



**Evaluation of the Clifton breastfeeding group and
IBCLC consultations
Funded by the Ways to Wellbeing Small Grants Fund**

Report of findings

By Kath Weston

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yorkcvs

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Glossary and abbreviations

Breast compressions	Gently squeezing the breast during a feed to cause the milk glands to release more milk and increase milk flow. Breast compressions can encourage a baby to keep sucking actively for longer and can, therefore, help to increase milk supply by ensuring the breasts are more thoroughly drained.
Combination feeding (or combi-feeding)	Offering baby bottles of expressed milk or formula alongside breastfeeding.
Domperidone	Medication that can be used to increase breastmilk production. Domperidone can help to increase the level of the hormone prolactin, which is involved in breast milk production.
Expressing (breastmilk)	The process of stimulating and collecting the release of breastmilk from the breast using a hand or breast pump.
Formula	Infant formula is a manufactured food product designed as a substitute for breastmilk. Most infant formulas are made from cow's milk which has been processed to make it suitable for babies.
Frenotomy	A simple surgical procedure to cut the lingual frenulum. The frenulum is tissue attaching the tongue to the muscle on the base of the mouth. If this tissue is short or tight it can cause tongue tie (see below).
IBCLC	International Board Certified Lactation Consultant. All IBCLCs are accredited by the International Board of Lactation Consultant Examiners which is the governing regulatory body for IBCLCs.
Latch, latching on	Latching on is how a baby attaches to a breast to feed.
Naso-gastric tube	A thin, soft plastic or rubber tube that is passed through the nose, down through the throat and into the stomach to deliver food or medicine directly to the stomach.
NCT	National Childbirth Trust. A national charity for pregnancy, birth and early parenthood.
Nipple confusion	Where a baby gets confused by the different sucking action required on an artificial bottle teat compared to feeding at the breast. As a result some babies can find it hard to feed from the breast after using a bottle teat.
Special Care Baby Unit	A specialist hospital ward or department for the care and treatment of newborn babies who are ill or premature.

Supplementary nursing system (SNS)	A feeding tube attached to the breast at one end, and a container filled with milk at the other, which allows the parent to feed their baby supplemental milk at the breast.
Tongue function assessment	Assessment of an infant's tongue function in the context of breastfeeding, not just looking at the appearance of the tongue. Carried out by an IBCLC, it involves taking a full breastfeeding history and observation of tongue function.
Tongue tie; tongue tie revision	Where the frenulum (tissue attaching the tongue to the muscle on the base of the mouth) is too short or tight and causes breastfeeding problems or speech problems in infants. A tongue tie revision or release is also known as a frenotomy (see above).
Topping-up	Supplementing breastfeeds with infant formula or expressed breastmilk fed from a bottle, syringe, cup or supplementary nursing system. Supplements, or 'top-ups' are suggested where there is concern about a baby not gaining enough weight.
Zoom	An online facility enabling video communication, which became popular during the Covid-19 pandemic.

For information about a variety of breastfeeding topics, visit the following websites:

www.treasurechest.org.uk/resources

www.abm.me.uk/breastfeeding-information/

www.breastfeeding.support

www.breastfeedingnetwork.org.uk/breastfeeding-help/

Summary

Treasure Chest Breastfeeding Group received funding from the Ways to Wellbeing Small Grants Fund to deliver a weekly breastfeeding group and a limited number of individual appointments with an International Board Certified Lactation Consultant (IBCLC – a breastfeeding professional). This service operated for 26 weeks from January to July 2023 at Clifton Children's Centre in York. Each week an IBCLC was present at the group, supported by volunteer Peer Supporters when available. The group was located in Clifton with the intention of targeting support at disadvantaged families. Clifton has comparatively low rates of breastfeeding and high levels of deprivation. A total of 79 families made 120 attendances at the breastfeeding group and 23 individual consultations were carried out with 22 families.

The project evaluation comprised an online survey of parents who had attended the group, five case study interviews, and a group interview with the IBCLCs involved. This summary highlights the key findings.

- Treasure Chest made efforts to promote the Clifton group through social media and other stakeholders, such as community midwives and health visitors. The survey showed that multiple promotional channels had been effective in raising awareness of the group. Being in the same building as midwives, and midwives' keenness to signpost people, meant that many people attended the group immediately after seeing their midwife.
- Most people attended because they were seeking help to overcome a breastfeeding problem, and being able to ask questions was a draw. Expecting to consult with an IBCLC, with their expertise and experience, had been a significant factor in choosing to attend the Clifton group rather than other Treasure Chest groups.
- Families tended to come with complex breastfeeding problems, perhaps because of the known availability of funded sessions with an IBCLC. There were also many parents who needed emotional support. In many of these cases, the IBCLCs felt that families had not been given enough breastfeeding support by statutory services early enough and so situations had deteriorated over time and led to additional problems.
- Offering one-to-one appointments as an adjunct to the group was a new way of working for Treasure Chest. Although the appointments went well and the IBCLCs were able to use them in ways they could not have done in a group environment (e.g. for tongue function assessments), there were some difficulties around managing people's expectations. Many parents arrived thinking that they would have time alone with the IBCLC, not understanding that this was only where the IBCLC assessed there were extra needs and booked an appointment.
- In large part, the survey respondents were satisfied with the attention of the IBCLC in the group and many of those with complex problems were accommodated with a one-to-one appointment.
- Usually, funded appointments with an IBCLC are not offered by Treasure Chest and parents seeking an IBCLC consultation would expect to pay for this service privately. There was evidence that this high-level support had been taken up by some parents

who would not otherwise have been able to pay for it, or who would not have chosen to pay to see an IBCLC a number of times.

- One aim of the group was to encourage repeated attendance, not only to provide ongoing support, but also to provide a space for breastfeeding families to socialise and support each other. Of the 79 families who attended the group, 29 families (37%) returned at least once, and eight families (10%) attended three or more times. A majority of the survey respondents were open to the idea of attending a social group. There was evidence that families valued meeting others with similar problems, concerns and questions. However, there was a feeling that people would inevitably come to a group with problems, and a social group may not work if some needed help while others just wanted to chat.
- The project's success at targeting disadvantaged families was hard to determine. Some awareness of the group among Clifton residents had been built as 29% of the families who attended lived in the local area. However, the intent was not to exclude families from outside Clifton or who were not disadvantaged. The IBCLC appointments were to be offered, first and foremost, on the basis of breastfeeding need, with priority thereafter given to Clifton residents if possible. However, the IBCLCs found it was not workable to consider people's postcodes and potentially prioritise financial need over the complexity of breastfeeding problems, when making this decision.
- Survey respondents were unanimously positive about the support received in the group. All except one person either agreed or strongly agreed that contact with Treasure Chest had been helpful and that they would recommend Treasure Chest to others.
- Views about the one-to-one consultations were also overwhelmingly positive. All agreed that the IBCLC had been supportive, knowledgeable, easy to talk to, and had signposted appropriately to other sources of support. Not all people felt that the IBCLC had been able to help them, but this was sometimes a reflection of the intractable nature of their breastfeeding problem, rather than the lack of adequate support or expertise.
- Parents' descriptions of the difference made to them by attending the group or IBCLC consultations can be summarised in five themes:
 - **Significantly improving breastfeeding experience:** e.g. reduced breast or nipple pain; increased breastmilk supply; baby's weight gain; or baby feeding more effectively and being less fussy. Some described the support as having 'saved' their breastfeeding journey.
 - **Providing hope for improvement:** feeling reassured and supported to persevere with breastfeeding even though it remained a challenge, and to feel more hopeful about problems being resolved eventually.
 - **Empowering parents:** receiving information which deepened parents' understanding of baby behaviour, problems, managing changes or feeding an older child. Empowered parents felt able to make informed decisions or to seek support from specialists.
 - **Encouraging enduring confidence:** parents feeling reassured about their instincts, concerns, or current practice and feeling happier as a result. This boost to confidence had endured beyond their time at the group.

- **Support to come to terms with unexpected outcomes:** Not all parents felt that breastfeeding had improved over time; even so they identified ways in which Treasure Chest had made a difference. They had been helped to understand why breastfeeding was not improving, to explore and exhaust options for overcoming the problem, and supported to feed breastmilk in other ways or to stop breastfeeding. Knowing that all options had been considered was valuable in coming to terms with unexpected outcomes in their breastfeeding journeys.
- Critical feedback about the group suggested that entering the venue was difficult because the door was locked and there was no receptionist; the room was perceived to be small and there was limited space and seating; there was not always enough time to speak to the IBCLC if the group was busy; parking was limited; and that it could feel uncomfortable arriving at the group if nobody introduced the Peer Supporter or IBCLC.
- Service users and the IBCLCs suggested the following ways to improve service provision in the future:
 - **More breastfeeding support:** increase the number of groups Treasure Chest provides or lengthen existing group sessions; continue to provide funded access to IBCLC consultations; focus more support on the early days/weeks after birth.
 - **Venue:** ensure the venue has sufficient parking, easy entry or a receptionist, adequate space, hot drinks available, and family toilet facilities.
 - **Staffing:** increase staffing to cope with busy sessions and to ensure all are greeted; consider having two IBCLCs attend each week to give enough time to complex cases.
 - **Communicating with families:** supply details in advance about pre-booked IBCLC consultations, such as how long the appointment might take; follow up cases and provide further information and support between visits.
 - **Promotion:** ensure the arrangements and criteria for seeing an IBCLC are explained from the outset.
 - **Signposting:** build on relationships with other stakeholders (e.g. community midwives and health visitors) and promote future projects as early as possible.
 - **Targeting disadvantaged families:** make attempts to reach people earlier to encourage the initiation of breastfeeding and to provide support in the early days; encourage referrals of families who cannot afford expert breastfeeding support from community partners (i.e. midwives, health visitors, social prescribers, Local Area Coordinators).

1 Introduction

For 26 weeks from January to July 2023, Treasure Chest offered a weekly breastfeeding group at Clifton Children's Centre. The group was staffed by two IBCLCs (International Board Certified Lactation Consultants) on alternating weeks with volunteer Peer Supporters also present when available. Families presenting with more complex breastfeeding needs were offered a one-to-one consultation with an IBCLC on the same or the following week. Treasure Chest was able to run the group and offer a limited number of individual consultations thanks to generous funding from the Ways to Wellbeing Small Grants Fund.

A condition of the funding was to target support, where possible, at disadvantaged people. This led to the selection of Clifton as the group's location. Clifton is an area of comparative deprivation in York, with 21.2% of families on low incomes. It also has one of the lowest breastfeeding initiation rates in York, at 68%, and one of the lowest rates of exclusive breastfeeding at 6-8 weeks (42%). Other reasons for choosing Clifton as the location were that statutory breastfeeding support through the Healthy Child Service was offered only fortnightly at the time, and Treasure Chest did not already have a group near this area. Although located in Clifton to be attractive to local residents, the group was open to all families living in the York area. This was in line with Treasure Chest's usual practice to offer services to all, regardless of financial means or postcode.

The Clifton group was promoted on Treasure Chest's social media channels and website. Introductory emails and leaflets were sent to community midwives and health visitors operating in the Clifton area, to raise awareness of new support for local people. Treasure Chest was also assisted by the Ways to Wellbeing team in promoting the group to GP surgeries and social prescribers in Clifton. Representatives of Treasure Chest also met with the Council's Local Area Coordinator for Clifton to encourage signposting where appropriate.

The funding made it possible to conduct a small-scale evaluation of the group and IBCLC consultations. The evaluation is based on data collected through attendance information¹, an online survey, five individual interviews to inform five case studies, and a group interview with the two IBCLCs who ran the group and individual consultations.

1.1 Attendance information

Over the course of 26 weeks, there were a total of 120 attendances by 79 families at the breastfeeding group. Of the 79 families, 29 families attended the group more than once and eight families attended three or more times. Also in this six-month period, 23 individual consultations with an IBCLC were conducted with 22 families.

Of the 79 families who attended, at least 23² (29%) were residents of Clifton; at least 37 of the 120 attendances (31%) were made by Clifton residents. At least thirty-three of the 120 attendances (28%) were made by people living outside the City of York, in surrounding towns and villages. The remainder were residents of wards within the City of York Council

¹ Attendees were invited to leave contact information (including their name, postcode and email address) so that Treasure Chest could monitor the number of attendances and whether local residents were attending, and so that parents could be invited to complete the online survey.

² All except four people left their contact information and five people did not state their postcode.

boundaries. Figure 1.1 below shows the areas of York represented by families who visited the Clifton group.

Figure 1.1 Families' locations

Area of York	Number of families
Clifton & Rawcliffe	25
Outlying towns and villages	21
Acomb & Foxwood	8
Tang Hall & Hull Road	4
Huntington	3
Holgate	3
Fulford	3
Dringhouses	2
South Bank	2
Heworth	2
The Groves	1
Not known (no postcode/area given)	5
Total	79

1.2 Online survey

All attendees were given the option to leave their name and email address so that they could be contacted at a later date and invited to give feedback via an online survey. Email addresses were obtained for all except four attendees. The survey link was emailed four weeks after their first visit to the Clifton group; this delay allowed for the possibility for families to return to the group or to have a one-to-one consultation on a subsequent week and be able to reflect on these experiences as well as any changes in breastfeeding since. The survey link was sent again in a reminder email another week later. A further reminder was sent in July to all who had attended the group up to that point. Twenty-eight people completed the survey, giving an acceptable response rate of 37%³.

The survey comprised a mix of closed and open questions about breastfeeding experiences, using Treasure Chest services, reasons for attending the Clifton group, experiences and views of the Clifton group, experiences and views of the IBCLC consultations, views about Treasure Chest's impact, and suggestions for improvements to the service offered. The survey outline is in Appendix A.

1.3 Case studies

Part way through the project it became clear that the evaluation would benefit from more qualitative data. Qualitative data provides a richer understanding of experiences by exploring in greater depth individuals' stories and perceptions. By studying a number of individual 'cases' it is possible to show the ways in which an intervention – like the group at Clifton – makes an impact.

³ This is calculated using a total of 75 families who left an email address.

The aim was to recruit a number of families with contrasting stories, to show variation not just in the problems dealt with at the group, but also differing outcomes. The two IBCLCs gave a steer about families' circumstances, breastfeeding stories and outcomes to aid the researcher's recruitment. Twelve families were approached by email, inviting them to take part in an interview with a researcher. Five of these families showed interest and were interviewed between the end of April and mid-July 2023. Each participant was sent an information sheet and consent form prior to the interview. To maximise convenience for participants, and therefore encourage participation, the interviews took place online using Zoom video conferencing. The interviewer and interviewee could see and hear each other, though they were not face-to-face in the same physical space. All five interviews were audio-recorded and then transcribed.

The interview topic guide can be found in Appendix B alongside the information sheet and consent form.

1.4 IBCLC feedback

The final piece of data collection involved a group interview with the two IBCLCs who had been present at the Clifton group and delivered the one-to-one consultations. This was an opportunity to reflect on what had worked well, what had not gone so well and what might work better in the future. The five case studies were also discussed.

As with the case study interviews, the group interview with IBCLCs took place on Zoom and was audio-recorded and transcribed. The interview topic guide is at Appendix C.

2 Participant background information

This chapter sets out background information about those who took part in the evaluation. As well as participants' characteristics, there is also information about participants' experiences of breastfeeding and their use of Treasure Chest services.

2.1 Personal characteristics

Figure 2.1 below shows the personal characteristics of the 28 people who completed the survey and the five people who were interviewed for the case studies.

Figure 2.1 Personal characteristics

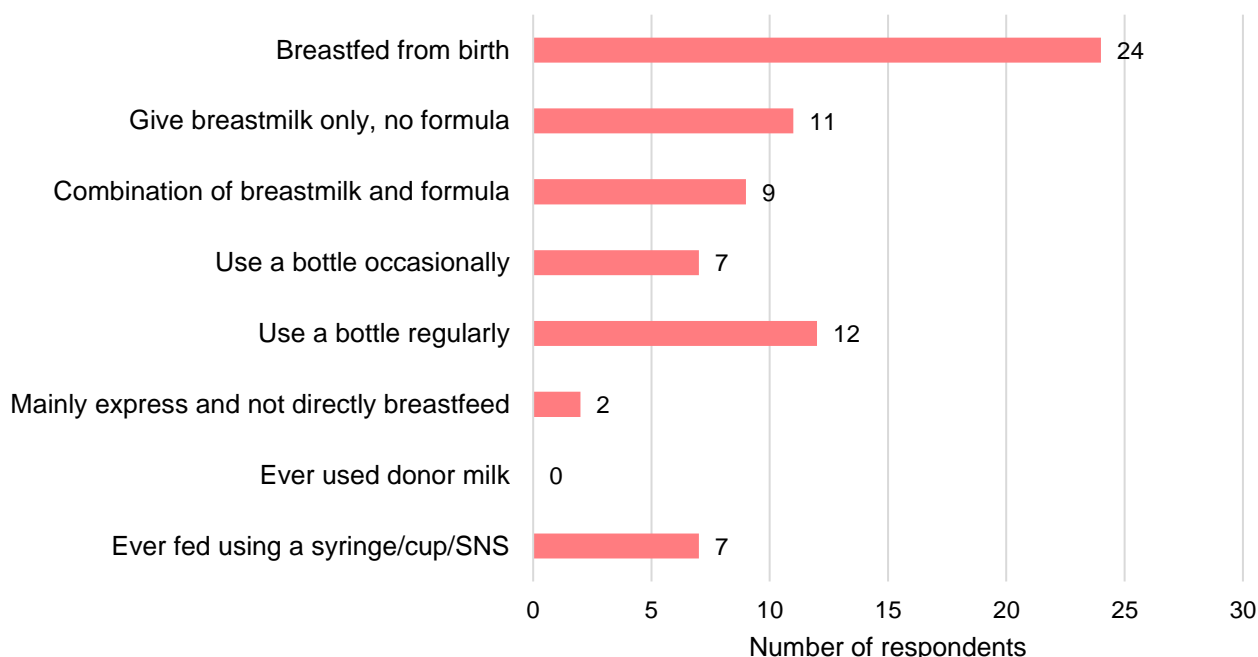
		Number of survey respondents	Number of case study interviewees
Age	Under 30	2	0
	30-34	13	3
	35-39	10	1
	40 and over	4	1
Ethnicity (self-defined)	White British	25	5
	White Other	2	0
	Arab	1	0
Postcode/area of York	Clifton & Rawcliffe	10	-
	Acomb & Foxwood	3	-
	Tang Hall & Hull Road	2	-
	Dringhouses	1	-
	Huntington	1	-
	South Bank	1	-
	Outlying towns & villages	10	-
Highest level of education	Doctorate/PhD	1	0
	Postgraduate degree	13	4
	Undergraduate degree	12	1
	NVQs/Diplomas/Higher National Certificate	2	0
Household	Partner + 1 child	18	1
	Partner + 2 or more children	9	4
	Single parent of 1 child	1	0
Age of breastfed child at the time of the survey/interview	1-3 months	20	1
	4-6 months	4	4
	7-12 months	3	0
	Over 1 year	1	0

Given that parents completed the survey a minimum of four weeks after their first visit, and given information supplied, it is possible to infer that at least seven of the respondents came to the Clifton group with a baby aged 1 or 2 weeks old.

2.2 Breastfeeding experiences

Survey respondents were asked which of the options in Figure 2.2 matched their experience; people could choose as many as they felt were applicable.

Figure 2.2: Breastfeeding experiences



Some people chose to give further details, particularly about the early days and weeks. For example, there was experience of topping-up using bottles of formula for the first few weeks before exclusive breastfeeding was established; and of a baby being fed expressed breastmilk through a naso-gastric tube in the special care baby unit at York Hospital.

Overall Figure 2.2 illustrates that breastfeeding does not always mean feeding a baby at the breast. Despite parents' expectations, breastfeeding can also mean combining feeds at the breast with formula feeds, or expressing breastmilk to give through a device such as a bottle or syringe. These ways of feeding can be temporary or longer-term. Treasure Chest aims to help parents navigate all breastfeeding journeys however straightforward or complex they may be.

2.3 Previous experiences and views of Treasure Chest

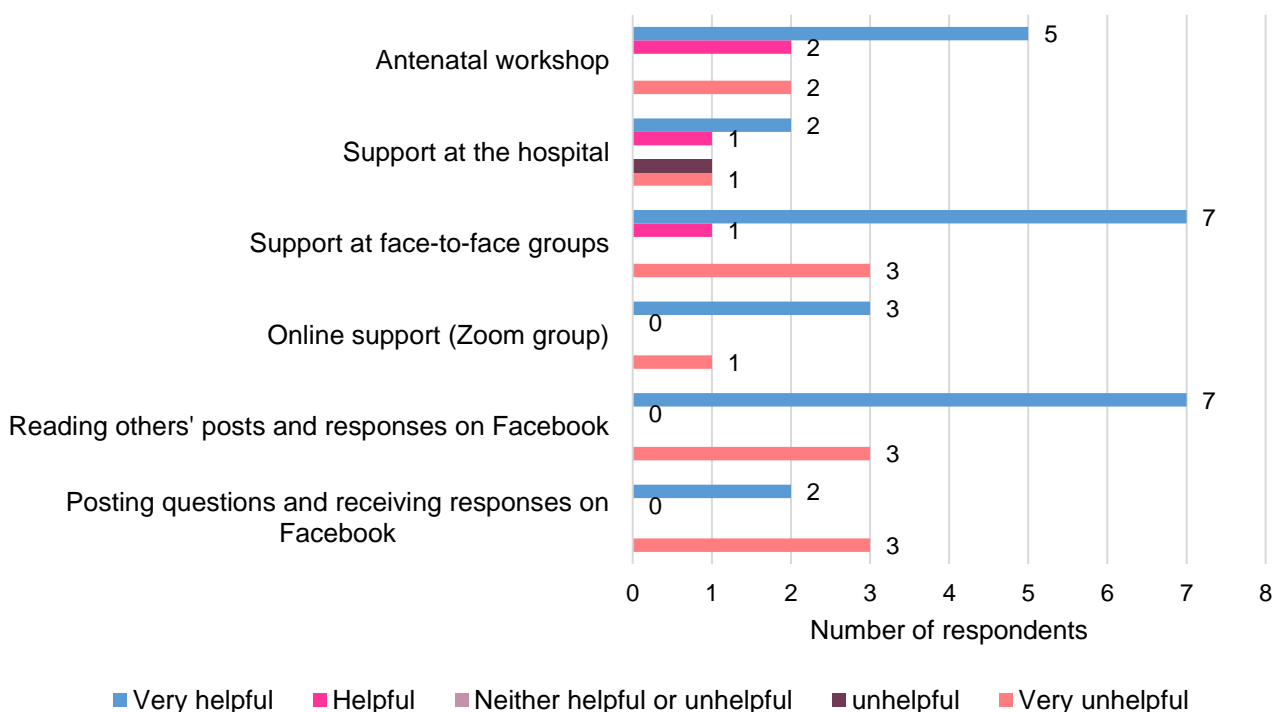
A slight majority of the 28 survey respondents (16 people) had used Treasure Chest before coming to the Clifton group. For some, this was when they had breastfed older children; for others this experience was a few weeks or months earlier with the same child they had

brought to Clifton. Of the 12 who had not used Treasure Chest before, five had older children though it is not known if they were breastfed.

Survey respondents were asked to identify which Treasure Chest services they had used previously and to give their overall impression, choosing from options ranging from 'very helpful' to 'very unhelpful'. Figure 2.3 below presents the answers, showing that seeking support at face-to-face groups and reading others' posts on the Facebook group were the most common with 11 and 10 people having done so, respectively. Nine people had attended a Treasure Chest antenatal workshop.

There were some anomalies in people's views of these services. Six people indicated that a Treasure Chest service had been 'very unhelpful' or 'unhelpful'; two of these people were otherwise very complimentary about Treasure Chest in response to some of the 'open' questions and the pattern of their answers suggested that they had clicked on the wrong option, believing that they had instead selected 'very helpful'. However, because there were no follow up questions to probe why they held these views, we cannot be certain that they were not unhappy with previous experiences of Treasure Chest. One person had experienced several Treasure Chest services and only their experience of support from Peer Supporters at the hospital was perceived negatively. There is no further data to explain why they had found this support 'unhelpful'. The remaining three people whose selections indicated dissatisfaction had only used one Treasure Chest service prior to the Clifton group – either posting questions on the Facebook group or being supported at a face-to-face group. Without further data it is not possible to know if they had selected 'very unhelpful' in error or were indeed unhappy with their experience.

Figure 2.3: Previous use of Treasure Chest services



Three of the five interviewees had some prior experience to reflect on provided some details about what had been helpful. The antenatal workshop was valued for having provided a mix of practical tips and information about normal newborn baby behaviour that

might otherwise wrong-foot parents; the information gleaned also helped one parent to question her baby's latch and to seek extra support. The face-to-face groups were liked for having time for individuals and were said to be a source of information and 'really good' emotional support. Information about relaxed feeding positions had made a real difference to one baby's ability to latch. Finally, one person who had never been to a group before had found it 'really helpful' to read responses to posts on the Facebook group in preparation for her baby's birth.

3 Experiences of the Clifton group

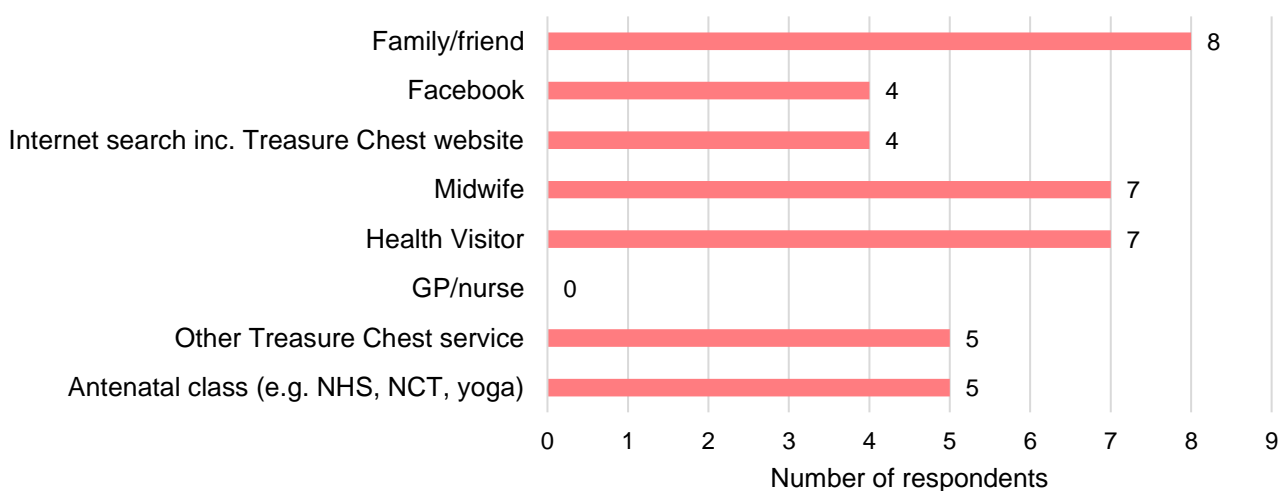
This chapter sets out survey and interview participants' experiences of hearing about the Clifton group, their reasons for attending, what they had discussed at the group, experiences of one-to-one appointments with the IBCLC, and their views on the idea of a social breastfeeding group.

3.1 Hearing about the Clifton group

Treasure Chest made efforts to promote the new Clifton group through various channels. Aside from Treasure Chest's social media and through Peer Supporters suggesting it to families, the community midwives and health visiting team in the Clifton area were also informed and encouraged to signpost families.

The survey respondents were asked how they had found out about the group at Clifton Children's Centre and were encouraged to select all the options that applied to them. Figure 3.1 below shows that multiple promotional channels had been effective in making people aware of the group. Midwives often held appointments with families in the same building at the same time as the Treasure Chest group. Over time it was evident to the IBCLCs that midwives were signposting families who immediately sought support from the Treasure Chest group.

Figure 3.1: How did you hear about the Treasure Chest group at Clifton?



Local GP practices were also made aware of the breastfeeding support available from the Clifton group, but none of those who responded to the survey said they had heard about the group from their GP. This is perhaps unsurprising as community midwives and health visitors, rather than GPs, have greater responsibility for the care of parents postnatally and would therefore be the first port of call (within statutory provision) for any breastfeeding support.

3.2 Reasons for attending the Clifton group

Those who took part in the survey were asked why they had chosen to visit the Clifton group. Again, participants could choose as many of the options that they felt had influenced them.

Figure 3.2: Why did you decide to attend the Clifton group?

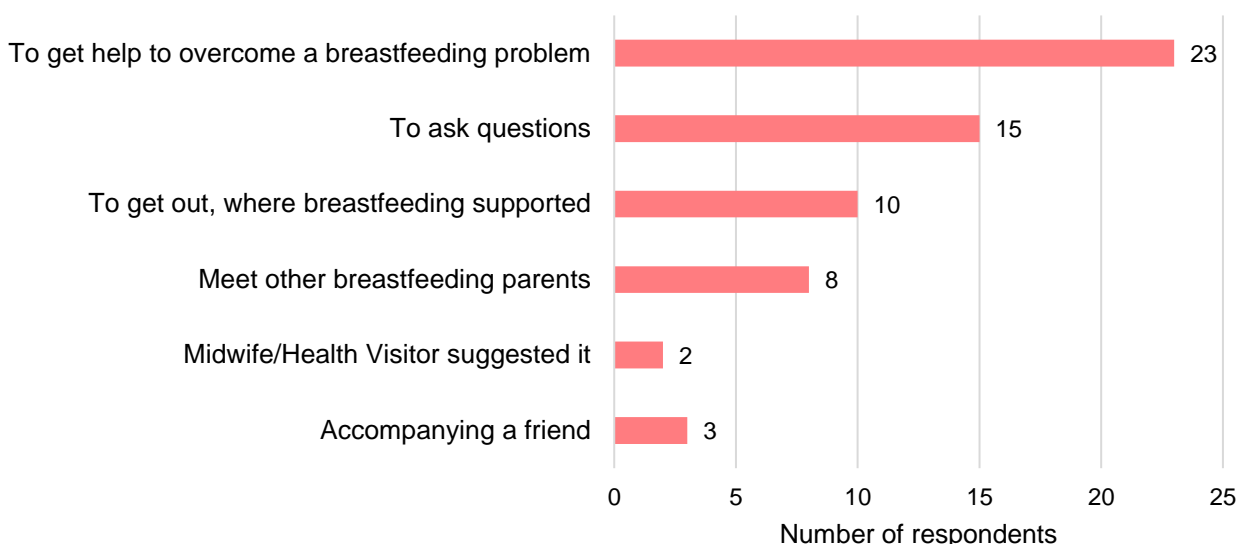


Figure 3.2 above shows that most people attended because they were seeking help to overcome a breastfeeding problem, and being able to ask questions was a draw. Although some people had heard about the group from a midwife or health visitor (see Figure 3.1 above) their suggestion of attending the group was not always influential, suggesting that this group of families did not need to be encouraged to attend a breastfeeding group once they had heard about it. Their desire to resolve a problem or just to find support was more influential than third party encouragement.

Survey respondents were not directly asked if being able to consult with an IBCLC had attracted them to the group. However, it was clear that this had been a significant factor in some people's decision to choose this group over other groups offered by Treasure Chest which are led by Peer Supporters. Two of the survey respondents chose to mention, in answer to open questions, that the IBCLC's presence at the group had encouraged, or been the main driver for, their attendance at this particular group. Further to this, four of the five interviewees for the case studies explained that, although other factors had played a part, knowing the expertise of an IBCLC would be on offer was a significant motivating factor.

I think I just felt like...they've seen everything, cos of what it takes to get to be an IBCLC, if they don't have any answers there's not really any point going anywhere else because no one else will. (Case study 1)

From [the Clifton group] starting the reason that I have been going to that group is because it had the lactation consultants there. (Case study 3)

Other factors which had influenced the case study interviewees centred around the convenience of the group, such as the day of the week and the fit with family schedules, the location and proximity to home or family members, or the parking facilities compared to other venues.

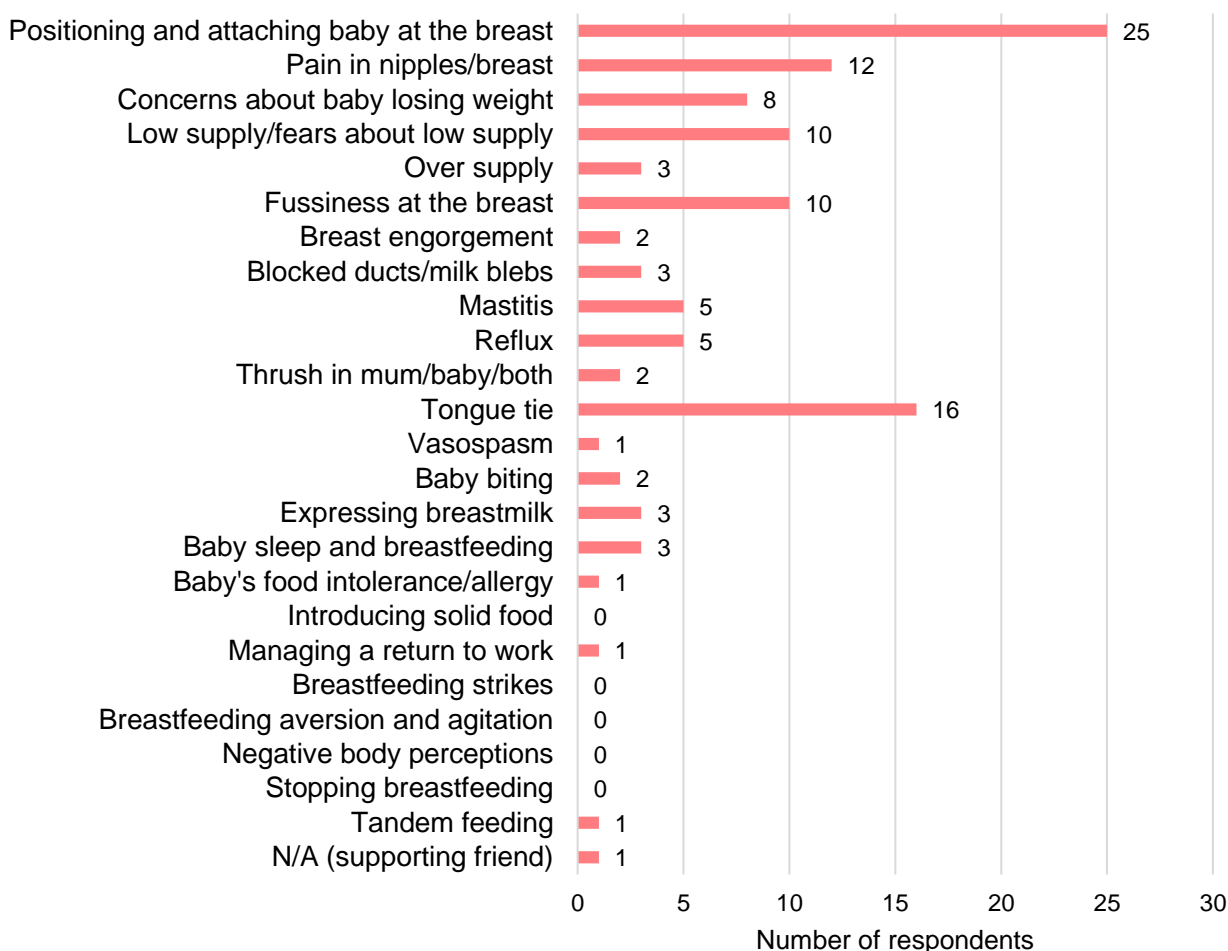
It works logistically and by location is the best one. But then also knowing that that was the one where there was a qualified lactation consultant every week was obviously a massive draw to access that kind of expertise. (Case study 5)

The two IBCLCs, who were also interviewed, reflected that many parents came expecting to have discussions with the IBCLC even though they may have just been offered support from a Peer Supporter. The perception of the IBCLC role is discussed further in chapter 5.

3.3 Topics discussed at the Clifton group

Breastfeeding can pose various challenges. Typically, these challenges are more acute, and sometimes more numerous, at the outset when parents and infants are learning how to breastfeed and before breastfeeding is fully established. In the survey, respondents were asked to read a list of common problems/topics and indicate those they had discussed at the Clifton group (see Figure 3.3 below).

Figure 3.3: What topics did you discuss at the Clifton group?



Positioning and attaching a baby at the breast is often discussed with parents at Treasure Chest groups. Various problems can arise when the position or latch is not optimal, and checking or tweaking parents' practice can often make a difference in improving breastfeeding experience. It is therefore not surprising that 25 of the 28 survey participants recalled discussing positioning and attachment. As this was a group staffed primarily by IBCLCs, we would also expect to see more complex topics discussed and there was an example of this in the discussions about tongue tie recalled by 16 people. All except two people remembered talking about more than one topic. The overall picture, therefore, is that families tended to come with multiple questions and problems.

3.4 One-to-one consultations with an IBCLC

The Treasure Chest group at Clifton Children's Centre was different to other Treasure Chest groups because an IBCLC was present at the group every week and because they were able to offer one-to-one consultations to families with more complex needs. The individual consultations were limited to one per week and appointments were either given to parents for the same day, after the group session, or for the following week.

Thirteen of the 28 survey respondents said that they had attended a one-to-one appointment with an IBCLC. Three people indicated that they were not sure, possibly because an IBCLC was also present at the group and, if few people were there, a parent could have had a one-to-one discussion within the group setting. Indeed, one of the case study participants explained that she had spoken to the IBCLC alone and had her full attention because there were no other families present, but this was not a booked consultation.

The 15 people who said they had not had a one-to-one, or were not sure, were also asked if they would have liked time alone with the IBCLC. Four of these 15 people indicated that they believed their breastfeeding problems were complex and the extra support would have been welcome. The remainder suggested that they had been satisfied with the support from the IBCLC during the group session, or that it had not been necessary to have a one-to-one appointment. One conclusion then is that, in large part, people were satisfied with the attention of the IBCLC in the group and many of those with complex problems were accommodated with a one-to-one appointment. However, not all were satisfied, suggesting that the limit on the number of IBCLC consultations had left some needs for specialist help unmet. There is some caution to this finding however, as these were **parents'** perceptions of their needs and the complexity of their problems, which may have differed from the expert perceptions of the IBCLCs.

Some of the survey respondents and case study participants touched on the principle of offering funded sessions with an IBCLC. Usually, Treasure Chest offers breastfeeding groups run by volunteer Peer Supporters who are trained, but do not have the level of expertise, nor the hours of experience, that an IBCLC does. If parents seek a consultation with an IBCLC they would expect to do so privately and therefore pay for the service. One comment was that it was an 'incredible offer' to have funded IBCLC appointments as they would not be able to justify the cost of paying for it privately. Another explained that they had really valued the level of ongoing support they had received by seeing the IBCLC a number of times at Clifton but that they would not have chosen to pay for each of these occasions.

3.5 A social breastfeeding group

One of Treasure Chest's aims in establishing the group was to encourage repeated attendance, not only to provide ongoing support to individuals, but also to build a sense of community by providing a space for breastfeeding families to meet socially and support each other.

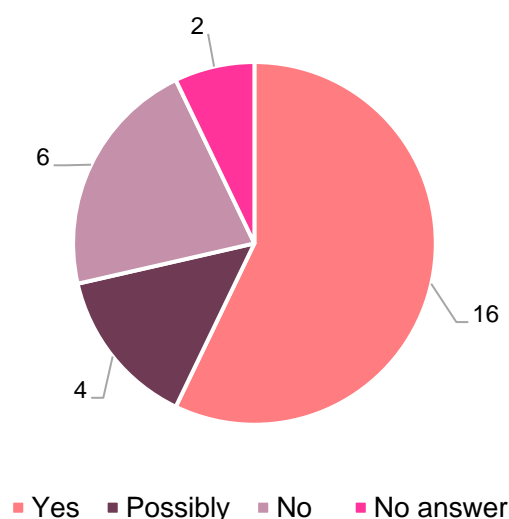
Of the 79 families who attended the group over the six-month period, 29 families (37%) returned at least once, and eight families (10%) attended three or more times.

At the time of the survey⁴, 13 of the 28 respondents had attended at least twice, four of which had returned three or more times. In the survey, people were asked if they had been encouraged to return to the group after their first visit. Twenty-five answered 'yes' to this question, with one person opting for 'don't know' and two people indicating that they had attended near the end of the group's six-month so they could not consider returning. Knowing that support would continue to be available was important to some:

I still have a long way to go and hope that I can keep coming to [Clifton Children's Centre] for help as there are no quick fixes with breastfeeding and continued support will allow women like myself to carry on breastfeeding despite challenges.
(Survey respondent)

Perhaps even more encouraging, for the idea of a social group, was that 18 of the 25 people who knew they could return said they understood they could come back even if they had no problems or questions. Survey participants were asked directly if they would be interested in a social group for breastfeeding families and invited to give an open response. It is possible to collate and present their answers in four responses, which show that 20 of the 28 respondents were open to the idea – see Figure 3.4 below.

Figure 3.4: Would you be interested in a social group for breastfeeding families?



⁴ Although all the families (who had left an email address) were sent an invitation to complete the survey four weeks after they had first attended the group, it is not possible to know when each individual completed the survey. Therefore, it is likely that there is variation among the survey respondents in the interval length between their first attendance at the group and completing the survey.

Detailed answers to this question suggested that the venue and day/time would be important factors in choosing to come to a social group, with one person suggesting a Saturday morning group as ideal. One person who was not interested in a breastfeeding social group explained that they already had a good support network of other parents and did not have time because of their commitment to other parenting groups.

The case study interviews provided an opportunity to consider in more detail the pros and cons of a social group. In general, these participants had valued the presence of other parents at the Clifton group. It had been good to feel less alone and to be with people in a similar position, and helpful to hear that other families have similar problems, concerns and questions. When returning for more support, it had been 'nice to feel welcome' and that they were not wasting the IBCLC's or Peer Supporters' time by coming with the same problem each week.

There were mixed views about the idea of a group specifically for socialising rather than problem-solving, however. One parent was supportive of the idea of a group for parents, as opposed to activities for babies or toddlers, where parents could sit and chat about topics like baby sleep and coping with more than one child. However, there was also the perception that Treasure Chest is seen by breastfeeding parents as a place to get help, which is reinforced by the discourse on the Facebook group:

I follow the [Treasure Chest] Facebook group...that's quite based on challenges and questions, so from that perspective you see Treasure Chest as somewhere you go for a helping hand as opposed to a social event.

(Case study 4)

There was a feeling that people would inevitably come to a group with problems, and it may not work if some needed help and some just wanted to chat. One person reflected that because they had come to the Clifton group with a specific problem and questions they had been 'a bit blinkered' and tense, so had not been looking to socialise. For one person, socialising with other parents had been more evident at other Treasure Chest groups, and that perhaps the presence of IBCLCs had attracted more people with problems and questions rather than those looking to chat to other breastfeeding families. There was also some awareness of how a group setting, as opposed to individual appointments, can be off-putting for some, particularly in the early days of parenthood when leaving the house seems difficult and parents are worried about their baby crying:

I know that it can be quite tough to actually get to those things especially if you're a bit low on confidence and going into somewhere where you don't know anyone, you don't know what it's going to be like, but I think somewhere like [the Clifton group has] managed to make it really welcoming anyway. (Case study 3)

4 Views about the support and the difference made

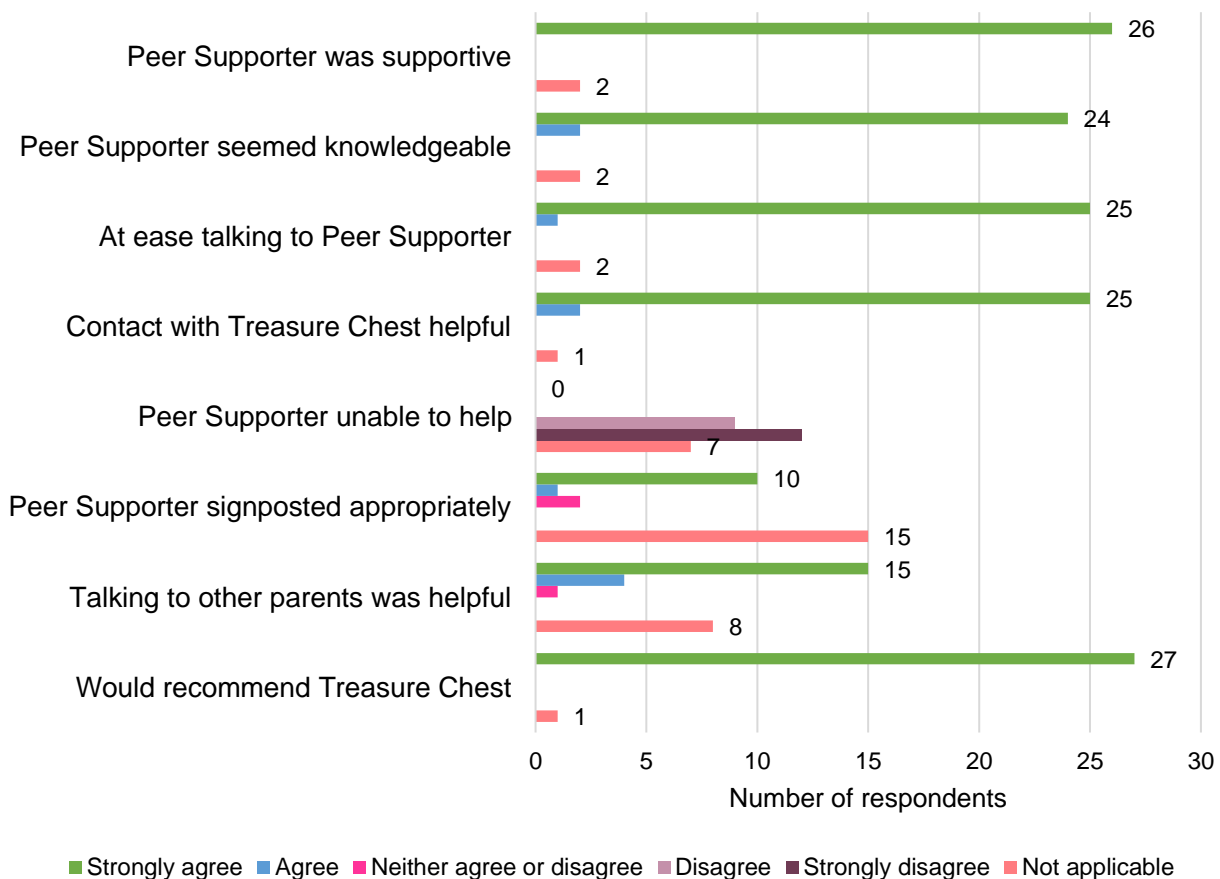
Having looked at what was discussed in the Clifton group and whether people had individual consultations with an IBCLC, this chapter now gives attention to what people thought of the support received. Survey respondents were prompted for their views about the support in the group session, and the support in the IBCLC consultations, in two separate questions. As explained above, in reality the support may have been from the same person as IBCLCs gave support to many at the groups, sometimes alongside Peer Supporters.

4.1 Views about the group

Participants were asked to indicate the degree of their agreement (from 'strongly agree', to 'strongly disagree') against a number of prompts about the service received. Their unprompted views about what was helpful, and whether the group or consultations made a difference to them, are explored in more detail in section 4.3 below. Unprompted views about unhelpful aspects of the group are discussed in chapter 5.

Figure 4.1 below summarises responses to prompts about support received in the group setting. People selecting 'not applicable' perceived that they had only spoken to an IBCLC (whether in the group or in a one-to-one consultation) and therefore had no views about support from a Peer Supporter.

Figure 4.1: Prompted views about the Clifton group

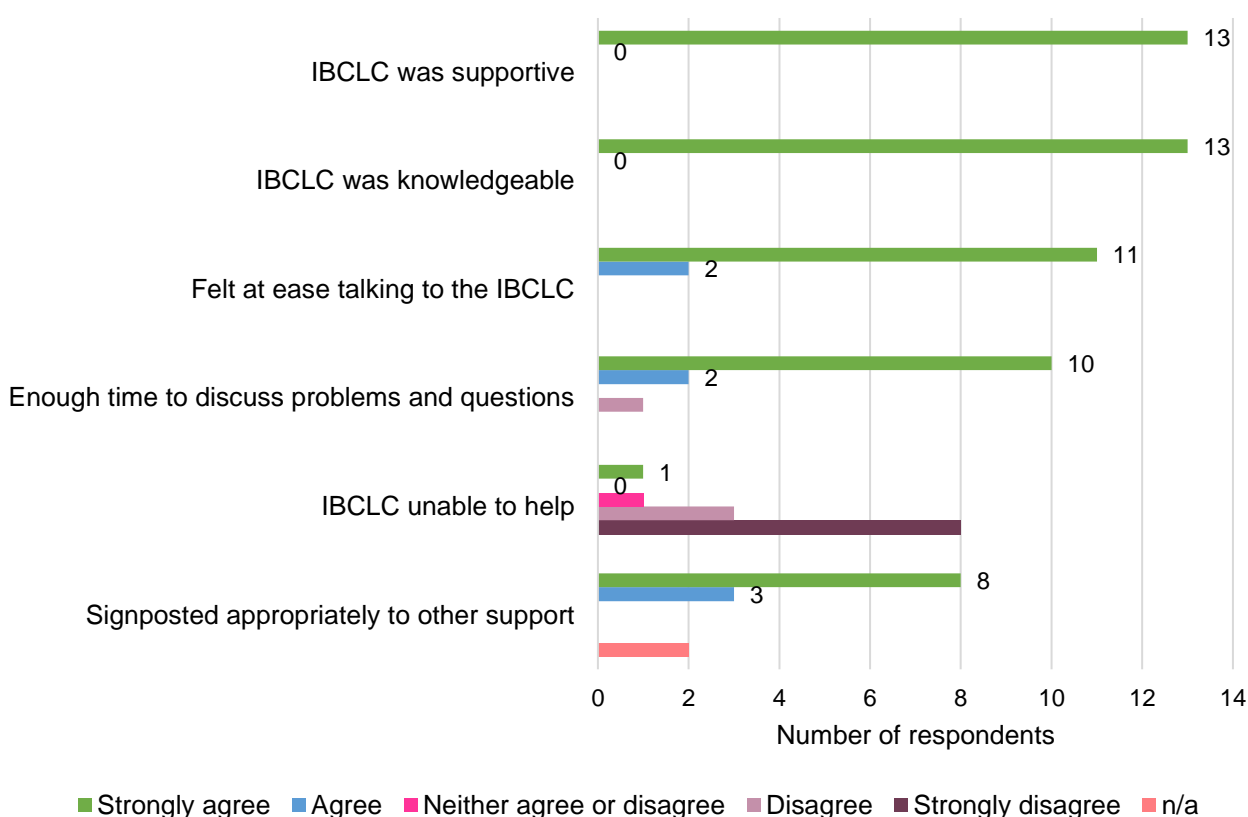


The responses to these prompts show that people were unanimously positive about the support received in the group. Perhaps most strikingly, all except one person either agreed or strongly agreed that contact with Treasure Chest had been helpful and that they would recommend Treasure Chest to others.

4.2 Views about the one-to-one consultations with an IBCLC

People who perceived that they had consulted individually with an IBCLC outside of the group were asked to respond to an additional set of prompts, giving their views. Figure 4.2 shows the responses.

Figure 4.2: Prompted views about one-to-ones with an IBCLC



Views about the one-to-one consultations were also overwhelmingly positive. All agreed, and the majority 'strongly agreed', that the IBCLC had been supportive, knowledgeable, easy to talk to, and had signposted appropriately to other sources of support. Although one person felt there hadn't been enough time to discuss everything they had wanted to, everyone else had been satisfied with the time given. Indeed, one view was that the IBCLC had been able to give more time than they had been expecting to listen and to explore concerns and options thoroughly. Not all people felt that the IBCLC had been able to help them, but as will be shown in section 4.3, this was sometimes a reflection of the intractable nature of the breastfeeding problem, rather than the lack of adequate support or expertise.

4.3 Making a difference

Having explored prompted views about the service, this section looks specifically at whether and how the Clifton group and IBCLC consultations made a difference to families. This section draws together findings from open questions in the survey and from the case studies interviews, exploring thematically the impact made. The impacts described can be summarised in five themes:

- Significantly improving breastfeeding experience
- Providing hope for improvement
- Empowering parents
- Encouraging enduring confidence
- Support to come to terms with unexpected outcomes

These impacts did not often occur in isolation, and it was possible to see more than one impact in individuals' assessment of the difference made to them.

4.3.1 Significantly improving breastfeeding experience

Some people described improvements in breastfeeding, such as reduced breast or nipple pain; increased breastmilk supply; weight gain in their baby; or their baby feeding more effectively and efficiently, being less fussy at the breast and therefore happier. These changes had come about after receiving instruction or practical help to change the baby's position at the breast; or about techniques for encouraging a good latch; or about techniques to encourage the baby to feed more at the breast and increase supply, such as breast compressions. One person had felt supported to reinstate breastfeeding with an older child after a temporary pause.

A number of people described the support from Treasure Chest as being so significant that it had 'saved' their breastfeeding journey and that without the support they would likely have stopped breastfeeding.

The [IBCLC] stayed with me after the end of the session and...despite going over time she never rushed the appointment and took the time to explain to me how to increase my supply and gave me techniques to use such as breast compressions, which saved my breastfeeding journey as my baby wasn't gaining weight...
(Survey respondent)

Diagnosing a tongue tie as a result of conducting a tongue function assessment in a one-to-one consultation was described by a number of people as a turning point, and sometimes at the root of eventual improvement in breastfeeding.

[The IBCLC] was instrumental in helping me improve my breastfeeding and diagnosing a tongue tie and assisting me in getting help from the right people. I would not [have been] able to see her privately due to cost but without her support I honestly do not know if I would still be breastfeeding as all other health professionals did not acknowledge my issues and did not provide any help.
(Survey respondent)

There were also people who described improvements to breastfeeding, thanks to information about positioning and attachment, during the time they were waiting to have their baby's tongue tie revised. This suggests that even when problems were not fully

resolved, the input from Treasure Chest could encourage sufficient improvement to sustain breastfeeding in the interim.

4.3.2 Providing reassurance and hope

For some people, the eventual resolution of challenges took time. However, Treasure Chest was still perceived as having made an impact in providing emotional support and reassurance. Some people described feeling supported to persevere with breastfeeding even though it remained a challenge and to feel more hopeful about problems being resolved eventually. Sometimes this hope stemmed from being given new information about the likely cause of their problem and appropriate sources of help to tackle it. Case study 1 is an example of such support to persevere.

Case Study 1 – Corinne

Corinne had successfully breastfed two children before her third child was born. She had also attended a National Childbirth Trust (NCT) antenatal course, which discussed breastfeeding, and had followed a number of IBCLCs on Facebook and Instagram. Although her previous breastfeeding experiences had been largely problem-free, she was aware of potential problems and how they could affect maternal mental health.

Breastfeeding her third child proved more problematic. Aside from her own nipple pain and discomfort each feed, her baby seemed gassy, fussy and did not want to be put down. The baby was putting on weight but feeding constantly and falling asleep on the breast, and it was exhausting.

After six weeks, a midwife or health visitor suggested to Corinne that she seek a consultation with a private IBCLC. The IBCLC performed a tongue function assessment and determined that her baby had very low tongue function. This appointment felt like a breakthrough:

“I literally...cried all the way through that appointment. I remember feeling that there was a reason, it wasn't just me...it was fixable, yeah it was such a relief and [the IBCLC was] obviously so lovely and reassuring.”

After the baby's tongue tie had been revised in a procedure called a frenotomy, breastfeeding did not immediately improve, so Corinne decided to follow up the IBCLC's suggestion to seek out Treasure Chest's breastfeeding groups. In particular, she wanted help with positioning during a feed and reassurance that she should persist with breastfeeding.

Although she did not have a one-to-one consultation, Corinne did speak to the IBCLC at the Clifton group. Her main reason for choosing the Clifton group was to access the expertise of IBCLCs because *‘they've seen everything...if they don't have any answers there's not really any point going anywhere else...’*. Corinne attended the group a number of times and left with tools to try (e.g. exercises to build the baby's tongue muscles), as well as feeling reassured and more confident that breastfeeding could improve over time with persistence.

(Continued over the page)

(Case study 1 continued)

Weeks later, the baby was feeding more effectively and efficiently and able to go three hours between feeds. He was no longer windy or fussy and therefore a much happier baby. Corinne had begun to enjoy breastfeeding too because it no longer felt like such a burden.

She described Treasure Chest as providing unquestioning moral and emotional support for breastfeeding, which ultimately 'saved' her breastfeeding experience.

If I hadn't kept going back, I don't know...I mean I'm very stubborn so I may just have persevered anyway and had a complete collapse! But no, it definitely, it was really transformational in terms of how it ... how supported I felt, the practical advice they gave me too, but just that reassurance that this is still within the realms of normal, you're doing the right thing, here are some practical strategies that might help as well. It was really, really great.

This whole experience has been really hard... but [Treasure Chest] has been the best source of support since I had him, it's been really, really helpful.

With hindsight, Corinne felt that support from statutory services for breastfeeding had been lacking. Her midwife had been generally supportive, but unable to give practical support and resolve more complex problems because she didn't seem to understand that her experience was not normal for the baby's age.

4.3.3 Empowering parents

A perceived impact, reported by many survey respondents and case study participants, was to feel empowered about their situation and choices. Empowerment came from receiving information which deepened their understanding of normal newborn behaviour, or of breastfeeding problems, or of how to manage changes such as returning to work or feeding an older child. Having the opportunity to talk through options, without judgement but through a pragmatic lens, was incredibly valuable to people who felt they had had no guidance elsewhere or that this guidance was at odds with their instincts and understanding. Case study 2 is an example of an empowered parent who felt able to resist pressure from health professionals to intervene in a way which she felt was unnecessary.

Case study 2 – Cassie

Cassie had sought support from Treasure Chest when she had breastfed her first child. That first breastfeeding experience had been testing because her son had a tongue tie, which caused painful feeds. In her view, hospital midwives had not provided the support or answers that she needed:

...I needed way more support and I didn't feel like I got it through the staff at the hospital. They'd kind of just have a quick look at my breasts and the latch and just felt it looked okay, but it clearly wasn't because it hurt so much and they just kind of said 'it's supposed to hurt a little bit when you first latch on and that's normal'.

(Continued over the page)

(Case study 2 continued)

She sought help from Treasure Chest and got 'really good support', consisting of information about relaxed feeding positions and the suggestion to consult with an IBCLC about a possible problem with the baby's tongue function. The baby was diagnosed with a tongue tie, but having the tongue tie revised was not the most important factor in being able to continue breastfeeding; instead she felt that the information from the IBCLC about positioning and support to persevere was more transformative. Cassie went on to feed her first child for over three-and-a-half years.

When Cassie's second child was born, she did not find breastfeeding painful but the baby was not putting on enough weight fast enough. Born a little early, he was not waking for feeds and was falling asleep at the breast. Cassie resisted pressure from health professionals at the hospital to give top-ups from a bottle, believing this to be an unnecessary intervention; she felt her baby just needed more time to develop and 'wake up'. Instead, she sought help from Treasure Chest.

At the Clifton group, Cassie felt 'relieved' to see the same IBCLC who had helped her with her first child. They discussed whether to use top-ups and the IBCLC gave information about using a syringe to boost the baby's intake, rather than a bottle, to avoid any 'nipple confusion'. She also felt reassured that it was normal for a newborn to be sleepy and that she did not need to rush to use top-ups, confirming her instincts.

It's just a kind of space to talk it through without feeling pressure I think was the biggest thing. And feeling like I was going to get advice that was I suppose more evidence based perhaps, ...from my first time around I didn't feel like [the hospital midwives] really understood breastfeeding and I got the same impression the second time around. And, so the space [at Treasure Chest] was really good just to speak freely without feeling pressure and being a bit caged...I felt I could...say you know what my worries were and what my concerns were ...

After this conversation she felt empowered to make informed decisions in further discussions with midwives. In the end she did not need to use the syringe, or any other intervention, because her baby had put on sufficient weight by breastfeeding alone. It also helped that she saw a different midwife who she felt was more supportive of her choices.

In some cases, feeling more informed and empowered also came from being appropriately signposted to other sources of help (such as cranial osteopathy, the GP, or a tongue tie practitioner) and knowing what help to ask for. The findings here suggest that empowered parents felt more able to advocate for themselves for what they needed in order to continue breastfeeding for longer.

4.3.4 Enduring confidence

Feeling that confidence in breastfeeding had been boosted and that this had endured beyond visits to the Clifton group, was another way that Treasure Chest had made a difference. Here, people described feeling reassured about their instincts or current practice and feeling happier as a result; or of having their concerns relieved about the baby getting what they needed from the breast. Treasure Chest had a role here in building

knowledge, which led to improved confidence and feeling more relaxed and able to continue breastfeeding.

I can't say how much it reassured me and helped me to relax and have confidence in my ability to continue breastfeeding my baby. I really can't thank you enough and hope the service remains available to anyone who needs it. (Survey respondent)

I had had a tough week and was quite worried about how I was doing with my baby and whether he was getting what he needed. Within twenty minutes of talking to the Peer Supporters I felt like a huge weight had been lifted, I was so much more relaxed and have been more relaxed and confident ever since because of the knowledge and reassurance she gave me. (Survey respondent)

There were also people who drew confidence in their ability to continue breastfeeding from knowing that Treasure Chest would continue to offer support to them over time (even if not through IBCLCs at the Clifton group). Case study 3 shows in more detail the perception of repeatedly receiving help to sustain a breastfeeding journey over time, without which breastfeeding would have ended.

Case study 3 – Belinda

Belinda came to the Clifton group with her second child. With her first baby, the pain of breastfeeding and not knowing where to turn to for help meant that she left hospital bottle-feeding, stopped trying to breastfeed at six weeks, and stopped expressing breastmilk at 12 weeks. Having felt disappointed with this experience, she spent time before her second child arrived reading about breastfeeding through social media and the internet. During the intervening period she had also been introduced to Treasure Chest and its Facebook group, so she felt better informed about breastfeeding and where to go for support.

When her second baby was born the same breastfeeding challenges occurred – agonising pain for mum, but baby latching and feeding and putting on weight. This time however, she contacted a private IBCLC, who conducted a tongue function assessment and diagnosed a tongue tie. With this knowledge from a breastfeeding expert, Belinda felt confident to approach a private clinic to have the tongue released through a frenotomy. The IBCLC also signposted Belinda to Treasure Chest support groups.

By the time Belinda came to the group at Clifton Children's Centre, breastfeeding had improved and she was experiencing much less pain. However, she had questions about her baby's feeding behaviour. At the group, she was reassured about her baby's preference for one breast over the other and the time he spent at the breast actively feeding, and felt more confident as a result.

She went on to attend the Clifton group three times in total, each time with questions relating to new difficulties (for example, the baby becoming distracted during feeding) and each time leaving feeling more confident about her ability to continue breastfeeding.

(Continued over the page)

(Case study 3 continued)

From her perspective, the impact of the support was clear:

I've reached out for support this time and it's been absolutely invaluable. And I definitely... there is absolutely no way I would still be breastfeeding now had it not been for the [Treasure Chest] groups. There's no way, absolutely no way.

Although her first interaction with an IBCLC was paid for privately, this mum felt strongly that everyone should have access to help for complex breastfeeding problems. In her view, statutory help through hospital midwives was not comprehensive or specialist enough to deal with anything beyond a straightforward breastfeeding experience.

If breastfeeding is going really, really well and you're really lucky in the sense that there's no problems, you're in no pain and whatnot, then yes [help from hospital midwives] would be absolutely fine. But if you're not one of those people, you absolutely need that extra help from somebody else and I think that's what a lot of women don't realise is there is more help available and I genuinely believe that everybody should have access to a lactation consultant and that paying for one shouldn't be a barrier for somebody to be able to breastfeed, which I do believe is a massive problem at the minute.

4.3.5 Coming to terms with unexpected pathways

Not all parents felt that breastfeeding had improved over time. Sometimes physiological barriers make it hard for babies to latch onto the breast at all, or to do so effectively in order to draw down enough breastmilk. A small number of evaluation participants described no objective improvements. Despite this, they did identify ways in which Treasure Chest had made a difference. The specialist expertise of the IBCLCs had helped them to understand why breastfeeding was not improving, to explore and exhaust options for overcoming the problem, and ultimately to support them to feed breastmilk in other ways or to stop breastfeeding. Knowing that all options had been considered was valuable to these parents in coming to terms with their breastfeeding journey, however unexpected the path had been. Two case studies help to illustrate the way Treasure Chest gave support when breastfeeding did not go to plan.

Case study 4 – Josie

Before Josie's baby was born, she knew she wanted to breastfeed and felt informed having read widely about it and attended an antenatal class. Despite this, she later felt unprepared for the challenges she faced when her son struggled to put on weight.

Unknown to Josie, her son was born with a recessed chin and low muscle tone in his jaw, which inhibited his ability to breastfeed effectively. Although he seemed to be well attached to the breast, he was not transferring milk well, so was not taking in enough breastmilk.

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(Case study 4 continued)

Paediatricians and midwives were aware of a problem and suggested the baby was not getting enough milk, but did not explain why this might be. Their suggestion was to top up breastfeeds, so Josie started expressing breastmilk and fed it to her baby using a bottle. Expressing breastmilk never came easily and this was hard work.

At six weeks, they were sent to the hospital feeding clinic, but Josie felt this was 'an absolute waste of time' because the practitioner said everything looked fine and suggested trying breast compressions. After eight weeks, with weight gain still not improving, Josie's midwife suggested adding formula feeds. This was upsetting for Josie initially because she had not wanted to use formula; she was also sad seeing her baby 'gobble it down', in stark contrast to the minimal swallowing she saw during breastfeeds.

Her view of formula became more pragmatic over time, however. Their feeding practice at the time of interview was a combination of breastfeeding and bottle-feeding formula and Josie was satisfied because her baby was gaining weight and still benefiting from breastfeeding. She felt that to encourage him to have more from the breast would be 'selfish' on her part because her baby gets stressed if he's hungry and he is happy to take milk from a bottle.

Josie credits this coming to terms with combination feeding with having exhausted all options and from understanding why her son struggled to put on weight. She was helped to do this by attending the Treasure Chest group at Clifton and subsequently attending two funded consultations with the IBCLC. The IBCLC suggested changes to their positioning during breastfeeds to improve his 'shallow latch' and to make them both more comfortable.

Crucially, the IBCLC also conducted a tongue function assessment and signposted Josie to a private clinic. It was these professional assessments which confirmed his physiological problems and which empowered her to know what to try next. For example, Josie took her baby to a cranial osteopath to investigate the possibility that tension in the baby's head was impeding breastfeeding. Josie also tried taking domperidone, at the suggestion of the IBCLC, to improve her breastmilk supply which had been hampered by her baby's ineffective feeding. Although these interventions did not prove successful, Josie felt there had been value in trying them and knowing she had done all she could to make breastfeeding successful.

Despite the fact that I haven't managed to solve the challenges that we've had, [coming to Treasure Chest] definitely made a difference in terms of my understanding, my knowledge, and my confidence. Definitely. And also, being signposted to the right people to get the right answers because, despite the fact that we haven't had a magic fix frenotomy...and we're still needing to do the [formula] top-ups, I know that I've spoken to the right people and I've had the right advice and I understand now what the issues were, which the way that I process stuff is what I needed.

(Continued over the page)

(Case study 4 continued)

A lot of the way I saw all the different things we did, because we did try almost absolutely everything, it was almost ticking off a list for me because if I know that I've tried absolutely everything then I can be happy with where we are.

Although at the time of the interview Josie was happy with combination feeding, she was also frustrated that statutory services did not fully investigate the reasons why her son was not putting on weight and wished she had come to Treasure Chest earlier:

I wish I'd come to [Treasure Chest] earlier...[it would have helped by] highlighting that the issue was his milk transfer all along because at no point did anyone we spoke to [at the hospital]...nobody took it back to why he's not getting enough milk... If I'd gone to Treasure Chest earlier, I would have had that expert, breastfeeding head way of thinking of 'okay it's a weight gain issue, okay he's not pooing,...I assume [Treasure Chest] would have spotted that he wasn't transferring the milk properly much earlier, and maybe saved us a bit of a headache.

I wanted more of an expert opinion on his latch and on his feeding and probably a bit more understanding of what the issue may be mostly because I'd got very little from the infant feeding clinic and I just thought 'there's got to be more to this'. And because I'm quite determined by character and I didn't want to stop breastfeeding, I just wanted that extra, professional, knowledgeable, experienced sort of eye to say, 'Well why don't you try this', rather than just going 'okay we're having to introduce formula' and feeling crap about it and thinking 'oh he's going to end up just being bottle fed'.

Case study 5 – Heather

Heather's first breastfeeding experience had not gone to plan. Her baby had struggled to draw down enough milk from the breast and, in the end, he had been mainly bottle-fed expressed breastmilk and suckled for comfort at the breast. During her second pregnancy, Heather hoped that breastfeeding her new baby would be a 'cathartic experience', but she was also pragmatic about potential challenges.

Unfortunately, feeding her second child followed much the same path as her first, and her newborn struggled to attach to the breast and feed effectively. Heather found it tricky to ask for help from hospital midwives because their approach – to 'plonk [the baby] on' – was at odds with her own learning about encouraging a baby to latch.

But that struggle of telling a health care professional 'no, I think you're wrong', I wasn't very assertive, so I'd just wait till they left and go back to trying how I had been trying.

At discharge from hospital Heather was noted as 'bottle-feeding' by midwives, even though she wanted to breastfeed and had continued trying to attach her baby to the breast.

(Case study 5 continued)

The distinction between being recorded as breastfeeding or bottle-feeding mattered because when Heather later asked for a referral to the hospital infant feeding clinic the midwives were reluctant to do so because she had been bottle-feeding. In the end, Heather and her baby were seen at the clinic, but this did nothing to help.

Having attended the Treasure Chest antenatal workshop, Heather knew breastfeeding support was available outside the NHS and came to the Treasure Chest drop-in groups a number of times. Over the weeks and months, Heather was supported at the Clifton group in various ways through discussions about positioning and attaching the baby, using nipple shields, using a supplementary nursing system, and seeking cranial osteopathy elsewhere. Each time she hoped a slight change in practice or trying something new would be the 'magic fix'. The IBCLC spent time with Heather and her baby, one-to-one, and a tongue tie was diagnosed. Although she hoped that having the tongue tie revised would lead to a 'remarkable turn of events', Heather's baby still refused the breast.

Heather felt she had been constantly searching for a fix and persisting with 'one more try' of suggestions, but whatever she tried her baby struggled to latch onto the breast without a nipple shield. In the end, Heather settled on feeding her baby with a bottle, using mostly expressed breastmilk with some formula as needed. This was not what she had hoped, but she did see an advantage in being able to leave her baby with someone else who could bottle-feed her.

This was a complex case and the Treasure Chest IBCLCs and Peer Supporters were unable to resolve the breastfeeding problem. However, Heather maintains that her contact with the Clifton group was valuable. Having the tongue tie diagnosed meant Heather was confident to seek help from a private clinic and request a frenotomy; and she persevered for longer with attempting breastfeeding because she felt supported and encouraged to do so. In exhausting all the options and persevering, she knows she could not have done more.

Treasure Chest made a difference by providing moral support and being somewhere to go for support between trying new things, when there was nowhere else to go.

...even when there's not necessarily like a practical 'ok try this', I feel like there's always support in a more like, almost an emotional sense really... 'yes it's hard but if you want to do it, keep trying' kind of thing.

Probably one of the things that Treasure Chest has been really great for..., aside from the specific kind of knowledge on like doing the thing is the sort of like being the bridge between like the different avenues you can go down...just being a voice of reason almost, like things you could try and how you might go about them.

The support is just...I can't say enough good things about it honestly, both from the Peer Supporters and from [the lactation consultants]. The kind of the knowledge and that sort of thing is one thing but also just the sense of, you know, you're doing really well, you're trying your best, that kind of thing is worth its weight in gold too.

5 Reflections on the project and learning for the future

5.1 Overall views

Survey respondents and case study participants were asked for their overall views about Treasure Chest, including whether anything had been unhelpful or anything could be improved. In large part, views were extremely positive and people were keen to see the support continue.

Keep doing the great work.
(Survey respondent)

I think they are...amazing! It's incredible that so much support is available openly and for free, with so much time offered by the Peer Supporters.
(Survey respondent)

I think it's a brilliant service and so useful to have a place to go and to take people who need breastfeeding support.
(Survey respondent)

...the team are absolutely fantastic and we are very lucky to have Treasure Chest.
(Survey respondent)

Everything [was helpful]!!! I was lost, it's so hard breastfeeding and I desperately needed support, guidance, reassurance and a friendly face. I can't express how much good the Peer Supporters do at Treasure Chest.
(Survey respondent)

I really appreciated the group and I really hope it continues because I got such a lot from it. (Case study 2)

5.2 Unhelpful aspects of the Clifton group

When asked if anything was unhelpful about their experience of the Clifton group, 12 survey respondents said that nothing had been unhelpful, a further seven left the answer blank, and a further two people said that this was 'not applicable' to them.

There was, however, some critical feedback from seven people relating to the venue, staffing levels, and the service delivery format. Although some people had left positive comments about the venue being 'welcoming' and close to home, the venue was also criticised by others. One view, repeated by a number of people, was that entering the group was difficult because there was no receptionist in the building and the door was locked for safeguarding reasons. This meant that parents needed to phone the IBCLC or Peer Supporter to let them in. This could be disruptive if the IBCLC/Peer Supporter needed to break off the conversation they were having with another family. Another negative aspect was that the room was perceived to be small and, if the session was busy, there was limited space and availability of seating for families. The busy nature of the group was also perceived as a potential problem for people who felt they needed to speak

to an IBCLC rather than a Peer Supporter, as there was less time with the IBCLC available. The venue, as a community hub, is ordinarily busy and some parents had found it hard to find a car parking space. There were also comments about the way the group was run, with one person feeling that the group was 'very medicalised' with no social element or opportunity to chat to others, which was not what they had expected. Another person reflected that they had felt uncomfortable arriving for the first time because they did not 'know the system' and would have liked a brief introduction to the IBCLC or Peer Supporter who was running the group.

5.3 Suggested improvements

All of the service users who took part in the project evaluation were asked for suggestions for improvements to future Treasure Chest service provision. Answers related to the location or venue of prospective drop-in groups, how groups should be managed or run, and an increased level of service provision overall.

Location/venue

Aspects that people would like to see in a location or venue included good parking facilities; easy entry or a receptionist available to assist with entry; sufficient space and seating for busy sessions; facilities for having a hot drink; and toilet facilities large enough to take a pram in too.

Managing the room/group

Families would like to see more Peer Supporters or more than one 'expert' at a group, to cope with the numbers attending, and also a 'host' to explain how the session works. One view was that having more details in advance about a pre-booked one-to-one consultation would be useful, such as what time to attend, what might happen and how long it would take. There was support for the idea of an IBCLC being present more often at Treasure Chest drop-in groups, particularly if they were able to offer tongue function assessments.

"Having somebody be able to assess for a tongue tie I think would be a major help to a lot of people, so that they don't have to pay for it because it is expensive...you feel desperate and you'll do anything and I spent so much money [resolving the breastfeeding challenges with her first baby] and I think for somebody who wouldn't have had any money to spend they would have just struggled on with it. So accessing free support...it's just so important."

(Case study 2)

Increased service provision

There were various ways in which people called for more support for breastfeeding. One view was that there should be more support earlier on after a baby is born. Having longer sessions, re-starting the Clifton group, and establishing more groups were also suggestions. In particular, an afternoon group would give parents more choice (currently all Treasure Chest groups are run in morning sessions); a Saturday group would work well for parents who had returned to work or for working partners who would also like to attend; and groups located in towns/villages just outside the city of York would help to meet the needs of parents who feel more isolated.

5.4 IBCLC reflections on the project

The two IBCLCs were interviewed at the end of the project to obtain their perspectives on what had worked well and what might be learned for future projects. Their reflections are discussed in the following themes:

- the complexity of cases and needs for emotional support;
- staffing;
- the delivery model;;
- the venue;
- signposting relationships;
- targeting disadvantaged groups.

5.4.1 Complex cases and need for emotional support

The IBCLCs felt that, in general, the families who attended the Clifton group had presented with more complex and more numerous breastfeeding problems than families they had seen in the past at other Treasure Chest drop-in groups. They assumed this was the result of having promoted the availability of one-to-one consultations with an IBCLC. The more complex, or more numerous, the breastfeeding problems faced, the longer the IBCLC took to respond to their needs. In many of these cases, the IBCLCs felt that the family had not been given enough breastfeeding support by statutory services early enough and so situations had deteriorated over time and led to additional problems. There were examples of parents' motivation and confidence to breastfeed being dampened by health professionals' insistence that they implement feeding plans without supporting breastfeeding alongside.

The IBCLCs' reflections also highlighted how many parents needed lots of emotional support, rather than just information or instruction.

We met people at the door sometimes almost on the edge of tears...many, many new parents, many parents with quite difficult feeding situations.
(IBCLC)

There were cases where parents were upset; stressed about breastfeeding not going well; stressed about dealing with health professionals' opinions which were different to their own; dealing with traumatic births; and where parents seemed to be struggling with doubts about continuing with breastfeeding. In such cases it was important for the IBCLC to gain the trust of the parent and to provide a degree of emotional counselling.

Given the complexity of cases and families' high needs for emotional support, the IBCLCs felt that they would have liked to have been able to communicate with families in between group sessions, to check on any developments and to provide further information and support. This is something to consider building into future projects.

5.4.2 Staffing

Each week the Clifton group was run by one IBCLC and, where available, supported by at least one volunteer Peer Supporter. Peer Supporters run all the other Treasure Chest groups and are trained to deal with most breastfeeding questions and concerns. The IBCLCs felt that, given families' expectations of a higher level of support, volunteering at this group would have been more suited to the more experienced and confident Treasure

Chest Peer Supporters. It would also have been helpful to have another volunteer to act as host, to greet people and explain how the group format worked.

Although the two IBCLCs did not attend on the same weeks, it had been useful to have two IBCLCs working on the project. They felt it had been positive for some parents who met two different IBCLCs to hear the same messages and information repeated, as it can be hard for parents to take in all the information given at the first contact. Hearing that they are doing well from two different experts was also felt to be really reassuring for parents. If they could do things differently in the future, the IBCLCs would choose for them both to attend each week; this would enable them to give adequate time to complex cases and to offer double the number of one-to-one consultations each week.

5.4.3 Delivery model

The IBCLCs felt the group format had been successful and that some parents had found it valuable to hear others' similar experiences.

She's had a lot of messages from health professionals but actually hearing it from another parent who's kind of in the trenches really at the same time [was helpful]. (IBCLC recalling a parent receiving peer support to persevere with breastfeeding despite finding that their baby's tongue tie revision did not immediately improve feeding.)

It was also a benefit that parents could chat and support each other when the group was busy and the IBCLC or Peer Supporter did not have a lot of time to give to each family.

Offering one-to-one appointments as an adjunct to the group was a new way of working for Treasure Chest. The availability of a limited number of these individual IBCLC consultations was included in promotional posts on social media. Although the appointments themselves went well and the IBCLCs were able to use them in ways they could not have done in a group environment (e.g. spending time on tongue function assessments), there were some difficulties around managing people's expectations. Many parents arrived thinking that they would have time alone with the IBCLC, not understanding that this was only where the IBCLC assessed there were extra needs and booked an appointment. This was perhaps an inevitable outcome of having an IBCLC running the group each week, especially when the IBCLC ran the group alone because there were no Peer Supporters available. To manage expectations in the future, consideration could be given to how the group is promoted, perhaps explaining that only those with complex problems would be offered an IBCLC consultation.

5.4.4 Venue

Staff operating Clifton Children's Centre were keen to host a Treasure Chest group and the IBCLCs felt very welcome. In particular, the contact person for the venue was 'amazing' and helpful, particularly in helping families enter the building on the weeks she was able to be present. The IBCLCs recognised many of the same disadvantages of this venue that had been noted by service users, namely the difficulty entering the building, the lack of space and seating in the room, and that they were not permitted to offer hot drinks.

5.4.5 Signposting relationships

Attempts were made prior to the project start date to promote the group among community midwives and health visitors operating in the Clifton area, so that they could signpost families. Historically, promoting Treasure Chest services to statutory services has not always been effective because it relies on identifying a key contact who can disseminate information and to keep in touch with. For this project, the relationship was helped by the fact that community midwives also met families in the same building. This meant that the Treasure Chest group was highly visible and, as time went on, the midwives signposted to the group more and more. The IBCLCs felt that their presence alongside the midwives was helpful to the midwives who were unable to deal with complex breastfeeding cases themselves, and they seemed grateful for the support. Indeed, at a Council Infant Feeding Strategy Group meeting, community midwives and health visitors had talked very positively about the Clifton group and mentioned the great feedback they had received from families. The IBCLCs felt that their proximity and the midwives' keenness to signpost people had helped to build bridges between Treasure Chest and the NHS, where the relationship had previously been tense at times. In future projects, the IBCLCs felt it would be important to build on these relationships with midwives and health visitors and to promote the project as early as possible.

5.4.6 Targeting disadvantaged groups

Funding for the project came from the Ways to Wellbeing Small Grants Fund and the terms of the funding required Treasure Chest to make attempts to target disadvantaged people. By setting the group in Clifton, making efforts to promote the group among practitioners who could signpost local people, and offering expert support free of charge, Treasure Chest hoped to reach people disadvantaged by their social situation, health or finances. It was felt that targeting the project at a ward with higher-than-average deprivation, Treasure Chest would be attempting to some degree to target families who may otherwise struggle to pay for such high-level support. However, the intent was not to exclude families from outside Clifton or who were not disadvantaged. To some extent there was success in building awareness among Clifton residents as 29% of the families who attended the group lived in the Clifton area.

The one-to-one appointments were to be offered, first and foremost, on the basis of breastfeeding need (i.e. complexity of problems), with priority given to Clifton residents if possible. People were asked to supply their postcode on arrival to assist with this decision-making process. However, the IBCLCs found it was not workable to consider postcodes and potentially prioritise financial need over the complexity of breastfeeding problems. Although three of the 22⁵ families who had individual appointments were known to live in Clifton, the IBCLCs felt that this had not been a factor in offering them an appointment. If Treasure Chest is to target disadvantaged families in the future, the IBCLCs felt that they needed to reach people earlier in their birthing and breastfeeding journeys to encourage the initiation of breastfeeding and support them in the early days. It would be impractical and unethical to means-test families before offering expert support from IBCLCs, but referrals from community partners (i.e. community midwives, social prescribers, health visitors, Local Area Coordinators) who know families well could potentially help reach those who cannot afford expert breastfeeding support otherwise.

⁵ Two of the 22 families who attended a IBCLC consultation did not give their postcode.

Appendix A

Treasure Chest Clifton group – Survey outline

This survey is for families who have attended the breastfeeding group at Clifton Children's Centre. For the purposes of this survey, the term 'breastfeeding' is to be read inclusively to also mean 'chestfeeding'.

The survey takes approximately 10 minutes to complete.

Information about Treasure Chest and the research we are conducting is set out below.

To start the survey, click on 'Next' below.

Treasure Chest is a not-for-profit organisation, which promotes, supports and encourages breastfeeding in the York area. Our trained Peer Supporters are all volunteers with at least six months' breastfeeding experience.

We have received funding from the Ways to Wellbeing Social Prescribing Small Grants Fund in York to deliver a breastfeeding group at Clifton Children's Centre. The group offers support from trained Peer Supporters, with access to specialist help from lactation consultants (International Board Certified Lactation Consultants – IBCLCs) for those with more complex breastfeeding problems. Part of the funding is being used to carry out this survey of families who use the group, so that Treasure Chest can understand better the impact this group has and how the service can be improved.

All parts of the research will be carried out by a Treasure Chest Peer Supporter who has many years experience of conducting social research. All the information you provide will be dealt with in strict confidence, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act. This means that the research findings will include your views along with the views of other people, but you will not be identified; and any personal information that can identify you will not be shared beyond the research team. Any identifiable survey data will be deleted when the findings are published, or by the end of 2024, whichever is earliest.

If you would like to contact us or have any questions about taking part in the research, please email: enquiries@treasurechest.org.uk

You can find out more about Treasure Chest at: www.treasurechest.org.uk.

Consent to take part in the survey

Before we start the survey questions, we would like to check we have your consent to use the data you give. Although we are not asking for your name, some of the information you give may be sensitive and personal and, in exceptional cases, could possibly identify you.

Please tick to show your understanding of the following:

Yes/No

- I understand that the purpose of the research is to learn more about the impact of the Treasure Chest breastfeeding group at Clifton Children's Centre.
- I understand that the survey questions will explore my experiences of breastfeeding and using the breastfeeding group and/or one-to-one sessions with a lactation consultant.
- I understand that the research findings will include my views along with the views of other people, but I will not be identified.

- I understand that if I give any personal information that can identify me, this will be kept separate from other data and will not be shared beyond the research team.
- I consent to take part in this survey carried out by Treasure Chest Breastfeeding Group.

1. Background information about you and your household

1.1 What is your age?

Open text

1.2 What is your postcode?

Open text

1.3 How would you describe your ethnicity? – choose from options

- White British
- White other
- Mixed ethnic background
- Asian
- Asian British
- Black African
- Black Caribbean
- Black British
- Other (please specify)

1.4 What is your current, or most recent, occupation?

Open text

1.5 What is your highest level of education?

- GCSE
- A Level
- NVQs/Diplomas
- Undergraduate degree
- Postgraduate degree
- Doctorate/PhD
- Other (please specify)

1.6 Who lives with you? (Please list household members (without giving names) and giving the current age of any children. E.g. partner; step-daughter aged 5; son aged 3 months.)

Open text

2. Experiences of infant feeding so far

These questions relate to your recent visit to Clifton Children's Centre to meet with the Treasure Chest breastfeeding group and Peer Supporters. Some questions refer to 'your child' – this is the child you came to the group with to discuss their feeding.

2.1 How old is your child (in weeks or months)?

2.2 We'd like to get a general understanding of your breastfeeding journey so far. Please tick all that apply; you can add any other information you feel is important at 'other'.

Have you...

(Tick all that apply)

- Breastfed from birth
- Given breastmilk only and no formula
- Given a combination of breastmilk and formula

- Used a bottle occasionally to feed expressed breastmilk or formula
- Used a bottle regularly to feed expressed breastmilk or formula
- Mainly expressed and not fed breastmilk directly from the breast
- Ever used donor breastmilk
- Ever fed your baby breastmilk or formula using a syringe, cup or supplementary nursing system (SNS)?
- Other (please specify)

3. Experiences of the Treasure Chest breastfeeding group at Clifton Children's Centre

This section asks questions about your experiences of meeting Peer Supporters and other parents at Clifton Children's Centre. If you also attended a one-to-one appointment with a lactation consultant then you will be asked about this separately in the next section.

3.1 How did you hear about the Treasure Chest group at Clifton Children's Centre?

- Family/friend
- Facebook
- Internet search
- Midwife
- Health visitor
- GP/practice nurse
- Ante-natal class (e.g. NHS, NCT, yoga)
- Other (please specify)

3.2 Before attending the group at Clifton Children's Centre, had you received any support from Treasure Chest previously? (Grid showing perception of helpfulness of those listed below)

- Yes
- No

3.3 If you had received support from Treasure Chest previously, how did you receive this support and what did you think of it?

(grid with service options against ratings ranging from 'very unhelpful' to 'very helpful')

- Antenatal workshop
- Support from Peer Supporters at the hospital
- Support from Peer Supporters at a face-to-face support group at a different venue
- Support from Peer Supporters online via a Zoom group
- Reading others' posts and responses on the Facebook 'Treasure Chest & Beyond' group
- Posting questions and receiving responses from other families and Peer Supporters on the Facebook 'Treasure Chest & Beyond' group

3.4 Why did you decide to attend the Treasure Chest group at Clifton Children's Centre? Please tick all that apply; you can add any other information you feel is important at 'other'.

- I wanted help to overcome a breastfeeding problem.
- I wanted to ask questions.
- I wanted to get out and go somewhere where breastfeeding was supported.
- I wanted to meet other breastfeeding families.
- I went with a friend who wanted to go.
- My midwife or health visitor suggested it.
- Other

3.5 What topics did you come to discuss at the Treasure Chest group?

Please tick all that apply.

- Positioning and attaching baby at the breast
- Pain in nipples/breast
- Concerns about baby losing weight

- Low supply / fears about low supply
- Over supply
- Fussiness at the breast
- Breast engorgement
- Blocked ducts/milk blebs
- Mastitis
- Reflux
- Thrush in mum or baby or both
- Tongue tie
- Vasospasm
- Biting
- Expressing by hand or by pump
- Baby sleep and breastfeeding at night
- Baby's food intolerance/allergy
- Introducing solid food
- Managing a return to work alongside breastfeeding
- Breastfeeding strikes
- Breastfeeding aversion and agitation
- Negative perceptions of your body
- Stopping breastfeeding
- Other (please specify)

3.6 Thinking about the Treasure Chest group you attended at Clifton Children's Centre, please give your views on the following statements:

Scale from 'strongly disagree' to 'strongly agree' and 'not applicable'.

- The Peer Supporter was supportive
- The Peer Supporter seemed knowledgeable
- I felt at ease talking with the Peer Supporter
- My contact with Treasure Chest was helpful
- The Peer Supporter was unable to help me
- The Peer Supporter was able to signpost me appropriately to another source of support
- Being able to talk to other breastfeeding parents was helpful
- I would recommend Treasure Chest to others

3.7 Was anything particularly helpful about attending the group or your contact with a Peer Supporter at Clifton Children's Centre?
(open text)

3.8 Was anything unhelpful about the group or your contact with a Peer Supporter at Clifton Children's Centre?
(open text)

3.9 How many times have you attended the breastfeeding group at Clifton Children's Centre?

- Once
- Twice
- Three or more times

3.10 One of the aims of the Clifton group is to build community among breastfeeding families by providing a space for families to meet socially every week and support each other.

Were you encouraged to return to the group after your first visit?

Tick all that apply

- Yes, I knew I could come back if I needed more help.
- Yes, I knew I could come back even if I had no problems or questions.

- No, no one mentioned coming back again.
- Not sure.
- Other

3.11 Are you interested in being part of a weekly social group for breastfeeding families?
(open text)

3.12 Is there anything Treasure Chest could do to make it easier or more appealing to attend the group each week?
(open text)

4. One-to-one consultations with a lactation consultant

Some people who have complex breastfeeding problems will be invited to attend a one-to-one appointment with a lactation consultant (also known as an IBCLC) who has specialist breastfeeding knowledge and expertise. This is an appointment where there are no other breastfeeding parents present.

4.1 Have you attended a one-to-one appointment with a lactation consultant at Clifton Children's Centre?

- Yes
- No
- Not sure

4.2 If you answered 'no' or 'not sure' to the previous question, would you have liked an appointment with the lactation consultant?

- Yes, I feel my breastfeeding problems were complex and this extra support would have been welcome.
- No, this was not necessary for me.
- Not sure.

If you have not had a one-to-one appointment with a lactation consultant, please move on to the next section.

4.3 Thinking about the one-to-one appointment with a lactation consultant, please give your views on the following statements.

Scale from 'strongly disagree' to 'strongly agree' and 'not applicable'.

- The lactation consultant was supportive.
- The lactation consultant was knowledgeable.
- I felt at ease talking with the lactation consultant.
- I felt I had enough time to discuss the problems or questions I had.
- The lactation consultant was unable to help me.
- The lactation consultant was able to signpost me appropriately to another source of support.

4.4 Was anything particularly helpful about the appointment with the lactation consultant?
(open text)

4.5 Was anything unhelpful regarding the appointment with the lactation consultant?
(open text)

4.6 Since the one-to-one appointment, has your overall experience of breastfeeding changed?

- Yes, it has improved.
- Yes, it has got worse.
- No, nothing has changed.
- Other

4.7 Please can you explain your answer above, saying how and why breastfeeding has changed or not changed.
(open text)

5. Final questions

5.1 Do you have any suggestions for improving the service offered by Treasure Chest?
(open text)

5.2 Would you be happy for us to quote anonymously any comments you make in this survey in our research outputs, publicity and funding applications?

For each:

- Yes, I am happy for you to use my comments anonymously.
- No, sorry I would not like you to use my comments.

5.3 Would you be interested in training to be a Treasure Chest Peer Supporter in the future? If yes, please leave your email address or phone number so that we can contact you about future training opportunities.
(open text)

Many thanks for taking the time to complete our survey!

Appendix B - Case study interviews



Researching the impact of breastfeeding support at Clifton Children's Centre

Funded by 'Ways to Wellbeing Social Prescribing Small Grants Fund'

Information Sheet

Treasure Chest is a not-for-profit organisation, which promotes, supports and encourages breastfeeding and chestfeeding in the York area. Established in 2005, Treasure Chest is run entirely by volunteers and funded by donations and charitable grants. Our trained Peer Supporters are all local mums with at least six months' breastfeeding experience. Where funding allows, we engage lactation consultants to deliver specialist, in-depth support to families.

In 2022 Treasure Chest was awarded funding from the 'Ways to Wellbeing Social Prescribing Small Grants Fund' to deliver a weekly breastfeeding group in Clifton, attended by a lactation consultant and volunteer Peer Supporters. The funding provided for a small research study, conducted entirely by a Treasure Chest Peer Supporter, exploring the impact of the group and the support received.

The main aims of the research are to:

- explore families' experiences of breastfeeding and the challenges faced;
- gather feedback about the experience of attending the group at Clifton Children's Centre;
- understand whether or not the support received made a difference.

It is hoped that the research findings will be used to shape future Treasure Chest provision, as well as form the basis for reporting back to our funder.

Everyone who has attended a Treasure Chest group at Clifton Children's Centre will be invited to complete a survey about their experience. The survey is expected to give us a broad understanding of families' experiences and views about the group and support received. However, we would also like to undertake a number of individual interviews to help draw up some case studies. These case studies will look in more detail at families' experiences and will help bring to life the challenges of breastfeeding and how support can make a difference.

You have been invited to take part in a one-to-one interview. The interview will take place virtually (most likely using Zoom) at a time that is convenient to you. It will take around 30 minutes and will be in the form of a discussion. Your participation is voluntary: you can refuse to answer questions or withdraw from the research at any time. The researcher will ask for permission to audio-record the interview. This is to ensure that all the information collected remains accurate. The recording will be transcribed as text, after which the recording will be deleted. Transcribed data will be encrypted and kept separately from your personal data (e.g. your name and email address).

Everything you tell us during the interview will be dealt with in strict confidence, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act. This means that the research findings will include your views along with the views of other people, but you will not be identified; and any personal information that can identify you will not be shared beyond the

research team. Your name, contact information and interview data will be deleted when the findings are published, or by the end of 2024, whichever is earliest.

If you would like to contact us or have any questions about taking part in the research, please email: **treasurechestyork@gmail.com**.

You can find out more about Treasure Chest at: **www.treasurechest.org.uk**.



Researching the impact of breastfeeding support at Clifton Children's Centre

Consent Form

Please circle as appropriate:

- I have read the information sheet, I have been able to ask questions and I understand the purpose of the research and what it involves. **YES / NO**
- I consent voluntarily to take part in this study and understand that I can refuse to answer questions and I can withdraw from the research at any time, without giving a reason. **YES / NO**
- I understand that taking part in the study involves an interview with a researcher that will be audio-recorded; that the recording will be transcribed as text; and that the recording will be deleted after it has been transcribed. Transcribed data will be encrypted. **YES / NO**
- I understand that the research findings will include my views along with the views of other people and be reported in written format, but I will not be identified. **YES / NO**
- I agree that my information can be quoted anonymously in research outputs. **YES / NO**
- I understand that personal information collected that can identify me, such as my name and email address, will be kept separate from interview data and will not be shared beyond the research team. **YES / NO**

Name

Signature

Date



Researching the impact of breastfeeding support at Clifton Children's Centre

Topic Guide for qualitative interviews informing case studies

Introduction

- Explain that this research is being carried out by members of Treasure Chest.
- The main aims of the research are to:
 - explore families' experiences of breastfeeding and the challenges faced;
 - gather feedback about the experience of attending the group at Clifton Children's Centre;
 - understand whether or not the support received made a difference.
- It is hoped that the research findings will be used to shape future Treasure Chest provision, as well as form the basis for reporting back to our funder.
- Everyone who has attended a Treasure Chest group at Clifton Children's Centre will be invited to complete a survey about their experience. The survey is expected to give us a broad understanding of families' experiences and views about the group and support received.
- We would also like to undertake a number of individual interviews to help draw up some case studies. These case studies will look in more detail at families' experiences and will help bring to life the challenges of breastfeeding and how support can make a difference.
- In this interview I would like to ask you about your experiences of breastfeeding so far, what happened when you went to the group at Clifton Children's Centre and any one-to-one consultations with an IBCLC, whether support has made a difference and your overall views.
- The interview will take around 30 mins (or a bit longer if you have a detailed case!), and will be in the form of a discussion.
- Read through consent form together. In particular, reiterate that:
 - taking part is completely voluntary and they can withdraw at any time;
 - the interview will be audio-recorded and the recording deleted after transcription;
 - their involvement in the study will be kept confidential;
 - research results will include their views, but remain anonymous.
- Check informed consent and audio record consent.

1. Background information

- Age
- Ethnicity
- Occupation/education
- Household
- Age of child(ren)

2. Breastfeeding experiences so far

2.1 Had you decided to breastfeed before your baby was born?

2.2 What did you know about breastfeeding before you had your baby?

- Sources of antenatal information

2.3 Can you give me a general overview of how breastfeeding has gone for you so far?

- Experience of EBF/formula; expressing; syringe/cup/sns/bottle
- Particular problems

2.4 Thinking back to your first attempts at breastfeeding, how did it go?

- Experiences and views of support from midwives/other practitioners.

3. Treasure Chest group at Clifton Children's Centre

3.1 How did you first learn about Treasure Chest?

- Sources of information
- Past experiences

3.2 How did you learn about the group at Clifton?

- Any info from midwife/health visitor

3.3 Why did you choose to attend the group at Clifton Children's Centre?

- **Did you know an IBCLC would be there? Did knowing this affect your decision?**
- Number of times attended the group.

3.4 We'll come on to talk about what actually happened at the group, but before you went did you have any hopes or expectations about how you might be helped?

- Particular topics/questions to discuss.
- Changes you hoped would come about.

3.5 What happened at the group?

- Topics discussed; support/info received.

3.6 How did you feel when you left the group?

- Was anything particularly helpful?
- Was anything unhelpful?

(Repeat 3.4, 3.5 and 3.6 for subsequent group attendances.)

4. One-to-one consultations with the IBCLC

4.1 Did you have a one-to-one consultation with the IBCLC?

- How soon after attending the group was the one-to-one?
- How was this arranged/booked?
- If no one-to-one, would you have liked a one-to-one with the IBCLC? Why?

4.2 Before your one-to-one appointment, did you have any hopes/expectations about how you might be helped?

4.3 What happened at the appointment?

- Topics discussed; info/support given; assessment carried out.

4.4 How did you feel when you left the one-to-one?

- Was anything particularly helpful?
- Was anything unhelpful?

5. Final questions

5.1 Has breastfeeding changed in any way since coming to the group or one-to-one consultation?

- Improved, stayed same, worse, developed new problems – how and why?
- If not already discussed, **role of the PS/IBCLC in this change – whether and how they made an impact.**

5.2 Do you have any further needs for support?

5.3 Would you be interested in attending the group at Clifton (or elsewhere) regularly as a social group, to meet and support other breastfeeding families?

- Why/why not?
- What would help to make regular attendance appealing?

5.4 Do you have any suggestions for improving the service offered by Treasure Chest at Clifton Children's Centre?

- Improvements to Treasure Chest in general
- Would you recommend Treasure Chest to others?

Thank you for taking part.

Discuss whether useful to re-interview at a later stage.

Write up report which will go to funder, but also be made available to people who took part.

Appendix C



Researching the impact of breastfeeding support at Clifton Children's Centre

Topic Guide for IBCLC group discussion

Discussion about the five case studies

For each case:

- How do you think they felt when they left (either the group or one-to-one)?
- Did they seem happy, more at ease, load lifted?
- Did they still have concerns?
- Do you think they enjoyed have a group environment to return to?
- Do you feel you made a difference to them? How? Why?
- What do you feel were the likely outcomes without your support? (i.e. stress, impact on emotional wellbeing/mental health, stopping breastfeeding)
- Were there any stumbling blocks, problems that couldn't be overcome?
 - How did they respond to this?
 - Did you feel able to talk to them about stopping breastfeeding?

Clifton group

- Thinking of the group in general, what kinds of breastfeeding problems/challenges did you see?
- Any problems that came up a lot?
- Anything rare?
- Were you able to deal with some cases in the group, that would ordinarily have been suitable for one-to-ones, because there was time?

One-to-one consultations

- Thinking of the one-to-one consultations, what kinds of problems/challenges did you see?
- Were they just tongue function assessments?
- How did the administration of the one-to-ones go?
- How did you decide who to invite to a one-to-one?
- Did their postcode have any impact on your decision to invite for a one-to-one?
 - Is it possible to offer one-to-ones to more financially disadvantaged families?
- Any problems with the one-to-ones?

Overall views

- Overall, how did you feel the Clifton group went?
- Anything that went particularly well?
- Anything that didn't go well? (lack of Peer Supporters, venue reception, venue room size and lack of chairs)
- What would you change for next time?