

Evaluation Report

Hywel Dda University Health Board Infant Feeding
Partnership Pilot

Report Produced on 26th February 2026





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Who We Are

In 2021 the Trittech Institute was launched. We are a team based in a bespoke facility within the Hywel Dda University Health Board comprising of industry-leading engineers, scientists and clinicians.

Our Institute

Here at TriTech Institute, we support the development of healthcare solutions on a local, national, and global level offering designers and manufacturers a single point of access to the NHS through a collaborative and agile approach.

What We Offer

The team's advanced skills in clinical and research design are combined with technical engineering expertise to manage the whole innovative pathway from early unmet need, through to concept design, prototyping, clinical testing, and real-world service evaluations.

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We provide specific services and solutions for *clinical engineering, research and innovation* and *Value-Based healthcare* and can also support with grant writing and submission.

1. Executive summary

Background

Breastfeeding is associated with myriad benefits to mothers, their infants, and the mother-infant bond. The World Health Organisation recommends that mothers exclusively breastfeed their infants for the first six months and continue breastfeeding alongside solid foods beyond six months. However, breastfeeding rates remain relatively low, with 65% of women in Wales intending to breastfeed, and 29% still breastfeeding their infants at six months, in 2024. There are multiple potential barriers to initiation and continuation of breastfeeding, including lack of support and discomfort breastfeeding in public spaces.

Infant feeding pilot and evaluation

This real-world evaluation explored the experiences of mothers participating in an infant feeding pilot programme across three sites in Hywel Dda University Health Board: Pembrokeshire, Carmarthen, and Llanelli.

The pilot aimed to increase feeding support for families across the first six months postpartum.

The evaluation aimed to better understand parental beliefs, challenges, and support needs around infant feeding as they relate to their experiences of the infant feeding pilot.

Methods

Quantitative data on methods of feeding and experiences of the infant feeding pilot were collected using six surveys sent to families during the antenatal postnatal periods. These data were analysed and presented descriptively.

Qualitative data investigating maternal experiences of breastfeeding and their experiences of the infant feeding pilot were collected using the same six surveys and via three focus groups. These data were analysed using Thematic Analysis.

Results

The number of responses to the six surveys ranged from 22 to 67 participants, mostly aged 21–40 and married or cohabiting. Antenatally, 77% intended to breastfeed or express milk, with no plans for formula. In the first hours and days, 91% were breastfeeding or using expressed milk, and only 2% used formula. By

six months, 50% were exclusively breastfeeding, 13% partially breastfeeding or using expressed milk, 13% mixed feeding, and 18% formula feeding. Across all six surveys, satisfaction with the service was consistently very high, with mean ratings between 4.68 and 5 out of five.

Three qualitative themes were identified. These highlighted that the expectations mothers' had of breastfeeding differed to their experiences in reality, the stigma surrounding the difficult choice to formula feed, and the importance of support in the breastfeeding journey.

Based on this evaluation, several key recommendations are made:

Recommendation 1: Embed continuity-cased postnatal support

Survey findings showed that satisfaction remained high even as contact decreased, emphasising the importance of timely, high-quality interactions. We recommend developing designated feeding champions or link workers to provide consistent support across antenatal and postnatal stages. This would address mothers' need for trusted relationships and reduce fragmentation in care, as identified in focus groups.

Recommendation 2: Integrate structured peer support pathways

Both qualitative and quantitative data revealed that peer networks were highly valued, filling gaps left by professional services. Establishing formal peer mentor roles, trained volunteers or experienced mothers, within each site will help normalise diverse feeding choices and reduce isolation. This support should be embedded alongside clinical pathways for maximum reach and continuity.

Recommendation 3: Deliver consistent messaging through unified training

Conflicting advice across professionals was a major theme in the focus groups and echoed in survey feedback. A unified training toolkit, aligned with UNICEF Baby Friendly and responsive feeding principles, should be co-developed and delivered across all professional groups. This will reduce confusion and increase parental confidence in both breastfeeding and formula guidance.

Recommendation 4: Expand responsive feeding training and digital learning tools

Survey data indicated that the majority of mothers introduced solids within recommended timelines, despite feeling overwhelmed by conflicting advice. Responsive feeding principles should be embedded across professional training, with supplemental digital modules and videos to reinforce learning

and promote consistent community messaging for breastfeeding, formula use, and weaning.

Recommendation 5: Co-produce resources with families to improve trust and engagement

Both datasets highlighted a disconnect between official advice and lived experiences. We recommend co-designing digital content (e.g., videos, infographics) and community resources with local mothers, ensuring these materials are emotionally validating, culturally relevant, and practically useful. This will empower families and reinforce evidence-based guidance in an accessible way.

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2. Abbreviations

HDdUHB	Hywel Dda University Health Board
WHO	World Health Organisation
BFI	Baby Friendly Initiative
NICE	National Institute for Health and Care Excellence
IFT	Infant Feeding Team

3. Acknowledgements

We extend our sincere gratitude to all the mothers and carers who generously shared their time, insights, and experiences as part of this evaluation. Their contributions were essential in shaping a deeper understanding of infant feeding practices and the realities faced by families across the region.

We would also like to acknowledge the midwifery and health visiting infant feeding partnership at Hywel Dda University Health Board (HDdUHB) for their pivotal role in supporting this evaluation.

Special thanks are due to Katie Iceton, senior public health specialist at HDdUHB, who led the coordination of the pilot programme and provided strategic oversight throughout the evaluation process. We are also grateful to Alison Mann (community nursery nurse), Gemma Cooke (assistant practitioner, health visiting team), and Padi Sutherland (infant feeding coordinator midwife), who each facilitated their local infant feeding groups and were instrumental in organising and supporting the focus groups at their respective sites. Their dedication, local knowledge, and commitment to supporting mothers and families were vital to the delivery and success of this work.

4. Background

In March, 2025, the Trittech Institute & Innovation division were commissioned to evaluate a pilot programme aimed at increasing infant feeding support for women in the Hywel Dda University Health Board (HDdUHB) region, thus increasing breastfeeding continuation rates.

Breastfeeding is an accessible and cost-effective method of feeding associated with better health outcomes for mothers and infants (e.g. Victora et al., 2016; Goldshtein et al., 2025) and potentially great economic benefits at a societal level (e.g., Buchan et al., 2024). Therefore, the World Health Organisation (WHO) recommends exclusive breastfeeding of infants up to six months and continued breastfeeding with appropriate complementary foods for up to two years or beyond (World Health Organization [WHO], 2011).

4.1 Benefits of breastfeeding

Systematic review evidence indicates that breastfeeding for longer than 12 months is associated with a reduced risk of breast cancer, ovarian cancer, and type 2 diabetes in mothers (Chowdhury et al., 2015; Victora et al., 2016). Additionally, in cases of maternal or child hospitalization, breastfeeding can improve recovery outcomes for both mother and infant, particularly during critical illness (Bartick et al., 2021).

Breastfeeding is also associated with physical benefits for offspring in the short and long-term. It is significantly associated with reduced the risk of gastrointestinal and respiratory infections in infancy, including diarrhoea, pneumonia, and otitis media, due to the presence of essential nutrients and bioactive factors in breast milk (Renfrew et al., 2012; de Weerth et al., 2022). Exclusive breastfeeding at 6–8 weeks has been associated with lower incidence of gastrointestinal, respiratory, and urinary tract infections, asthma, diabetes, and dental caries (Buchan et al., 2024; Payne et al., 2016). Longer-term benefits include reduced lifetime risk of obesity (Pérez-Escamilla et al., 2022), type 2 diabetes (Victora et al., 2016), and childhood leukaemia (Su et al., 2021).

One potential mechanism for the associations between breastfeeding and offspring health outcomes is the impact of breastfeeding on the gut microbiome, with a dose-response association between breastfeeding and gut microbiota diversity that has been shown to persist beyond the introduction of solid foods (Horta et al., 2017). A more diverse microbiome supports antibody production, enhanced immune system function, and helps prevent autoimmune and allergic diseases (Alves et al., 2024).

In addition to physical health, breastfeeding has been strongly linked to cognitive development in offspring. Evidence shows that breastfeeding is associated with increased intelligence and has positive impacts on children's cognitive health and brain development (Victora et al., 2016; Goldshtein et al., 2025). In observational studies, longer breastfeeding duration has been correlated with higher cognitive scores at all ages up to 14 years (Lopez et al., 2021; Kim & Choi, 2020; Horta et al., 2015) and increased educational attainment (Victora et al., 2022). Brain imaging studies have demonstrated improved development in regions associated with language, social-emotional functioning, and cognition in breastfed children (Deoni et al., 2013).

Finally, breastfeeding has been shown to have a beneficial impact on the mother-child relationship. Skin-to-skin contact (Nissen et al., 1995) and breastfeeding (Krol & Grossmann, 2018) promote oxytocin release, which signal the development of socio-emotional neural pathways and facilitates close physical and emotional connections between mothers and infants (Fallon et al., 2019). Longer breastfeeding duration positively associated with maternal sensitivity and attachment security (Deoni et al., 2018; Krol et al., 2024), even when adjusting for family and maternal characteristics, thus leading to more optimal long-term socioemotional and developmental outcomes (Brown, Finch, & Trickey, 2019; Gibbs, Forste, & Lybbert, 2018).

4.2 Breastfeeding rates and barriers

Despite the evidence that breastfeeding is beneficial at personal and societal levels, the UK has some of the lowest breastfeeding rates in Europe (Cheung, 2018). While most mothers in the UK initiate breastfeeding, continuation rates are low, with up to 80% of mothers initiating breastfeeding at birth, but as few as 1% exclusively breastfeeding at six months (NHS Digital, 2012). This trend is broadly reflected across Wales and in the Hywel Dda University Health Board region, specifically. In 2024, 65% of women in Wales intended to breastfeed and initiated breastfeeding, but at 6 months 29% of mothers reported breastfeeding their infants, either exclusively or in combination with formula (Welsh Government, 2025). Similarly, 71% of mothers in the Hywel Dda University Health Board region intended to and initiated breastfeeding, whilst 33% of mothers reported breastfeeding their infants at six months (Welsh Government, 2025). These statistics also reflect more recent evidence that breastfeeding rates in the UK are increasing and gaps in breastfeeding rates are closing (Office for Health Improvement and Disparities, 2024).

Region, ethnicity, and socio-economic status are predictors of variation in breastfeeding rates across the UK (Office for Health Improvement and

Disparities, 2024). Additionally, mothers cite a number of barriers to breastfeeding, including lack of support from healthcare professionals and family members, worries about whether their babies are receiving enough milk from exclusive breastfeeding, and discomfort breastfeeding in public (UNICEF UK, 2017; Department of Health and Social Care, 2018).

In an assessment of breastfeeding facilitation in Wales, Brown and colleagues (2023) concluded that there is considerable work to be done to make Wales a breastfeeding-friendly environment and increase breastfeeding continuation rates.

4.3 Policy context

4.3.1 Baby Friendly Initiative

The Baby Friendly Initiative (BFI) was established in 1991 by UNICEF and the World Health Organization in response to a global decline in breastfeeding rates (UNICEF UK Baby Friendly Initiative, n.d.). This initiative represents a coordinated international effort to improve infant feeding practices and associated health outcomes through systemic change in healthcare delivery and education. Since its inception, BFI has expanded to over 150 countries, including the UK, where it has been implemented since 1994.

The BFI employs a staged accreditation process grounded in interlinked, evidence-based standards. These standards are applied across maternity, neonatal, community, and hospital-based children's services, as well as educational institutions, particularly universities responsible for midwifery education. The framework ensures that all professionals involved in maternal and infant care possess the requisite knowledge and competencies to support optimal infant feeding practices. The initiative is designed to be inclusive and population-sensitive, requiring services to consider the specific needs of their local communities to ensure equitable access and culturally appropriate care.

Accreditation is awarded upon successful implementation of all standards, with services then eligible to pursue the Achieving Sustainability Gold Award. HDdUHB are a BFI-accredited organisation and are currently pursuing the Achieving Sustainability Gold Award.

4.3.2 All Wales Breastfeeding Five Year Action Plan

In 2019, the Welsh Government published the All Wales Breastfeeding Five Year Action Plan (Welsh Government, 2019), establishing a comprehensive strategy aimed at increasing breastfeeding rates for longer durations and reducing

inequalities in breastfeeding outcomes across the population. The plan adopts a dual strategic approach; one focused on the health and care system, and the other on whole-system and whole-population interventions.

The health and care system strategy is underpinned by three core aims:

1. Supporting families to make informed decisions regarding infant feeding.
2. Enabling mothers who choose to breastfeed to do so successfully for as long as they wish.
3. Creating and sustaining a breastfeeding-supportive environment within healthcare settings.

This strategic approach is operationalised through the deployment of Strategic Infant Feeding Leads embedded within each health board. These leads are responsible for coordinating efforts, monitoring breastfeeding rates, evaluating the impact of initiatives, and supporting the education and training of healthcare professionals. As part of the All Wales Action Plan, each health board is mandated to implement a coordinated support model. This model integrates the efforts of healthcare professionals, peer supporters, professional education providers, and community-led services to ensure a holistic and inclusive approach to breastfeeding support.

The plan is closely aligned with the BFI standards, which are already upheld across Wales and in HDdUHB, reinforcing consistency and evidence-based practice.

4.3.3 NICE Guideline (NG194) Postnatal care

The NICE Guideline (NG194) on postnatal care provides a comprehensive framework for supporting women and their families during the critical first eight weeks following childbirth (National Institute for Health and Care Excellence [NICE], 2021). A central tenet of this guidance is the promotion and support of infant feeding, recognising it as a foundational component of postnatal wellbeing and early child development. The guideline advocates for a person-centred approach, whereby healthcare professionals offer tailored, respectful, and context-sensitive support to parents as they navigate feeding choices.

Breastfeeding is particularly emphasised within the guideline, with recommendations that healthcare providers deliver education and encouragement through both face-to-face and digital means. This includes facilitating skin-to-skin contact between parents and infants, which is known to enhance bonding and support the initiation and continuation of breastfeeding.

Importantly, the guideline calls for reassurance and confidence-building measures to empower women in their feeding decisions, acknowledging the emotional and practical challenges that may arise during this period.

Moreover, the guideline reinforces the importance of respecting parental autonomy in feeding choices, whether breastfeeding, formula feeding, or mixed feeding. Healthcare professionals are urged to provide non-judgmental support that reflects the diverse circumstances and preferences of families.

4.3.4 Hywel Dda University Health Board Breastfeeding Policy

HDdUHB is dedicated to enhancing breastfeeding rates and delivering exemplary care to families across its services. Central to this commitment is the promotion of nurturing, loving relationships between infants and their parents or caregivers, beginning during pregnancy and extending through infancy and beyond. This approach aligns with the Health Board's broader objective of fostering optimal health outcomes and emotional wellbeing for both mother and child.

The primary aim of this policy (Hywel Dda University Health Board, n.d.) is to ensure that HDdUHB staff consistently advocate for breastfeeding as the normative and healthiest method of infant feeding. In accordance with the WHO guidelines, the policy promotes exclusive breastfeeding for the first six months of life, with continued breastfeeding up to two years and beyond as appropriate. Furthermore, the policy mandates that all care provided to breastfeeding mothers meets or exceeds the minimum standards set by the BFI.

To uphold these standards, all relevant health board services are required to achieve and maintain accreditation with BFI. This includes ensuring that all health board sites are accessible and welcoming to breastfeeding families, and that mothers returning to work following maternity leave are adequately supported to continue breastfeeding. Additionally, the policy emphasises the importance of enabling women to continue breastfeeding, wherever feasible, in instances where either the mother or child is admitted to hospital.

To ensure accountability and continuous improvement, adherence to this policy is subject to annual audit using the BFI audit tool.

5. Current evaluation

5.1 Infant feeding pilot programme

This pilot project was an extension to the HDdUHB's policy on breastfeeding, which was developed in response to the All Wales Breastfeeding Five Year Action Plan and BFI standards and builds on an earlier model that was introduced in Carmarthenshire.

The Welsh Government prevention and early years budget provided funding which enabled an increased number of infant feeding practitioners within midwifery and health visiting services, increasing capacity within the infant feeding team.

The infant feeding team (IFT) is comprised of a public health midwife, infant feeding lead midwife, infant feeding lead health visitor, three infant feeding support workers, and three infant feeding practitioners. The IFT provide support within the hospital, home, and community through in-person, telephone, and online platforms. The increased capacity provided by additional funding allowed for more intensive and tailored support to individual mothers, addressing their specific needs and challenges, in three identified localities in Carmarthenshire, Pembrokeshire, and Ceredigion.

The ultimate aim of the pilot was to increase rates successful and sustained breastfeeding across within the three identified localities.

5.2 Aims and objectives of the evaluation

The aim of this evaluation was to investigate the impact of the pilot programme.

Specific evaluation objectives were to:

1. Investigate rates of breastfeeding initiation and continuation up to six months in mothers who had taken part in the pilot.
2. Investigate the experiences of mothers who had taken part in the pilot.

5.3 Data collection and analysis

5.3.1 Surveys

Quantitative and qualitative data were collected via surveys sent to all parents who had participated in the pilot at six timepoints; antenatal, first hours/days, 10-14 days, 6-8 weeks, 14 weeks, and six months.

Surveys included questions about method of feeding, reasons for discontinuing breastfeeding if they had done so, skin-to-skin contact, interaction with the infant feeding pilot, rating the infant feeding pilot, and a free-text box to provide feedback on the pilot. A full list of questions asked in each survey can be seen in Appendix 1.

Due to the ad hoc nature of participation in the pilot, the sample of parents completing surveys was not consistent. Some parents may have answered multiple surveys and others may have answered one.

5.3.2 Focus groups

More detailed qualitative data were collected in a series of three focus groups, one in each of the pilot evaluation sites. Focus group sample size ranged from 3-6 and were also attended by a member of the IFT. The focus groups were facilitated by one member of the evaluation team.

The focus groups aimed to explore parental beliefs and practices around feeding, as well as potential challenges and barriers. See Appendix 2 for a list focus group questions.

5.3.3 Analysis

Quantitative data were analysed and presented descriptively.

Qualitative data from surveys and focus groups were analysed using Braun and Clark's (2006) Thematic Analysis approach. Following familiarisation with the data, initial codes were generated. Themes were developed and reviewed before being refined, named, and written up.

6. Results

6.1 Examples of how the additional funding and capacity were used in practice

6.1.1 Parent groups

Additional capacity allowed the IFTs to extend their antenatal offers, initiating evening feeding information classes, monthly online classes and offering visits from infant feeding assistant practitioners to group participants.

IFTs were also able to increase the frequency and reach of postnatal support groups, offering more accessible sessions across the community produced a leaflet to inform parents about breastfeeding groups in their area.

6.1.2 Service provision

Additional hours allowed IFTs to run extra clinics within the week, to conduct home visits if needed, to provide more timely access to specialist support from lactation consultants, and to recruit, train, and mentor more informal peer supporters.

6.1.3 Training

IFT staff have undertaken foundation and specific training courses, such as tongue tie training. Additional capacity allowed the teams to deliver more training sessions to both internal staff and external partners, enhancing knowledge and consistency in breastfeeding support across services.

6.1.4 Monitoring and evaluation

Improved the consistency and quality of data collection enabled better tracking of outcomes and service impact. IFTs were able to conduct service reviews and feedback sessions more regularly, ensuring the offer remains responsive to family needs.

6.1.5 Partnerships and collaboration

Increased capacity allowed teams to strengthen relationships with key partners, including local authorities, third sector organisations, and community groups. This has led to more integrated working and shared ownership of infant feeding priorities.

6.1.6 Summary

In summary, the increased level of staffing has significantly enhanced teams' ability to deliver a more proactive, responsive, and collaborative service. They were able to reach more families, provide more timely and tailored support, and build stronger community and professional networks. This not only supported the pilot but laid a strong foundation for long-term impact.

6.2 Quantitative results: surveys

The number of responses to each of the six participant surveys varied but ranged from 22 (Survey 1: Antenatal) to 67 (Survey 2: First hours/days). Across all six surveys, most respondents were aged between 21 and 40 years old and were either married or cohabiting.

During the antenatal period, 77% of respondents intended to either exclusively breastfeed or express breastmilk, with no respondents planning to use formula. The remainder of respondents intended to feed their infant via another method. During the first few hours and days, 91% of respondents were either exclusively breastfeeding or using expressed breastmilk and 2% were using formula. By six months, 50% of respondents reported exclusively breastfeeding, 13% reported using expressed breastmilk or breastfeeding to some degree, 13% reported mixed feeding, and 18% reported exclusively feeding using formula.

Across all six surveys, participants rated their satisfaction with the service very highly. The lowest mean satisfaction rating was 4.68 points on a scale of 1-5, and the highest mean satisfaction rating was 5.

Full results can be found in Table 1.

Survey	N	Age	Relationship status	Feeding method	Overall satisfaction with infant feeding service
1 (Antenatal)	22	Under 20 0% 21-30 45% 31-40 32% 41-50 0% Other 23%	Cohabiting 32% Single 9% Married 32% Civil partnership 0% Other 28%	Intention to: - Exclusively breastfeed 73% - Exclusively formula feed 0% - Express breastmilk 4% - Use donor milk 0% - Mix formula and breastmilk 0% Not sure 0% Other 23%	4.96/5
2 (First hours/days)	61	Under 20 8% 21-30 36% 31-40 47% 41-50 3% Other 4%	Cohabiting 29% Single 8% Married 42% Civil partnership 6% Other 13%	First feed was: - Breastmilk 82% - Formula 2% - Expressed breastmilk 9% - Donor milk 0% - Other 7%	4.96/5
3 (10-14 days)	47	Under 20 2% 21-30 31% 31-40 53% 41-50 2% Other 10%	Cohabiting 27% Single 12% Married 40% Civil partnership 2% Other 16%	Exclusive breastfeeding 65% Exclusive formula feeding 0% Expressed breastmilk 3% Any breastfeeding 0% Donor milk 0% Mixed feeding 22% Other 10%	4.71/5

Table continued on next page.



Survey	N	Age	Relationship status	Feeding method	Overall satisfaction with infant feeding service
4 (6-8 weeks)	49	Under 20 2% 21-30 32% 31-40 55% 41-50 0% Other 10%	Cohabiting 35% Single 10% Married 39% Civil partnership 0% Other 14%	Exclusive breastfeeding 53% Exclusive formula feeding 3% Expressed breastmilk 7% Any breastfeeding 0% Donor milk 0% Mixed feeding 23% Other 14%	5/5
5 (14 weeks)	43	Under 20 0% 21-30 35% 31-40 51% 41-50 5% Other 8%	Cohabiting 29% Single 16% Married 43% Civil partnership 0% Other 10%	Exclusive breastfeeding 46% Exclusive formula feeding 10% Expressed breastmilk 6% Any breastfeeding 6% Donor milk 0% Mixed feeding 14% Other 18%	4.8/5
6 (6 months)	27	Under 20 0% 21-30 39% 31-40 61% 41-50 0% Other 0%	Cohabiting 32% Single 14% Married 50% Civil partnership 0% Other 4%	Exclusive breastfeeding 50% Exclusive formula feeding 18% Expressed breastmilk 10% Any breastfeeding 3% Donor milk 0% Mixed feeding 13% Other 6%	4.68/5

Table 1. Primary descriptive statistics, method of feeding, and overall satisfaction with the infant feeding service, as reported per survey timepoint.



6.3 Qualitative Results: Focus groups and surveys

6.3.1 Theme 1: Breastfeeding expectations versus reality

Women participating in focus groups spoke about hoping and expecting to breastfeed without effort. However, for some mothers, those expectations were not met due to breastfeeding difficulties, such as pain and latching difficulties.

“I thought it would be natural, like the baby just knows what to do... but it was painful and nothing like I expected.” (Pembrokeshire Infant Feeding Group)

This contrast between expectation and lived experience created self-doubt and feelings of inadequacy. Such experiences are echoed in existing research, where idealized narratives can inflate expectations and contribute to disappointment (Leeming et al., 2013; Thomson et al., 2015). As Brown (2016) discusses, the framing of breastfeeding as instinctual can mean that the skills and support needed to successfully breastfeed are underestimated.

The infant feeding team were well placed to provide support and foster the development of breastfeeding skills as part of the pilot.

Survey respondents and focus group participants outlined that the support they had received from the infant feeding team had been helpful in overcoming some of the difficulties associated with breastfeeding and had increased their confidence, allowing them to initiate or continue breastfeeding. The infant feeding team were well equipped to provide tangible solutions to breastfeeding issues, but also to provide a safe, supportive space to share those issues.

“Our at home care by [the infant feeding team] was absolutely brilliant – [they] came round as soon as [they were] asked and provided invaluable support.” (Survey respondent)

Some participants highlighted how the support they received this time, with their second or third baby, had they received it during their previous breastfeeding attempts would have allowed them to initiate or continue breastfeeding previous children for longer.

6.3.2 Theme 2: Formula feeding – a difficult ‘choice’

For many mothers, choosing to formula feed was not a decision made lightly, but one born out of necessity, such as physical complications, mental exhaustion, or lack of support. However, some mothers reported feeling judged about this choice inside and outside of healthcare settings.

“I felt like everyone was judging me when I brought out the formula in public, like I’d already failed.” (Carmarthenshire Infant Feeding Group)

These experiences reinforce the need to reduce moralistic framing in infant feeding discourse and foster more inclusive support structures that acknowledge the legitimacy of different feeding methods (Tomori et al., 2016).

Some mothers in the evaluation described using formula feeding as a pragmatic solution to overwhelming stress, sleep deprivation, or postnatal mental health challenges. Rather than viewing formula as a failure, these mothers reframed it as a tool for recovery and functioning. Several reported that introducing formula enabled them to sleep, regain emotional balance, or share feeding responsibilities with partners.

“I had to switch to formula just so I could get some sleep and feel like myself again.” (Carmarthenshire Infant Feeding Group)

This reflects findings from Crossley (2009) and Fallon et al. (2016), who argue that maternal agency is often expressed through adaptive feeding strategies. Importantly, using formula allowed some mothers to preserve their relationship with their child or maintain mental wellbeing in the face of exhaustion. Such narratives highlight the importance of recognising formula feeding not as surrender, but as a legitimate part of flexible, family-centred care that supports maternal wellbeing and bonding.

6.3.3 Theme 3: Support determines success

Mothers taking part in the focus group underlined the importance of support in their breastfeeding journey. Important support came from professionals and personal or peer networks. In addition to providing professional support the infant feeding pilot included setting up and maintaining breastfeeding groups, which were a support system for mothers involved.

Those who received practical latch support or consistent midwife guidance reported a turning point in their feeding journey, often preventing them from giving up altogether.

“Once the midwife actually sat down and helped me with the latch, it completely changed everything.” (Pembrokeshire Infant Feeding Group)

Research supports these observations; access to informed, responsive support significantly increases breastfeeding initiation and continuation rates (Hunt et al., 2021; McFadden et al., 2017).

The power of peer support emerged strongly in the discussions, with mothers describing how friends, online forums, and local groups helped normalise their struggles and boost their confidence. For many mothers, community spaces were places where vulnerability was allowed and met with solidarity rather than judgment.

These findings align with studies highlighting the role of peer influence and emotional support in successful breastfeeding journeys (Hoddinott et al., 2012; Thomson & Dykes, 2011). The authenticity of lived experiences, shared by others in similar situations, provided reassurance and reduced isolation. The emotional support provided by members of the Infant Feeding Team and the peer support from groups organised by the Infant Feeding Team as part of the pilot were important in mothers' journeys.

Studies by Schmied et al. (2011) and Hoddinott et al. (2012) support this, emphasising the importance of continuity in care and meaningful engagement.

7. Conclusion and recommendations

The Infant Feeding Pilot has demonstrated clear value in supporting maternal wellbeing, improving feeding outcomes, and identifying key gaps in postnatal care. The integration of professional and peer support systems led to high satisfaction from mothers.

Recommendation 1: Embed continuity-cased postnatal support

Survey findings showed that satisfaction remained high even as contact decreased, emphasising the importance of timely, high-quality interactions. We recommend developing designated feeding champions or link workers to provide consistent support across antenatal and postnatal stages. This would address mothers' need for trusted relationships and reduce fragmentation in care, as identified in focus groups.

Recommendation 2: Integrate structured peer support pathways

Both qualitative and quantitative data revealed that peer networks were highly valued, filling gaps left by professional services. Establishing formal peer mentor roles, trained volunteers or experienced mothers, within each site will help normalise diverse feeding choices and reduce isolation. This support should be embedded alongside clinical pathways for maximum reach and continuity.

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9. Appendices

Appendix 1 – Infant Feeding Survey Questions

Antenatal Appointment from 34 weeks Survey Questions:

1. How do you intend to feed your baby

- Exclusively breastfeed
- Exclusively formula feed
- Expressed breastmilk
- Donor milk
- Combination (breastmilk and formula)
- Not sure

2. Have you had a conversation with your named Midwife about the benefits of breastfeeding your baby

- Yes
- No
- Unsure

3. Have you had a conversation with your named Midwife about skin to skin contact after the birth of your baby

- Yes
- No
- Unsure

4. Did you receive information on antenatal hand expressing/colostrum harvesting

- Yes
- No
- Unsure

5. Do you think you will hand express/harvest colostrum before the birth of your baby

- Yes
- No
- Unsure

6. Have you started hand expressing/harvesting colostrum before the birth of your baby

- Yes
- No
- Not applicable

7. Did you feel that the information and resources shared with you helpful and informative?

- Yes
- No
- Somewhat

8. Were you informed about the Infant Feeding Service

- Yes
- No
- Not sure

9. How did you hear about the Infant Feeding Service

- Midwife
- Infant Feeding Support Worker
- Antenatal Clinic
- Antenatal Class
- Friend/family
- Perinatal Mental Health Service
- Social Worker
- GP/Nurse
- Social media
- Community Connector
- Third sector organisation
- Other

First few hours/days Survey Questions:

1. What was your baby's first feed

- Breastmilk
- Formula
- Expressed breastmilk
- Donor Milk
- Other

2. Did you feel supported with your baby's first feed

- Yes
- No
- Maybe

3. How old was your baby when they were put to the breast to attempt feeding

- 0 - 60 minutes old
- 1 - 2 hours old
- 2 - 3 hours old
- 3 - 4 hours old
- Other
- Not applicable

4. Did baby successfully breastfeed

Initiation of breastfeeding - baby successfully breast fed

- Yes at first feed
- Yes at second attempt
- Yes at third attempt
- No
- Not applicable

5. Were you encouraged to have skin to skin contact with your baby after birth

- Yes
- No
- Unsure

6. Were you able to have skin to skin contact

- Yes, until after the first feed

7. How soon after birth were you supported to hand express

Mother was supported to initiate lactation (hand express) where baby has not breastfed

- 0 - 1 hour
- 1 - 2 hours
- 2 - 3 hours
- 3 - 4 hours
- Not at all
- Not applicable

8. How did you feed your baby in the first 1 -3 days *

- Exclusive breastfeeding
- Exclusive fomula feeding
- Expressed breastmilk
- Any breastfeeding
- Donor Milk
- Combination feeding (breastmilk and formula)
- Other

9. If breast feeding, how confident are you (1 star poor, 5 excellent)

☆☆☆☆☆

10. Breastfeeding difficulties *

- No difficulties reported
- Medical reasons didn't allow me to
- Baby was premature and required medical assistance
- Baby refuses the breast
- Tongue tie
- Inverted or flat nipples
- Latching on
- Concerned baby wasn't getting enough milk
- Just didn't like it

My partner wants to share the feeding

Too stressful/difficult

Didn't feel supported

Other

11. Reasons for not breastfeeding *

Not applicable

I wanted/intended to

I just didn't want to

Wanted to express milk so my partner could share feeding

Partner didn't want me to

Would feel uncomfortable breastfeeding in public

We decided as a couple not to

My mum didn't breastfeed me

Family and friends bottle feed, everyone I know bottle feeds

Felt formula feeding would help my baby sleep

Lifestyle choice

Other

12. Reasons for stopping breastfeeding *

What would have helped to support continuation

- Not applicable
- Medical reasons didn't allow me to
- Latching on
- Concerned baby wasn't getting enough milk
- Too stressful/difficult
- Wanted to share feeding with partner
- Too restrictive/didn't fit with routine/other children
- Felt bottle/formula would help baby sleep
- Just didn't like it
- Didn't feel supported
- Other

Hospital/ward based Infant Feeding Support

13. Were you introduced to the Infant Feeding Support Worker whilst on the maternity ward

- Yes
- No
- Unsure
- Not applicable

14. Did you receive support from the Infant Feeding Support Worker

- Yes
- No
- Support not required

15. How many times did you receive support from the Infant Feeding Support Worker whilst on the ward *

- Once
- 2 -3 times
- 4 -5 times
- More than 5 times
- Support not required

16. On a scale of 1 to 5, how would you rate the quality of support you received (1 star being poor and 5 being excellent)



17. Knowledge and expertise of the Infant Feeding Support Worker (1 star being poor and 5 excellent)



18. Friendliness and approachability of the Infant Feeding Support Worker (1 star being poor and 5 being excellent)



19. Timeliness of the support provided (1 star being poor and 5 being excellent)



20. Comfort and privacy during the support sessions (1 star being poor and 5 being excellent)



21. Overall satisfaction with the service (1 star being poor and 5 being excellent)



22. Did the support you receive help you with your breastfeeding journey

- Yes
- No
- Unsure
- Not applicable

23. What specific challenges did the support help you overcome *

- Latching difficulties
- Milk supply issues
- Pain/discomfort while breastfeeding
- Confidence in breastfeeding
- Understanding breastfeeding techniques
- Support from my partner/family
- Other
- Not applicable

24. How confident did you feel about breastfeeding after receiving support from the Infant Feeding Team (1 star poor, 5 excellent)



Post natal 10/12 days after birth Survey Questions:

1. How are you feeding your baby *

- Exclusive breastfeeding
- Exclusive fomula feeding
- Expressed breastmilk
- Any breastfeeding
- Donor Milk
- Mixed feeding (breastmilk and formula)
- Other

2. At what age did your baby stop receiving exclusive breastmilk

- Currently being exclusively breastfed
- Not applicable
- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- Other

3. At what age did your baby stop receiving any breastmilk or expressed breastmilk

- Currently receiving some breastmilk or expressed breastmilk
- Not applicable
- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- Other

4. At what age did your baby stop receiving exclusive formula milk

- Currently receiving exclusive formula milk
- Not applicable

- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- Other

5. Did you receive a telephone call or text from the Infant Feeding Service Team when you arrived home after being discharged from hospital

- Yes
- No
- Unsure

6. What is your preferred method of being contacted *

- Telephone call
- Text message
- Email
- Other

7. Did you receive a home visit from the Infant Feeding Service Team

- Yes
- No

8. How many times did you receive support from the Infant Feeding Practitioner at home in the community

- Once
- 2 -3 times
- 4 -5 times
- More than 5 times
- Not applicable

9. What was the most useful aspect of the home visit *

- Demonstration of position and attachment
- Help with latching difficulties
- Milk supply issues
- Pain/discomfort while breastfeeding

- Confidence in breast feeding
- Understanding breast feeding techniques
- Sharing of information and signposting to resources
- Support in my own home
- Support for my partner
- Not applicable
- Other

10. On a scale of 1 to 5, how would you rate the quality of support you received (1 star being poor and 5 being excellent)



11. Knowledge and expertise of Infant Feeding Practitioner



15. Overall satisfaction with the service (1 star being poor and 5 excellent)



13. Timeliness of the support provided (1 star being poor and 5 excellent)



14. Comfort and privacy during the support sessions (1 star being poor and 5 excellent)



Post na



1. How are you feeding your baby *

- Not applicable
- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- 2 - 6 weeks
- 6 - 8 weeks
- 8 - 10 weeks
- Other

3. At what age did your baby stop receiving any breastmilk or expressed breastmilk

- Currently receiving some breastmilk or expressed breastmilk
- Not applicable
- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- 2 - 6 weeks
- 6 - 8 weeks
- 8 - 10 weeks
- Other

4. At what age did your baby stop receiving exclusive formula milk

- Currently receiving exclusive formula milk
- Not applicable
- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- 2 - 6 weeks
- 6 - 8 weeks
- 8 - 10 weeks
- Other

5. Did you receive a telephone call or text from the Infant Feeding Service Team when you arrived home after being discharged from hospital

- Yes
- No
- Unsure

6. What is your preferred method of being contacted *

- Telephone call
- Text message
- Email
- Other

7. Did you receive a home visit from the Infant Feeding Service Team

- Yes
- No

8. How many times did you receive support from the Infant Feeding Practitioner at home in the community

- Once
- 2 -3 times
- 4 -5 times
- More than 5 times
- Not applicable

9. What was the most useful aspect of the home visit *

- Demonstration of position and attachment
- Help with latching difficulties
- Milk supply issues
- Pain/discomfort while breastfeeding
- Confidence in breast feeding
- Understanding breast feeding techniques
- Sharing of information and signposting to resources
- Support in my own home
- Support for my partner
- Not applicable as did not require support
- Other

10. On a scale of 1 to 5, how would you rate the quality of support you received (1 star being poor and 5 being excellent)



11. Knowledge and expertise of Infant Feeding Practitioner



12. Friendliness and approachability of the Infant Feeding Practitioner (1 star being poor and 5 excellent)



13. Timeliness of the support provided (1 star being poor and 5 excellent)



14. Comfort and privacy during the support sessions (1 star being poor and 5 excellent)



15. Overall satisfaction with the service (1 star being poor and 5 excellent)



Post natal 14 Weeks Survey Questions:

1. How are you feeding your baby *

- Exclusive breastfeeding
- Exclusive fomula feeding
- Expressed breastmilk
- Any breastfeeding
- Donor Milk
- Mixed feeding (breastmilk and formula)
- Other

2. At what age did your baby stop receiving exclusive breastmilk ⋮

- Currently being exclusively breastfed
- Not applicable
- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- 2 - 6 weeks
- 6 - 12 weeks
- 12 - 16 weeks
- 4 months - 6 months
- 6 months plus
- Other

3. At what age did your baby stop receiving any breastmilk or expressed breastmilk

- Currently receiving some breastmilk or expressed breastmilk
- Not applicable
- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- 2 - 6 weeks
- 6 - 12 weeks
- 12 - 16 weeks
- 4 months - 6 months

6 months plus

Other

4. At what age did your baby stop receiving exclusive formula milk

- Currently receiving exclusive formula milk
- Not applicable
- 1 - 3 days
- 3 - 10 days
- 10 - 14 days
- 2 - 6 weeks
- 6 - 12 weeks
- 12 - 16 weeks
- 16 - 20 weeks
- 20 - 24 weeks
- 6 - 12 months
- Other

5. Did you receive a telephone call or text from the Infant Feeding Service Team when you arrived home after being discharged from hospital

- Yes
- No
- Maybe

6. What is your preferred method of being contacted *

- Telephone call
- Text message
- Email
- Other

7. Did you receive a home visit from the Infant Feeding Service Team

- Yes
- No

8. How many times did you receive support from the Infant Feeding Practitioner at home in the community

- Once
- 2 -3 times
- 4 -5 times
- More than 5 times
- Not applicable

9. What was the most useful aspect of the home visit *

- Demonstration of position and attachment
- Help with latching difficulties
- Milk supply issues
- Pain/discomfort while breastfeeding
- Confidence in breast feeding
- Understanding breast feeding techniques
- Sharing of information and signposting to resources
- Support in my own home
- Support for my partner
- Other



10. On a scale of 1 to 5, how would you rate the quality of support you received (1 star being poor and 5 being excellent)



11. Knowledge and expertise of Infant Feeding Practitioner



12. Friendliness and approachability of the Infant Feeding Practitioner (1 star being poor and 5 excellent)



13. Timeliness of the support provided (1 star being poor and 5 excellent)



14. Comfort and privacy during the support sessions (1 star being poor and 5 excellent)



15. Overall satisfaction with the service (1 star being poor and 5 excellent)



6 Months Post natal Survey Questions:

1. How are you feeding your baby / Sut ydych yn bwydo'ch babi *

- Exclusive breastfeeding / Bwydo ar y fron yn unig
- Exclusive formula feeding / Bwydo fformiwla yn unig
- Expressed breastmilk / Llaeth wedi'i fynegi
- Any breastfeeding / Unrhyw llaeth y fron
- Donor Milk / Llaeth gan rhoddwr
- Mixed feeding (breastmilk and formula) / Bwydo cymysg (llaeth y fron a fformiwla)
- Other

2. At what age did your baby stop receiving exclusive breastmilk

Pryd wnaethoch roi'r gorau i bwydo eich babi o'r fron yn unig?

- Currently being exclusively breastfed / Dal yn bwydo o'r fron
- Not applicable / Amherthnasol
- 1 - 3 days / 1 - 3 diwrnod
- 3 - 10 days / 3 - 10 diwrnod
- 10 - 14 days / 10 - 14 diwrnod
- 2 - 6 weeks / 2 - 6 wythnos
- 6 - 12 weeks / 6 - 12 wythnos
- 12 - 16 weeks / 12 - 16 wythnos

- 4 months - 6 months / 4 mis - 6 mis
- 6 months plus / 6 mis neu fwy
- Other

3. At what age did your baby stop receiving any breastmilk or expressed breastmilk / Pa oedran gwnaeth eich babi roi'r gorau i dderbyn llaeth o'r fron neu laeth y fron wedi'i fynegi

- Currently receiving some breastmilk or expressed breastmilk / Yn derbyn llaeth y fron neu llaeth wedi'i fynegi ar hyn o bryd
- Not applicable / Amherthnasol
- 1 - 3 days / 1 - 3 diwrnod
- 3 - 10 days / 3 - 10 diwrnod
- 10 - 14 days / 10 - 14 diwrnod
- 2 - 6 weeks / 2 - 6 wythnos
- 6 - 12 weeks / 6 - 12 wythnos
- 12 - 16 weeks / 12 - 16 wythnos
- 4 months - 6 months / 4 mis - 6 mis

- 6 months plus / 6 mis neu fwy
- Other

4. At what age did your baby stop receiving exclusive formula milk / Pa oedran gwnaeth eich babi roi'r gorau i dderbyn llaeth fformiwla

- Currently receiving exclusive formula milk / Dal yn bwydo fformiwla
- Not applicable / Amherthnasol
- 1 - 3 days / 1 - 3 diwrnod
- 3 - 10 days / 3 - 10 diwrnod
- 10 - 14 days / 10 - 14 diwrnod
- 2 - 6 weeks / 2 - 6 wythnos
- 6 - 12 weeks / 6 - 12 wythnos
- 12 - 16 weeks / 12 - 16 wythnos
- 16 - 20 weeks / 16 - 20 wythnos
- 20 - 24 weeks / 20 - 24 wythnos
- 6 - 12 months / 6 - 12 mis
- Other

5. Have you introduced your baby to solid foods / Ydych chi wedi cyflwyno fwydydd solet i'ch babi

- Yes / Ydw
- No / Nac ydw

6. When did you introduce your baby to solid foods / Pryd wnaethoch cyflwyno bwyd solet i'ch babi

- 4 - 5 months / 4 - 5 mis
- 5 - 6 months / 5 - 6 mis
- 6 - 7 months / 6 - 7 mis
- 7 - 8 months / 7 - 8 mis
- 8 months plus / 8 mis neu fwy
- Other

7. Did you receive support from the infant feeding team / A gawsoch gefnogaeth gan y tîm bwydo babanod

Yes / Do

No / Naddo

8. Did you receive a home visit from the Infant Feeding Service Team / A gawsoch ymweliad cartref gan y Tîm Gwasanaeth Bwydo Babanod

Yes / Do

No / Naddo

9. How many times did you receive support from the Infant Feeding Practitioner at home in the community / Sawl gwaith cawsoch cefnogaeth gan yr Ymarferydd Bwydo Babanod gartref yn y gymuned

Once / Unwaith

2 -3 times / 2 - 3 gwaith

4 -5 times / 4 - 5 gwaith

More than 5 times / Mwy na 5 gwaith

Not applicable / Amherthnasol

10. What was the most useful aspect of the home visit *

- Confidence in feeding my baby / Hyder i bwydo fy mabi
- Understanding feeding techniques / Deall technegau bwydo
- Support with introducing solid foods / Cefnogaeth i gyflwyno bwyd solet
- Sharing of information and signposting to resources / Rhannu gwybodaeth a chyfeirio at adnoddau
- Support in my own home / Cefnogaeth adre
- Support for my partner / Cefnogaeth i fy mhartner
- Not applicable as did not require support / Amherthnasol
- Other

11. On a scale of 1 to 5, how would you rate the quality of support you received (1 star being poor and 5 being excellent)
/ Ar raddfa o 1 i 5, sut fydddech chi'n graddio ansawdd y gefnogaeth a gawsoch (1 seren yn wael ,5 yn rhagorol)

☆ ☆ ☆ ☆ ☆

12. Knowledge and expertise of Infant Feeding Practitioner / Gwybodaeth ac arbenigedd yr Ymarferydd Bwydo Babanod

☆ ☆ ☆ ☆ ☆

13. Friendliness and approachability of the Infant Feeding Practitioner (1 star being poor and 5 excellent)

Cyfeillgarwch a hwylustod yr Ymarferydd Bwydo Babanod (1 seren yn wael, 5 ardderchog)

☆ ☆ ☆ ☆ ☆

14. Timeliness of the support provided (1 star being poor and 5 excellent)

Amseroldeb y gefnogaeth a ddarperir (1 seren yn wael, 5 ardderchog)

☆ ☆ ☆ ☆ ☆

15. Comfort and privacy during the support sessions (1 star being poor and 5 excellent)

Cysur a phreifatrwydd yn ystod y sesiynau cymorth (1 seren yn wael, 5 ardderchog)

☆ ☆ ☆ ☆ ☆

16. Overall satisfaction with the service (1 star being poor and 5 excellent)

Bodddhad cyffredinol gyda'r gwasanaeth (1 seren yn wael, 5 ardderchog)

☆ ☆ ☆ ☆ ☆

17. If you would like further information about support, how would you prefer to be contacted *

Os hoffech gael rhagor o wybodaeth am gymorth, sut byddai'n well gennych gysylltu â chi

- Telephone call / Galwad ffôn
- Text message / Neges destun
- Email / Ebost
- Other / Arall

18. How would you like to access support/activities / Sut hoffech chi gael gafael ar gymorth/gweithgareddau *

- Online / Ar-lein
- Face to face / Wyneb yn wyneb
- Mixture of online and face to face / Cymysgedd
- Group / mewn grŵp
- One to one / un i un
- Other

19. What type of support/activities would you be interested in / Pa fath o gefnogaeth/gweithgareddau fyddai gennych ddiddordeb ynddynt *

- Family Cooking / Coginio teulu
- Weaning / Diddynu
- Parenting Support / Cymorth rhianta
- Walking Group / Grŵp cerdded
- Music and singing / Miwsig a canu
- Health and Wellbeing / Iechyd a lles
- Dance / Dawns
- Sensory / Synhwyrdd
- Mental Health / Iechyd meddwl
- Other

Appendix 2 – Infant Feeding Focus Group Questions

Breastfeeding:

- Can you remember how you felt about the idea of breastfeeding when you were pregnant? Did you know much about breastfeeding
- Did you receive any support or advice from anyone or anywhere about breastfeeding or formula feeding. If yes: What was the advice and support? Did it influence you?
- When did you start thinking about whether you wanted to only breastfeed, or formula feed him/her or do both?
- What are your breastfeeding experiences like? (If applicable)
- What challenges have you faced or anticipate facing with breastfeeding?
- What role do you think family members play in supporting your breastfeeding journey?

Formula feeding: (include if applicable)

- What are your formula feeding experiences like? (If applicable)
- Why did you choose or decide to formula feed?
- What are the major considerations you've made when choosing formula?

Solid Foods:

- At what age do you plan to start introducing solids to your child? Early Years Lead
- What types of solid foods do you plan to introduce, and how do you plan to introduce them?
- What concerns do you have about introducing solid foods? Role of Others:
- Who are the key people in your support system regarding infant feeding?
- How do you think your partner/family members/friends/healthcare providers influence your decisions about infant feeding?
- What role do you think public health messages or media play in your infant feeding decisions?



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