

The Bemerton Heath Breastfeeding Support Group
incorporating
The Bemerton Heath Bosom Buddies
Project Report



Tricia Anderson, Mandy Grant
Jo Alexander, Dawn Jackson
Jill Sanghera

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Institute of Health and Community Studies,
Bournemouth University

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Project Personnel & Acknowledgements

- Key project workers
- Mandy Grant, Nurse/Breastfeeding counsellor
 - Tricia Anderson, Independent Midwife/Senior Lecturer in Midwifery, Bournemouth University

Additional workers

In addition, the following people all played a substantial role in the success of the group.

- Marion Alborough, Breastfeeding counsellor
- Margaret Burton, Health visitor
- Mandy Williams, Midwife
- Mary Fawcett, Health visitor
- Philippa Walker, Health visitor
- Sandy Savage, Family Centre Worker, National Childrens' Homes
- Angela Siderfin, Lactation Consultant/Midwife

The evaluation team

The research team at the Institute of Health and Community Studies at Bournemouth University undertook the evaluation.

- Jo Alexander, Professor of Midwifery Research & Development
- Dawn Jackson, Research Fellow
- Jill Sanghera, Research Fellow

And special thanks to the 24 Bosom Buddies without whom the project would not have succeeded.

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Executive Summary

The Bemerton Heath Breastfeeding Support Group aims to provide improved breastfeeding support to women of low income in Bemerton Heath and the surrounding area through a weekly drop-in group and a network of lay peer supporters, known as 'Bosom Buddies'.

The Bosom Buddy training

The project recruited and trained 25 lay peer supporters, known as 'Bosom Buddies' to support the work of the Bemerton Heath group: this was more than double the target set in the project proposal. Two, six-week free Bosom Buddy training courses were held, one in March 2001 and one in October 2001, taught by midwives, breastfeeding counsellors and health visitors.

The Breastfeeding Support Group

The weekly drop-in group was launched in March 2001 and has attracted an average attendance of between 10 and 15 women each week. Other activities include breastfeeding education and training for student midwives, health visitors, midwives and general practitioners.

Project evaluation

During the first 31 weeks, 53 breastfeeding and 18 pregnant women attended the group and consent was sought to send an anonymous postal questionnaire six weeks after their first attendance. In addition, focus groups were carried out with Bosom Buddies and group attenders.

Findings from the focus groups

The group was very positively rated by all the focus group members. Key areas which were valued included the friendliness and the availability of expert advice. Equally important was the social support and friendship they gained from the group, the power of 'community' and the confidence they gained. They had strong hopes for the future of the group.

Findings from the questionnaire

The response rate to the questionnaire, sent to the women who were

breastfeeding when they first attended, was 87% (45/52) with 76% of respondents (34/45) reporting that they were still breastfeeding. Only four women had discontinued for the reason for which they had initially attended the group. While the greatest value of the group was considered by the women to relate to its function in supporting breastfeeding, 46% (141/305) of the aspects identified by them as being 'good' related to issues of a predominantly psychosocial nature. Of the women sent questionnaires, 38.5% (20/52) came from areas with high or medium unemployment.

Conclusion

The group appears to be highly successful in supporting women to continue to breastfeed for at least six weeks following their first attendance. It also appears to provide important psycho-social benefits.

Introduction

A successful breastfeeding support group and peer supporter training programme has been running since 1996 in Blandford Forum, a small market town in Dorset (see Appendix A). Following a successful bid for funding to the Department of Health Infant Feeding Initiative in 2000, the organisers launched a sister group in Bemerton Heath, Wiltshire; a large 'sink estate' and home to 6,000 people outside Salisbury. The challenge was to see if a similar scheme of enhanced breastfeeding support would be successful when targeting women and families on low income in an area of medium to high unemployment.

Following a three-month preparation period, the Bemerton Heath Breastfeeding Support group, a weekly drop-in support and information group open to all pregnant and breastfeeding women, was launched in March 2001.

The preparation period

The work during the three-month run-up to the launch of the project was intensive and involved:

- finding a suitable venue;
- writing, designing, printing and distributing posters, flyers and leaflets;
- purchasing resources for the group;
- arranging suitable insurance;
- recruiting local breastfeeding mothers to train as Bosom Buddies;
- multi-disciplinary liaison with the local health and social care team.

The venue

A suitable venue was found right in the middle of Bemerton Heath, providing easy access to all the mothers living on the Heath; a Family Centre run by the National Children's Homes national charity. It was well equipped with a large group room, kitchen facilities, a play area for children, suitable toilet and baby changing facilities and room to park prams and buggies. There was also a smaller room suitable for women to try on feeding bras, or to provide a quiet space for one-to-one counselling and privacy for a mother in distress. On warm, dry days the

group also had access to the small outside garden and play area.

The Family Centre was keen to host the group at their venue as it fitted well with their aims of supporting parents and improving the well-being of young children; an added bonus was that the key project worker there turned out to be a mother of older children who was keen to help and promote breastfeeding.

Posters, leaflets and flyers

Using the same distinctive logo and text as the sister group in Blandford Forum, group posters, leaflets and flyers were produced (see Appendix B). The graphic artist that the group used was herself a Bosom Buddy and breastfeeding mother who gave her services at cost price only.

The posters were put up in every clinic and surgery on Bemerton Heath and the surrounding area, as well as in local shops, libraries and on the maternity wards of the local hospital.

An arrangement was made with the Lactation Consultant Midwife at Salisbury District Hospital for the leaflets to be given out to every postnatal breastfeeding mother on her discharge from the maternity hospital.

After some discussion it was decided not to restrict the giving out of the leaflets to women from Bemerton Heath but to give them out to all breastfeeding new mothers. This was for two reasons: firstly to make it simpler for the midwives on the postnatal ward – the process and coverage might be less effective if they had to ‘pick and choose’ who they gave them to – and secondly, as there was no other breastfeeding support group in the area, it was felt that other women from areas outside the Heath might benefit.

Further supplies of the leaflet were given to all the midwives and health visitors who attended women on Bemerton Heath. They were also asked to tell women about the new group in their clinics, classes and home visits.

Purchasing resources

One of the successes of the sister group in Dorset has been the provision of a free lending library of books, videos and other resources related to breastfeeding, such as breastpumps, feeding cups, baby slings and breastfeeding pillows. These resources have proved very popular and

been used extensively, and are an additional source of motivation for people to return to the group.

Using the knowledge gained from six years' experience of running a similar group, as to which resources proved both useful and popular, the organisers purchased multiple copies of key breastfeeding books and videos, along with several small, portable electric breastpumps and a supply of non-reusable breastmilk collection sets. Samples of breastfeeding pillows, baby slings and feeding bras were also gathered. Leaflets about local activities and other resources for mothers of young children in the area were collated, as were a small selection of professional breastfeeding books and journals to help support the work of local professionals.

The question of safe storage and carriage of the resources was solved by a local carpenter and husband of the breastfeeding counsellor. He designed and built a securely lockable bookcase on castor wheels, which could be stored in the Family Centre. This prevented the project workers from having to carry heavy boxes each week or store resources in their own homes.

Insurance

Public Liability Insurance was purchased for the group to insure against any accident or harm arising from the use of any of the group's equipment such as the electric breastpumps.

Recruiting Bosom Buddies

Unlike the sister group in Dorset, it was decided to 'kick-start' the Bemerton Heath Breastfeeding group by running one of two proposed six week peer breastfeeding supporters training programmes. The peer breastfeeding supporters are known as 'Bosom Buddies'. This proved to be an excellent decision.

The Bosom Buddy scheme has been very successful in Dorset, with over 60 trained Bosom Buddies who offer support and encouragement to other breastfeeding women.

Local midwives and health visitors were asked to suggest women in their caseload who they thought might be interested in training as a Bosom Buddy. This was done both by letter to every General Practice and at face-to-face meetings, and they were provided with written information about the Bosom Buddy course. The only requirements were that

possible recruits must have breastfed at least one baby and feel positive about breastfeeding. No specific time duration was put on how long women should have breastfed. If a woman said she would like to take part, with her permission, the health professional gave the woman's contact details to the key project worker. They were then telephoned and told more about the course and given the opportunity to ask questions. If they were still interested, they were sent additional written information (see Appendix C) and given details of when and where it would be taking place.

The key project worker also spoke on Spire FM, the local radio station, to promote the Bosom Buddy course and wrote several articles for local papers advertising for women who would like to train as Bosom Buddies.

In the initial project proposal, the aim was to train a total of 12 Bosom Buddies in two separate courses held during the year. However, we far exceeded these aims. In the first course alone 12 women were recruited for the course, and 11 successfully completed it (one woman decided it was not for her). A further 14 women completed a second Bosom Buddy course held in October, making a total of 25 Bosom Buddies trained to support the work of the Bemerton Heath group.

Liaison with the local health and social care team

Meetings were held with the community midwives and health visitors. At these meetings the project was presented and the health professionals were able to ask any questions. Their enthusiasm and assistance was sought and willingly given. The local Lactation Consultant Midwife was extremely helpful, and presentations were given at the local multi-disciplinary Breastfeeding Initiative working party. Additional meetings took place with the social workers on the Heath, and they were also extremely supportive.

The Bosom Buddy course

As outlined in the original project proposal, two Bosom Buddy training courses were run successfully. The courses lasted six weeks each, consisting of six two-hour sessions, and were held in the Bemerton Heath Family Centre. One took place in March 2001 with 11 Bosom Buddies completing it; a second was held in October 2001 with 14

Bosom Buddies, making a total of 25 trained peer supporters.

The programme for the course can be found in Appendix D. This was based on the Bosom Buddy programme which had been successfully run and well evaluated by the participants in Dorset for the last six years. The emphasis throughout was on reaffirming what is normal in breastfeeding and supporting mothering. It was stressed that Bosom Buddies are not trained breastfeeding counsellors and specific sessions are focused on when and how professional help is needed.

The course tutors were breastfeeding counsellors, a local independent midwife/midwifery lecturer and a health visitor. The course was taught in an informal and fun style using adult education methods, with the emphasis on group discussion rather than didactic methods. It was important not to assume that all the group had developed literacy skills and therefore teaching methods were chosen that did not rely on written materials but included cartoons, diagrams and role plays.

At the end of the course the participants were given certificates as qualified Bosom Buddies and each had her own name badge.

Not all the peer supporters were from the Heath itself; 25% were from the Heath, with the remaining 75% from surrounding areas. Many different women were asking to do the training, and after lengthy discussion it was agreed not to restrict entry. This highlights the practical difficulty of targeting a certain sector of the population and potentially restricting a service to a limited geographical area; by definition it means excluding women who live nearby and could be deemed divisive. The course leaders ensured that the voices of the Bosom Buddies from the Heath itself were heard, and they played an equally active part during the course as the other participants.

As the weeks passed it appeared that the mixing of social groups and women from different neighbourhoods broke down traditional social barriers and brought an added dimension to the group as they shared their common experiences of mothering and breastfeeding. The training and drop-in groups take place on the Heath, which has hitherto been seen as a 'no-go' area by many, and has thus challenged many social stereotypes and boundaries.

The Breastfeeding Support Group

The weekly drop-in group at the Family Centre, Bemerton Heath, was launched in March 2001. Over 40 people attended the opening session: a lively mixture of breastfeeding mothers, Bosom Buddies, midwives, social workers and health visitors.

The library and other breastfeeding resources proved extremely popular from the first week, with many mothers borrowing books to read, videos to watch and baby slings and breastfeeding pillows to try.

As the weeks passed attendance settled down to an average of 15 mothers a week; each week three or four new mothers attended with the remainder being women who had attended before and enjoyed coming back. This provided a healthy mix of both new and familiar faces each week. Needless to say, there were also many babies, toddlers and older children too. A breastfeeding counsellor was always in attendance; because of the popularity of the group, by the summer a second breastfeeding counsellor was asked to help and the Lactation Consultant/Midwife from the local hospital also began to attend each week to help give support and advice. She was able to do this as part of her breastfeeding work for the local Trust, and enjoyed meeting mothers out of the hospital setting who she had seen on the postnatal wards.

Pregnant women were also welcomed at the group, and were told about it by the midwives at their antenatal visits and classes. They borrowed books and videos, and saw women breastfeeding in a relaxed and friendly environment. The group also provided a bra-measuring service run by the breastfeeding counsellor, and women were able to try on and buy breastfeeding bras.

The Bosom Buddies worked on a rota basis to support the work of the group and help the breastfeeding counsellors by welcoming newcomers and making teas and coffees. They were also 'matched' up with new mothers to offer informal support and encouragement – perhaps because they had shared a particular breastfeeding experience, e.g. breastfeeding twins or a premature baby, or because they lived nearby and could share lifts etc.

Occasional additional ad hoc activities have been offered, such as a demonstration of baby massage and Christmas present making!

Student midwife involvement

As part of this project, in their second year of the three year pre-registration midwifery training at Bournemouth University, student midwives are now required to complete a practice-based workbook on how to support women who are breastfeeding. This requires them to visit a breastfeeding support group for a minimum of three consecutive visits, complete three anonymised case studies of breastfeeding mothers and learn about common breastfeeding problems and their solutions.

They are asked to telephone the breastfeeding counsellor to 'book' their visits so that no more than two students attend at any one time.

This work is followed up with a one-day feedback session at the University. As students from Bournemouth University come from a wide geographical area, stretching through Somerset, Dorset, Wiltshire, Hampshire and the Isle of Wight, they are given the contact details for their local breastfeeding support group.

Professional training

A recurring complaint from women is receiving conflicting advice about breastfeeding from health professionals. The organisers aimed to reduce this by the following two activities:

- Holding training sessions for Wiltshire-based health visitors and general practitioners. They have been popular and well-received, and ranged from lunchtime sessions to half-day workshops covering evidence-based management for common breastfeeding problems.
- An attractive lever-arch file of research information, alongside copies of all the leaflets that the group hold and give out to women, has been given to every general practice in the Salisbury area. The health professionals have been very responsive to this initiative, saying they are pleased to be included in all the information that the group is giving out, using it to up-date themselves and provide reassurance that the advice the group gives is evidence-based.

Why the project succeeds

Having run a successful breastfeeding support group in Dorset for six years and now successfully replicated it in Wiltshire, the organisers would like to share what they believe are the key ingredients that make up the formula that enable such groups to be successful. Without any of these key factors, they believe that the groups would neither be successful nor sustainable. Whilst this formula may not be right for every location, it may help others who are thinking about starting their own groups.

The group is informal, with emphasis on social support and friendship; it is not a breastfeeding clinic which would be solely problem-orientated (and which women would not continue to attend once their 'problem' was solved). Women chat and make friends, and breastfeeding becomes a 'normal' activity.

However, skilled, evidence-based professional help from an experienced breastfeeding counsellor and/or lactation consultant is readily available at the group every week. This advice is backed up by ready access to the latest professional literature in case of any conflicting advice, and great care is taken to ensure that the advice and information given is based on the best available evidence. Leaflets are available for women to take away on the common problems such as thrush and mastitis, which they can then share with their health visitors and general practitioners.

The breastfeeding counsellor introduces women to others who have had similar difficulties and they gain enormous support and confidence from talking to other mothers who have overcome these problems.

The underlying strong philosophy of the group – that motherhood is valued – is shared amongst the key project workers and emphasised throughout the Bosom Buddy training. Women are given lots of praise and encouragement; the simple ethos of 'help each other' underpins the atmosphere of mutual support and encouragement for the sometimes stressful and tiring job of mothering.

The extensive resources play a vital role in the sustainability of the group. Women borrow books, breastpumps, etc., and then come back to

the group to return them. Pregnant women attend to get fitted for feeding bras and make friends with other mothers. They return to collect any bras they have ordered. Baby-carrying slings and breastfeeding pillows can be borrowed to try out at home, and then if women like them they can buy them through the group.

The Bosom Buddy network is the cornerstone of the group and is vital to its longevity. Each year a new cohort of Bosom Buddies are trained to supplement those who move onto other things as their children grow. Through the training programme and through informal discussion they become 'breastfeeding aware' and are then motivated to help others succeed 'against the odds'.

Finally, the group is not led or 'owned' by health professionals but by the women themselves. A loosely formed 'committee' of Bosom Buddies and other interested mothers meet every few weeks to discuss the group and any issues that need attention. They plan ad hoc social activities or promotional activities, such as those for Breastfeeding Awareness Week, and can respond flexibly to the needs of local women and families.

On-going planning and future activities

To ensure the ongoing sustainability of the group, a successful application for funding has been made to the local Primary Care Trust who have part-funded the group for the next financial year.

Four of the Bosom Buddies have become so motivated that they have started the training to become breastfeeding counsellors, which means that the group will soon have its own group of 'home-grown' breastfeeding counsellors. The funding from the Primary Care Trust will enable the present breastfeeding counsellor to continue to attend until they are qualified.

The Lactation Consultant Midwife has agreed to continue to attend the group each week as part of her Trust breastfeeding work. In addition, a third Bosom Buddy training course is planned for September 2002 and there are already 10 women interested in doing the course.

The student midwives' learning experience of breastfeeding support in

the community and the breastfeeding workbook will be evaluated by the midwifery team at Bournemouth University.

The evaluation by the Research Team from Bournemouth University was presented at the International Confederation of Midwives' Triennial Conference in Vienna in April 2002 and at the Royal College of Midwives' Annual Conference in Bournemouth in May 2002 and papers are in preparation for submission to the appropriate professional journals.

A programme of two half day workshops on 1) common breastfeeding problems and 2) how to set up a breastfeeding support group have been arranged by the organisers and already have been run in several different locations around the South West for health visitors, midwives and general practitioners. They have also been approached by several general practices and have run breastfeeding training specifically aimed at GPs.

The quantitative evaluation

Literature

The health advantages of breastfeeding are well known (Howie et al. 1990, Saarinen & Kajorsaari 1995) but the majority of women discontinue during the first few postnatal weeks. It is also known that women with low incomes are less likely to breastfeed than other women (Forster et al. 1997) and their babies are at greater risk of ill health.

Method

A letter was distributed to mothers attending a similar support group of long-standing in a different town (as mentioned above), inviting them to attend a focus group to discuss what was good about the group and what might be better. The information gained was used to inform the development of a questionnaire. Those attending the newly formed support group in Bemerton Heath for the first time were given a letter explaining the evaluation and requesting their written consent for the questionnaire to be posted to them six weeks later. The questionnaires were anonymous but numbered and one reminder was sent after a further two weeks as necessary. They were returned by post to one of the authors (JA) who was not involved in running the group. At their first attendance, their consent was also gained for the completion of a data sheet giving some demographic details and identifying their reason for coming.

Content analysis and descriptive analysis were used. ACORN profiles for the postcodes of those who agreed to be sent questionnaires were used in order to describe their geodemographic characteristics; these profiles are available via CACI Information on the website www.upmystreet.com. The different profile types represented within the data were then grouped according to whether unemployment was described as being high, medium or low.

Results

During the first 31 weeks that the support group was running, a total of 53 breastfeeding women attended. An average of 8.5 breastfeeding women attended each week (range 3-15; SD 2.7); an average of 3.9 'helpers' also attended (range 1-11; SD 2.1). The term 'helpers' includes the Buddies, the breastfeeding counsellor and any midwives who attended. A total of 98% (52/53) of women gave consent for their initial data sheet to be used for this evaluation and for the questionnaire to be posted to them six weeks after their first attendance. The mean age of the

mother at first attendance was 30.7 years (range 17-38; SD 5.27) and 10.7 weeks for the baby (range 1-53; SD 11.9). One further baby was two years and four weeks at first attendance. Six babies were more than six months old when they first attended the group. The majority were first time mothers; for further characteristics on first attendance see Table 1. In addition, there were 18 pregnant women who attended the group but, for the purposes of this section of the report, they have been excluded from the analysis. (Data tables relating to these 18 women are given in Appendix G.)

	Mean	Range	SD
Maternal age (years)	30.65	17 - 38	5.27
Baby's age (weeks)	10.65	1 – 53	11.90

Type of birth	Number	%
Normal	34	65.4
Forceps	3	5.8
Ventouse	8	15.4
Caesarean	6	11.5
Missing	1	1.9
Total:	52	100

Born < 37 weeks	5	9.6
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Primiparous women	39	75.0
Multiparous women not BF before	2	3.8
Multiparous women BF before	11	21.2
Total	52	100

Table 1: Characteristics of breastfeeding women on first attendance at the group

The 20 different ACORN geodemographic profile types represented within the postcode data were grouped according to whether unemployment was described as being high, medium or low (see Table 2). Ten of the women (19.2%) came from a postcode in which it was high, 10 (19.2%) medium and 32 (61.5%) low. Thus, 20 women (38.5%) came from a postcode in which there was high or medium unemployment.

ACORN Profile Type No.*	Unemployment	No. of people in group	No. with high/med/low (totals)
43	High	4	
33	High	3	
41	High	2	
25	High	1	10
37	Med	5	
34	Med	3	
31	Med	2	10
29	Low	9	
3	Low	4	
2	Low	3	
6	Low	3	
27	Low	2	
5	Low	2	
12	Low	2	
13	Low	2	
1	Low	1	
10	Low	1	
15	Low	1	
28	Low	1	
30	Low	1	32
			52

* For an explanation of the ACORN profile types, see Appendix H.

Table 2: Unemployment by geodemographic profile type

The reasons for first attendance were recorded by the group leader (see Table 3), the commonest reasons being advice related to breastfeeding (42) and the social benefits of attending (22).

Reason*	No. of women
Social/company	22

Difficult feeding patterns	7
Low weight gain	6
Thrush	5
Sore nipples	5
Very disturbed nights	4
Suspects milk insufficiency	4
Wants to be a buddy	3
Using nipple shields	2
Mastitis	2
Other	9

*(More than one reason could be given)

Table 3: Reason for attending the group

The methods by which the women had heard about the group are shown in Table 4. The commonest methods were through contact with the health services (26), via a friend (11) or the National Childbirth Trust (7).

	No. of women
Friend	11
Hospital	9
Health Visitor	8
NCT	7
Midwife	6
Flyers	4
Newspaper	3
Antenatal Classes	2
GP/surgery	1
Group leader	1
Total	52

Table 4: Where women heard about the group

The overall response rate to the questionnaire sent six weeks after their first attendance was 87% (45/52). The mean age of the baby at the time of questionnaire completion was 18.7 weeks (range 7-90; SD 16.11). One further reply was received from a mother whose baby was two years and four months old.

Of those who responded to the questionnaire, 76% (34/45) were still breastfeeding. Of the 11 women who had discontinued, only four reported having done so for the same reasons that prompted them to first

attend the group. Of those who had discontinued, seven did so before the baby was 16 weeks of age (range 3-15) and four did so between 21 and 47 weeks.

The reasons given for discontinuing breastfeeding are shown in Table 5. The commonest reasons cited (each being given by four women) were having breastfed for as long as intended, that breastfeeding took too long and insufficient milk.

Reason*	No. of women
Had breastfed for as long as intended	4
Took too long	4
Insufficient milk / baby seems hungry	4
Returning to work	3
Painful breasts or nipples	3
Hard to judge how much baby had drunk	2
Not convenient	2
Baby could not be fed by others	2
Domestic reasons	2
Baby was ill	2
Mother was ill	2
Baby lost interest	1
Stress	1

*(More than one reason could be given)

Table 5: Reasons for discontinuing breastfeeding

The respondents reported a mean of 3.3 attendances at the support group (range 1-8; SD 2.14).

Their views concerning what was good about the group are given in Table 6. Five aspects were identified by more than half of the women; that they were able to talk about breastfeeding problems (n=43), the enthusiasm of those running the group (n=36), access to videos and books (n=37), that it increased their confidence in breastfeeding (n=26) and that they received consistent advice about breastfeeding (n=24). A total of 53% (163/305) of the aspects identified by the women related specifically to breastfeeding, the remainder related mainly to issues of a psycho-social nature such as being able to talk about other problems (n=22) and making new friends (n=21).

	No. of women
Able to talk about BF problems	43
Enthusiasm of those running group	36
Access to books & videos	37
Increased confidence in BF	26
Getting consistent advice about BF	24
Being able to talk about other problems	22
Making new friends	21
Having somewhere I can take a new baby	19
It is lead by mothers	18
Seeing BF happening	16
Increased confidence in parenting	14
Seeing older babies BF	11
Increased confidence in general	7
Having access to a buddy	4
Other	7
Total	305

*(More than one aspect could be given)

Table 6: Aspects of the group that women considered good

Twenty-four (53%, 24/45) of the respondents identified issues that were 'less good' about the group, each identifying one issue only. The majority of these (n=12) were that the accommodation became overcrowded. Two women felt more reassurance was needed that it was alright to discontinue breastfeeding, two that the location was inaccessible and two that hot drinks posed a safety problem. The remaining issues were each raised by one woman only: advice differed from that given by healthcare professionals; toddlers were breastfeeding; women attending from out of local area; location difficult to find; unsuitable time; not enough for toddlers to do.

Discussion

The level of breastfeeding success achieved by women attending the group is remarkable. A total of 76% of those who returned the questionnaire sent six weeks after their first attendance were still breastfeeding. Even taking the most pessimistic approach possible and adding the one woman who declined to be sent a questionnaire and those who did not respond to the respondents who had discontinued, 64% of those who attended were still breastfeeding.

Only four women reported discontinuing for the reason that had originally caused them to attend the group. Only seven of the women who had discontinued breastfeeding reported doing so before their baby was four months of age and thus earlier than the Department of Health recommends (DoH 1994). In contrast, in 1995 in the UK 58% of those who were breastfeeding at birth had discontinued by four months postnatally (Foster et al. 1997).

While the options given in the question asking why breastfeeding had been discontinued were the same as those given in the triennial national infant feeding survey (Foster et al. 1997), the sample size is too small to allow a meaningful comparison. However, it is important to note that four of the eleven women who had discontinued stated that they had breastfed for as long as they had intended.

While the greatest value of the group was considered by the women to relate to its function in supporting breastfeeding, 46% (141/305) of the aspects identified by them as being 'good' related to issues of a predominantly psychosocial nature. For example, 31% (n=14) of the women stated that the group had increased their confidence in their parenting.

It is known that conflicting advice relating to breastfeeding remains an important problem (Dykes & Williams 1999) and it is salutary to note that 53% (n=24) of the women specifically identified the consistent advice that they received at the group as being one of its positive facets. This may suggest that they did not always receive consistent advice before going to the group. It is perhaps surprising that only 9% (n=4) of women identified having access to a Buddy as a positive aspect. However this question did not specify whether the access was within the group meeting or outside it and therefore may not have been interpreted consistently. A total of 40% (n=18) of the women specifically praised the fact that the group was run by mothers.

Relatively few negative comments were made about the group. The commonest was that the room became overcrowded. The large numbers who sometimes attended had not been anticipated and, in this, the group became a victim of its own success.

ACORN profiles were used in preference to other potential sources of geodemographic information as they are based on information that is more recent than the 1991 census. They also provide data relating to postcodes, which cover on average around 15 addresses (Martin 1996) rather than the larger geographical areas (wards) described by census data. The increased accuracy provided by this latter characteristic was felt to be particularly important.

Despite the fact that the breastfeeding support group is held on a socially challenged housing estate, 61.5% of the women came from areas where unemployment was low. This appears to suggest that women from such areas feel a considerable need to find additional breastfeeding support and will travel some distance to gain it. However, 38.5% of women came from areas with high or medium unemployment. It seems reasonable to suggest that the health gain to women from these latter areas will have been even greater given that women of lower socio-economic status are less likely to continue to breastfeed than other women (Foster et al. 1997) and that their babies are at greater risk of ill health.

Conclusion

This group appears to be highly successful in supporting women to continue to breastfeed for at least six weeks following their first attendance. It also appears to provide psychosocial benefits.

The qualitative research evaluation

Twenty-nine women took part in four focus groups, each facilitated by a researcher. Two focus groups were carried out with Bosom Buddies (one in Blandford and one in Bemerton Heath) and two with group attendees (one in Blandford and one in Bemerton Heath). It was decided to study both groups together; the Blandford group had been running for five years and the Bemerton Heath group, at the time of the focus groups, had been running for six months. It was felt that studying the Bemerton Heath group alone after such a short period of time would be of limited value and could best be set in context by including the more established group alongside it. The focus groups in Blandford Forum took place first and served the additional purpose of informing the development of the questionnaires sent to the women from the Bemerton Heath group six weeks after their first attendance.

The interviews lasted between 40 and 90 minutes and were carried out after a breastfeeding support group meeting, with the participants' children present. All of the buddies interviewed had been involved in the relevant group from the beginning and had completed the buddy course within the last year.

The women who participated in the interviews had been attending the groups for different periods of time, ranging from two weeks to two years.

Group Profiles

- Blandford Forum Bosom Buddies

8 participants

6 were still breastfeeding

4 had more than one child

- Blandford Forum women

7 participants

all breastfeeding

2 had more than one child

- Bemerton Heath women

8 participants

all breastfeeding

majority had one baby

- Bemerton Heath Bosom Buddies

6 participants

5 still breastfeeding

most had a second child

The interviews contained a series of pre-planned open questions designed to gather rich, descriptive data about experiences of and feelings about the Bosom Buddy groups. Probes were used to explore relevant issues.

The rationale for these interviews was to encourage participants to share their perspectives of the group and to comment on each other's experiences and points of view. The data were analysed thematically. The following themes were generated from a number of codes and categories (see Appendix F):

- Access and availability;
- Knowledge and understanding;
- Supportive environment;
- Power of 'community';
- Hopes for the future.

For ease of reading, the analysis of the four focus groups have been presented together. The following codes have been used to help identify which group each speaker is from:

bw	Group attender at the Blandford group
bb	Bosom Buddy from the Blandford group
bhw	Group attender from the Bemerton Heath group
bhb	Bosom Buddy from the Bemerton Heath group

Access and availability All of the participants in the focus groups were asked to explain how they heard about the group and how they first started to attend. Recommendations from friends and referrals from either a midwife or health visitor were the most common methods for a first visit to the group. Advertising on the local radio and leaflets at the maternity wards were also mentioned by some women. The majority of women began to attend the group when they experienced some difficulties with breastfeeding and were told about the group by their health visitor or a

friend. However, some participants joined the group whilst pregnant in order to prepare themselves for breastfeeding and meet others who were successfully feeding their babies. Those who had heard the radio advert for recruiting new buddies explained that they had wanted to do the course so that they could help others breastfeed.

I heard about it on the local radio and as I had experienced problems feeding my babies in the past I really wanted to help others who may be having similar problems. (bhb)

I came along, I didn't have any trouble feeding my baby but was surrounded by friends and others who bottle fed and wanted to find out how to help them. (bb)

The buddies who had been attending both groups from the beginning also discussed how surprised they were with the numbers of women who joined the groups. It was clear that from the start many breastfeeding mothers needed a place where they could access information and get support from others who were breastfeeding their babies.

The environments of both groups were discussed and all participants felt that although the surroundings were clean and well equipped, they had become too small because of the large numbers attending. It was felt that as the groups would continue to grow in size, larger rooms would need to be sought. However, all of the participants were aware of the problems of limited resources and realised that other options may have to be discussed. Alternative days and splitting the groups up were talked about but many of the women did not want the groups to become fragmented as they had managed to build up a very close support network and they did not want to spoil those relationships.

Availability of support and the feelings about the group facilitator were strong factors which emerged from the data. All of the participants echoed positive feelings about the facilitator of the groups. It was strongly felt that the success of the groups was because of the enthusiasm and openness of this person and the fact that she was so welcoming to all women. Participants also expressed positive feelings towards the buddies, explaining that it was important to them that someone was always available to talk to and get reassurance from. One mother who had been having problems with breastfeeding was able to

talk to a buddy on the telephone. She stated:

I have phoned once, I was having a few problems. I think it was a loss of confidence in myself, feeling tired and rundown. It was just great to hear her voice on the end of the phone saying it's normal and it's fine and it won't be like that forever...it was so helpful. (bw)

Participants in all of the focus groups felt very strongly that the Bosom Buddy groups should be available to everyone who wished to breastfeed. They were however aware of some of the negative perceptions of the groups that existed, particularly from the health professions. Many of the women talked about how their midwife or health visitor had been dismissive about the group and had not been well informed about what it could offer women. It was generally felt that many health professionals did not have the time to offer adequate support to breastfeeding mothers, often from birth, and could not offer any other alternatives. Many participants explained that if it wasn't for the availability of the Bosom Buddy groups they would not have continued to breastfeed:

Breastfeeding was really difficult and I always felt like giving up. But having the support from this group and having buddies talking to me and encouraging me, helped me carry on. (bb)
Being able to carry on with breastfeeding was extremely important to me. (bb)

To be honest if I hadn't come I wouldn't still be breastfeeding. (bhw)

It was thought by some of the women that there could be a danger of the group becoming exclusive and this was to be avoided at all costs. The aims of the groups were to be accessible to all women and provide a framework of breastfeeding support for all women especially those from low income families. It was clear from both focus group areas that these aims were being achieved and a social mix was apparent, but participants expressed a need for increased advertising and encouragement for women in disadvantaged areas and believed they could find ways to increase the attendance of young unsupported mothers. Ideas included more advertising in hospitals, an increase in referrals from health professionals, larger premises and possibly some

outreach work by the buddies.

Knowledge and understanding

The availability of 'expert' advice and consistent information- giving was repeated by both buddy and non-buddy focus groups. Women who had not undergone the training talked in depth about the importance of having someone to talk to who would listen to their problems and offer advice based upon both their own experiences and the facts. It was very clear that all the women participating in the interviews believed that they received up to date information about breastfeeding and had access to first hand knowledge.

Women from both areas stated:

I felt very much that it was the support along with the correct advice that kept me going. (bw)

It was so confusing, you can do this and do that and you get so much conflicting advice. It's nice when you come here and they [the buddies] are all saying the same thing. (bhw)

When discussing the buddy training, participants explained they had gained confidence and 'felt better about themselves' by completing the course. Many of the buddies talked about the importance of understanding the facts about breastfeeding so that they could support others with the same problems they themselves may have experienced in the past. The phrase 'giving something back' was often mentioned by the buddies:

I had got so much from the group and wanted to give something back. (bb)

You sort of want to repay back so that others get the support you did. A feeling of giving something back because you really got so much enthusiasm and support from the group. There is such a gap out there and this type of group is needed. (bhb)

The majority of women who had not yet undertaken the training were keen to complete the course and become a buddy. Reasons such as being able to help others, to understand the facts about breastfeeding and also to dispel the myths that surround breastfeeding were cited. One participant felt that if she had the correct knowledge about all aspects of

breastfeeding she would be able to confidently support others and educate the wider community. It was important to many of the women that they could advise and support their family and friends who were having children and promote breastfeeding in a positive and exact way. Participants also discussed how the confidence which was gained led to them taking control of how they wanted to feed their babies and in fact bring up their children. Those that had completed the course often said they felt better about themselves and wanted other women to experience those feelings.

It's about getting the facts right and dispelling the myths and then passing that on. Knowledge gives control and allows you to make decisions and chose the right way for you to feed your baby. (bhb)

A lot of situations make people feel very powerless and the most important part for me is being part of a group that can actually help women think about who they are and what they can achieve if they want. (bb)

Buddies were extremely positive about the training they had received and believed that they had the confidence to pass on the knowledge to others. They also made it clear that they were able to refer the more complicated problems on to an appropriate person if they needed to. The majority of buddies believed they had learnt a lot from the course and continued to learn by attending the group and talking to others, not just about feeding but parenting in general. It was important to participants that information and advice was not forced upon anyone and that all the women who used the group felt they could choose the relevant bits they needed and did not feel under any pressure.

One participant who had been accessing the group on a regular basis explained how pleased she was with the support and advice she had received from the group:

Everything I have got from coming here has been so positive and although based on personal experience it is backed up by the expert knowledge they have learnt and then you choose the information that you need. (bw)

Apart from the positive comments about the personal contact that women receive at the group, all participants found the practical help such as access to videos, books and equipment extremely helpful. One woman explained how having all these resources made a difference to whether women continued to breastfeed, stating that it was the 'little things that made it easier'. Another participant stated:

Having access to all this information and equipment is great, when you have a baby you can feel rather isolated and frightened so all this is a godsend. (bhw)

Supportive environment

Participants agreed that a strong social network had emerged from the group and although breastfeeding was the focus, other issues about parenting and relationships were often discussed. Friendships had been formed as a result of attending the group and many of the women felt that it had become very important to them as a support group generally. As highlighted previously it was apparent that many of the women would have stopped breastfeeding early on if it wasn't for the support they received from the group. Social isolation can often be high amongst new mothers and many of the participants in the focus groups felt that coming to the group had helped them 'get out of the house and meet others'. Meeting and talking to other mothers who may have experienced similar difficulties with feeding or other aspects of parenting was seen to be vital to all participants. One new mother explained how important the group was to her:

I had just moved into the area and didn't know anyone, so for me it was the breastfeeding support and about meeting people...the most important thing for me is that I would have weaned the baby much quicker if I hadn't have come here. (bw)

All participants strongly agreed that the group had become more than just a breastfeeding support group with many new friendships formed that continued outside of the group. One of the buddies explained how many of the mothers continued to attend the group even when breastfeeding had been well established; although they no longer had any difficulties with feeding, they wished to see friends and offer support to others.

Being made to feel welcome and the informality of the group was mentioned by many of the women. Those who had been attending the group for as long as two years felt that the enthusiasm and motivation of the facilitators and the buddies still existed and no-one was ever excluded or made to feel unwelcome in any way. One young mother explained how she was nervous when she first went to the group, but was soon made to feel welcome:

It's very informal, you can turn up when you like, it's cheap if you are on low income. It's just very, very accessible, there's no pressure and everyone's so friendly. (bw)

Many of the women talked about being reassured that they were 'doing the right things'. It was important for them to feel they were doing the best for their baby and the group had been able to reinforce their actions and give them the confidence to continue. One mother explained that she was always under pressure to go against what she felt was right for her baby, either from her family or her friends and the group had given her the confidence to continue breastfeeding and also the knowledge to try and educate those around her of the benefits of breastfeeding.

One of the buddies expressed her feelings about the importance of the support available at the group in relation to mothers continuing to breastfeed as their babies grew older.

It is very important to have the group because the longer you go on breastfeeding you do start to meet people's discomforts, especially family and you do need to reassure yourself...the group does that. (bb)

Some of the participants talked about a 'knock-on effect' from the group. This was explained as mothers being able to use the information and advice they received from the group in other areas of their life, particularly at home. An example of this was given by a mother who had only recently joined the group:

I would go home after the group and tell my husband how good it was and the things that had really helped me and it kind of gave him confidence as well...he once saw me upset and told me to phone a buddy, he knew I had that network. (bw)

This knock-on effect was echoed in other ways by participants, including friendships being formed by their children, jobs being created through contacts made at the group, other groups being organised and improved relationships with health professionals.

Power of 'community'

The most frequent topic of discussion in the interviews focused on the opportunity for women to see others breastfeeding, therefore feeling 'normal' and associating with other women. Participants talked about having common ground with others, which helped with their own confidence to keep on feeding their baby, particularly out of the confines of the group. The following quotes indicate how important this association was to all of the women who attended the breastfeeding support group:

This group is so good because you are in a room where you see loads of other mums breastfeeding and it gives you the confidence to carry on even if you are having problems. (bb)

I think watching other mothers going through the same things, knowing they are having problems, you get through it together. You don't feel abnormal because your baby is feeding 24 hours a day. (bb)

It's such a natural thing. I'd never seen anyone breastfeeding before I came to this group. It's about seeing what others are doing. (bb)

A sense of belonging was also quoted by some of the women participating in the focus groups. Many of them discussed how they sometimes felt very alone and not always supported by family and friends. Feeding in public was often difficult for many of the women and coming to the group and seeing others and hearing about their anxieties was a great comfort and help:

The main thing people like about the group is that we are all here for the same thing. It's common ground and feeling like you belong. It's normal and seeing others is such a confidence builder. (bhb)

It is about not feeling alone, you think why is my baby doing this or that and then you get here and everybody is saying the

same things. It's just nice to know you are not the only one going through it. (bw)

Participants understood and expressed their disappointment about the fact there were many social pressures on them to stop breastfeeding and begin weaning at around four months. Pressures from health professionals as well as family were seen to exist for many of the women and they believed that the group had been responsible for many of them to continue feeding their babies themselves. One mother who had joined the group when her baby was a few weeks old explained how she only wanted to feed for six months and was quite unsure about seeing mothers feeding their toddlers. After months of attending the group and seeing all ages feeding and consequently applying to do the course, she knew she wanted to feed for as long as possible.

The credibility of the buddies and especially the facilitator of the group was believed to be responsible for the high attendance and the repeat attendance of women at the group. The fact that the group was women-led and not run by health professionals was also a huge reason why participants felt it was such a success.

Hopes for the future

The success of the groups has been reflected in the numbers that attended each week. Participants in both areas felt that there may be a need to either find larger premises to accommodate all of the mothers and their children or, as someone suggested, an additional group could be the answer. It is clear that as the popularity of this type of support group spreads, the current environment would not be suitable and the buddies in particular were concerned that new mothers who came to the group would not get the individual support they needed. However, others expressed their concerns over new groups as they did not want the service to become fragmented and damage the excellent work that had been done. Expanding the service is an issue that participants felt needed to be addressed.

All women felt that there was a need for more trained buddies in order to meet the growing need. It was stated that buddies were sometimes unable to devote much time to women with breastfeeding problems as they were also responsible for refreshments and organisation and said that more buddies would help with this problem. As numbers grew, more and more mothers needed their time and also having more buddies available for home visits or telephone contact outside of the group would

add to the support offered. Buddies agreed that an increase in ‘outreach’ support could be something to consider in the future. This could include visiting maternity wards, schools, youth centres and community venues to talk about breastfeeding and promote the group. One buddy stated:

I think we could do with a bit of sub-division, some outreach work. It would make a bit more of an impact perhaps, especially in areas where it is needed. (bhb)

This concept of reaching all new mothers was extremely important to all of the women in the focus groups. Each person, whether they had completed the buddy course or not, felt totally committed and motivated to breastfeeding and supporting others who wanted to feed their baby this way, and being able to reach those women who were from disadvantaged areas with very little support was a prime objective.

Participants understood that in order to fulfill some of these hopes for the future extra funding would be needed as one participant stated:

I can see it [the group] growing to become a bigger organisation and we have had talks about getting funding, we need to expand and meet the needs of the local community and increase breastfeeding rates. (bhb)

Support and collaboration with health professionals was seen to be important for the future of the groups. At present, participants felt that relationships with health professionals were inadequate and needed to be improved in order to ensure all women were aware of the group and had the opportunity to attend. A participant expressed her view:

Until health professionals start becoming really positive about this group you will miss out on the first point of contact with new mothers. We have to get them on board and make them more aware of just how good the group is. (bhw)

Inviting midwives, health visitors and GPs to the group was felt to be needed so they could have a better understanding of what happens there and also feel confident to refer the new mothers and pregnant women who express a wish to breastfeed their babies. All of the women who participated in the focus groups finished the interviews by expressing a need for the groups to continue and carry on with the good work that had

been so enthusiastically undertaken.

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Appendix A

Blandford Breastfeeding Support Group
promotional leaflet

Appendix B

Bemerton Heath Breastfeeding Support Group
promotional leaflet

Appendix C

Bemerton Heath Breastfeeding Support Group; information for Bosom Buddies

Bemerton Heath Breastfeeding Support Group

The Bosom Buddies Course

Background

Whilst support for breastfeeding is essential from health professionals, women will often listen more to friends, neighbours and other women who 'speak their own language with the authority of experience'. There are several good examples of this approach working very well, such as the Easterhouse Breastfeeding Promotion Project in Glasgow, the Nottingham Peer Counsellor Programme and the Bosom Buddy Project in Blandford.

The idea is to use the skills and knowledge of local mothers who have successfully breastfed their own children as ambassadors for breastfeeding in their local area. Their knowledge will hopefully 'filter down' into the community and encourage others to breastfeed.

What's the problem?

Breastfeeding figures in Bemerton Heath are poor and are going down; they are way below the national average. Most women don't even start, and of those that do, most give up within a few weeks. The main thing women complain of is too much conflicting advice! So we need to ensure that accurate information gets out to local women so they can learn more about the issues surrounding infant feeding. If they decide to breastfeed, they need accurate information about how breastfeeding works, as well as support and encouragement from people they trust to give themselves the best chance of succeeding.

Aims

The aims of the Bosom Buddies course are to:

- Increase the number of women who breastfeed successfully in Bemerton Heath, Salisbury and the surrounding area;
- Improve the health of women and children in this area;
- Offer all breastfeeding women more support via a network of breastfeeding supporters;
- Give knowledge about breastfeeding back to women.

Could I be a Bosom Buddy?

To be a Bosom Buddy, you will ideally have:

- Breastfed at least one child successfully;
- Have a positive attitude towards breastfeeding;
- Want to help and support other women;
- Be willing to make a commitment to the Breastfeeding Support Group for one year.

What does the course consist of?

Six mornings of two hours each. The course includes sessions by a midwife, health visitor, breastfeeding counsellor, midwifery tutor and counsellor. It is relaxed, informal and fun. There is no fee and there are no exams!!!

What is covered in the course?

The course covers the following areas:

- Benefits of breastfeeding/Hazards of bottle feeding to mother and baby;
- Differences between breastmilk and artificial formula;
- The range of normal feeding patterns and strategies for coping with them;
- Anatomy and physiology of breastfeeding and how it relates to what actually happens!
- Why women give up breastfeeding;
- Positioning techniques and common associated problems;
- Contraception, menstruation, sex and breastfeeding;
- When women and babies need professional help and how to get it;
- Life with a breastfeeding baby;
- Moving onto mixed feeding/Breastfeeding and returning to work;
- Politics of breastfeeding/Communication skills.

What does a Bosom Buddy do?

Bosom Buddies encourage and support other women who are breastfeeding. They tell other women about the benefits of breastfeeding to mother and baby and reaffirm what is normal. Bosom Buddies spread the word about the benefits of breastfeeding to friends, neighbours, the world! This is all done in a very informal way – we simply hope that you will pass on what we tell you to all your friends.

We also hope that the Bosom Buddies will help out at the Bemerton Heath Breastfeeding Support Group meetings on a rota basis for at least one year. This means making newcomers welcome and helping set up and tidy up afterwards.

It is important to stress that Bosom Buddies do not give medical advice, and will refer women to a trained breastfeeding counsellor, midwife or health visitor when problems arise.

What will I get out of the course?

You'll learn lots about breastfeeding, and understand a lot more of how your body works. You'll make friends, get out of the house on a Wednesday morning, and might even have a laugh! What's more, it's absolutely free!

Commitment

It's really important that no one should feel under any pressure to commit themselves to more than they want. However, once you have agreed to take part in the course, please try and stick to it, and we hope that you will want to be a Bosom Buddy for at least a year.

Where will the course take place?

On Wednesday mornings at the Family Centre, Pinewood Way, Bemerton Heath, from 11.00am to 1.00pm. Tea and coffee is provided and babes in arms are welcome!

If you need a lift with someone, ring Mandy on 01258 480120, and she will try to arrange it.

When will it start?

The 2001 Bemerton Heath Bosom Buddies course will start on **Wednesday 17th January** and run for six weeks.

**The Bemerton Heath Bosom Buddies
The art of woman-to-woman support**

Appendix D

Bemerton Heath Breastfeeding Support Group; programme for Bosom Buddies training course

Bemerton Heath Breastfeeding Support Group

2001 Bosom Buddy Course

Programme

All the sessions take place at the Family Centre, Pinewood Way, Bemerton Heath from 11.00am – 1.00pm. We aim to start and end on time so please try not to be late!

Wednesday 17th January

- 11.00 Welcome and introductions
Led by: Mandy Grant & Tricia Anderson
- 11.30 Why we need breastfeeding support; and what is a Bosom Buddy?
Led by: Mandy Grant & Tricia Anderson
- 12.00 TEA BREAK
- 12.15 Benefits of breastfeeding/hazards of bottlefeeding to mother and baby Understanding the difference between breastmilk and formula
Led by: Mandy Grant

Wednesday 24th January

- 11.00 Anatomy and physiology and how it relates to what actually happens (including contraception, menstruation and sex!)
Led by Tricia Anderson
- 12.00 TEA BREAK
- 12.15 Positioning and common problems associated with positioning
Led by: Marion Alborough

Wednesday 31st January

- 11.00 The range of normal feeding patterns and ways to cope with them
Led by: Mandy Grant
- 11.30 Other common problems – mastitis, thrush etc.
Led by Mandy Grant
- 12.00 TEA BREAK
- 12.15 Communication skills
Led by: Tricia Anderson

Wednesday 7th February

- 11.00 Why women give up breastfeeding (or never even start)
Encouraging women to start and/or keep going!
Led by: Mandy Grant
- 12.00 TEA BREAK
- 12.15 Moving onto mixed feeding
Led by: Mandy Grant

Wednesday 14th February

- 11.00 When babies need professional help and how to get it
Led by: a health visitor
- 11.45 TEA BREAK
- 12.00 Breastfeeding, returning to work and the outside world!
Led by: Mandy Grant

Wednesday 21st February

- 11.00 When women need professional help and how to get it
Led by: Tricia Anderson
- 11.30 Life with a breastfeeding baby
Led by: Nickie Griffiths
- 12.15 TEA BREAK
- 12.30 Being a Bosom Buddy, starting the Bemerton Heath group
Summing up, evaluation and feedback

THE WEEKLY 'DROP-IN' BREASTFEEDING SUPPORT GROUP
WILL START IN BEMERTON HEATH ON WEDNESDAY 7TH
MARCH FROM 11.00, AND EVERY WEEK THEREAFTER.

Appendix E

Schedule of work

- January-March 2001
- Worked with local health visitors and midwives to identify women interested in Bosom Buddy training.
 - Ran the first of two six week Bosom Buddy training courses with 12 participants.
 - Designed, wrote and printed leaflets, posters and flyers promoting the weekly support group, to be distributed to all new mothers in Bemerton Heath and the surrounding areas by midwives and health visitors.
 - Identified suitable local venue at the Family Centre, Bemerton Heath and arranged appropriate Public Liability Insurance.
 - Promoted the group and the Bosom Buddy training in local press and radio and by posters in the local area.
 - Purchased resources to support the work of the group (books, videos, breastpumps etc) and suitable storage for the same.
 - Liaised with the local health and social care team, including midwives, health visitors and social workers, and wrote to all key stakeholders informing them of the creation of the group.
 - The Research Department of the Institute of Health and Community Studies at Bournemouth University, in conjunction with the group, planned the evaluation programme, including design of questionnaires for collection of statistics and evaluation.
- March-December 2001
- Launched the weekly drop-in breastfeeding support group in the Family Centre Bemerton Heath.
 - Ran a second six week Bosom Buddy training course in October 2001, with 14 participants.

- Began ‘buddying up’ the Bosom Buddies with new mothers (identified through the group and by local health and social care professionals) to offer social support, friendship, encouragement with breastfeeding and practical help.
- Collected weekly figures of attendance and the University distributed postal questionnaires to women six weeks after they had first attended the group.
- The University conducted four focus groups, two with Bosom Buddies and two with group attenders.
- The University analysed the data from the above questionnaires and focus group transcripts.
- Successfully submitted the project evaluation for presentation at the International Confederation of Midwives’ Triennial Conference in Vienna in May 2002.
- Trained the local Bosom Buddies to gradually take over the running of the group, with on-going help from the Lactation Consultant/Midwife at Salisbury Hospital.
- Incorporated breastfeeding support in the community into the pre-registration midwifery curriculum at Bournemouth University, who now must attend a breastfeeding support group as part of their training.
- Ran training events for health visitors and general practitioners in Wiltshire on evidence-based management of common breastfeeding problems; ranging from lunchtime sessions to half-day workshops.
- Compiled final project report.

Appendix F

Categories and themes generated from the focus group interviews

Access and availability	Variety of referrals Preparing for breastfeeding Advertising Informal and friendly environment Feelings about the facilitator Availability of Buddies Open to everyone Perceptions of the group
Knowledge and understanding	Expert advice Consistent information Getting to know the facts Dispel the myths Gaining confidence Giving something back Resources
Supportive environment	Feeling isolated Social network Individual help and reassurance Friendships Knock-on effect
Power of 'community'	Common ground/seeing others Normality Social pressures Giving up breastfeeding Credibility Empowerment Women led
Hopes for the future	Funding opportunities Expanding Outreach work Increase buddies Reaching all mothers Health Professional support

Appendix G

Data for women pregnant when first attending the group

At the time of questionnaire return, 13 women were breastfeeding, one had discontinued, one woman was still pregnant and three questionnaires were not returned. The three women who did not return their questionnaire lived in areas where unemployment was low.

	Mean	Range	S.D.
Maternal age (years)	30.11	19 - 36	4.81
Baby's age (weeks) when questionnaire completed*	4.86	1 – 15	4.09

	Number	%
Primiparous women	14	77.7
Multiparous women not BF before	0	0.0
Multiparous women BF before	4	22.3
Total:	18	100

*One woman still pregnant.

Table 1: Characteristics of 18 pregnant women

Of the 4 multiparous women who had breastfed before, one had done so for 3 months, one for 9 months, one for 26 months and one answer was missing.

ACORN Profile Type No.*	Unemployment	No. of people in group	No. with high/med/low (totals)
43	High	1	
33	High	1	
39	High	1	3
37	Med	3	
31	Med	2	
19	Med	1	6
27	Low	2	
3	Low	1	
2	Low	1	
5	Low	1	
12	Low	1	
4	Low	1	
11	Low	1	
26	Low	1	9
			18

* For an explanation of the ACORN profile types, see Appendix H.

Table 2: Unemployment by geodemographic profile type

Reason*	No. of women
Pregnant	15
Social/company	2
To purchase equipment	2

*More than one reason could be given.

Table 3: Reason for attending the group

	No. of women
Friend	1
Hospital	1
NCT	8
Midwife	4
Group leader	1
Missing	3
Total	18

Table 4: Where women heard about the group

Reason*	No. of women
Took too long	1
Insufficient milk/baby seems hungry	1
Hard to judge how much baby had drunk	1
Baby could not be fed by others	1

*More than one reason could be given

Table 5: Reasons for discontinuing breastfeeding
(1 woman discontinued at 12 weeks)

Aspect*	No. of women
Able to talk about BF problems	12
Enthusiasm of those running group	12
Increased confidence in BF	12
Access to books & videos	10
Getting consistent advice about BF	10
Seeing BF happening	9
Making new friends	8
It is lead by mothers	8
Increased confidence in parenting	7
Having somewhere I can take a new baby	6
Being able to talk about other problems	6
Having access to a buddy	5
Increased confidence in general	3
Seeing older babies BF	2
Other	2
Total	112

*More than one aspect could be given

Table 6: Aspects of the group that women considered good

Seven comments in total were made in relation to ‘less good’ aspects of the group; two women thought the group to be overcrowded and two that the location was difficult to find. One woman made each of the following observations: there is not enough for toddlers to do; more reassurance should be given that it is okay to discontinue breastfeeding and seeing toddlers breastfeeding.

Appendix H

The ACORN groupings listed on: www.caci.co.uk/pd-caci-brochures.htm are a CACI product.

Bemerton Heath Breastfeeding Support Group

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Group 1	Wealthy Achievers, Suburban Areas	Type 1 Type 2 Type 3 Type 4 Type 5	Wealthy Suburbs, Large Detached Houses 3.0% Villages with Wealthy Commuters 2.7% Mature Affluent Home Owning Areas 2.8% Affluent Suburbs, Older Families 3.8% Mature, Well-off Suburbs 2.7%
Group 2	Affluent Greys, Rural Communities	Type 6 Type 7	Agricultural Villages, Home Based Workers 1.5% Holiday Retreats, Older People, Home Based Workers 0.6%
Group 3	Prosperous Pensioners, Retirement Areas	Type 8 Type 9	Home Owning Areas, Well-off Older Residents 1.4% Private Flats, Elderly People 1.1%
Group 4	Affluent Executives, Family Areas	Type 10 Type 11 Type 12	Affluent Working Families with Mortgages 2.8% Affluent Working Couples with Mortgages, New Homes 1.1% Transient Workforces, Living at their Place of Work 0.4%
Group 5	Well-off Workers, Family Areas	Type 13 Type 14 Type 15	Home Owning Family Areas 2.1% Home Owning Family Areas, Older Children 3.2% Families with Mortgages, Younger Children 2.0%
Group 6	Affluent Urbanites, Town and City Areas	Type 16 Type 17 Type 18	Well-off Town & City Areas 1.2% Flats & Mortgages, Singles & Young Working Couples 0.9% Furnished Flats & Bedsits, Younger Single People 0.4%
Group 7	Prosperous Professionals, Metropolitan Areas	Type 19 Type 20	Apartments, Young Professional Singles & Couples 1.0% Gentrified Multi-Ethnic Areas 1.0%
Group 8	Better-Off Executives, Inner City Areas	Type 21 Type 22 Type 23 Type 24 Type 25	Prosperous Enclaves, Highly Qualified Executives 0.8% Academic Centres, Students & Young Professionals 0.7% Affluent City Centre Areas, Tenements & Flats 0.9% Partially Gentrified Multi-Ethnic Areas 0.7% Converted Flats & Bedsits, Single People 0.9%
Group 9	Comfortable Middle Agers, Mature Home Owning Areas	Type 26 Type 27 Type 28 Type 29	Mature Established Home Owning Areas 3.0% Rural Areas, Mixed Occupations 3.4% Established Home Owning Areas 4.4% Home Owning Areas, Council Tenants, Retired People 2.3%
Group 10	Skilled Workers, Home Owning Areas	Type 30 Type 31 Type 32	Established Home Owning Areas, Skilled Workers 4.1% Home Owners in Older Properties, Younger Workers 4.0% Home Owning Areas with Skilled Workers 4.7%
Group 11	New Home Owners, Mature Communities	Type 33 Type 34 Type 35	Council Areas, Some New Home Owners 2.8% Mature Home Owning Areas, Skilled Workers 2.6% Low Rise Estates, Older Workers, New Home Owners 2.7%
Group 12	White Collar Workers, Better-Off Multi-Ethnic Areas	Type 36 Type 37 Type 38	Home Owning Multi-Ethnic Areas, Young Families 0.9% Multi-Occupied Town Centres, Mixed Occupations 1.8% Multi-Ethnic Areas, White Collar Workers 1.3%
Group 13	Older People, Less Prosperous Areas	Type 39 Type 40	Home Owners, Small Council Flats, Single Pensioners 1.9% Council Areas, Older People, Health Problems 1.3%
Group 14	Council Estate Residents, Better-Off Homes	Type 41 Type 42 Type 43 Type 44 Type 45 Type 46	Better-Off Council Areas, New Home Owners 2.6% Council Areas, Young Families, Some New Home Owners 2.7% Council Areas, Young Families, Many Lone Parents 1.7% Multi-Occupied Terraces, Multi-Ethnic Areas 0.8% Low Rise Council Housing, Less Well-off Families 2.0% Council Areas, Residents with Health Problems 1.5%
Group 15	Council Estate Residents, High Unemployment	Type 47 Type 48 Type 49	Estates with High Unemployment 0.9% Council Flats, Elderly People, Health Problems 0.9% Council Flats, Very High Unemployment, Singles 1.1%
Group 16	Council Estate Residents, Greatest Hardship	Type 50 Type 51	Council Areas, High Unemployment, Lone Parents 1.8% Council Flats, Greatest Hardship, Many Lone Parents 0.7%
Group 17	People in Multi-Ethnic, Low-Income Areas	Type 52 Type 53 Type 54	Multi-Ethnic, Large Families, Overcrowding 0.5% Multi-Ethnic, Severe Unemployment, Lone Parents 1.1% Multi-Ethnic, High Unemployment, Overcrowding 0.5%