

# BREASTFEEDING VOUCHER SCHEME EVALUATION

Small Steps Big Changes'  
Pilot scheme delivered by the  
Family Nurse Partnership in  
Nottingham

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# EXECUTIVE SUMMARY

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## Background

Small Steps Big Changes (SSBC), part of The National Lottery Community Fund's "A Better Start" programme, takes a test-and-learn approach to improving 0–4-year-olds developmental outcomes in Nottingham.

Breastfeeding benefits health outcomes but sociodemographic inequalities in breastfeeding are persistent. Mothers under 20 years old are least likely to breastfeed.

The first UK-based randomised control trial of financial incentives for breastfeeding, conducted in areas of Yorkshire and Derbyshire with low breastfeeding prevalence (<40%), revealed higher breastfeeding rates at 6 to 8 weeks when compared to standard care.

During this trial's duration, the Barnsley Family Nurse Partnership (FNP) ran a parallel small-scale intervention. The FNP is a voluntary home-visiting programme for first-time young mothers aged 19 years and under. Evaluation of this breastfeeding incentive scheme showed it to be acceptable and deliverable in an FNP service.



## **Aims**

SSBC commissioned a breastfeeding voucher pilot for the Nottingham FNP service with a view to improve breastfeeding rates and build the evidence around breastfeeding incentives.

## **Methods and procedures**

External evaluation by Nottingham Trent University's Nottingham Centre for Children, Young People and Families consisted of interviews with four women who received breastfeeding vouchers. All four women had a mixed White and Black Caribbean background. In addition, SSBC conducted a survey among all six Family Nurses from the local FNP.

## **Results and outcomes**

All interviewed mothers viewed the incentives positively. Family Nurses agreed that the breastfeeding voucher should be extended to all mothers. In a context where their family and friends tended to be negative towards breastfeeding, the vouchers validated women's decision to breastfeed, gave motivation and encouragement to breastfeed, and recognition for their breastfeeding achievements. The inclusion of mixed feeding for voucher eligibility had a positive impact on women giving breastfeeding a go.

Both women and Family Nurses considered £20 a good amount for the vouchers. While women agreed with the timing of the vouchers, some staff suggested frontloading of vouchers in the earlier months to encourage breastfeeding at times when women find breastfeeding most difficult.

## **Conclusion and implications**

The Nottingham pilot suggests that financial incentives delivered in a FNP setting may improve breastfeeding rates in young first-time mothers. Future pilots should remain flexible regarding the appropriate value and timing of breastfeeding incentives and prioritise evaluation to build a wider evidence base for their cost effectiveness.

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# 1. BACKGROUND

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## **Small Steps Big Changes**

Small Steps Big Changes (SSBC), which is funded through The National Lottery Community Fund's 'A Better Start' Programme, utilises a test-and-learn approach to improve 0–4-year-olds' outcomes in Nottingham, with nutrition as one of its key outcome areas.

## **Breastfeeding statistics in Nottingham**

Breastfeeding has significant health benefits for both nursing parents and babies' health but sociodemographic inequalities in breastfeeding are persistent.[1] According to 2018/19 data, breastfeeding rates at birth in Nottingham (58.7%) are lower than the England average (67.4%).[2] Age of the mother has been shown to correlate with breastfeeding incidence, with mothers under the age of 20 years old least likely to breastfeed.[3]

## **Financial incentives**

There is an emerging evidence base supporting the use of financial incentives to improve breastfeeding rates. The first UK-based randomised control trial of financial incentives for breastfeeding, Nourishing Start for Health (NOSH), was conducted between April 2015 and March 2016. The NOSH trial ran in areas of Yorkshire and Derbyshire with low breastfeeding prevalence (<40%) and revealed higher breastfeeding rates at 6 to 8 weeks when compared to standard care.[4]

## Value for money

During this trial's duration, the Barnsley Family Nurse Partnership (FNP) ran a parallel small-scale intervention with first-time young mothers. Evaluation of this FNP trial showed the breastfeeding voucher scheme was acceptable and deliverable within an FNP service setting.[5] A cost-effectiveness analysis showed that these programmes can be good value for money if decision makers are willing to pay £974 (or more) per additional baby receiving breastmilk.[6] More research is needed to optimise the financial incentives provided in these programmes, as well as to measure the health impacts of such interventions both in the short and long term in order to evaluate the economic efficiency of this intervention.

This emerging evidence base around breastfeeding incentives motivated SSBC to commission a Breastfeeding Voucher Scheme pilot. The pilot is run with Nottingham CityCare's Family Nurse Partnership (FNP), which offers voluntary, intensive support to first-time mothers who are under the age of 19, until their babies are 2 years old. The Breastfeeding Voucher Scheme was embedded in the existing Family Nurse Partnership offer for reasons of feasibility, as the Family Nurses have infant feeding support within their standard remit and a visiting schedule which includes contact moments that coincide with the timing of the breastfeeding vouchers.

[1] Victora, C.G., Bahl, R., Barros, A.J., França, G.V., Horton, S., Krasevec, J., Murch, S., Sankar, M.J., Walker, N. and Rollins, N.C., 2016. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), pp.475-490.

[2] Office for Health Improvement & Disparities. Public Health Profiles. [26 November 2023 accessed] <https://fingertips.phe.org.uk> © Crown copyright [2023]

[3] McAndrew, F., Thompson, J., Fellows, L., Large, A., Speed, M. and Renfrew, M.J., 2012. Infant feeding survey 2010. Leeds: Health and Social Care Information Centre, 2(1).

[4] Relton, C., Strong, M., Thomas, K.J., Whelan, B., Walters, S.J., Burrows, J., Scott, E., Viksveen, P., Johnson, M., Baston, H. and Fox-Rushby, J., 2018. Effect of financial incentives on breastfeeding: a cluster randomized clinical trial. *Jama Pediatrics*, 172(2), pp.e174523-e174523.

[5] Relton, C., Thomas, K., Whelan, B., Scott, E., Johnson, M. and Burrows, J., 2017. Evaluating the effects of financial incentives to support first-time young mothers to breastfeed. *Journal of Health Visiting*, 5(12), pp.606-610.

[6] Anokye, N., Coyle, K., Relton, C., Walters, S., Strong, M., & Fox-Rushby, J., 2020. Cost-effectiveness of offering an area-level financial incentive on breast feeding: a within-cluster randomised controlled trial analysis. *Archives of Disease in Childhood*, 105(2), 155-159

# 2. BREASTFEEDING VOUCHER SCHEME IN NOTTINGHAM



SSBC's breastfeeding voucher pilot started in March 2022 and is offered to all mothers who have a Family Nurse through Nottingham's FNP, which is delivered by Nottingham CityCare.

Voucher type (multi-retailer shopping voucher) and voucher timing (day 2, day 10, 6-8 weeks, 3 months and 6 months) are comparable to the aforementioned trials. SSBC consulted local workforce and parents on voucher value, which is £20, congruent with the intention for it be a reward rather than a bribe.

Women receive a digital voucher after verbally confirming with the Family Nurse that their baby is receiving any breastmilk as part of feeding conversations. These conversations around feeding are a standard component of visits. Mothers can redeem the digital vouchers via a wide variety of retailers and have freedom to choose how to spend them.



Until end of July 2024, a total of 79 women have been issued at least one £20 breastfeeding voucher, with a total number of 232 vouchers at a cost of £4,640.

Table 1 provides an overview of the number of vouchers issued at each of the voucher time points. Mothers who received multiple vouchers all did so at consecutive intervals. At the start of the project, the vouchers did not always start at the earliest time point, which may have been due to babies already being older or vouchers not yet consistently being implemented. Breastfeeding mothers with babies under the age of one year old are potentially eligible for additional vouchers after July 2024.

<b>Voucher time point</b>	<b>No. of vouchers issued</b>
<b>2 days</b>	<b>71</b>
<b>10 days</b>	<b>61</b>
<b>6 weeks</b>	<b>42</b>
<b>3 months</b>	<b>27</b>
<b>6 months</b>	<b>19</b>
<b>1 year</b>	<b>12</b>
<b>Total</b>	<b>232</b>

**Table 1. Number of breastfeeding vouchers issued at each of the time points from March 2022 to July 2024.**



# 3. YOUNG MOTHERS' EXPERIENCES OF THE BREASTFEEDING VOUCHER SCHEME



The evaluation of the Breastfeeding Voucher Scheme in Nottingham consists of two parts.

The first part was conducted by a SSBC-commissioned external evaluator, the Centre for Children, Young People and Families at Nottingham Trent University.

This evaluation consisted of semi-structured interviews with four women who were supported by the Nottingham FNP and received the breastfeeding vouchers.[7] The women were either 19 or 20 years of age and had babies ranging from six to fourteen months old. All the women interviewed described their ethnicity as mixed White and Black Caribbean.

The interviews were aimed at understanding:

- Original feeding intentions and those who influenced this decision.
- Influences on the decision to start and continue breastfeeding or not.
- Parent's perceptions and experiences of the Breastfeeding Voucher Scheme.
- Thoughts and feelings about the Breastfeeding Voucher Scheme, such as timings of the vouchers, monetary value and whether the incentives supported the breastfeeding journey.

[7] Lushey, C., Tura, F., Toft, A., Harding, R., Bickerton, C., Cassidy, S., Cooper, S., Davies, K., Fleming, J., Huntington, B. and Jameel, A., 2023. Evaluation of Small Steps Big Changes: Final Report 2023.

As for feeding intentions during pregnancy, some women already decided to breastfeed motivated by the health benefits of breastfeeding and did not need an incentive to motivate them. In addition to knowledge of the health benefits, babies wanting and enjoying breastfeeding was also an enabler to breastfeed. Breastfeeding also acted as a motivation to eat healthier foods.

The support from Family Nurses and midwives was invaluable in encouraging women to start and continue breastfeeding. They enabled breastfeeding by means of sharing positives about breastfeeding and practical support in understanding breastfeeding. Moreover, one woman planned to formula feed but initiated and continued breastfeeding with the support of her Family Nurse. However, a concern was raised about some professionals deliberately downplaying the difficulties of breastfeeding, with a lack of information from healthcare professionals around breastfeeding challenges, such as difficulty latching and babies wanting to feed for comfort rather than just food.

## Barriers

Barriers to breastfeeding included negative attitudes from family and friends, such as discouragement to breastfeed from family, jokes about the breastfeeding of a one-year-old, and family member's sharing their own negative experiences of breastfeeding in public. The thought of breastfeeding in public made some women hesitant. Body consciousness and shyness, for example due to mental ill-health and trauma experiences, contributed to this, and was also linked with discomfort of having the baby on the breast.

## Mixed feeding

Motivations for mixed feeding included enabling others to help with feeding, having a backup plan if breastfeeding was interrupted, and concerns about the baby getting enough milk from breastfeeding.

## Positive views

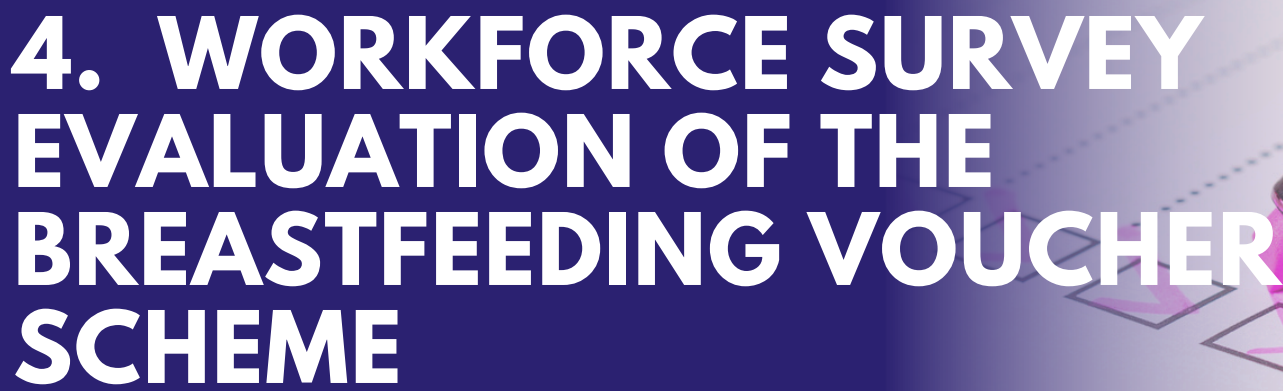
All women interviewed had a positive view of the incentives. All mothers felt that the incentives validated breastfeeding decisions, motivated, and encouraged breastfeeding. The monetary value was appreciated and considered a good amount, contributing towards the cost of healthy eating, baby formula and treats.

The timing of vouchers motivated and acknowledged continued breastfeeding. Mothers' positive views on breastfeeding and the vouchers can motivate them to act as a peer advocate of breastfeeding, telling others about the benefits of breastfeeding and sharing their personal experiences.

Based on these findings, the external evaluator recommended: the continuation breastfeeding incentives to promote breastfeeding initiation and continuation; the continuation of breastfeeding support; highlighting the need for this support to be trauma-informed; continuing to respect feeding choices including mixed feeding; and the consideration of peer influences in breastfeeding promotion.



# 4. WORKFORCE SURVEY EVALUATION OF THE BREASTFEEDING VOUCHER SCHEME



The second part of the evaluation consisted of a workforce survey.

From October to November 2023, Small Steps Big Changes conducted an online survey among the total of six Family Nurses from Nottingham CityCare's Family Nurse Partnership (FNP) who are delivering the SSBC-commissioned Breastfeeding Voucher Scheme.

The survey addresses the following questions:

1. Are the vouchers the right value and offered at the right time?
2. When and how often are the vouchers discussed with women as part of infant feeding conversations and how do the vouchers support these conversations?
3. What are Family Nurse's attitudes and views on the impacts of the Breastfeeding Voucher Scheme?
4. What could help Family Nurses in delivering the Breastfeeding Voucher Scheme?
5. Do Family Nurses feel the Breastfeeding Voucher Scheme should be extended to all mothers?

# 5. RESULTS OF THE WORKFORCE SURVEY

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The following sections discuss the results of the survey, addressing each of the above evaluation questions in turn.

## 5.1. Value and Timing of the Breastfeeding Vouchers

All six nurses indicated that the value of the vouchers, at £20 each, is just right. Opinions differed with regards to the timing of the vouchers. Whereas three nurses felt the vouchers are being offered at the right time, the other three nurses felt this was not the case. One suggested a voucher at 12 weeks to encourage breastfeeding after 6 weeks, although a voucher around this time (three months) is already included in the scheme. The two other nurses suggested more vouchers within the first three to six months, to encourage breastfeeding initiation and continuation when breastfeeding is most difficult, and prevents time gaps between vouchers, which can get quite large.

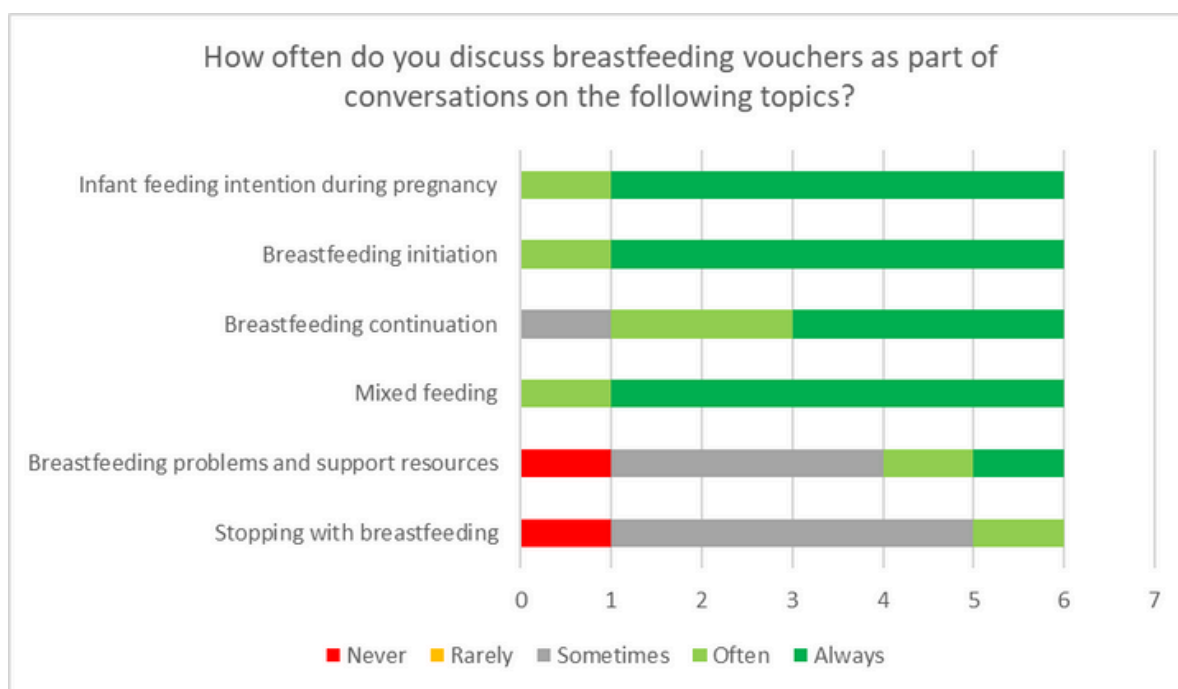


## 5.2. Breastfeeding Vouchers and their role in infant feeding conversations

Family Nurses were asked how often they discuss breastfeeding vouchers as part of conversations on a range of infant feeding topics. Their answers are presented in Figure 1.

All or nearly all respondents indicated that they discussed the vouchers often or always in conversations about infant feeding intention during pregnancy, breastfeeding initiation and continuation, and mixed feeding. In contrast, more than half of the Family Nurses indicated that the vouchers were never or sometimes discussed in conversations about breastfeeding problems, support resources, and stopping with breastfeeding.

**Figure 1. The discussion of breastfeeding vouchers in feeding conversations**



When asked if and if so, how breastfeeding vouchers support conversations on feeding intention during pregnancy, all respondents indicated they discuss the breastfeeding vouchers in conversations around infant feeding in pregnancy. Two respondents explained that incentives can encourage women to ‘give it a go’ who had not previously thought about or planned to breastfeed.

One Family Nurse told us that the incentives helped her to open up discussions around breastfeeding with the younger mothers, which they otherwise were reluctant to engage in due to finding it *'too embarrassing.'* Another respondent said that she also encouraged mothers who had not started breastfeeding in the hospital to try it by offering them the vouchers, and that some of these mothers eventually mixed-fed for a couple of weeks. One respondent told us that the vouchers did support conversations, but that this very much depends on the feeding intentions of the women: *'If a woman wants to bottle feed, then I find the vouchers do not make a difference in changing this decision.'*

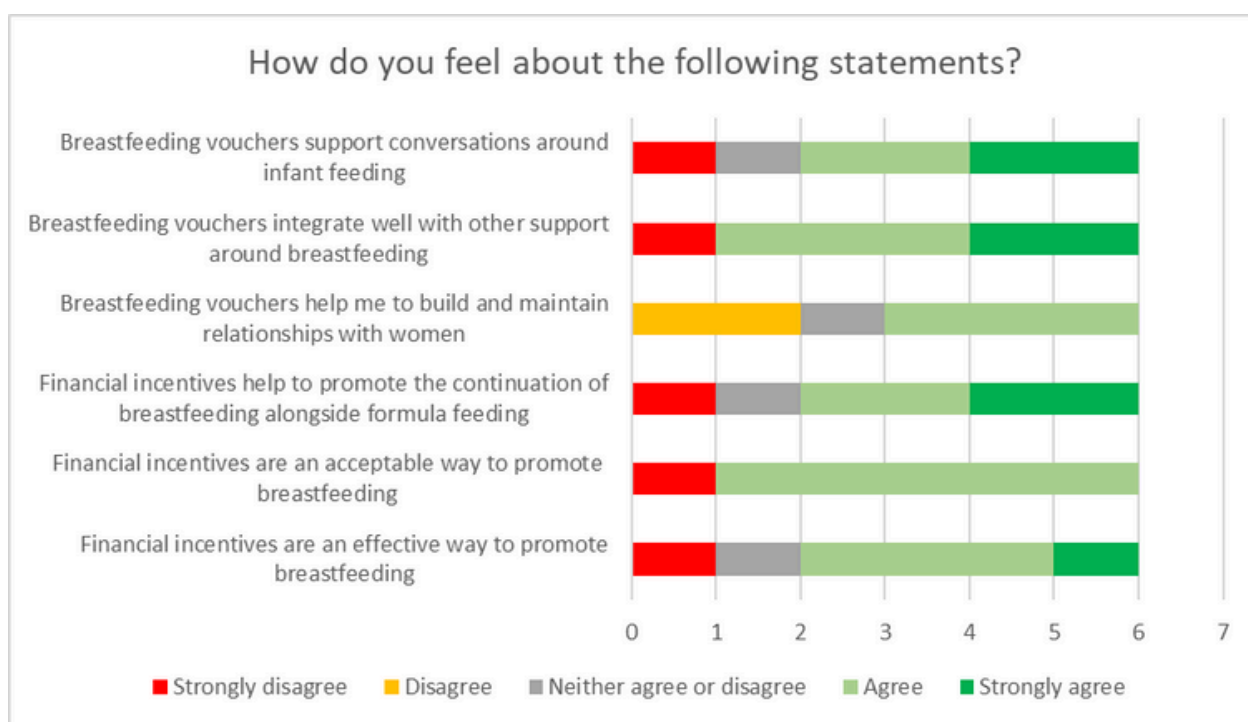
The survey asked if the breastfeeding vouchers support conversations around breastfeeding continuation. One respondent answered 'no' and explained that mothers stop breastfeeding between visits and the vouchers are not discussed. In contrast, four respondents explicitly answered 'yes.' They described the voucher gave motivation, encouragement and recognition to the mothers to breastfeed. An example was given of a mother who kept breastfeeding despite her initial dislike for it, motivated by the benefit for baby and the incentive. She started to enjoy nursing after four weeks and did so for several months. The last response explained that sensitively discussing the benefits of breastfeeding for the child and the breastfeeding voucher's time frames are important, *"so not to make the client feel pressurised to continue to breastfeed if they do not want to."*

Family Nurses also told us how the breastfeeding vouchers supported conversations around mixed feeding. The vouchers help emphasise that any amount of breastmilk is still beneficial to the baby, including expressed milk that is given in a bottle. One Family Nurse described that among mothers who were adamant to bottle feed, *'many have been receptive to giving first feed and trying some breastfeeding/expressing and giving milk via bottle.'*

### 5.3. Impacts of the Breastfeeding Voucher Scheme

Family Nurses were asked to indicate their level of agreement with positive statements on the breastfeeding vouchers. Figure 2 shows the statements and responses, with half or more of the Family Nurses agreeing or strongly agreeing with the statements. One Family Nurse's responses, which included 'strongly disagree' four times and 'disagree' once, seem inconsistent with their answers to other survey questions. This possibly resulted from a misinterpretation of the direction of the agreement scale and hence these findings should be interpreted with caution.

**Figure 2. Agreement with statements pertaining to the breastfeeding incentives**



Family Nurses further described the positive impacts of the breastfeeding vouchers. Four Family Nurses told us the vouchers acted as a reward or treat that valued giving any breastmilk and acknowledged their effort to give breastmilk. Three Family Nurses described the financial impact of the vouchers. Two Family Nurses mentioned mothers had used the vouchers for breastfeeding equipment, such as *'buying an electric breast pump or a comfy breastfeeding pillow which they wouldn't have brought otherwise as they wouldn't have the spare money to spend on such a luxury item.'* One Family Nurse described how the voucher was also used for necessities, as *'some have relied on these vouchers to buy food for themselves.'*



As for negative impacts of the breastfeeding vouchers, two Family Nurses had not experienced any. One said *'None that I have encountered. They are well received.'* However, two Family Nurses raised concerns about the message that breastfeeding vouchers were sent to women who do not breastfeed or stop breastfeeding. *'It does send a clear message of if you offer formula there is no reward for you.'* One Family Nurse expressed concern that the use of incentives contains overtones of coercion, *'Could be seen as a bribe for breastfeeding.'*

Another Family Nurse explained that some women depended on the vouchers for necessities rather than using them as a treat, *'I would rather encourage clients to treat themselves to buy something for themselves to say I am doing a good job, it's sad when I hear they need the vouchers for food.'*

As for staff experiences of the impact of the Breastfeeding Voucher Scheme on their workload, five participants said there was no impact on their workload, with the remaining one participant responding *'Very little indeed. Not an issue to discuss.'*

When asked if the breastfeeding vouchers changed their views on financial incentives to promote breastfeeding, all six Family Nurses answered 'no' or 'not really.' Four Family Nurses elaborated on their answer. Two respondents explained how they *'already thought it was a good idea'* and felt that *'anything that promotes and supports breastfeeding is a positive.'*

One Family Nurse expressed a worry that *'mothers who formula feed may feel they are less valued.'* In contrast, another Family Nurse mentioned that the Healthy Start Scheme financially helps formula feeding, *'so why not have an incentive for giving breast milk?'*

#### 5.4. Improving delivery of the Breastfeeding Voucher Scheme

When asked what would help them in delivering the Breastfeeding Voucher Scheme, four Family Nurses did not have any suggestions. As one put it, *'Nothing, it works well.'* The remaining two Family Nurses shared suggestions around better information for women: *'Little A5 flyer to leave with parents antenatally'*, and *'More accessible information for clients on the scheme and where vouchers can be used.'* One of them shared the suggestion to be able to receive the voucher via an alternative method rather than via email only, *'as this has been an issue for some clients in receiving the vouchers.'*

When asked if there was anything else they wanted to share about the breastfeeding vouchers, four Family Nurses had no further comments.

Two Family Nurses shared the following comments: *'I think they are a good idea and with more time we should be able to build more evidence around their effectiveness'* and *'I find it doesn't change women's decisions about initiating breastfeeding, but may help with continuation.'*

#### 5.6. Staff's views on a universal Breastfeeding Voucher Scheme

When asked whether the Breastfeeding Voucher Scheme be extended to all mothers, all six respondents answered yes.

# 6. DISCUSSION

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This discussion explores the key findings from the evaluations of Nottingham's Breastfeeding Voucher Scheme. The following sections discuss various aspects of the scheme, including its acceptability and feasibility, cost effectiveness, support for staff in delivering the scheme, and eligibility criteria, with a focus on highlighting areas for improvement and considerations for future schemes.

## 6.1 Acceptability and feasibility of the Breastfeeding Voucher Scheme

The results of the small-scale evaluations of Nottingham's Breastfeeding Voucher Scheme indicate that the scheme is deliverable within FNP setting and acceptable to both young women and Family Nurses. Family Nurses note minimal or no impact of delivery of this scheme on their workload and all supported extension of the Breastfeeding Voucher Scheme to all women. When expanding a breastfeeding incentive scheme to be delivered on a larger scale, it's important to consider the target population and how the introduction of breastfeeding incentives might affect disparities in breastfeeding rates related to the maternal age and socio-economic factors such as income and education level.

## 6.2 Cost effectiveness of breastfeeding vouchers

While women agreed with the time points for voucher, staff suggested frontloading of the vouchers within the first three to six months to encourage breastfeeding at times when women often find it most difficult. The voucher value of £20 was seen as a good amount by both Family Nurses and mothers who were part of the Breastfeeding Voucher Scheme aimed at a younger population of new mothers in Nottingham.

This is a lower value than the £40 incentive in the NOSH trial despite a context of increased price inflation since this trial. The small sample size of the Breastfeeding Voucher Scheme prevents us from conducting a statistical analysis and determining the effectiveness of the £20 voucher in increasing breastfeeding rates. However, the qualitative findings of the workforce survey and interviews with mothers indicate that the incentives give motivation, encouragement, and recognition to the mothers for breastfeeding. For some mothers who had planned to formula feed, the vouchers motivated them to give breastfeeding a go or give their babies some expressed milk.

More research is needed to understand how to optimise the value and timing of breastfeeding incentives. Therefore, it is important to keep an open mind regarding the voucher value and timing for any future breastfeeding incentive pilots, with a need to evaluate these pilots to ensure cost effectiveness.

### 6.3 Eligibility for the Breastfeeding Voucher Scheme

Like the NOSH trial and Barnsley FNP trial, the Breastfeeding Voucher Scheme in Nottingham includes both exclusive and mixed feeding for voucher eligibility.

The workforce survey among Nottingham Family Nurses showed that the inclusion of both exclusive breastfeeding and mixed feeding for eligibility has a positive impact on women giving breastfeeding a go. Future schemes should therefore consider eligibility for breastfeeding incentives based on mothers providing any amount of breast milk to their baby.

Potential negative impacts of the Breastfeeding Voucher Scheme on women who do not breastfeed or stop breastfeeding need to be considered. Some Family Nurses expressed concern about the message that breastfeeding vouchers sends to women who solely formula feed. Future schemes could consider promotion of the Healthy Start Scheme to ensure formula feeding women are aware of the financial support available towards the cost of formula milk.

## 6.4 Supporting staff in delivering a Breastfeeding Voucher Scheme

Family Nurses have varied opinions on the vouchers' impact on breastfeeding initiation and differ in how frequently they discuss vouchers in conversations around specific breastfeeding topics. Vouchers are commonly discussed in relation to feeding intentions, breastfeeding initiation and continuation, and mixed feeding, but are less often mentioned in conversations around breastfeeding problems and stopping breastfeeding, possibly due to these issues occurring between visits. Future breastfeeding incentive pilots could include staff training or staff discussions on whether and how to incorporate the vouchers in conversations on these various breastfeeding topics.

Moreover, the workforce survey findings suggest that accessible information about the Breastfeeding Voucher Scheme, such as an A5 leaflet for pregnant women, can help staff discuss the vouchers more effectively. To prevent women experiencing issues with using a digital voucher, future schemes could consider staff being able to hand out the voucher in an alternative format as well.

# 7. CONCLUSION

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The evaluations of Nottingham's Breastfeeding Voucher Scheme reveal insights into its feasibility, acceptability, and effectiveness. The scheme has proven to be deliverable within the FNP setting and acceptable to both young mothers and Family Nurses. The minimal impact on nurses' workload and their support for extending the scheme to all women underscore the Scheme's feasibility.

The qualitative interviews with young mothers and workforce survey suggest areas where support for staff in delivering the scheme may be beneficial. These include whether and how to effectively discuss the vouchers in conversations on breastfeeding topics such as initiating and stopping breastfeeding, and ensuring infant feeding support is provided in a trauma-informed way. Accessible resources for women such as a leaflet may help staff in these conversations.

Despite the small sample size of the FNP cohort preventing statistical analysis, qualitative findings indicate that the incentives encourage young mothers to breastfeed. The voucher contributed to some mothers attempting to breastfeed or providing expressed milk to their baby when their initial feeding intention during pregnancy was to formula feed. Qualitative findings support an approach to eligibility criteria for the vouchers that include both exclusive and mixed feeding to positively impact breastfeeding initiation. Promotion of the Healthy Start Scheme can be considered to mitigate potential negative impacts of breastfeeding incentives on women who do not or stop breastfeeding.

Future pilots should remain flexible regarding the appropriate value and timing of breastfeeding incentives and prioritise evaluation to build a wider evidence base for their cost effectiveness.