them talking about is how much maternity pay you get now. Do you know you can get like grants and things if you're on benefits? It's gone up to £500 apparently. My friend's having another baby now and she's already talking about what she's going to spend it on. It's supposed to be for the baby. They're on benefits and she's buying a swing set in summer with it, because she's qualify just in time, and she's going to buy a big swing set"

(Breastfeeding four months plus)

On the other hand, this idea sends out mixed signals because those in receipt of benefits already get two vouchers a week (worth over £5) towards the cost of formula milk.

"They won't be bothered about this idea because they get their milk paid for by the government, most of them in our area. Whereas it would bother me because I would

have to pay for my milk and I did breastfeeding. They don't need to because they get all their vouchers for the free milk."

(Breastfeeding four months plus)

There were concerns about how the voucher system might work and whether it would be abused. Comments were made that a black market in vouchers might emerge. The belief was that vouchers issued to allow families to buy fruit and vegetables were not checked in supermarkets and could be used to buy anything by anyone.

"It's people like that that don't work, or single parents on their own. I thought what are they going to do with that, they're just going to abuse it because Sainsbury's have. It already said that it states on the voucher (that they are for fruit and vegetables but they don't care what they're being used for. So people will take those (and do the same)…"

(Breastfeeding four months plus)

A better idea, in the sense that it might be more difficult to abuse and could treat all women equally, might be to allow a percentage discount in certain shops or leisure centres. Respondents felt discounts on purchases for the baby; to help them buy a nursing bra; or to take the baby swimming would be appropriate. The minimum percentage they thought would be taken seriously would be 10%, but suggested 15% as a more attractive level.

"Just I don't think it's necessary to hand out, I think the discounts, even a voucher that would entitle you to take your baby for that first swim. Things like that are more likely to work as opposed to one that's – here's a £10 voucher, what shall we do with it? Because people will abuse that system. A decent, a 25% discount, you know. I spend on stuff anyway, if I spend £100 I will get £25 off, so that will be more likely to work".

(Breastfeeding four months plus)

Respondents thought it would be difficult to assess if women were breastfeeding or not. The loyalty points system had few supporters who felt that it might persuade them to attend more events at their local Sure Start centre before and after the birth. Help to stop smoking or maintain a good weight in pregnancy would be welcomed by some. Respondents expected the points to add up to something substantial at the end – perhaps equivalent to buying a major piece of equipment or a large toy for their baby.

"They give you advice for how to stop smoking and stuff like that, just for going to that; you'd get something in return. So I think you would get a lot more people getting something for going.

……Because you are in this situation, aren't you? Yes, and I would go, because at the end of it you can get yourself something or get the baby something. I think it's a good idea"

(Non-breastfeeding mum).

It is hard to assess how effective such a scheme would be. It would certainly raise the profile and status of breastfeeding in communities where bottle feeding is the norm and our respondents felt that they knew many women who would fall into this category. The loyalty scheme might encourage better attendance at ante-natal sessions if low attendance is an issue and it might be easier to administer. Key concerns remain about

how a voucher scheme would be implemented and policed. Overall, those who *tried* to feed and had given up feel that their main barriers are how difficult it is; the lack of facilities and the lack of good support from the start. The voucher or points system did seem to be more interesting to those women who had not breastfed, especially those on a low income.

7.4 The role of communications about breastfeeding

7.4.1 At the ante-natal stage

The breastfeeding leaflets provided to women during pregnancy did have a reasonable recall amongst the sample, particularly the leaflet entitled "Breastfeeding", and they tended to be used in combination with respondents' own books.

As previously mentioned, reading about breastfeeding techniques at the ante-natal stage did not seem to engage women, the crunch comes after the birth when women suddenly focus on how to feed. This is why the help of the midwives in hospital is an absolutely crucial link in the chain. Our view is that prior to the birth the most relevant objective should be to encourage women to breastfeed. To this end, the women we talked to felt that meeting women that have breastfed is important. We have discussed the role of peer mentoring which could be introduced at this stage and be supplemented by ante-natal talks and demonstrations from those who are currently feeding. The objective of these face-to-face meetings would be to give women the confidence to make the decision to breastfeed by making it seem normal and rewarding.

"And maybe see an actual breastfeeding mum there and just for breastfed mums.. If you wanted to breastfeed you could meet with the mums, just like a playgroup kind of thing, or baby clinic, and sit with mums, and if you've got any questions, the mums will talk to you as well. I went to with my little boy (lived then in Epworth*), but we moved and they didn't have it here"*

(Breastfeeding less than four months)

Communicating with women about the specific health benefits of breastfeeding also appears to be motivating at the ante-natal stage. As we have said, there is a general awareness that 'breast is best' and this does persuade some women with no history of breastfeeding in their family to consider it. It is seen as part of the overall advice they get at the early stages of pregnancy about not drinking or smoking and eating healthily.

"It doesn't bother me not drinking, but my midwife is getting someone to get in touch with me to help with not smoking. I don't think I'll be able to do it, but I'll try. I have cut down anyway.

Moderator: If you want to have a go at breastfeeding, how do you feel about all this advice about what's good for you and what's not?

I don't know, I would probably break down and have takeaways.

Moderator: So what is the worst of it, the idea of the food, having to change?
The healthy eating"

(Non breastfeeding mum, pregnant for a second time)

We would suggest that posters dedicated to the specific benefits of breastfeeding for women with a history of allergies and asthma in their families should also be considered. Placing posters in ante-natal waiting rooms or ultrasound cubicles would allow women with a history of allergies and asthma to absorb simple information about breastfeeding and its benefits. This was interesting information to those in our groups and it had made an impression on two of our sample who were motivated to breastfeed for these reasons.

"And in the rooms where they did it (the scan) there were bare walls and they'd have like tiny little posters encouraging you to breastfeed. But not big enough for you to see from where you were. If it had been bigger you could have read it while you were on the monitor. You would have been able to read it. It would have given you something to think about when you sat there in silence because it was boring"

(Breastfeeding four months plus)

"I probably would have breastfed knowing all that, yeah. My son is always poorly, and maybe if I breastfed he might not have those problems."

(Non-breastfeeding mum)

7.4.2 At the post-natal stage

Learning about how to breastfeed and all the practical, medical and emotional issues associated with the experience are probably better left until after the birth when the communications objective would change from encouraging women to breastfeed to helping them both to establish and to continue breastfeeding. Our evidence suggests that women who want to feed will take that determination with them when they go into hospital to have the baby. The key times they are vulnerable to giving up feeding would be after the birth in hospital; when they first go home and face some hours without a midwife visit; and then at various points in the following weeks.

A DVD was mentioned by two women. One woman had received a DVD in a bounty pack and the other bought her own. Both found the DVD helpful in focusing their attention on breastfeeding techniques, which they had not been so motivated to absorb at the ante-natal stage.

Some of the women in the discussions came up with the idea of a true life magazine which would use fictionalised, but realistic, diary entries to tell women about the whole picture of breastfeeding. Its purpose would be to manage the expectations of those women that want to breastfeed and to provide a sense of emotional identification so they don't feel they are the only ones to find breastfeeding challenging. The magazine could be a reference source for use throughout the breast feeding period and could cover:

- The diary keepers' positive expectations about breastfeeding before birth and their belief in the idea that breast is best
- The difficulties that can be experienced in the beginning
- Mastitis and the frustrations of feeding on demand and how these can be managed
- How to express milk and give it to the baby
- The sense of emotional bonding with the baby and satisfaction in persisting
- Experiences of weaning

The tone of the magazine would need to be intimate and personal and use the experiences of different women to make the point that breastfeeding is an individual journey.

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"I think I'd like to see quite a few (diaries), *not just one.*

…..Probably a book of a few different diaries, of different ages, and how they all coped with it.

….All of it really, how they felt, how they coped with it, what they did, different things they used.

…..When is the right time to stop as well."

(Breastfeeding under four months)

The purpose of the diary would be to supplement the emotional support given by community midwives and peer mentors.

"Well it probably would help those that are sort of feeling quite depressed and feeling that they're going mad because there's too many women that feel they are failing as a first time parent. So for them to see that it's quite normal for them to have up and down days would be good".

(Breastfeeding four months plus)

This recommendation also acknowledges that a telephone helpline cannot easily replace the face-to-face support vulnerable women seek when they have difficultly breastfeeding. A telephone helpline can provide practical advice and support by reassuring women, for example, that weight loss in a new baby is not a result of inadequate feeding or telling mums how to express milk.

"Yes I rang up, and told her that I was bleeding. I was more bothered that (the baby) was getting it in her mouth.

Moderator: The blood?

More than anything else. And she (the advisor*) was just going, well she's had your blood, it's been going through her blood stream, she's not going to get anything from you"*

(Breastfeeding four months plus)

The role of the proposed magazine is to act more as a friend than an advisor.

7.5 Service issues

The key service issue is to ensure that the hospital and community midwifery services work together so that women who want to breastfeed maximise their chances of doing so. The early discharge policy coupled with the requirement that the baby should be properly fed before that point, can conspire to undermine efforts to breastfeed. Putting women together in hospital who are breastfeeding may help to give them mutual support and make it easier for a dedicated midwife to help individuals.

Some women who have failed to breastfeed are very affected by the experience because they have never imagined another outcome. They feel a profound sense of failure that can stay with them for many months, at least. These women need to be identified and offered extra practical and emotional support from midwives in hospital and at home after the birth if they are to try breastfeeding a second or third time. This effort is worthwhile, according to our sample, most of whom would want to try to breastfeed again having determined that it is the best thing to do for their baby.

"I'd tried my best and it didn't happen and I felt like a failure. So I think it's good to encourage everybody, but I do think once you've failed, you do need the support as well, because it is very upsetting. Because I had my heart set on it, it was all I was ever going to do, was breastfeed my baby."

(Breastfeeding under four months)

Once home, the community midwife service does seem to work well especially in providing help with breastfeeding. We also found examples of successful support from health visitors include help to express milk. Lending women a breast pump or showing them how to express milk manually means that mums can leave the baby with a partner (and helps to involve him in feeding) or a relative. This helps them to feel less isolated and tied down by breastfeeding. It can also help if they are out and about, although the provision of better facilities for breastfeeding is clearly a more significant goal.

F. Conclusions

- Breastfeeding initiation rates for Doncaster PCT are amongst the lowest in the country.

- Lower incidence and prevalence of breastfeeding is associated with:

    - Birth order – prevalence is higher among mothers of first babies
    - Routine or manual occupations
    - Mothers leaving full time education at age 16 or younger
    - Mothers aged 20 or younger
    - Women from white ethnic groups

- The key influences on whether a woman tries to breastfeed are a family history of breastfeeding; a general belief that breastfeeding is 'best for the baby'; and a lack of discouragement from her partner.

- The main barriers to breastfeeding are the view that it will be inconvenient and not fit into a woman's lifestyle; worry about lack of facilities for discrete feeding in public and lack of awareness of appropriate nursing bras and clothing; embarrassment about breastfeeding *per se*; fear of disapproval if feeding in public; fear of pain; and worries about the baby getting enough milk.

- The key barriers to establishing breastfeeding are a lack of knowledge amongst new mothers; a lack of support from midwives at the hospital; and a lack of appreciation of how difficult it can be to breastfeed successfully.

- The main barriers to continuing to feed once a new mother gets home are difficulties in devoting the time to feeding and finding places to feed outside the home; embarrassment and lack of support from the community; and physical issues such as painful breasts and mastitis.

- For women who do persist with breastfeeding, the main advantages are seen to be the health benefits to the baby; the emotional bonding with the mother; and the impact it has on the mother's figure.

- A telephone helpline cannot easily replace the face-to-face support vulnerable women seek when they have difficultly breastfeeding.

- A hospital's early discharge policy coupled with the requirement that the baby should be properly fed before that point, can conspire to undermine efforts to breastfeed.

- Some women who have failed to breastfeed are very affected by the experience and feel a profound sense of failure that can stay with them for many months, at least.

- The community midwife service seems to work well in providing help with breastfeeding. Helping to express milk or lending women a breast pump means that they can go out, which helps them to feel less isolated and tied to the house and so more willing to continue with it.

- There seems to be a lack of knowledge about weaning, in particular when it should take place and the benefits of establishing healthy eating habits early in life.

- There are a number of opportunities for positively influencing the chances of women breastfeeding in Doncaster:

    - There is a need to normalise breastfeeding in Doncaster. Making breastfeeding acceptable and easy to do in public would tackle two of the main barriers mentioned by the non-breastfeeders in our sample.

    - It is vitally important that the midwifery service in Doncaster provide women with the best possible chance to establish breastfeeding whilst in hospital.

    - It is important that women who arrive home in the afternoon or evening are able to access breastfeeding advice there and then to tide them over until a midwife visits the next day.

    - Peer mentoring would be a good supplement to the support of a midwife or health visitor.

    - Whilst the breastfeeding leaflets were considered helpful they did not tackle the issue of how to give women the emotional support they often need to establish and continue with breast feeding. A “true life” magazine, based on a diary format that would chronicle the day to day ups and downs of breastfeeding, was a popular idea. The idea of developing DVD on how to breastfeed should be explored further.

    - Incentivising women with vouchers or points to breastfeed received a mix response in our groups.

G. Recommendations

Our initial recommendations for your breastfeeding strategy are outlined below. These will be further developed with PCT staff at the workshop on 13 May and finalised thereafter.

1. Target groups

The following groups should be targeted:

- Pregnant women with the following characteristics:
    - Those who have had more than one baby
    - Those in routine and manual occupations or have never worked
    - Those who left full time education at age 16 or younger
    - Those aged 20 or younger
    - Those from white ethnic groups
- Women who failed in their previous breastfeeding attempt and those with a family history of allergies, in particular asthma, should be targeted with appropriate support and information.
- The general population of Doncaster should be a target group for PR activity.
- All health professionals working with children, in particular those in contact with mothers before and after the birth, should be targeted for training.

3. Strategy

The strategy should combine service development and improvement with marketing and communications activity.

3.1 Service development and improvement

Ante-natal

- A pro-active peer mentoring scheme offering advice, guidance and practical help to all new mothers is a good supplement to the support of a midwife or health visitor. They could attend ante-natal clinics, speak at parentcraft sessions and run support groups at hospitals. Our research shows that women would like to meet someone of their own age at the ante-natal stage who has successfully breastfed. This person would then contact the new mother after the birth for support and encouragement,especially outside the midwife's own visiting time.
- At the ante-natal stage women should be informed about the common difficulties experienced with breastfeeding and how they can be overcome. This will ensure they are more prepared and more likely to view any difficulties they do experience as something that can be overcome rather than as a reason to stop. In addition, explaining how a nursing bra works and how feeding can be carried out discretely would also be helpful.

- Women who “fail” in their attempts to breastfeed one child may still wish to breastfeed subsequent children. However, for these women, breastfeeding may have become a particular source of anxiety and so they should be targeted by midwifes and given individual support.

- The ‘bounty packs’ provided to pregnant women often contain formula milk and so give mixed messages. The policy on the contents of these packs should be reviewed to ensure they support the pro-breastfeeding messages being delivered by the service.

Post-natal – in hospital

- It is vital that women are provided with the best possible chance to establish breastfeeding whilst in hospital. It appears that the support a mother receives in the hours after the birth is the single most important influence on whether breastfeeding is established or not. The good work of the ante-natal midwives in encouraging breastfeeding can be quickly overturned during the mother’s time in hospital, particularly if she is not very committed to breastfeeding but intends to try. Ensuring that there is sufficient trained staff on all post-natal wards and encouraging women to stay in hospital until breastfeeding is established is also key.

- Easily accessible and, ideally, face-to-face support should be made available to all breastfeeding mothers on discharge from hospital. Referral to a support group/network is ideal.

Post-natal – at home

- Enabling women who arrive home from hospital in the afternoon or evening to access breastfeeding advice there and then if required rather than having to wait for the midwife’s visit the next day is also important. Ideally this should be face-to-face contact.

- GP practices and clinics should be encouraged to provide a welcoming atmosphere for breastfeeding mothers.

Training

- Health professionals in contact with women before and after the birth should have the skills and knowledge required to help women to breastfeed. This should include training in establishing and continuing breastfeeding when mothers and babies are separated and overcoming the common difficulties. In addition, ensuring all staff working with children have a basic knowledge of breastfeeding will improve rates and outcomes.

Data collection

- To enable the service to evaluate its performance and target marketing activity effectively, improving the capture of local data is vital.

3.2 Marketing and communications

Aims

The aim of the marketing and communications activity should be:

- To increase the acceptability of breastfeeding in Doncaster - making it fashionable, the norm, important and valued.

Messages

The following messages should be delivered:

- Information about the short and long term benefits of breastfeeding, ensuring that the main barriers are addressed.
- The positive aspects of breastfeeding and how it can contribute to the quality of life.
- Breastfeeding can be part of a modern lifestyle and is not the domain of the old fashioned 'stay-at-home' mother.
- Sources of support and help.
- The common difficulties experienced and how they can be overcome.
- The whole community should provide a supportive environment for mothers who breastfeed.

Activity

- There is a need to normalise breastfeeding in Doncaster and making breastfeeding acceptable and easy to do in public would start to address this. The number of places where breastfeeding is welcomed should be increased and information provided to mothers on where breastfeeding is welcomed in the city. Stickers or posters on doors should make it clear that an outlet is participating and women should be given a list of these outlets in pregnancy.
- Developing specific communication for pregnant women who have a family history of allergies and/or asthma should be considered. Our research shows a lack of awareness of the benefits of breastfeeding for babies at risk of these conditions.
- Developing a "true life" magazine, based on a diary format that chronicles the day-to-day ups and downs of breastfeeding, would be an effective way of reaching the target audience who are very familiar with this type of medium. To read the accurate, if fictionalised, accounts of a number of different women and the various problems and doubts they face when breastfeeding would emotionally engage women and better manage their expectations about breastfeeding. This should be available to them immediately after the birth.

Communication routes

- Large posters in ante-natal clinics or screening centres are an effective way of reaching pregnant women and should be considered for delivering simple and direct messages.
- The idea of developing DVD on how to breastfeed should be explored further as it would enable women to really focus on breastfeeding technique – perhaps for the first time.
- Wherever possible, established and familiar networks should be used to deliver messages to the target groups.

- The use of the PCT's website should be considered to support the activity outlined above. Many of the target audience will be familiar with using the internet and would expect to find information about breastfeeding here.

PR

- Changing the general public's view of breastfeeding is vital and the local press can help with this. Messages should focus on the short and long term benefits of breastfeeding and the importance of supporting women who breastfeed.

Evaluation

- The performance of communications and marketing activities should be measured against their original objectives in terms of awareness, uptake and impact.

Appendix 1

Infant Feeding Survey 2005

The 2005 Infant Feeding Survey was published by the NHS Information Centre and is the seventh national survey of infant feeding practices adopted by mothers from the birth of their baby up to around nine months. The survey also collects information on the smoking and drinking behaviour of mothers before, during and after pregnancy.

Local Delivery Plan Healthcare Commission Indicator 2005/6 Mothers Initiating Breastfeeding

The Department of Health's Priorities and Planning Framework contains a target for breastfeeding to deliver an increase of two percentage points per year in the initiation rate, focussing especially on women from disadvantaged groups.

Breastfeeding initiation data has been collected for three years. First via Strategic Executive Information System (STEIS) and more recently via the Data collection tool that is part of Unify, a web based system set up by the Department of Health to collect performance and other central returns directly from the NHS.

For the breastfeeding Local Delivery Plan Return (LDPR), each Primary Care Trust (PCT) is required to submit three figures at the end of each quarter: the number of maternities, the number of mothers initiating breastfeeding and the number of mothers not initiating breastfeeding.

Appendix 2

Stimulus material used in focus groups

Sheet One

- **Breastfeeding can be difficult. Thinking about it can put you off trying especially if you don't get much help or advice**
- In Doncaster we are trying to put pregnant women or new mums who might like to breastfeed, in touch with others in their age group. These would be people who have managed to breastfeed their own baby successfully.
- They could visit you at home before and/or after the birth and in your early days in hospital.

Sheet Two

- **Breastfeeding might be something you or someone you know doesn't want to try.**
- So, to help you or them, give it a try, we are thinking of offering mums who do breastfeed their baby, a "thank you" in the form of vouchers for stores such as Mothercare or your local supermarket.
- The longer you breastfeed the more your voucher could be worth (up to and including six months)

Sheet Three

- **Getting advice and support during pregnancy can really help you get ready to breastfeed your baby successfully and learn how to keep you and the baby healthy now and into the future.**
- Because of this we have developed the Doncaster 0-5 Club. All pregnant women in Doncaster would get a letter and leaflet about joining.
- Our sessions at your local ante natal clinic or children's centre would cover anything you might want help with – such as how to breastfeed, how to make sure your baby begins life eating healthily and maybe advice on how to give up smoking or lose weight if you want to.
- Every time you come to a session you would earn loyalty points on a loyalty card which, once your baby is born, you and your partner could use to get discounts at local shops and leisure centres.

Sheet Four

- **It can be difficult to breastfeed if your partner or your family try to put you off or if you just don't know many people that do it.**

- If you have had that experience (or even if you haven't) we'd like your ideas on how the people of Doncaster and other towns and cities can be give the facts about breastfeeding and why it's good for you and your baby

- What would they read? Where locally would they read it?
  - Leaflets through the door or in the local paper?
  - Articles in the local paper?
  - Leaflets at the ante natal clinic or children's centre?
  - Radio ads?