

# **“I would have stopped breastfeeding without their support”: An evaluation of the HENRY Infant Feeding service in Waltham Forest**

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HENRY is a charity focussed on ensuring that babies and young children get the best possible start in life. They support families to make positive lifestyle changes, create healthier and happier home environments and build healthier communities. Over the past ten years they have supported thousands of families to transform family life for the better, including a focus on improved nutrition, emotional wellbeing, parenting skills, breastfeeding and getting more active. They work alongside health and early years practitioners and have collaborated with NHS trusts, local authorities and many other partners. Their website can be found at <https://www.HENRY.org.uk/> and their registered charity number is 1132581.

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## Contents page

<b>Section</b>	<b>Sub section</b>	<b>Page</b>
1. Executive summary	1.1. Introduction	5
	1.2. Context	6
	1.3. Methods	7
	1.4. Key findings	7
	1.5. Key Conclusions	9
2. Background	2.1. What specific feeding challenges do mothers face?	10
	2.2. What support do mothers need?	11
	2.3. The HENRY Infant Feeding service in Waltham Forest	12
	2.4. Aims of this study	13
3. Methods	3.1 Design	14
	3.2 Participants	13
	3.3 Measures	15
	3.4 Procedure	16
	3.5 Data analysis	16
4. Results	4.1 Part One: Who accessed the HENRY Infant Feeding service in 2019?	17
	4.2 Part Two: Parents views of the service	18
	4.3 Part Three: Partner organisations views of the service	40
	4.4. Part Four: Staff members views of the service	48
5. Discussion	5.1 Overview of the evaluation	54
	5.2 Key findings	55
	5.3 Limitations	63
6. References	References	65

# 1. Executive summary

## 1.1. Introduction

In 2020 HENRY commissioned Swansea University to undertake an evaluation of their Infant Feeding service in Waltham Forest, East London. HENRY was commissioned in 2016 by Waltham Forest public health to deliver the Best Start service in Waltham Forest. HENRY works closely with Children and Family Centre partners to provide joined-up services that work towards improving health outcomes for families with young children. As part of the partnership HENRY delivers universal and universal plus early intervention and prevention in key areas of child health in order to improve health outcomes, child development, school readiness, overall life chances and to reduce inequalities <sup>(1)</sup>. The services include:

- Timely 1:1 and group support for families with infant feeding, speech and language, healthy eating and oral health through drop-in sessions, home visits and phone and virtual support.
- Training of professionals across the partnership including activity workers, early help practitioners and health visitors to share with them the skills they need to discuss health and wellbeing issues and support families who wish to change behaviour.
- Leading children's centres to achieve UNICEF UK Baby Friendly Initiative community accreditation in partnership with health visiting services.

Infant feeding support in the borough covers breast and bottle feeding and introducing solid foods. Parents can access an infant feeding helpline, attend infant feeding drop-in sessions alongside baby clinics and breastfeeding cafes, and receive home visits (although some services have had to adapt to remote provision during the COVID-19 pandemic).

This evaluation explored the views of parents who used the service in 2019 alongside the perceptions of staff who work in the team, and other partner organizations who work in the borough with young families of children aged 0-5. It explored views of service accessibility and delivery, impact upon maternal knowledge and confidence and perceptions of impact upon infant feeding decisions.

## 1.2 Context

The topic of infant feeding is an important conversation for new parents. The messages from the research are clear – breastfeeding protects both infant and maternal health in multiple ways, alongside reducing NHS costs and protecting the environment <sup>(2, 3)</sup>.

Breastfeeding, exclusively for 6 months, continued alongside solid foods into the second year beyond is therefore recommended by the World Health Organization <sup>(4)</sup>. However, breastfeeding rates in the UK are some of the lowest in the world <sup>(5)</sup>. Although around 80% of mothers initiate breastfeeding, discontinuation in the early days and weeks is rapid; only around half are giving any breastmilk at all by six weeks of age, with just 1% of mothers breastfeeding exclusively until six months of age <sup>(6)</sup>.

Understanding how to increase breastfeeding rates in the UK is a complex challenge. Many mothers report a strong desire to breastfeed, yet face many obstacles and challenges in meeting their breastfeeding goals <sup>(7)</sup>. Some of the most common reasons for early cessation include pain, difficulty, a low milk supply and a lack of professional, family and societal support. In the 2010 UK infant feeding survey <sup>(6)</sup>, over 80% of mothers who stopped breastfeeding in the first six weeks were not ready to do so. This impacts not only on infant and maternal health but also maternal wellbeing; an earlier than planned cessation of breastfeeding has been linked to an increased risk of postnatal depression <sup>(8)</sup>.

In addition, when infants are not breastfed, or not breastfed exclusively, it is imperative that families receive accurate information and support to bottle feed safely and responsively <sup>(9)</sup>. However, often mothers report feeling that they do not get enough information about formula, such as which milks to use, how to prepare feeds and how much to give <sup>(10)</sup>. Without this information, families are at risk of offering unsuitable infant milks, preparing bottles unsafely and overfeeding infants <sup>(11)</sup>. Unsafe bottle preparation place the infant at risk of infection <sup>(12)</sup> whilst non responsive feeding styles increase the risk of overweight <sup>(13)</sup>.

The HENRY Infant Feeding service therefore seeks to provide the support that new families need in feeding their infants. It covers all aspects of infant feeding including breast- and bottle-feeding support, information on mixed feeding and introducing solid foods. The

service focuses on delivering accurate information but also compassionate and non-judgemental support to all families regardless of infant feeding decisions.

The aim of this evaluation is to explore the effectiveness of this service, by those who use it, and work alongside it. This will have important implications for shaping the how the service is delivered the future, by knowing what works and what could be improved.

### **1.3 Methods**

The methodology for the evaluation consisted of:

- An analysis of Waltham Forest's Children and Family Centre Database to explore who is accessing the Infant Feeding service and through what formats
- A survey of 251 mothers who accessed infant feeding support in 2019
- A survey of 26 local partner organisations in the borough who work alongside HENRY in supporting new families
- A survey of 4 current staff members exploring their experiences of working in the team and their perceptions of the impact of their work

### **1.4 Key findings**

In 2019 the HENRY Infant Feeding service supported 1230 families from across Waltham Forest. Overall, 260 families contacted the helpline, 269 received home visits, 596 families were supported at drop-in clinics and 418 individual families were supported at a breastfeeding café. Families often accessed more than one service or made more than one contact with a source of support. Taken together, 2313 contacts were made during 2019 with a mean number of contacts per family of 1.8 (range 1 – 16). Of those who provided ethnicity data, 67.9% were from White backgrounds and 32.1% from BAME backgrounds.

The service was held in high regard by the vast majority of families and partner organisations. It was primarily accessed for breastfeeding support; however, mothers and professionals were aware that the service offered information and guidance around bottle feeding and introducing solid foods. Mothers in particular valued the practical information they received but also the emotional and mother to mother support the service provided.

All staff held positive views of their experiences of working as part of the HENRY Infant Feeding Team, feeling supported, welcome and enjoying their role. Challenges of the role included wanting more staff and opportunities, the emotional stress of sometimes not being able to support families to breastfeed and administrative load. Staff felt that they were viewed positively by partner organisations and families and that the service was well known, inclusive and valued. Staff felt that their support offered was impactful, with a positive impact upon families practical and emotional experiences of feeding and caring for their baby. Overall, the team believed that their support helped families breastfeed for longer.

The service is undoubtedly having an impact on mothers' ability to meet their breastfeeding goals. It was powerfully clear from the data that for many mothers, were it not for the HENRY Infant Feeding service they would have stopped breastfeeding much sooner than they would have wished to. For some this was due to timely, accurate practical support to fix a physical issue. For others it was simply the reassurance that they were doing a good job. Meanwhile, mothers who were mixed feeding or exclusively formula feeding their infants predominantly rated the support as helpful, non-judgemental and empathetic.

### **Specific highlights included:**

#### **Impact upon feeding decisions**

- The HENRY infant service is highly valued in the community in Waltham Forest and it enabled many women to breastfeed for longer.
- Mothers can have vastly different experiences of infant feeding, and individualised support, including support for those who formula feed is important; HENRY is meeting this need.

#### **Impact upon maternal wellbeing**

- HENRY Infant Feeding service staff were overwhelmingly perceived as non-judgmental, kind and compassionate.
- The service provided many mothers with valuable emotional support during a vulnerable period in their lives.



### **Impact upon delivery of infant feeding support**

- The HENRY Infant Feeding service helps to fill a gap in provision of specialised infant feeding support in the community.
- The service is viewed as providing rapid, accessible and in-depth support in a way that complements the service provided by health visitors and midwifery teams.

### **Ideas for improvement**

- Suggestions for improvement focussed predominantly on increasing service capacity; more funding was identified as essential for this.
- More funding to expand the service was highlighted by many as an essential requirement.

## **1.5 Key Conclusions**

The HENRY Infant feeding team are providing a service that is reaching a diverse group of new mothers. The service is valued both by those who exclusively breastfeed and use formula milk, for its accurate, non-judgemental and supportive approach. HENRY is meeting the practical and emotional needs of new mothers when it comes to feeding their baby, providing a reassuring and supportive service. Mothers view the service as a lifeline, helping them to breastfeed their baby for longer.

The service is viewed by local partner organisations as filling an important gap in infant feeding support in the borough. Partner organisations see HENRY as an ‘important part in the jigsaw puzzle’ of local infant feeding support. They happily refer families to the service particularly for specialist breastfeeding issues and social support.

The strongest recommendation from both mothers and partner organisations was to provide additional funding to enable HENRY to deliver an enhanced service, both in the borough and elsewhere.

## 2. Background

The World Health Organisation recommends that infants are exclusive breastfed for the first six months of life , with continued breastfeeding alongside complementary food up until the age of two years and beyond <sup>(4)</sup>. The benefits of breastfeeding are wide-ranging and well documented in research; breastfeeding has been associated with reduced incidence of childhood illness, allergies and other long term conditions such as diabetes <sup>(2, 14)</sup>. Breastfed babies are less likely to be overweight as children, potentially due to improved dietary intake and appetite regulation <sup>(11, 15)</sup>. Protection for mothers includes a lower risk of breast and ovarian cancers, heart disease and type 2 diabetes <sup>(3)</sup>. Breastfeeding also reduces the demand on healthcare services <sup>(16)</sup> and decreases our impact on the environment <sup>(17)</sup>.

Despite this knowledge and policy recommendation, breastfeeding rates in the UK remain low. According to the most recently available statistics from the 2010 Infant Feeding Survey, 81% of women in the UK breastfeed their baby at birth, however this declines to 69% at one week and to 55% by six weeks. By six months of age although 34% of mothers are still breastfeeding, just one per cent are doing so exclusively. This is not through a lack of intention to breastfeed; most women want to breastfeed and over 80% of those who stop breastfeeding in the first six weeks are not ready to do so <sup>(5)</sup>. This can have significant implications for their mental health <sup>(18)</sup>.

Research examining infant feeding decisions in the UK has identified numerous complex influences upon ability to initiate and continue breastfeeding, predominantly at a structural public health and societal level. A lack of investment in professional and peer support, negative public attitudes and poor understanding of breastfeeding can lead to difficulties and low milk supply. Aggressive marketing of breastmilk substitutes and public opinion of their impact upon infant behaviour e.g. promoting sleep can lead to women believing they need to stop breastfeeding before they are ready <sup>(19)</sup>.

### 2.1. What specific feeding challenges do mothers face?

The reasons for stopping breastfeeding are often complex and personal, however it is vital that we understand what these reasons are, so that families can be supported to continue

breastfeeding for as long as they would like to. The most common reasons for stopping breastfeeding include difficulties with latch, nipple damage and pain, and worries about the baby not getting enough milk <sup>(19)</sup>. These issues are very common but importantly should be fixable with the right support <sup>(20)</sup>. Likewise, reassurance and realistic expectations about normal new-born baby behaviour <sup>(7)</sup> and challenging of common myths such as babies feeding too frequently or formula milk helping babies sleep better <sup>(21)</sup> are a vital part of breastfeeding support.

When mothers talk about what they value about breastfeeding support, they discuss concepts of emotional support, reassurance and solidarity as much as they do practical information and guidance <sup>(22)</sup>. They value this from both professionals <sup>(23)</sup> and peers <sup>(24)</sup>. This is partly due to feeling pressurised or judged by others, including family, friends and the public for continuing to breastfeed. Breastfeeding support groups provide a safe space where mothers can relax, talk openly and learn from others about feeding their baby <sup>(25)</sup>.

Likewise, when mothers use infant formula, whether exclusively or alongside breastfeeding, accurate and non-judgemental information is required to support safer and healthier bottle-feeding practices <sup>(26)</sup>. Some mothers feel this information is not provided to them <sup>(27)</sup>, or is deliberately withheld <sup>(28)</sup>. Feeling pressured or judged by others regarding their feeding decisions <sup>(9)</sup>, or feeling guilt or shame are common experiences which can be damaging to self-esteem <sup>(8)</sup>.

## **2.2. What support do mothers need?**

All parents benefit from practical and emotional support especially in the early days of parenthood when they are going through major life changes, emotional adjustments and recovery from birth. In terms of breastfeeding support practical advice around attachment, positioning, night feeding, normal baby behaviour, and medications as well as prioritising maternal rest, nutrition, emotional support and encouragement are all vital areas of information for new mothers <sup>(7)</sup>. Likewise, clear information is needed on choosing infant formula milk, knowing how much to give, preparing and sterilising bottles, and responsive bottle feeding <sup>(10)</sup>.

Breastfeeding and bottle feeding support also needs to be realistic <sup>(29)</sup>. Mothers often report experiencing a mismatch between what they are told in particular about the benefits of breastfeeding and the reality of common difficulties <sup>(7, 30)</sup>. Realistic antenatal education, and focussed individualized support in the early days of feeding has been shown to improve breastfeeding duration and mothers' infant feeding experiences <sup>(22, 31, 32)</sup>.

Health professionals, partners, friends and family all have a role to play in creating an environment where new mothers feel supported <sup>(7)</sup>. As well as professional support, the availability of experiential knowledge of breastfeeding in the mother's social support network is crucial. However, many mothers live in communities where formula feeding is the norm and are unlikely to have women with lots of experience of breastfeeding around them. Receiving peer (mother-mother) support via breastfeeding support groups and cafes can be an important way of making this experiential knowledge available, and have also been associated with increased breastfeeding continuation <sup>(33, 34)</sup>. Mothers highly value the practical and emotional support alongside normalisation provided by peers.

However significant cuts to infant feeding budgets, alongside staffing and resource issues in the NHS, have led to increased pressure on breastfeeding support services. Many health professionals report feeling overwhelmed and that they do not have enough time to spend with mothers supporting them to feed their baby <sup>(35)</sup>. This can be stressful and demoralising, particularly given many entered the profession wanting to provide a woman centred approach. Others feel they do not have sufficient training to support complex feeding challenges, especially when pressed for time <sup>(36, 37)</sup>.

### **2.3. The HENRY Infant Feeding service in Waltham Forest**

HENRY is a charity focussed on ensuring that babies and young children get the best possible start in life. They support families to make positive lifestyle changes, create healthier and happier home environments and build healthier communities. Over the past ten years they have supported thousands of families to transform family life for the better, including a focus on improved nutrition, emotional wellbeing, parenting skills, breastfeeding and getting more active. They work alongside health and early years practitioners and have collaborated with NHS trusts, local authorities and many other partners <sup>(1)</sup>.

In Waltham Forest, East London, HENRY work in partnership with London Borough of Waltham Forest, Lloyd Park Children’s Charity and the local NHS Foundation Trust to deliver the ‘Best Start’ service to families with children aged 0 – 5 years. This service aims to improve health and wellbeing outcomes, focusing on the key areas of infant feeding, dietetics, speech and language and oral health. As part of this a dedicated infant feeding team offer support to families across the borough.

Although some changes have had to be made to the service due to COVID-19, prior to this HENRY offered specialist infant feeding support via one to one home visits, phone calls, infant feeding drop-in sessions alongside feeding clinics, and breastfeeding cafes <sup>(1)</sup>. The service covered all aspects of infant feeding including breast- and bottle-feeding support, information on mixed feeding and introducing solid foods. HENRY focus on delivering accurate information but also compassionate and non-judgemental support to all families regardless of infant feeding decisions.

## **2.4 Aims of this study**

This evaluation was commissioned by HENRY to explore the impact and perceptions of their infant feeding service in Waltham Forest. It draws on the perspectives of mothers who received infant feeding support from the service in 2019 and partner organisations in the community who work alongside HENRY to support new families in the borough.

### **Specifically, the evaluation explored:**

1. Who is using the service, how and what for?
2. How do mothers and partner organisations in the community view delivery of the service in terms of accessibility and availability?
3. Do mothers feel that the service practically supported them to breastfeed for longer or to formula feed safely? How and why?
4. What is the impact of the service upon maternal wellbeing? How is the service perceived in terms of its delivery of support?
5. What can be improved about the service?

## 3. Methods

### 3.1 Design

The evaluation was carried out using online survey methodology. This was predominantly driven by data being collected during the COVID-19 pandemic and subsequent lockdown and social distancing rules. Data collection included:

- An analysis of who is using the HENRY infant feeding service, using data collected via the Waltham Forest's Children and Family Centre Database. This database records the families with children aged 0-5 years within Waltham Forest that have registered with a Children and Family Centre and activities run by the Children and Family Centre partners and the attendance at those activities.
- A survey of mothers' views of the HENRY Infant Feeding service including type of support given, accessibility and impact upon infant feeding experiences.
- A survey of the views of partner organisations in Waltham Forest working with young families, as to the role and impact of the HENRY infant feeding service.
- A survey of staff working for the HENRY Infant Feeding service

Data were collected between July and September 2020. For the parent questionnaire, data collection focussed on those who accessed the service during 2019. This provided a simple inclusion procedure, allowing parents to fully experience the service, but also ensured that parents reflected on usual face to face delivery of the service, as against changes that were made to remote support delivery during the COVID-19 pandemic.

### 3.2 Participants

For the parent questionnaire, all mothers who had used the service in 2019 and provided contact details (text or email) were invited to take part in the survey. For the partner questionnaire, all organisations working with families in the borough who were identified by HENRY as working in partnership to provide infant feeding and new parent support, were invited to take part in the survey. This included local health visitors, community nursery nurses, other health professionals (such as GPs), children and family centre staff, Early Help Waltham Forest staff, and Lloyd Park Waltham Forest staff. Finally, all HENRY Infant Feeding Service staff were invited to take part.

All participants were aged 16+ and could complete the survey in the English language. Approval for this study was granted by Swansea University College of Human and Health Sciences Research Ethics Committee. All participants gave informed consent.

### 3.3 Measures

Data were retrieved from the Waltham Forest's Children and Family Centre Database, drawing on data from 2019. This included details on how many families accessed the service, in which format (helpline, home visit, drop-in clinics, breastfeeding café) and how many contacts were made overall. Data on ethnicity of families was also examined. Additionally, training requests from partner organisations for UNICEF UK Baby Friendly Initiative Level one and two training were also examined.

Surveys were distributed to eligible participants using an electronic link, hosted by Qualtrics UK. This method of data collection was chosen as it is an easy and efficient way of collecting participants views without too much burden on their time. In the context of the COVID-19 pandemic, face-to-face interviews or focus groups were not deemed suitable.

Parents completed a survey that consisted of both open and closed questions. It included routing information so that participants were only required to fill in sections relevant to them e.g., questions exploring breastfeeding experience only loaded for those who selected that they had received breastfeeding support. The survey included:

- Participant demographic background
- How parents accessed the service e.g. via the helpline, baby café or home visit and why
- Perceptions of the accessibility, accuracy and usefulness of the service
- Impact of the support upon knowledge, confidence and infant feeding decisions
- Suggestions on improvements for the service.

Partner organisations completed a separate survey, again consisting of both open and closed questions. The survey included:

- Job role and experience
- Understanding of the service HENRY delivers and the referral process

- Perceptions of service delivery
- Perceptions of the impact of the service upon mothers' infant feeding decisions
- Suggestions on improvements for the service

HENRY Infant Feeding service staff completed a separate survey, again consisting of both open and closed questions. The survey included:

- Job role and experience
- Experience of working as part of the team
- Perceptions of service delivery
- Perceptions of the impact of the service upon mothers' infant feeding decisions

### **3.4 Procedure**

For the data collection, eligible participants were identified by the HENRY infant feeding team. For parents this included all parents who had accessed the service in 2019 and who had given contact details with permission for future contact. The research team designed email and text content to invite parents to take part, including rationale for the study and who was leading it. The HENRY team sent out an email with the information and study link, followed by a text message a week later, with a further reminder text message a week after that. For partner organisations, HENRY compiled a list of those organisations with whom they directly had contact and worked alongside. An email was sent by HENRY to this list, with details of the study and the study link. A reminder email was sent a week later.

For both surveys interested participants clicked on the link, whereby an information sheet with full details of the study background, procedure and inclusion questions loaded. Only if participants could tick all inclusion criteria and consented to take part did the full survey load. A debrief at the end of the questionnaire thanked participants and encouraged them to seek advice from HENRY or their healthcare provider if the survey raised any concerns.

### **3.5 Data analysis**

Frequency and descriptive data were calculated. For the open-ended free-text answers, a simple thematic analysis was performed to identify themes and subtheme. A subsample of data was checked by a second coder, and discussion held if disagreement occurred.



## 4. Results

The results are presented in four separate parts:

1. An overview of who accessed the HENRY Infant Feeding service in 2019
2. Parent perceptions and experiences of receiving support
3. Partner perceptions of service delivery and impact
4. Staff perceptions of working as part of the team, service delivery and impact

### 4.1 Part One: Who accessed the HENRY Infant Feeding service in 2019?

Analysis of data from the Waltham Forest's Children and Family Centre Database from across the 2019 year highlighted that overall, the HENRY Infant Feeding Team supported 1230 families from across Waltham Forest. In terms of how families accessed the service:

- 260 individual families contacts were made to the helpline
- 269 individual families received home visits
- 596 individual families were supported at drop in clinics
- 418 individual families were supported at a breastfeeding cafe

Overall, 1543 first contacts with an arm of the service were recorded, with some families accessing more than one form of support. When the total number of contacts across all formats was analysed, 2313 contacts were made during 2019 with a mean number of contacts per family of 1.8 (range 1 – 16). This highlighted how some simpler issues may be solved with one session, but other families might return for more complex issues or for the emotional support element of aspects such as the breastfeeding café. Families were supported across the borough. Overall, 296 (24.1%) families were registered in Chingford, 352 (28.6%) in Leyton, 263 (21.4%) in Leytonstone and 319 (25.9%) in Walthamstow.

In terms of who contacted the service, a breakdown by ethnic group indicated that 793 (64.5%) were from White backgrounds, 375 (30.5%) were from Black, Asian and Minority Ethnic backgrounds (BAME), and 62 (5.0%) did not provide ethnicity. Of those who provided ethnicity data, 67.9% were from White backgrounds and 32.1% from BAME backgrounds.

#### 4.2.1. Part two: Parents views of the service

251 mothers completed the survey. Mean maternal age was 35 (SD: 4.12, range 24-44). One hundred and eight six (74.7%) were first time parents, whilst 52 (24.9%) had two or more children. Average infant age when mothers last contacted the service was 3.9 months (SD: 3.32, range 0-18 months). Further demographic information can be found in table one.

**Table one: Participant demographic background**

Category	Sub-category	N	%
<b>Maternal age</b>	19-24	3	1.2
	25-34	99	39.4
	35+	148	59
	Question not answered	1	0.4
<b>Education</b>	No formal qualifications	1	0.4
	GCSE or equivalent	15	6.0
	A level or equivalent	27	10.8
	Degree or equivalent	99	39.4
	Postgraduate qualification or equivalent	109	43.3
<b>Marital status</b>	Married/Civil partnership	164	65.3
	Co-habiting	79	31.5
	Single	7	2.8
	Divorced	0	0
	Widowed	0	0
	Question not answered	1	0.4
<b>Employment status</b>	Employed, full time	119	47.4
	Employed, part time	97	38.6
	Not currently employed	33	13.1
	Question not answered	2	0.8

Participants came from a broad range of ethnic backgrounds as shown in table two. Overall, 73.3% were from White backgrounds including White, White Irish and any other White backgrounds. Meanwhile, 25.1% were from BAME backgrounds, with over 15 different ethnicities listed. The remaining participants declined to provide ethnic group (n = 4).

**Table two: Participant ethnic group (mothers)**

<b>Ethnic group</b>	<b>N</b>	<b>%</b>
White British	137	54.6
Any other White background	35	13.9
White Irish	12	4.8
Any other Asian background	9	3.6
Any other ethnic group	9	3.6
Black African	11	4.4
White and Black Caribbean	8	3.2
Pakistani	5	2.0
Black Caribbean	5	2.0
White and Asian	4	1.6
White and Black African	4	1.6
Bangladeshi	4	1.6
Indian	4	1.6
I'd rather not say	3	1.2
Question not answered	1	0.4

Other groups included: Albanian (n=2), Chinese (n=4), Lithuanian (n=1), 'Iranian/African' (n=1), 'Eastern European' (n=1), 'Arab/African' (n=1), 'Latin American' (n=1), Italian (n=1), German (n=1), 'British Asian'(n=1), 'White and Black African and Black Caribbean' (n=1).

Participants were also asked what languages they spoke at home. Overall, 239 (95.2%) spoke English at home, with 27 (10.8%) speaking English in conjunction with another language. Twelve (4.8%) people said that the main languages they spoke at home did not include English.

Other languages spoken at home included; Albanian (n=2) , Bengali (n=2), Catalan (n=2), French (n=3), German (n=1), Mandarin (n=1), Polish (n=1), Danish (n=1), Spanish (n=3), Serbian (n=1), Finnish (n=1), Greek (n=1), Japanese (n=1), Turkish (n=1), Urdu (n=4), Bulgarian (n=1), Arabic (n=1), 'Ghana' (n=1), Italian (n=1), Russian (n=2), Lithuanian (n=1), Portuguese (n=1), Romanian (n=3), Slovak (n=1), Hungarian (n=1) and Swahili (n=1).

Participants were asked whether they would have liked to have received support in a language other than English. Overall, two participants said yes (both of whom did not speak English as a main language at home), with six responding with 'maybe'. Preferred languages included Urdu (n = 4), Bengali (n = 2), French (n = 1) and Japanese (n = 1).

#### **4.2.2 Mothers feeding decisions**

Mothers were asked about how they fed their baby. Two hundred and eighteen (86.9%) of participants breastfed and 13 (5.2%) formula fed their baby at birth. Twenty (8%) respondents did not answer this question. At the time of survey completion, 131 mothers (52.2%) were still breastfeeding. Of these 60 (40.6%) were combining breast and formula milk. Meanwhile, 21 (8.4%) were just giving formula milk and 65 (25.9%) no longer gave breast or formula milk. Thirty-four (13.5%) respondents did not answer this question.

For those who had breastfed at birth but had now stopped, the average age of stopping was 40 weeks (9 months) with a range from 0 – 24 months. Average infant age at introduction of formula milk was 13 weeks (with a range from 0 - 44 weeks). Parents who had stopped breastfeeding were asked if they felt ready to do so. The majority responded that they felt ready to stop breastfeeding (n = 61, 70.9%) with just 17 (6.8%) feeling not ready to do so.

A free text open ended box was included for mothers to explain their reasons for stopping breastfeeding. The most common reasons were 'return to work', 'breastfeeding difficulties or challenges', and 'feeling ready'. The most common breastfeeding challenges included pain, latching difficulty, tongue tie, perceived insufficient milk and exhaustion.

### 4.2.3. Accessing the HENRY Infant Feeding service

Parents were asked how they accessed the HENRY infant feeding the service and how often (Table 3). The most popular way was to access the drop-in service / health clinic, with many mothers accessing multiple forms of support. Overall, 167 (66.5%) accessed the service via more than one method and 19 (7.5%) mothers accessed support via all methods of contact. It was also common for mothers to access a service more than once, with some accessing services such as the breastfeeding café or clinic more than 20 times. Combined, participants accessed the HENRY service (via any of the means) a total of 1,255 times. The average number of times HENRY were contacted by each mother was 5 times.

**Table three: Mode and frequency of infant feeding support access**

Mode of access	N	%	Mean number of contacts	Range
Drop-in/Health Clinic	183	72.9	2.8	0 - 20
Breastfeeding Cafe	129	51.4	2.98	0 - 30
Help line	94	37.5	1.4	0 - 8
Home Visit	87	34.7	1.4	0 - 5

Parents were asked about how they heard about the HENRY Infant Feeding service (Table four). The most popular way to hear about service was from their health professional with one in ten mothers returning after having accessed support with a previous baby.

**Table four: Source of information about accessing the HENRY Infant Feeding service**

Source of information	N	%
Health professional	156	62.2
A friend or family member told me about it	54	21.5
Discharge pack (leaflets given at birth)	54	21.5
Other	29	11.6
I had used the service before	26	10.4
I saw a post on social media	11	4.4
Helpline	6	2.4

Other sources of hearing about the service were given as; ‘Google’, ‘local family centre’, ‘Waltham Forest children’s services leaflet’, ‘NCT workshop’, ‘health visitor clinic’, ‘antenatal classes’, ‘Waltham Forest council’, ‘play group’, and ‘antenatal event’. Parents were also asked about other sources of infant feeding support other than HENRY (table 5). Many different sources of support were mentioned, but most commonly people received support from their midwife, health visitor, and friends and family.

**Table five: Sources of infant feeding support**

Source of support	N	%
My midwife	154	61.4
My health visitor	128	51.0
Friends	114	45.4
Family	82	32.7
A breastfeeding organization e.g. La leche league	66	26.3
A peer support group	38	15.1
The National Breastfeeding Helpline	34	13.5
Other	33	13.1
Children and family centre	33	13.1
Online support groups	29	11.6
My GP	16	6.4

Other sources of support included not listed were given in participants own words as, ‘a private midwife’, ‘lactation consultant’, ‘doula’, ‘milk making mama on Instagram’, ‘NCT’, ‘feeding experts at the hospital’, ‘tongue tie specialist’, ‘paediatrician’, ‘infant feeding co-ordinator at the hospital’, ‘Walthamstow toy library’.

#### **4.2.3 Reasons for contacting the HENRY Infant Feeding service**

Next, participants were asked why they contacted the infant feeding service and for what topics they received information and support. Overall, 221 participants (88.0%) received

support for breastfeeding whilst 40 (15.9%) received support for formula feeding. More specific reasons for support are detailed in Table 6.

**Table Six: Reasons for contacting the infant feeding service**

Topic	N	%
Practical support such as how to latch my baby on	194	77.3
Breastfeeding challenges such as pain	159	63.3
Knowing my baby is getting enough milk	81	32.3
Expressing milk	67	26.7
How often to feed my baby	65	25.9
Starting solid foods	58	23.1
Feeding my baby at night	35	13.9
Going back to work	14	5.6

An open-ended box was provided for details of support received for any other topics. Other topics of support included information on tongue tie (n=38), starting solids, fussy eating for older toddlers (n=2), intolerances and allergies (n=5), sleeping (n=3), and mastitis (n=2).

Participants who indicated they had stopped breastfeeding at the time of survey were directly asked if they contacted the HENRY Infant Feeding service because they were experiencing difficulties breastfeeding. Twenty-six (30.6%) said 'yes', 15 (17.6%) said 'no' and 44 (51.8%) said they weren't having any difficulties.

#### **4.2.4 Perceptions of the HENRY Infant Feeding service**

Parents were then asked more specifically about their experiences of using the HENRY infant feeding service. Participants rated a series of statements using a five-point likert scale from strongly agree to strongly disagree. These were grouped into 'agree' (strongly agree

and agree) and 'disagree' (strongly disagree and disagree). As table seven shows, the vast majority of participants viewed the service very favourably.

**Table Seven: Perceptions of the infant feeding service**

Statement	Agree		Disagree	
	N	%	N	%
The person supporting me was friendly	233	92.9	5	2
The person supporting me was knowledgeable	231	92.1	5	2
I felt listened to	230	91.6	8	3.2
I found it easy to contact the service	230	91.6	3	1.2
I would recommend the service to other parents	229	91.3	8	3.2
I found the information useful	226	90.0	9	3.6
The service offers good practical support	226	90.0	9	3.6
I felt my decisions were respected	225	89.7	4	1.6
The service is non-judgemental	221	88.0	10	4
The service offers good emotional support	215	85.7	12	4.8
The information given was sensitive to my family's religious and cultural traditions	128	51.0	4	1.6

Participants were then asked to rate support specifically in relation to breastfeeding and formula feeding (Table 8). Only participants who contacted the service for these reasons completed these sections. For breastfeeding support, 222 (88.4%) of respondents contacted the service for this reason and completed this section. Again, participants rated a series of statements via a five-point Likert scale from strongly agree to strongly disagree.



**Table Eight: Perceptions of breastfeeding support given by the service**

Do you feel that the service...	Agree		Disagree	
	N	%	N	%
Helped you feel more informed about breastfeeding?	198	91.7	9	3.6
Helped you overcome any breastfeeding challenges?	187	85.8	17	6.8
Helped you feel more confident breastfeeding?	189	86.7	16	6.4
Helped you breastfeed for longer?	167	76.9	16	6.4

Twenty-nine (11.6%) participants contacted the service for formula feeding support (Table 9). Again, participants rated a series of statements via a five-point Likert scale from strongly agree to strongly disagree.

**Table Nine: Perceptions of formula feeding support given by the service**

Do you feel that the service...	Agree		Disagree	
	N	%	N	%
Helped you feel more informed about formula feeding?	24	82.8	1	0.4
Helped you learn about safe formula feeding e.g. preparing bottles?	21	72.4	1	0.4
Helped you overcome any formula feeding challenges?	22	75.9	2	0.8

#### **4.2.5 Perceptions of the HENRY Infant Feeding service by ethnic background**

The HENRY Infant Feeding service in Waltham Forest is based in an area of high ethnic diversity. Ensuring that the service meets the needs of parents from different backgrounds across the borough is important. Therefore, mothers' perceptions of the service were compared between mothers from White and BAME backgrounds. Although this simplifies ethnic groups, it allows for a broad comparison of experiences.

First, table ten shows the proportion of mothers from White and BAME backgrounds who agreed or strongly agreed with each statement in terms of overall perceptions of the service.

**Table Ten: Perceptions of the infant feeding service by ethnic group**

Statement	White (n = 184)		BAME (n = 67)	
	N	%	N	%
I found it easy to contact the service	167	90.8	63	94.1
I found the information useful	164	89.1	62	92.5
The person supporting me was friendly	170	92.4	63	94.0
The person supporting me was knowledgeable	168	91.3	63	94.0
The service is non-judgemental	159	86.4	62	92.5
I felt listened to	166	90.2	64	95.5
I felt my decisions were respected	161	87.5	64	95.5
The service offers good practical support	163	88.6	63	94.0
The service offers good emotional support	152	82.6	63	94.0
The information given was sensitive to my family's religious and cultural traditions	77	41.8	51	76.1
I would recommend the service to other parents	166	90.2	63	94.0

Next, table eleven explores views of breastfeeding support given, again showing those who agreed or strongly agreed with each statement, split by White and BAME backgrounds.

**Table Eleven: Perceptions of breastfeeding support given by the service by ethnic group**

Do you feel that the service...	White (n = 161)		BAME (n = 58)	
	N	%	N	%
Helped you feel more informed about breastfeeding?	144	89.4	57	98.2
Helped you overcome any breastfeeding challenges?	133	82.6	57	98.2
Helped you feel more confident breastfeeding?	136	84.5	53	93.0
Helped you breastfeed for longer?	118	73.3	49	87.5

Finally, table twelve explores perceptions of formula feeding support, showing the proportion of participants who agree or strongly agree with each statement, split by White and BAME groups.

**Table Twelve: Perceptions of formula feeding support given by the service by ethnic group**

Do you feel that the HENRY infant feeding service...	White (n = 13)		BAME (n = 16)	
	N	%	N	%
Helped you feel more informed about formula feeding?	10	76.9	14	87.5
Helped you learn about safe formula feeding e.g., preparing bottles?	7	53.8	14	87.5
Helped you overcome any formula feeding challenges?	8	61.5	14	87.5

#### 4.2.6. Exploring the impact of the infant feeding service

Finally, participants completed a series of free text open ended boxes asking them their views of how the service support their infant feeding journey and any improvements they would like to see. A simple thematic analysis identified themes relating to the perceptions of the service, impact upon feeding and ideas for improvement.

#### 4.2.7. How do parents view the service?

Seven positive themes were identified in terms of perceptions and impact of the service.

##### 1) **Enabling mothers to continue breastfeeding**

Overwhelmingly the most prevalent theme among the respondents was that they would not have continued breastfeeding, were it not for the support of the infant feeding service. Mothers described it as 'vital', 'invaluable' and a 'lifeline', showing the strength in their views of the support they received.

*"This is a vital service and only because of HENRY did I manage to Breastfeed my baby for as long as I could."* (age 37, first baby, 'Other' White background)

*"The service was a lifeline. I would have stopped breastfeeding without their support."* (age 35, first baby, White and Black Caribbean)

A core part of this was helping mothers to overcome practical breastfeeding challenges, most commonly pain, difficulties with latch or a perception of low milk supply.

*"It was absolutely invaluable. I wouldn't have been able to breastfeed without the help of [HENRY practitioner] in particular. I ended up exclusively breastfeeding for the past 8 months and intend to continue for a year. I wanted to give up because of the pain for the first 6 weeks. I am so grateful the service was there. I definitely couldn't have breastfed without support from them"* (aged 38, first baby, White British)

*"It really helped me to carry on feeding when things felt very tough. Without them I would have found it very difficult and may have used formula. I'm so very grateful to them."* (aged 24, first baby, Bangladeshi)

However, many mothers also talked about the emotional support and reassurance that the HENRY team provided. Support was not just about practical guidance to overcome pain or difficulty but reassurance that everything would be ok and that they were doing a good thing by continuing to breastfeed, especially if others were telling her differently.

*“It made me feel listened to and that someone cared enough to take the time to help me when I was having problems.... They are kind and caring and they listen to what you are saying.”* (aged 24, first baby, Black Caribbean)

*“They assured me that what I was doing was right.”* (aged 38, first baby, Indian)

Both these forms of support meant that women felt more confident and skilled in continuing to breastfeed, boosting their self-efficacy and determination that they could continue. Sometimes this was a broad feeling of confidence to simply carry on breastfeeding; for others it boosted confidence in specific scenarios such as feeding in public or return to work.

*“The support made me aware of a different breastfeeding position which in turn made the breastfeeding experience much more comfortable. I also felt more confident about breastfeeding overall and in public.”* (age 35, first baby, ‘Other’ Asian background)

*“I cannot express enough how valuable I find the HENRY feeding team. They taught me techniques and made me feel more confident in breastfeeding. I wish I met them in hospital! I definitely continued my breastfeeding journey with the help of the team.”* (age 36, first baby, White British).

## **2. Supporting local service provision**

A second common theme was that the HENRY Infant Feeding service filled a gap in local infant feeding provision. Many mothers talked about how they valued the service alongside other forms of infant feeding support, such as that from health professionals or voluntary groups.

However, for some, a difficulty accessing accurate or supportive information from health professionals meant that HENRY met a gap in provision that some women were experiencing.

*“The service is brilliant. In the first few days after birth we really struggled with breastfeeding, which was painful and difficult, the baby was upset and midwives had suggested we give formula. We called HENRY in desperation and they spent a number of hours with us at home helping to establish feeding.” (age 34, first baby, White British)*

*“My baby wouldn’t latch on. Even the midwives struggled to latch her, some couldn’t. HENRY gave me friendly advice that was also practical. HENRY, seemed to understand the genuine challenges faced by mothers” (age 34, first baby, White British).*

Although participants discussed a wide range of challenges the HENRY Infant Feeding service helped them overcome, a reoccurring theme was the support provided around tongue tie identification and correction.

*“The support I got from HENRY team was a game changer. I had a very tough time after my baby was born. She had jaundice and was unable to feed properly due to tongue tie. HENRY councillor helped me to identify the tongue tie and arranged for the referral to children’s hospital to get it sorted. The team’s emotional support was also awesome. Thank you!” (age 39, first baby, White British)*

*“I struggled at first and found the ladies so so helpful! The MW didn’t pick up on my baby’s tongue tie whereas [name of practitioner] from HENRY did! It made all the difference!” (age 35, first baby, ‘other’ Asian background)*

### **3. A friendly, welcoming and dedicated approach**

Numerous mothers in the survey highlighted how friendly, approachable and dedicated staff delivering the service were. Several mothers named individual staff, highlighting the significant difference the individual had made to their feeding journey. This was about more than just providing emotional support; it was a clear endorsement of how welcoming the service was perceived as being.

*“How welcoming everyone is, I felt very much at ease and comfortable asking questions.”* (age 26, first baby, Bangladeshi)

*“They are friendly and accepting. I felt at ease with them and like they wanted to help.”* (age 27, first baby, White and Black African)

A central part of this was seeing staff as reliable and dedicated; mothers trusted them to give them the right information and to support what was best for them.

*“Dedication and friendliness of the staff found it incredible they came to my house and felt like they were really there for me”* (age 38, first baby, ‘Other’ White background)

*“They helped me feed my baby. One of the advisors was so lovely and even called me for a follow up to make sure we were doing okay.”* (age 37, second baby, White British)

#### **4. Providing a non-judgemental service**

It was clear from responses that the majority of mothers felt that the HENRY infant feeding team provided a non-judgemental service, however a mother decided to feed her baby. Mothers who exclusively breastfed, mixed fed or formula fed all talked about how they felt their experiences and decisions were respected and supported.

*“All 3 staff I spoke to were hugely helpful and supportive. I didn't feel judged and they helped me work out a plan for feeding which I was happy with, based on their knowledge and my own feelings.”* (age 30, first baby, White and Black Caribbean)

*“The non- judgemental approach and the knowledge of HENRYs staff. HENRY puts baby AND mum first and provides an empathetic place to go at often a very vulnerable time in a woman’s life.”* (age 34, first baby, ‘Other’ White background)

## 5. Supporting maternal wellbeing

Closely related to the previous theme of the service being non-judgemental, a further theme that flowed throughout responses was the level of care the team delivered, not simply in relation to feeding decisions but wider mothering and infant care. Mothers felt genuinely looked after and cared for at a time when they often felt very vulnerable. A number of participants talked about being made to feel safe and valued and that they relaxed during support sessions, not simply due to practical problems being solved but because of the level of care received.

*“The service was wonderful, I felt very down about my baby not latching on properly and was on the verge of giving up trying to breastfeed after a fortnight. Everyone at HENRY was incredibly supportive. [The HENRY practitioner] was so personable and really helped me to relax - I felt very safe in her hands. ... My son is now nearly 17 months and still breastfeeding here and there, which is amazing given that it was such a struggle at the beginning. I can’t speak highly enough of the service, I know friends in other boroughs who don’t have access to their wonderful work so feel incredibly lucky that we did.”* (age 37, first baby, White British)

*“I am a very anxious person and had struggled with breastfeeding my first child ...I will never forget the warm, empathetic and non-judgmental support I received from HENRY. [The HENRY practitioner] was extremely knowledgeable and encouraging”* (age 35, second baby, ‘Other’ ethnic group)

## 6. Providing a supportive community where mothers feel accepted

Another common theme in the data was the welcoming, inclusive environment that HENRY had built, particularly amongst its breastfeeding cafes and other venues where mothers could socialise together as well as receiving support. The service provides a social lifeline to mothers at a time when they can often feel very alone.

*“It was really helpful to have someone there at the regular cafes. A friendly face. Helping me meet other mums.”* (age 36, first baby, White British)



*“I was new to the area and did not know many other parents to ask so the support was vital to me being able to continue breastfeeding.” (age 28, first baby, Black African)*

Mother to mother support was a big part of this. Women talked about how they valued being able to ask other mothers their experiences and to get advice and reassurance from peers, rather than just professionals.

*“Getting to meet other mothers, and having a space in which to air questions and concerns around the process of feeding.” (age 30, first baby, White British)*

*‘I have been before but came back as it helps me feel more confident and relaxed in feeding my baby, knowing that I can speak to other mothers there who are feeding too and will be supportive’ (age 27, second baby, Black African)*

This was especially important for mothers who came from a background where few people in their family or friendship circle had breastfed.

*“The HENRY service was an absolute lifeline for me. I had always grown up thinking that my family 'just couldn't breastfeed' after hearing of the failed attempts with my sister, mother, grandmother and even great grandmother. HENRY was a breath of fresh air... Just when I thought I was at breaking point that day, I would go to a cafe, have a great feed with some latch support and a listening ear and feel a renewed sense of determination that I can and will do this. I would go home feeling good and happy instead of low and despaired”. (age 36, first baby, White British)*

## **7. Delivering rapid, flexible and accessible support**

Finally, a number of participants commented on the speed, intensity and format of the support they received from HENRY. Many were visited that day including home visits. This was in contrast to mothers having to sometimes wait for support from overstretched services. Others highlighted the length of time the team could spend with them; significantly more than health professionals could afford to give. This understandably impacted

positively upon their feeding experiences. Mothers felt listened to and valued because of the time.

*“The person who supported me was so calm and encouraging and I felt comfortable going back and checking things until I felt we’d got it completely right. It was so important not to feel rushed, and the support I received allowed me to keep breastfeeding, when others (HV) suggested switching to formula. I’m still breastfeeding now at 11 months.”* (age 35, third baby, White British)

*“Everyone at HENRY was incredibly supportive. I phoned the helpline and a home visit was arranged within 24 hours. [The HENRY practitioner] was wonderful, spending an hour or more with me and really helping me to practise latching.”*  
(age 37, first baby, White British)

The speed of support being delivered was also highlighted as extremely useful. Mothers often described being seen rapidly, quicker than health professionals could attend.

*“Without this service my breastfeeding journey would have not happened. The support and guidance I received was amazing...you came into my home on day 2 to guide me, without you I would have been lost. The service so was quick, I called and within the hour you were sitting in my bed helping me. Outstanding and I feel so blessed.”* (age 31, first baby, White British)

Home visits were often considered to be valuable, particularly amongst those who had mobility or transport issues, or were struggling emotionally with leaving the house or feeding in public.

*“[The HENRY team practitioner] was absolutely wonderful with me at the start of my BF journey. I visited her at the drop-in clinic a few times and she could tell I was struggling so after the second time she offered to come and assess how I was feeding in the home that day. She came round and helped with positioning and offered advice - both practical and emotional and I really value her time and kindness she showed that day.”* (age 32, first baby, White British)

*“The home visit made all the difference as we were still struggling with getting a consistent latch on day 2 or 3 - I still refer to the practitioner who came by as a superhero on a bike (in the rain no less)!!”* (age 36, first baby, ‘Other’ Asian background)

The sheer range of groups and options for support was also highlighted across responses. One mother described the service as being ‘*on tap*’ whilst others praised how ‘*easy to connect with*’ the service was.

*“Honestly, having a session that is available to go to every day is incredible. When I see what neighbouring boroughs offer, it pales in significance. The staff, the approach and education are all great. What a wonderful support service.”* (age 36, first baby, White British)

*“Their knowledge and availability, and the organisation of meet ups, and the telephone support”* (age 32, first baby, ‘Other’ White background)

#### **4.2.8. What about mothers whose needs were not met?**

Overall, the vast majority of mothers evaluated their experiences of the infant feeding service extremely positive. However, some mothers (n=10) felt let-down by services. It is important to explore their experiences here, to understand whether changes could be made to aspects of delivery and to highlight the need for sufficient investment to ensure the high-quality service received by the majority of mothers is available to all.

Quite often, mothers who did not have a positive experience were struggling more broadly with feeding their baby. It appeared some mothers were falling down the cracks of support often describing being let down by professionals before they accessed HENRY. Others were struggling because their baby had complex needs or with their own mental health.

*“...I was very isolated and probably very depressed”* (age 34, first baby, White British).

To explore some of the reasons why women felt let down, a further thematic analysis was conducted on these responses. Some of the key reasons included a perceived lack of formula feeding support, missing more complex issues, difficulties accessing the service and the service being overrun with mothers needing support.

*“I felt that I was not given information on formula milk when I needed the information when baby wasn't feeding well at the beginning” (age 34, first baby, Indian).*

*“When baby was born during summer holidays, there were no BF cafes open and struggled for a few months with pain and poor latch. Would have been great if I could have accessed service earlier.” (age 34, first baby, Pakistani)*

#### **4.2.9. How could the service be improved?**

Finally, participants were asked whether they felt that there is anything that the HENRY Infant Feeding service could do differently. The vast majority of suggestions identified here centred around the need for ‘more’ of what HENRY was already doing: more appointments, more time and enhanced accessibility. Other suggestions, often regarding perceptions of accuracy of support given, or appointment follow ups, could clearly be identified as often stemming from resource issues. Many recognised that this would be difficult without resource support and simply stated ‘*more funding*’. Common themes are presented below:

##### **1) Increase service provision**

The most common suggestion for improvement was to increase the level and intensity of support available, including in new areas. Mothers wanted more appointments during the week, more staff and more options. Some thought that the service was excellent but would value having even more time/visits as the service was perceived to be too busy at times.

*“Just more face to face time at the drop in. They are very busy!” (age 33, first baby, White British)*

*“More staff if possible” (age 39, second baby, Pakistani)*

For some, an enhanced service would involve more contacts with the service, with follow ups and HENRY checking up on mothers who had received support

*“I would have liked a telephone follow up to check in. I do recommend my friends to go to this service for support.”* (age 38, second baby, White British)

*“In clinic there are so many people, I’ve been denied few times to enter, to discuss my problem... We need more attention and support! Is vital, is very important! Thank you very much!”* (age 38, first baby, ‘Other’ White background)

Some mothers also talked about feeling like the service focussed predominantly on younger babies and new mothers. They felt they needed support with older children or weaning issues but felt in the minority in some groups.

*“More for feeding older babies. My baby is now over 12 months and breastfeeding but the service seems more for newborn feeding issues. Can feel lonelier feeding older children as this is less visible and supported.”* (age 39, second baby, Pakistani)

*“Maybe also teach how to wean off breast milk when you're ready to my baby is 17 months now and I want to stop but it seems impossible.”* (age 33, first baby, Black African)

## **2. Expand the service outside the borough**

Related to the previous theme, many participants talked about how they wished the service could reach more mothers, including those in other areas.

*“I think they should be available to everyone! Speaking to friends in other areas of the UK they don't all get a good level of support. I always knew I could ask a question if I had one and they helped me solve so many issues. Everyone should have that.”*  
(age 30, first baby, White and Black Caribbean)

*“Just do more and make sure you get to every mum you can”* (age 36, second baby, White British)

Some had direct suggestions for how that could happen such as having HENRY services on postnatal wards or to give support as soon as possible:

*“HENRY should be on hospital wards as the midwives have no time to provide support.”* (age 37, second baby, White British)

*“Try to get it on the agenda to provide breastfeeding mum's with support as soon as baby is born otherwise it may deter others to feed once the critical period is over.”*  
(age 34, second baby, Indian)

### **3. Increase publicity of services**

A further idea was that some participants wanted to see increased advertising of services available throughout the area. This was sometimes because they had not realised the service, or an aspect of it, was available until their baby was older. Others recognised that some mothers may not be aware of it and wanted to publicise it to all.

*“I guess it would be helpful to publicise the service more in the whole borough”*  
(age 40, first baby, ‘Other’ White background)

*“More promotions and leaflets”* (age 37, second baby, Pakistani)

### **4. Clear referral pathways**

Although many mothers praised the service for offering clear referrals, some did not have this experience. A minority of mothers highlighted that they had not received information on where to access more complex support or were confused at different options.

*“All staff should be qualified to diagnose tongue tie and refer babies. If we had had an immediate diagnosis in the community and support to get his tongue tie reversed with suitable information about options to do this I feel I would have been able to do continue breastfeeding.”* (age 34, first baby, White British)

*“There was a lot of confusion about where to refer me for tongue tie support.”* (age 35, first baby, White British)

## 5. Ensure consistent advice across services

Again, although the majority of mothers experienced high quality support, a few stated that they had received conflicting advice between HENRY practitioners and health professionals, leaving them feeling confused. It is not possible to determine accuracy of what information was given; potentially HENRY is correcting inaccurate advice. However, when practitioners do give information and support that differs from health professionals, it may be useful to ensure that parents understand why this information is different and to be trusted.

*“I really appreciated the help from HENRY but found it confusing that I was offered very different advice from my midwives at the time. My baby was having trouble gaining weight and they were very keen on me using formula whereas HENRYs were advising opposite. More joined up thinking between the two services would help as I found it all quite overwhelming and stressful.”* (age 36, first baby, White British)

*“There can often be mixed messages about Breastfeeding throughout the various services. It would be helpful for more consistency from the different health professionals. I did find useful tips from consultants on Instagram - might be worthwhile having something on social media.”* (age 37, second baby, White British)

## 6. More help with formula or mixed feeding

Although overall participants rated guidance related to formula feeding as highly positive, a small number of mothers felt that this aspect could be improved. Ideas focussed on supporting mothers emotionally through a move to formula and ways in which practical support was needed or could be delivered.

*“I felt that I was not given information on formula milk when I needed the information when baby wasn't feeding well at the beginning”* (age 34, first baby, Indian)

*“Run groups solely for formula feeding parents. There is a huge amount of stigma about being a formula parent.”* (age 33, first baby, White British)

## 7. Changes to locations for support groups

Finally, some participants suggested changes to the location and environment of support groups. This included factors such as where groups were held, availability of private spaces, and comfortable seating.

*“Better location, ours was in the back of a cramped café and customers would often look in on their way to the toilet” (age 31, first baby, White British)*

*“It's always really busy with a queue of people waiting to be seen so more helpers would be good. Sometimes privacy would be nice when you're inexperienced getting your boobs out in public and feeling vulnerable.” (Mother, age 43, second baby, White British)*

*“Comfortable seating- big seats, sofas, bean bags or floor cushions.” (Mother, age 38, first baby, White British)*

### 4.3.1. Part three: Partner organisation survey

Twenty-six partners / organisations responded to the survey. Table 13 shows a breakdown of participants by job role. Average number of years' experience working with young families was 17 years (range 1-43 years).

**Table Thirteen: Partner organisation job roles**

<b>Job role</b>	<b>N</b>	<b>%</b>
Health visitor	13	50
Early Help staff member	10	38.5
Other health professional	1	3.8
Children and family centre staff member	1	3.8
Lloyd Park staff member	1	3.8



### 4.3.2. Partner organizations knowledge of the HENRY Infant Feeding service

Participants were asked a series of questions regarding their knowledge of the HENRY Infant Feeding Service. All who responded were aware of the HENRY Infant Feeding service in Waltham Forest. For specific knowledge, all participants knew that HENRY was available for breastfeeding support. Most (N =23, 88.5%) also knew that HENRY provide formula feeding support and 24 respondents (92.3%) were aware that they provide starting solids support.

Participants were also given a free-text box to outline any more information they feel they needed to know about the HENRY service, and all said that they felt they knew enough about the service. Participants were then asked more specifically about their knowledge of the HENRY Infant Feeding service and asked to rate how strongly they agreed with a set of statements (Table 14). Response options were via a 5-point likert scale (strongly agree to strongly disagree).

**Table Fourteen: Partner organisation knowledge of the HENRY Infant Feeding service**

Do you know ...	Agree		Disagree	
	N	%	N	%
Who leads the service?	23	88.5	1	3.8
Who delivers the support?	25	96.2	1	3.8
What support is available for families?	25	96.2	1	3.8
When support is available for families?	23	88.5	1	3.8
Where support is available for families?	24	92.3	0	0
How many families access the service?	12	46.2	7	26.9

### 4.3.3. Experience of referring to the HENRY Infant Feeding Service

Participants were then asked a series of questions around whether they refer families to the HENRY Infant Feeding Service. The majority of the participants referred families ‘often or sometimes’ (84.6%). The remainder were split equally between referring ‘very often’ and ‘rarely or never’. The majority of participants (92%) stated that it was very easy or easy to

refer to HENRY. Participants explained how they used the referral form, which they found 'clear and easy to use' or signposted parents to the drop-in clinics and phone line

Participants were also asked where else they refer families for infant feeding support, aside from HENRY. A range of sources of support were mentioned including Health Visitors, tongue tie clinics, other online support services, dieticians, GPs. However, a number of participants (predominantly health visitors) stated that they provide the support themselves. Finally, participants were then asked to expand in a free text box as to why they referred to the service and for what support reasons. Themes included:

### **1. Infant feeding information – including breastfeeding, formula and starting solids**

*"I will signpost families if they are having any difficulties in regard to feeding, mainly it's breast feeding that mothers struggle with."* (Lloyd Park staff member)

*"If families require support with breast feeding and if parents are concerned child is not eating a healthy diet"* (Early Help staff member)

### **2. Wider development support including dental and oral development**

*"Dentist, breastfeeding, information for new mums solids etc"* (Early Help staff member)

*"Usually for support with infant feeding or speech development."*  
(Health professional)

### **3. Complex feeding issues such as tongue tie**

*"For continued support after the HV team has identified and offered support with a complex infant feeding issue. Universal families are made aware of the service at initial HV contact and the HENRY leaflet is emailed to them."* (Health Visitor)

*"I refer for Tongue Tie assessment and to support infant feeding assessments when I feel mothers require additional time and support"* (Health Visitor)

#### 4. To provide more in-depth feeding support

*“I have not got the capacity to support families with feeding problems and HENRY have been contracted by Waltham Forest to deliver this service.” (Health Visitor)*

*“Breast feeding difficulties that would benefit from expert advice that may be time consuming and require a few additional appointments.” (Health Visitor)*

#### 5. For social support

*“We tend to refer to groups for support and company with other parents too. We sometimes refer for more specialist problems. I think parents like knowing that there are lots of options of things they can go to and different support out there.”(Health Visitor)*

*“To have extra support from professionals and meet other families who has same situation so they won't feel lonely in what they are experiencing.” (Early Help staff member)*

#### 4.3.4. Family feedback of the HENRY Infant Feeding service to partner organisations

Participants were asked if families feed back to them about their experience with the HENRY Infant Feeding Service. Nine participants (36%) said that they very often or often received feedback from families about HENRY, and 12 (48%) sometimes received feedback.

Following on from this, participants were asked what parents tell them about the service via closed and open-ended questions. First participants rated a series of statements via a five-point likert scale (Strongly agree to strongly disagree). Responses are shown in table 15.

**Table Fifteen: Family feedback of the HENRY Infant Feeding service to partner organisations**

Family feedback	Agree		Disagree	
	N	%	N	%
Supportive	22	95.7	0	0
Non-judgmental	21	91.3	0	0
Informative	22	95.7	0	0
Useful in helping them to breastfeed	21	91.3	0	0
Useful in helping them to safely bottle feed	16	76.2	0	0
Easy to access	19	86.4	0	0

A free-text box was provided so that participants could expand on their answers. The majority of feedback was positive. Families reported that they found the service informative, supportive and friendly; reflecting responses in part one of the results.

*“Many of the mums tell me about their experiences and they're all generally really positive. Mums feel supported and connected by the team. We really value being able to refer to the service as it supports us too.”* (Health Visitor)

*“The families are always happy with the service they have received from HENRY.”*  
(Children and Family Centre staff member)

Suggestions were made as to improvements families fed back to the partner organisations that they would like to see. These responses were in the minority of the feedback given but focussed on increased bottle-feeding support and enhancing awareness of the service.

*“Sometimes I feel that they make the mother feel guilty if she wishes to stop breast feeding”* (Health Visitor)

*“Sometimes when I ask families if they know about HENRY, they have no clue who you are. Maybe more ads in local newspaper, GP's, Cafe etc.”* (Early Help staff member)

#### 4.3.5. Partner organisation perceptions of the HENRY Infant Feeding service

Participants were asked about their perceptions of the HENRY Infant Feeding service and asked to rate how strongly they agreed with a set of statements (Table 16). Again, responses were via a 5-point likert scale (Strongly agree to strongly disagree).

**Table Sixteen: Partner perceptions of the support provided by the HENRY Infant Feeding service**

Statement	Agree		Disagree	
	N	%	N	%
The team provides good practical infant feeding support	24	92.3	0	0
The team provides good emotional support to families	22	84.6	0	0
The support offered helps families bottle feed safely	22	84.6	0	0
The support offered helps families breastfeed for longer	22	84.6	0	0
The support offered is easy to access	22	84.6	0	0
The support offered is inclusive to all families regardless of feeding approach	21	80.8	0	0
The service reaches families from a range of cultural and religious backgrounds	20	76.9	0	0
The support offered is non judgemental	20	76.9	0	0
I feel the service is well known amongst families in Waltham Forest	20	76.9	1	3.8

Participants were then asked more specifically about their perceptions of working alongside the HENRY infant feeding team in the borough of Waltham Forest (table 17).

**Table Seventeen: Partner perceptions of the HENRY Infant Feeding service delivery**

Statement	Agree		Disagree	
	N	%	N	%
I feel the service is well known amongst health professionals in Waltham Forest	26	100	0	0
I encourage families to access the service	26	100	0	0
I feel confident that a family will receive good support if I refer them to the team	24	92.3	0	0
I feel the Waltham Forest Infant feeding team offer support that complements the service I deliver / am involved with	24	92.3	1	3.8
I am pleased that the infant feeding service exists to support our infant feeding support workload	25	96.2	0	0

Partners were also presented with free text open ended boxes to expand on their perceptions of the HENRY Infant Feeding Service, both in terms of what they felt was working well and what could be improved. In terms of positive perceptions, partner organisations appeared to echo the perceptions of mothers in part one. HENRY was seen as an important part of a wider infant feeding service across the borough and was accepted and welcomed. As one Health Visitor noted *“I enjoy working alongside this dedicated team.”*

Overall, the service was viewed as:

### **1. Providing expert, practical and emotional infant feeding support**

“Gives good advice on technique for breast feeding and encouraging lactation. Gives reassurance to mothers and encouragement to persevere despite early on difficulties. Increase in confidence for mothers and for them not to blame themselves if not successful in breast feeding” (Health Visitor)

## **2. Filling a gap in the community**

*“The service is an important part of what we do in this area to provide support; they are part of the jigsaw as such and I like knowing I can refer mothers to them.*

*Feedback from parents tells me that it is an open and welcoming service. Women feel that their decisions are respected and that they are listened to and treated with kindness.” (Health Visitor)*

## **3. Offering empathetic and non-judgemental guidance**

*“HENRY team are very supportive in all different aspects and show empathy, listen well and summaries what they have been listening to which makes families feel valued.” (Early Help staff member)*

## **4. Providing a warm and friendly service**

*“They are very warm and welcoming to new parents and parents say they feel really supported by them so I'm always confident in telling them about the different support options” (Health Visitor)*

In terms of ideas for improvement, criticisms were again in the minority and echoed that of some mothers.

### **1. Improved accessibility for all**

*“Leaflets with different languages, or a translate button on the website. More outreach in our community so people will know more about HENRY” (Early Help staff member)*

### **2. More staffing and a speedier service**

*“More trained advisors so that someone is always in the well-baby clinic if the advisor is unexpectedly off.” (Health Visitor)*

### 4.3.6. Experiences of undertaking UNICEF Baby-Friendly training with HENRY

Finally, participants were asked about their experiences of UNICEF UK Baby Friendly training with HENRY (table 18). HENRY delivers level one and two of this training for, Early Help, Lloyd Park and Children and Family Centre staff. Eleven participants had undertaken this training.

**Table Eighteen: Partner organisation views of HENRY led UNICEF UK Baby Friendly training**

Statement	Agree		Disagree	
	N	%	N	%
The training was easy to follow	11	100	0	0.0
The training was useful in increasing my knowledge around infant feeding	11	100	0	0.0
The training was enjoyable	10	90.9	0	0.0
I would recommend the training to others	10	90.9	0	0.0
The training was useful in increasing my skills in supporting infant feeding families	10	90.9	0	0.0

### 4.4.1. Part four: HENRY Infant Feeding Team Staff

In this final part of the report, staff working for the HENRY Infant Feeding Team were asked about their experiences of working as part of a team and the impact that they felt the service had in Waltham Forest. As staff numbers are small, the findings should be taken with caution but are an important addition to the overall evaluation of the survey. Altogether, four HENRY staff members responded to the survey (a response rate of 80%). Average number of years' experience working with the service was 4.5 years (range 1-9 years). Three staff worked part time and one member of staff full time.



#### 4.4.2 Experiences of working in the HENRY Infant Feeding Team

Staff were asked about their experiences of working as part of the HENRY team (Table 19). Responses were via a five-point likert scale (Strongly agree to strongly disagree).

**Table Nineteen: Experiences of working as part of the HENRY Infant Feeding Team**

Statement	Agree		Disagree	
	N	%	N	%
The team works well together	4	100	0	0.0
I feel valued in my role	4	100	0	0.0
I feel supported in my role	4	100	0	0.0
I feel welcome and part of the team	4	100	0	0.0
I feel I have had enough training for my role	4	100	0	0.0
I know where to go if I have questions about my role	4	100	0	0.0
I enjoy my role	4	100	0	0.0

Participants were given opportunity to expand on their experiences. From a positive perspective, staff felt privileged to be able to support families at such an important time, particularly in terms of being able to provide additional support for infant feeding.

*“It is a privilege to support families early on and be able to support families towards their goals in the feeding journey”*

*“I feel in the post-natal period the support that is offered is minimal. Ongoing infant feeding support is so vital and I really enjoy supporting mothers during this time”.*

Staff also valued the face-to-face contact and interaction with families, feeling that they were involved at the heart of the community.

*“I like that the service is freely available to parents and in normal times I like the face-to-face contact with the community. I feel involved in the community”.*

Staff also felt part of a connected and strong team, who complemented each other's strengths and worked together well.

*"We have a strong team; we all have different strengths and support each other well".*

Finally, staff felt valued and appreciated by the families to whom they provided support.

*"I really love the positive feedback that we all, as a team, receive from the families that we support. Even though we sometimes cannot always provide a straightforward resolution, we always are thanked for our information and support, both on a practical level and an emotional level, which I feel, really demonstrates how valuable we are as a service to these families."*

In terms of challenges or potential improvements to the role, the most common experience shared was a desire for more staff members in order to be able to expand the service further and offer support to more families. In particular more diversity in the team would help them reach more families from 'in house'.

*"We are often very busy on our helpline and it can be challenging to deal with lots of calls in quite succession of one another".*

*"I do feel that it would be great to have speakers of other languages that reflect the diverse community that we support".*

Others wanted to expand their roles, working potentially in hospitals or gaining more skills in different areas of feeding support.

*"I feel I have enough training to do my job but I'm always looking to improve and there are many other topics I would like to investigate to make me better at my job".*

*"I would like to see the team expand and be present in both hospitals".*

Another challenge was reflective of what many breastfeeding supporters face: not always being able to solve issues or support a family in their desired feeding goals.

*“If I am in a situation, I know that I have done everything I could but the family are not feeding the way they want to for other reasons beyond our control”.*

This was in part exacerbated by social distancing guidance during the COVID-19 pandemic.

*“I find it frustrating at the moment not being able to physically see parents and feel it limits my ability to help them when there are signal issues or when the mother doesn't have anyone to help aim the camera”.*

However, staff resilience was clear in overcoming challenges. Staff discussed learning from challenging experiences or working out ways to prioritise workload.

*“I enjoy the challenge as I learn so much from the experience and then can apply it to my ongoing practice”.*

*“We are often very busy ... however, in this scenario, I prioritise the workload and always contact the family as soon as I can, to at least let them know that I have received their call and arrange to have a phone call/video call asap to help support them with any infant feeding issue or question they may have”.*

On a more practical level, challenges with administration were raised. These issues were linked to the common scenario of wanting to spend more time helping families rather than completing paperwork.

*“I find the level of admin challenging to fit into the hours I work. It feels like there is a lot of repetition in admin and every parent contact needs to be put in several places (spreadsheets, eStart notes, eStart event, forms for referrals...)”.*

*“EStart could be more efficient. If we could add an event from the same area of eStart as we're adding notes it would make things a lot quicker. And eStart could use the postcode to automatically add the event into the correct setting rather than the practitioner needing to look up which increases the chances of mistakes”.*

#### 4.4.3 Perceptions of the HENRY Infant Feeding Team

Staff were asked to reflect on the service they offered and how they were perceived by other partner organisations and the families that they worked with (Table 20). Participants responded to items via a five-point likert scale (Strongly agree to strongly disagree).

**Table twenty: Perceptions of the HENRY Infant Feeding service**

Statement	Agree		Disagree	
	N	%	N	%
We are a reflective service	4	0.0	0	0.0
As a team, we continue to learn and move forward	4	0.0	0	0.0
We have grown in the number of different types of families we support over the years since we started	4	0.0	0	0.0
We have grown in the number of different ways we support families since I started working for HENRY	4	0.0	0	0.0
We are seen as a supportive service by families	4	0.0	0	0.0
We are seen as an inclusive service by families	4	0.0	0	0.0
We are seen as a high-quality service by other health professionals	4	0.0	0	0.0
We collaborate well with other health professionals in supporting infant feeding across Waltham Forest	4	0.0	0	0.0
We have good relationships with other services providing infant feeding support in Waltham Forest	3	75.0	0	0.0
Our service is well known amongst families in Waltham Forest	4	0.0	0	0.0

#### 4.4.4 Perceptions of the impact of the HENRY Infant Feeding service

Finally, staff were asked about their perceptions of the impact of the HENRY Infant Feeding service upon families (Table 21). Again, participants responded to items via a five-point likert scale (Strongly agree to strongly disagree).

**Table twenty-one: Perceptions of the impact of the HENRY Infant Feeding service**

	Agree		Disagree	
	N	%	N	%
We offer families high quality practical breastfeeding support	4	0.0	0	0.0
We offer families high quality emotional support with feeding and caring for babies	4	0.0	0	0.0
I feel like we make a real difference to the lives of the families we support	4	0.0	0	0.0
I feel that families breastfeed for longer because of our support	4	0.0	0	0.0
I feel the service is inclusive to families from a wide range of ethnic groups	4	0.0	0	0.0
I feel the service is inclusive to families with different education levels	4	0.0	0	0.0
We are seen as a high-quality service by other health professionals	4	0.0	0	0.0

## 5. Discussion

### 5.1 Overview of the evaluation

This evaluation examined the impact of the HENRY Infant Feeding service in Waltham Forest upon maternal knowledge, confidence and ability to meet their infant feeding goals. It brought together the views of parents who used the service in 2019 as well as partner organisations who work alongside the service supporting infant feeding and families in the borough. Together with the experiences of staff working for the team, it highlighted the success of HENRY within Waltham Forest.

Overall, the findings illustrated the significant positive impact the HENRY Infant Feeding service is having within Waltham Forest. Mothers who were breastfeeding described increased confidence and ability to overcome feeding challenges, attributing the service to helping them to breastfeed for longer. Meanwhile mothers who were mixed or exclusively formula feeding also rated the service as supporting their knowledge, confidence and feeding questions. It was clear that the service was supporting both physical and emotional infant feeding needs, conveying a friendly, welcoming and non-judgemental approach.

Additionally, the service is integrated into local infant feeding support and valued by partner infant feeding and parenting support organisations in the borough. It is viewed as playing an important role in supporting all different types of infant feeding, particularly in terms of complex cases and the depth and rapid support it can give. Partners regularly signposted and referred mothers to the service, viewing the services provided as a collaborative effort to improve infant feeding support across the area. In addition, staff members felt connected to infant feeding support across the borough, feeling they worked well with partner organisations and were recognised as delivering high quality support.

Constructive feedback on the service focussed primarily on a need for increased funding to enable enhanced support. Both mothers and partner organisations wanted HENRY to do more of what it was already doing so well, with increased staffing, time and sessions. One area for improvement identified by some participants was to ensure an equitable standard of support for mothers who were formula feeding, although the complexity of this issue is

reflected on further in this discussion. These desires were echoed by staff who wanted more time, more practitioners and more opportunities to do more of what they valued doing.

## **5.2. Key findings**

Bringing the findings together, our evaluation highlights:

- The HENRY Infant Feeding service is delivering significant volumes of support across a variety of formats in Waltham Forest.
- The HENRY Infant Feeding service is highly valued in the community in Waltham Forest providing high quality and timely breastfeeding and formula feeding support; many mothers view the Infant Feeding Service as enabling them to breastfeed for longer
- HENRY Infant Feeding service staff were overwhelmingly perceived as non-judgmental, kind and compassionate, and provided many mothers with valuable emotional support during a vulnerable period in their lives.
- Staff working in the team felt valued, connected and that they were having a positive impact upon infant feeding support and families within the borough.
- The HENRY Infant Feeding service helps to fill a gap in provision of in depth and specialised infant feeding support in the community.
- Partner organisations working to support infant feeding in the community view HENRY as a valuable part of infant feeding support provision in the borough, regularly referring mothers to the service and valuing their expertise.
- Recommended improvements focus predominantly on increased staffing, provision of sessions and reach. Equitable access to support, particularly in relation to formula feeding is important. It is recognised that more funding would be a requirement for expansion.

## **5.3 Provision of high-quality infant feeding support which enables women to breastfeed for longer**

The majority of mothers accessed the HENRY Infant Feeding service for breastfeeding specific support, although responses highlighted the provision of safe and responsive bottle-feeding information too. Overwhelmingly mothers rated this support as accurate and

helping them overcome feeding difficulties, including both breastfeeding and formula related issues. Partner organisations also viewed HENRY as providing reliable and accurate support across breastfeeding, formula feeding and introducing solid foods.

High quality infant feeding support is established as vital to breastfeeding success. This includes practical initial support in latching the infant on comfortably and effectively, understanding milk supply and overcoming breastfeeding difficulties such as pain <sup>(20)</sup>. Supporting mothers to overcome difficulties is not simply effective in enabling them to breastfeed for longer but is also an important element of supporting their mental health; breastfeeding pain and difficulty is associated with an increased risk of postnatal depression<sup>(38)</sup>.

In terms of who is being supported, Waltham Forest is an area of high ethnic diversity and therefore it is vital that the infant feeding service serves the needs of all communities. Data from e-start showed that around a third of families supported in 2019 were from BAME backgrounds. This shows the diversity of support given to families in Waltham Forest, which is important given that breastfeeding support has been criticised for being focussed on and delivered by primarily those from White backgrounds <sup>(39)</sup>. Analysis of parents' experiences of infant feeding support delivered showed a strong positive perception amongst parents from BAME backgrounds of the services support, delivery and impact. In fact, responses were often more positive than those given by parents from White backgrounds, particularly for satisfaction with support provided.

It would be interesting to explore why this is occurring in further evaluations, specifically examining any differences within BAME populations. For data analysis purposes, two broad groups of 'White' and 'BAME' were used to ensure group sizes were large enough. This of course ignores differences in background experiences and influences between the many different ethnicities that took part in our research. Again, this would be an important aspect to explore in future.

However, although it can certainly be concluded that the service is effectively meeting the needs of families who accessed the service (and responded to the survey), inclusion rates



are not in line with demographic breakdown of Waltham Forest. Borough statistics show that 48% of those living in Waltham Forest are from BAME populations<sup>(40)</sup> suggesting that there is room to improve connection and outreach to BAME families.

One of the most important findings of the evaluation was the impact it was having on maternal ability to breastfeed for longer. Four out of five mothers agreed that the support they received enabled their breastfeeding journey to continue, with this reiterated in open text responses. We did not ask specifically how long participants breastfed for, or what their specific feeding goals in terms of duration were, but a service that enables women to breastfeed for longer is a vital service to support. This is important for maternal and infant population health outcomes<sup>(2)</sup> but also maternal wellbeing. The evidence is overwhelming that for many women, not being able to reach their breastfeeding goals is associated with increased risk of depression and grief<sup>(18)</sup>.

Participants who had stopped breastfeeding at the time of survey completion were asked how ready they felt to stop breastfeeding. Notably, less than 7% of mothers reported not feeling ready to do so, with over 70% explicitly stating they had felt ready to stop. This is a stark contrast to many research studies exploring the proportion of women who meet their feeding goals or feel ready to stop<sup>(6)</sup>. Potentially those most at ease with their infant feeding experience might have been more likely to respond to the research invite, and the timing of our survey included mothers who may have stopped feeding older babies rather than simply asking about the early weeks of feeding. However, given the detailed descriptions from participants about how the service helped individual women, and enabled them to breastfeed for longer, it would be fair to conclude that the service may be preventing at least some women from experiencing the grief of having to stop breastfeeding before they are ready.

It is also important that women receive high quality, accurate information and support when they make the decision to introduce formula milk, or to exclusively formula feed. It is vital that parents receive information, free from marketing bias, around which milks to choose, how to prepare a bottle safely and elements such as responsive feeding with promote healthy feeding practices. However research has found that mothers who use

formula often report not receiving sufficient support <sup>(28)</sup>, which can lead to inappropriate bottle feeding behaviours and damage maternal confidence. Our evaluation found that at least three quarters of mothers who bottle fed perceived HENRY as supporting their decisions, increasing their knowledge and enabling them to bottle feed safely.

It was recognised that perhaps those who had a positive experience might have been more likely to respond to the survey. However, the diversity of some of the experiences described, appeared to show that this was not the case. There were some (albeit few) descriptions of breastfeeding difficulties and complex cases which were not resolved, and this led to needing further specialist support outside of the remit of HENRY. Women in the survey were therefore able to describe both positive and negative experiences, lending validity to the survey as a method of accurately capturing mother's views, rather than simply collating stories of gratitude.

#### **5.4 Provision of a compassionate, non-judgemental and welcoming service**

A further overwhelming finding was the service and HENRY practitioners were seen as informative, knowledgeable and non-judgemental. The vast majority of mothers stated that they felt listened to, respected, and that the service offered good emotional support. The emotional burden of encountering infant feeding problems was highlighted by a number of the mothers. However, many felt that the kindness and empathetic nature of the HENRY staff supported their mental and emotional wellbeing through this difficult time.

We know that new mothers can feel under a lot of pressure and judgement from others, particularly when it comes to making decisions around feeding their baby <sup>(41)</sup>. Some feel judged by the health professionals who are supporting them, especially if mixed or exclusively formula feeding <sup>(42)</sup>. These feelings can ripple across new motherhood, leaving mothers doubting themselves and feeling anxious and depressed <sup>(43)</sup>. When seeking support for issues with their baby, including infant feeding, mothers emphasise that emotional support and acceptance from health professionals is equally important to practical guidance received <sup>(22)</sup>. It is clear that the majority of women feel that the HENRY Infant Feeding service is providing more than just practical support; they are meeting new mothers needs

holistically, centring the mother and nurturing her wellbeing too. Given increasing awareness of the importance of maternal mental health and the number of new mothers struggling during the perinatal period <sup>(44)</sup>, HENRY is playing a much wider role than simply infant feeding information.

It was notable that many women in the survey did not access HENRY due to breastfeeding complications but rather for emotional and companionable support whilst breastfeeding. This highlights how much women simply value reassurance and a welcoming, breastfeeding friendly atmosphere; breastfeeding support is not just about fixing problems. Infant feeding support services such as HENRY do not simply just work to increase breastfeeding rates, but also to improve maternal experience whilst breastfeeding <sup>(45)</sup>. Perhaps a woman *might* continue breastfeeding without such a service, but her experience (and thus her wellbeing) would be much diminished. When considering outcomes of whether a service is ‘successful’ or not, this bigger picture of holistic support should be explored.

Part of this welcoming and supportive atmosphere was attributed to the peer to peer support from other women accessible at clinics and baby cafés. Mothers valued being able to socialise with other mothers and partner organisations recognised the value of this when referring women to the service. We know that breastfeeding support from peers is valued by mothers and can support them to breastfeed for longer <sup>(45)</sup>. Support in the community is recognised as one of the most important elements of the World Health Organisation’s Baby Friendly Hospital Initiative <sup>(46)</sup>. Given cuts to peer support budgets in other areas in England, the service HENRY is providing is more important than ever <sup>(47)</sup>.

Indeed, mothers also frequently mentioned that the social support from meeting other mothers, especially at the HENRY breastfeeding Cafés, eased the social isolation that sometimes comes with being a new mother. Motherhood often brings huge life changes in routine, and many mothers are living away from extended family <sup>(48)</sup>. The borough of Waltham Forest is very culturally diverse, with many people residents having come from either other parts of the UK or abroad. A number mentioned in their responses that they were new to the area and that the groups they attended provided them with friendship,

opportunity to socialise and chance to get to know their local community. Again, HENRY was not simply providing infant feeding guidance but a lifeline to isolated new mothers.

## **5.5 Supporting infant feeding provision in the community**

Two clear benefits of service delivery were recognised by both mothers and partner organisations: the ability to HENRY to provide specialist infant feeding support for more complex cases and the ability to do so rapidly, often in a mother's home if necessary. The ability to meet this need was highlighted by the volume of support contacts delivered by the HENRY team across 2019 including 269 visits in families' homes.

Taking specialist support first, both mothers and partner organisations saw the HENRY Infant Feeding service as a place to receive support with more complex issues or those that needed significant input to solve. Tongue tie referral emerged as a common success story with many mothers receiving referrals for tongue tie examination or division. This type of specialist support is valued by mothers <sup>(49)</sup> and is an important element of ensuring breastfeeding in more complex cases can continue <sup>(50)</sup>. Partner organisations valued the enhanced infant feeding knowledge the HENRY service could provide, due to the knowledge being outside of their expertise or them not having the time to support complex issues.

The second element of in depth, varied and easily accessible support was also very much valued by mothers and partner organisations. Mothers often accessed more than one form of support, often more than once. For some, their needs were met with one visit or appointment, but as was seen in the e-start data, some parents were supported via multiple appointments in multiple formats. Different aspects were valued for different reasons; one to one support for difficulties, breastfeeding cafes for social support and home visits for comfort and ease particularly in those early days. Some mothers talked about visiting different venues on different days of the week to receive reassurance and social connection. Phone calls, and follow ups were part of mothers feeling valued and cared for. The nature of appointments and support also highlighted how intensive and rapid the support received was.

The ability to provide such a service was recognised as plugging a vital gap in infant feeding support in the borough, that some partner organisations did not have the time or enhanced skills to provide. Again, referring back to the social and peer support elements of the service, partner organisations valued having an avenue to direct support to. HENRY was viewed as providing a professional and expert service that had integrated into the borough and was very much considered an 'important part of the jigsaw'. Partner organisations readily and regularly referred mothers to the service, showing clear partnership working, respect and engagement. Meanwhile staff felt that they integrated well with the support partner organisations in the borough offered, and were recognised as a positive addition to service delivery.

Partner organisations seemed to accurately know what the HENRY service provided and were happy to refer to HENRY. Referring to HENRY was viewed as easy and many of the partner practitioners in the borough reported having a close and trusting relationship with HENRY, to the extent that they often saw them personally in the clinic setting or were able to make a quick phone call to them. Multi-agency working and communication seemed therefore to be very effective.

## **5.6 Suggestions for improvement**

Participants were directly asked for suggestions for improvement of the service, whilst a minority of participants gave criticisms of care received. Notably, the majority of ideas for improvement appeared to be based around what HENRY was recognised as doing well. Participants wanted more services and staffing or a minority of participants who had a criticism of their care were echoing what satisfied mothers highly valued. The desire for more staffing and opportunity to support more families and in different ways was echoed by staff in the team.

In terms of expanding service provision, reference was made to busy clinics, needing to wait to see a certain practitioner or wanting greater follow up. Others recommended that the service be better promoted so that it could reach more mothers, with some suggesting it should be available outside the borough. This feedback reinforced just how much mothers

and partners valued what the service delivered and how. Most participants who suggested this improvement also recognised that this would require greater funding and investment and efforts could not be multiplied without this. Given how much participants valued both the practical and emotional support given by the team, further investment seems an obvious solution, albeit a challenging one in a competitive climate.

Some participants recommended direct improvement to care given, feeling sadly that their needs were not met. It was notable that these ideas as to what was missing did not reflect the majority experience, with only around 3% of mothers describing a negative experience. It appeared that these mothers, for whatever reason, did not receive or perceive their care to be the high standard that the majority received. For example, whilst mothers overwhelmingly rated the support given by HENRY as non-judgemental, individuals felt that they had the opposite experience.

Likewise, whilst most mothers who bottle fed rated the support given as informative and useful, some felt that they did not receive enough. Given contact with the service may have been relatively brief, it is possible that these participants encountered an exception to excellent support, possibly due to a particularly busy clinic or session. As a universally available service, covering all aspects of infant feeding, it is perhaps not realistic for HENRY to be all things to all people, and we know that our own beliefs and wider context can affect interpretation of messaging. However, it is worth further exploration to ensure that care around these topics across all support services is consistent.

Finally, there were a limited number of reports from mothers of conflicting advice coming from health care professionals and HENRY, and in some rare instances within HENRY. It is difficult without context to know which information would be 'correct' or whether it is a case of interpretation of information. One suggestion for improvement may be to ensure update training is consistent across organisations in the borough. But also, it may be a case of ensuring that when staff give support to a mother that differs to previous advice, the evidence and rationale behind that is conveyed.

## 5.7. Limitations of the evaluation

The findings provided an important snapshot of the impact the HENRY Infant Feeding service is having on supporting families across the borough. It is important however to give some context to the findings. First, the sample likely represents the most motivated of participants both in terms of those who had a positive experience or a more challenging one. It is likely that those who had a more positive breastfeeding experience may have been more motivated to respond. We know that breastfeeding can be hugely important to mothers and that they naturally show great gratitude when given sensitive support, which they may be eager to 'pay back'. This does not in any way diminish their experiences but conversely those struggling with a difficult experience may not have responded because they may not have wanted to be reminded of their infant feeding decisions, not because of the support received but grief stemming from their experiences. However, a proportion of the respondents did offer critical views, and were open in doing so, which is useful in thinking about the next steps for service delivery.

Overall, a response rate of approximately 25% was achieved. This is a typical response rate to such as research design, with response rates for follow up or evaluation of services after they have been delivered often around 20%<sup>(51)</sup>. It could be questioned that a significant proportion of potential participants did not respond, however response rates even lower than this have been shown to be almost as representative in response as much higher rates<sup>(52)</sup> and it has been argued that representativeness of the sample is much more important than percentage response rate<sup>(53)</sup>. Given the invite was sent to all mothers who had received support from the service in 2019, it is likely that for some the contact was brief or up to 18 months ago, meaning motivation to complete the survey or ability to recall information may have dissuaded engagement. Contact details may have changed for some over this period. Others may have found it challenging to complete the questionnaire during the data collection period which coincided with the COVID-19 pandemic lockdown; we know that parents of young children found this period particularly stressful<sup>(54)</sup>. However, overall the sample size was large enough for analysis and reflected or exceeded similar infant feeding and parenting support evaluation studies<sup>(55)</sup>.

In terms of participant demographic background, respondents were weighted towards those with a higher level of education and older age than population norms. This is a typical pattern across health and social care research, particularly in infant feeding research, and will be exacerbated by eligible respondents; proactively seeking breastfeeding support and continued breastfeeding is associated with higher maternal education and age <sup>(6)</sup>. In terms of participant ethnic background, a diverse range of participants was seen; over a quarter of participants were from BAME backgrounds, with over 15 different ethnic groups participating. Our BAME response rate does fall slightly below the representation of BAME families in support delivered (around 30% of families were from BAME backgrounds) but compared to similar survey research our sample has much greater ethnic diversity which enhances how representative the views may be.

Limitations aside, the evaluation highlighted the significant positive impact that the HENRY Infant Feeding service is having upon mothers infant feeding experiences in Waltham Forest Borough. Mothers value both the practical and emotional support given by the team, benefitting from a friendly, welcoming and non-judgemental service. It is notable how many expressed gratitude to the team in enabling them to continue breastfeeding for longer. The service is valued by partner organisations and is viewed as an 'important part of the jigsaw' of infant feeding support in the borough. The service is seen as filling an important gap, in terms of broader breastfeeding support but particularly in relation to supporting complex cases and providing a rapid and personal service. Although elements for improvement were identified these predominantly focussed on greater investment to allow the service to do more of what it is doing so well: enabling more women to meet their infant feeding goals and supporting infant and maternal health and wellbeing in the process.



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