

Oxfordshire Breastfeeding Support Impact Analysis Report



Prepared for: Oxfordshire Breastfeeding Support

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I. Introduction

II.1 Oxfordshire Breastfeeding Support

Oxfordshire Breastfeeding Support (OBS) offers breastfeeding support services for antenatal and postnatal families in Oxfordshire, in person and online, and works closely with local healthcare providers to give opportunities for additional care where necessary. OBS offers families and individuals access to expert advice and information, as well as social and emotional support, and aims to empower women and supporters to achieve their individual breastfeeding aims.

OBS currently carries out the following activities:

- Breastfeeding support drop-in sessions held 5 days a week at 6 locations, lasting 2 hours each, allowing families and individuals access to free and expert advice from International Board Certified Lactation Consultants (IBCLCs)
 - The sessions take place in Didcot (Monday), Grandpont (Tuesday), Barton (Tuesday), Jericho (Wednesday), East Oxford (Thursday), and Donnington Doorstep (Sunday)
- Antenatal breastfeeding education sessions, once a month, providing key information about the benefits and concepts of breastfeeding to women and their families.
- Moderated Facebook group for women, aiming to provide a safe and comfortable environment for sharing information, concerns, and problems related to breastfeeding.
- Pump loans for at most 3 weeks, in cases of urgent clinical need

OBS also allows student midwives, health visitors, and nurses to visit their drop-ins as observers.

II.2 The impact analysis project

From February to March 2019, a team of volunteers from Oxford hub administered a survey to evaluate the impact and outcomes of OBS' activities on its service users. This year, our goal was to update this data, but with an additional aim of finding out the ways in which OBS has not been able to provide existing and potential service users with what they need, including reasons people might be put off from using OBS' services.

We therefore began by amending the survey used in 2019 to reflect this new aim, drawing upon the reflections and experience of the OBS team and 2019 Oxford Hub team about what worked and what didn't (for details about these changes, please see the section on survey design.) Once the survey was finalised, the data collection period lasted a week, and the survey was distributed online, primarily via Facebook and Whatsapp groups.

II.3 Disclaimer

Consistent with the 2019 Oxford Hub evaluation report, our analysis shows that OBS service users report overwhelmingly positive experiences. In this report we have focused on ways that various aspects of the services might be improved, and we have thus devoted a disproportionate amount of space to negative responses. We humbly recognise the limitations of forming recommendations based off of relatively few responses, and with limited knowledge about OBS' day-to-day operations. We hope that the guidance provided herein is useful.

II. Analysis

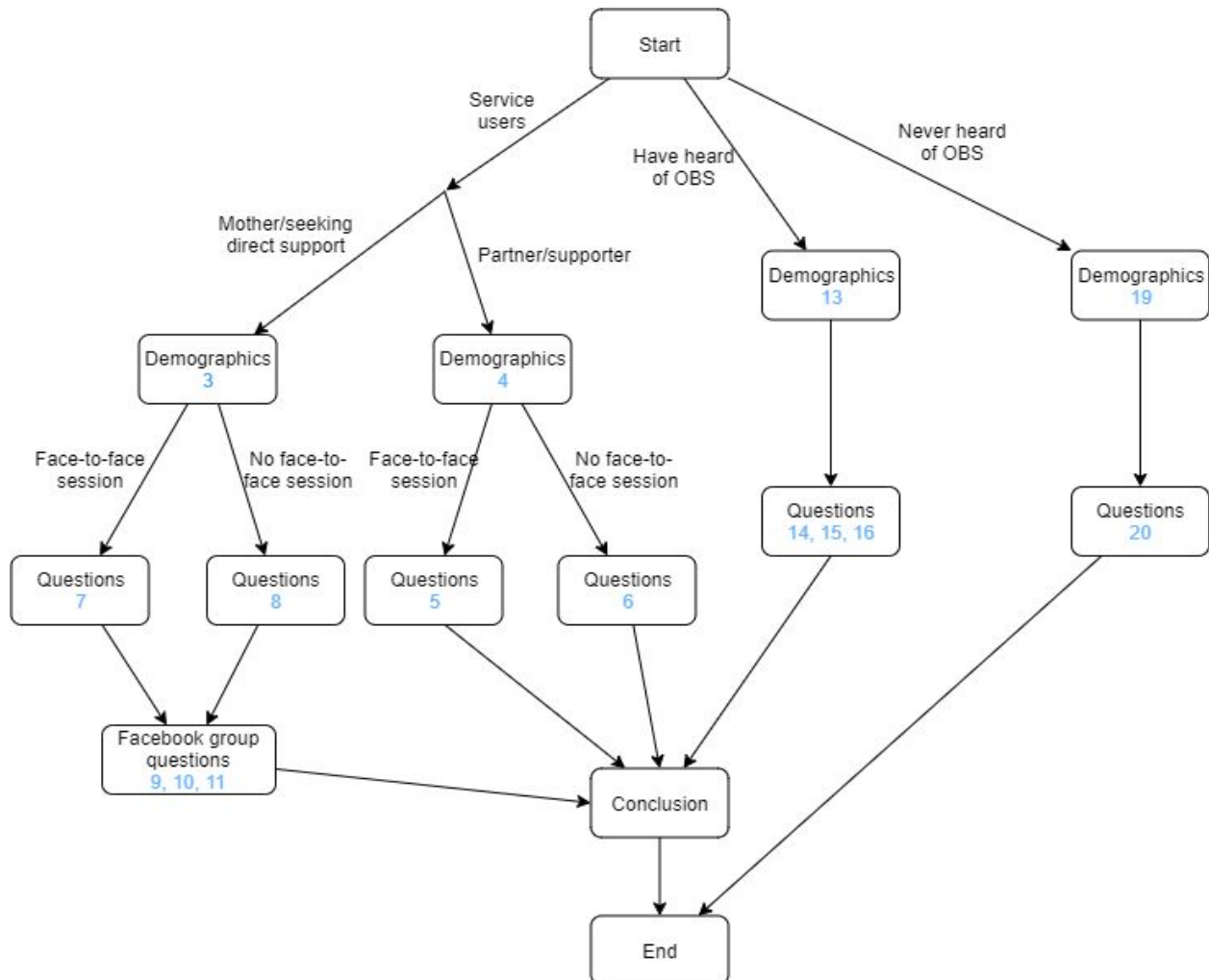
II.1 Survey Design

We adapted last year's survey to help meet our study aims. Our survey targeted three groups:

- 1) Service users
(including partners, must have used services since Jan 2019)
- 2) Non-service users who have heard of, but have never used OBS services

- (must be currently pregnant, or have had a baby or breastfed since Jan 2019)
- 3) Non-service users who had never heard of OBS
(must be currently pregnant, or have had a baby or breastfed since Jan 2019)

Survey structure (section numbers in blue):



Apart from the new sections for the additional groups we targeted this year, we also made these changes (compared to last year's survey):

- Removed 'age of child' question from demographics sections
- Removed hypothetical questions, e.g. 'If OBS did not exist...'
- 3 instead of 5 options for questions that used Likert scales, e.g. 'welcome', 'unwelcome', 'neither', instead of 'very welcome', 'moderately welcome', etc.

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- Ethnicity categories changed to match OBS forms
 - New questions (for service users) about connectedness with local neighbourhood and other parents

Many other changes not listed here were made, mostly reflecting the focus this year on exploring why people may be put off from using OBS' services. For example, we asked service users if they have ever heard any inaccurate comments from others about OBS, and if they have ever encountered any concerning behaviour on the Facebook group.

The full survey is attached (see appendix).

II.2 Analysis of Data

We collected 221 responses over a period of seven days (Feb. 23 - Feb. 29), consisting of

- 110 responses from OBS service users in 2019 (Antenatal workshop, drop-ins or the private Facebook group)
- 14 responses from OBS service users before 2019 (these respondents were taken straight to the survey conclusion)
- 44 responses from non-service users who have heard about OBS
- 53 responses from non-service users who have never heard about OBS

II.2.a Service Users

Mothers/Persons seeking direct support

Of the 110 respondents who were OBS service users in 2019, 102 fell under this group. Most respondents were between the ages of 30-34 years (Table 1), and the respondents mostly had a white ethnic background, were heterosexual, and either had no religion or were Christian. Apart from OBS, the most common other sources of breastfeeding support were midwives and maternity care assistants (70.6%), friends and family members (49%), health visitors (41.2%), breastfeeding clinics (39.2%), and other voluntary breastfeeding support organisations, such as La Leche League and NCT, and including national telephone helplines (30.4%).

Ninety-one of 102 respondents (89.2%) had been to a face-to-face session (drop-in or antenatal workshop). These respondents provided the following feedback about OBS' services:

- **About the Sessions:** The vast majority were positive about the OBS sessions. 96.7% reported that OBS had helped them understand more about breastfeeding; 93.4% reported that OBS has made them feel more confident that they can breastfeed; 98.9% reported that they felt welcome at OBS sessions; and 96.7% were satisfied with the support from the facilitators and volunteers.
- **Logistics:** 81.3% were satisfied with the logistics of the sessions; while 15.4% were neither satisfied nor dissatisfied; and 3.3% were dissatisfied. Several wrote that the location was far away, and/or that parking posed a problem.
- **Connectedness:** 42.8% said that OBS sessions have made them feel more connected with other parents in Oxfordshire, and 37.4% said that the sessions have made them feel more connected with their local neighbourhood. For both questions, the remaining responses were neutral; no one reported that they felt less connected.
- **Attendance:** A slight majority (52.7%) said that they have stopped coming to OBS sessions because they stopped needing help. A few people stopped coming for various other reasons, including starting work again (6.6%), problems getting to the sessions (4.4%), and failure to make the progress they had hoped (4.4%).

The remaining 11 respondents had only used the online Facebook group.

Partners/Family members/Supporters

We had eight responses in this section. Seven were partners, and one was a parent (including parent-in-law).

Four (50%) had not been to an antenatal workshop. All those who had joined said that attending the workshop helped them better support the breastfeeding person.

Facebook group (mothers/persons seeking direct support only)

- **Helpfulness:** 82.3% of eligible respondents (those who have used the Facebook group) found it helpful. 15.2% were not sure, and 2% did not find it helpful.

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- **Connectedness:** 48.1% said that it made them feel more connected with other parents, and 19% said it made them feel more connected with their local neighbourhood. Everyone else reported no change; neither question had any responses for 'less connected'.
 - **Worrying behaviour:** Responding to the question 'Has anything worried you on our Facebook group?' one person selected 'Bullying of any kind', but this could be an accident, as they did not explain further, and at the same time also selected the option 'Nothing'. Two people said there was pressure to feed in a certain way.

All other respondents (97.5%) reported nothing worrying on the Facebook group.

II.2.b Non-Service Users who have heard of, but who have never used OBS services

Forty-three respondents have been pregnant or have breastfed since January 2019, and have heard of OBS' services, but have never accessed these services. All but one respondent had considered breastfeeding an option that they wanted to either pursue or learn more about.

- **Location:** Map 3 shows the geographic distribution of these non-service users.
- **Demographics and breastfeeding behaviors:** See table 1.
- **Awareness of OBS services:** 17/42 (40.2%) of respondents were aware of the antenatal sessions; 35 (83.3%) knew of the face-to-face breastfeeding drop-in sessions; and 15 (35.7%) had heard of the Facebook groups.
- **Reasons for not accessing face-to-face OBS services:** Ten respondents cited transportation, distance, or other logistical issues as barriers to accessing the face-to-face services. Of these, one mother described her inability to travel on her own after a C-section. Two mothers did not feel that they required support, as breastfeeding came easily; one of these mothers said that she would have liked to have accessed OBS' services for her first child, but that she was confident in breastfeeding her second baby. Sixteen respondents received the support they required elsewhere. Other respondents identified fear of being pressured to breastfeed (2), the difficulty of bringing along other children to sessions (2), and privacy concerns related to the presence of male partners at sessions (1).

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- **Reasons for not utilizing the Facebook group:** Most respondents (39/42) have a Facebook profile; however, only 15 respondents had heard of the Facebook group. Eight of these indicated that they did not use the Facebook group because they had enough information from other sources; two believed that they would be pressured to breastfeed a certain way (for e.g., to avoid formula); one thought that the information would not be helpful; and one person expressed privacy concerns.

II.2.c Non-Service Users who had never heard of OBS

- **Location:** Map 4 shows the geographic distribution of these non-service users.
- **Demographics and breastfeeding behaviours:** See table 1.

II.2.d Comparison of survey respondents

- **Location:** OBS services users (Maps 1 and 2) were concentrated near Oxford city centre. This is unsurprising, given the central locations of OBS' drop-in sessions. Individuals who had heard of OBS services (but had never used them) were also concentrated in the city centre, but had greater dispersion throughout Oxfordshire (Map 3), which was reflected in the fact that most of these respondents had not accessed OBS' services due to transportation challenges. Individuals who had not heard of OBS, on the other hand, tended to be located outside of the city centre (Map 4).
- **Demographics:** Table 1 compares OBS service users with non-users (those who had heard of these services, and those who had not). A Fisher's exact test was used to detect differences between the OBS service user group and both of the non-user groups for each demographic category. All groups presented with similar age (44-53% of respondents were aged 30-34 years), religion (>90% Christian or no religion), race (>90% white), and sexual orientation (>90% straight). There was also no statistical difference in reported disability (2% or less) or pregnancy status (3-11% currently pregnant).
- **Breastfeeding support access:** Most mothers received some sort of support, including nearly 85% of mothers in both groups that did not access OBS services. In each group, receiving care from a midwife/maternity care assistant (either by phone or home visit) was the most common type of non-OBS support received (59-71%). Of

note, OBS services usually accessed services outside of OBS, with just 3% of respondents solely relying on OBS. No statistical test was applied to detect between-group differences in support service access.

- **Breastfeeding behaviours:** Most of the respondents included in the analysis are currently breastfeeding; however, respondents who had never heard of OBS were more likely to have finished breastfeeding than OBS service-users (Table 1; Fischer's exact test, $p=0.0027$).
- **Breastfeeding outcomes:** Among mothers who had finished breastfeeding, more than half in each group indicated that they had done so earlier than they had hoped (Table 1). No statistical difference was observed between the OBS-user group and the other two groups. However, it is noteworthy that the sample size is quite small (14-22 had completed breastfeeding in each group), making it difficult to detect such differences.

III. Discussion

III.1 Discussion of findings and recommendations

Reputation

The survey results suggest that OBS has a positive reputation in the Oxfordshire community. Ninety-eight of the 110 OBS service-users indicated that they would recommend OBS to others. In addition, of the 43 people surveyed who had heard about OBS but never used its services, 28 would nonetheless recommend OBS to a friend or family member interested in breastfeeding (14 were unsure and 1 would not).

Reputation-- Positive feedback

The majority of respondents' comments were very positive. Some of these are captured below:

You guys were great and pointed me to the correct people to get more personalised help due to my child's physiological difficulties.

I am so grateful to the OBS staff and volunteers for all the advice and support they gave me in the first few months of breastfeeding. I'm not sure how I would have

managed without them. I always felt boosted after attending a session, even when I felt I'd tried all the advice they could give, the moral support and encouragement was great and helped me to keep trying until things improved. I will definitely go back again if I start having more difficulties or questions. I have learned loads from other people's queries and replies on the Facebook group too.

All facilitators and volunteers have been great. It's always interesting to get their advice and perspective on the issues asked. I found it a great support to drop in a couple of times in the early days and was struggling with feeding, and then a couple of months in when new problems arose.

Reputation-- Concerns

Negative comments about reputation and actual experience tended to emphasize the perceived pressure to breastfeed.

We received the following comments from OBS service users:

[I heard] that mums will be made to feel bad / judged if they do not at least exclusively breastfeeding [sic] for 6 months.

My friend refused to come to OBS. They seemed to think it might be public, pressurised [sic], and go against what the midwife had said.

I thought there was a lot of pressure to breastfeed, to the extent that it would pushed [sic] people to continue when it was doing more harm than good. I think the benefits of breastfeeding are overhyped - high quality evidence should be the info given out. I think it needs to be OK for people to stop if it isn't right for them. I went to a lot of bf support and I wish someone had said - here are the things we can try and support you with - but if they don't work, formula feeding is good too.

I just feel like with my previous experience with breastfeeding, sometimes there is a slight scathing air about formula, not necessarily from the facilitators but from members of the group. I feel like no one should feel pressured either way. Sometimes women can't breastfeed, whether it is physical or mental & there should be support either way. [Note this comment is specific to the Facebook group].

In addition, two non-service users reported that they had decided not to access face-to-face sessions because they thought they would be pressured to breastfeed.

In responses to these comments, OBS might want to develop a new, or revise its existing strategy, for communicating to service users the importance of making other participants feel respected regardless of their feeding choices. The Facebook group should also be closely monitored for disparaging comments that pressure participants to breastfeed. It may also be useful to develop an automated system (by text or email) where mothers can leave individual OBS facilitators regular feedback, including about any perceived pressure to continue breastfeeding. This would help OBS, and the facilitators, to respond promptly to any complaints.

Other questions and concerns that respondents described include:

They seem to really prioritise newborns and once my baby was older than a month I felt like I was bottom of the queue especially when sessions were very busy.

[i would like] more facilities for lying down positions, more cushions (such as boppy) for support. I found both of these things vital due to post-birth pain sitting, and disability which limited how / how long I could hold my enormous wriggly baby.

I found sessions to be quite silent/lonely waiting for the facilitator. The volunteers are great at chatting to everyone but attendees don't necessarily chat with each other.

Sometimes there was a long wait for advice and it was difficult sometimes to get chatting to other mums as I'm quite shy and nervous to begin with.

The sentiments conveyed in the last two comments may help explain why a relatively small proportion of individuals who had attended OBS sessions reported feeling better connected with other parents in Oxfordshire (42.8%), or with their local neighborhoods (37.4%). OBS might consider helping facilitators find strategies for encouraging engagement among participants in sessions.

Accessibility of drop-in sessions

According to the survey responses, the main obstacles for accessing drop-in services, for both service users and non-service users, are limited locations and times (see Map 5). Ten non-users were prevented from going to face-to-face sessions because of location, timing,

or logistical difficulties. Several service users suggested that the drop-in sessions could be improved/made easier for them by having more locations.

There is a cluster of interested as well as current service users in Bicester (Map 6), suggesting that with sufficient resources, this might be a good location for a new OBS drop-in center. (Of note, among non-OBS service users, all of the respondents from Bicester had accessed a midwife/maternity care assistant and health visitor, with one respondent also going to a breastfeeding clinic. Therefore, this community does have existing access to breastfeeding services).

Five respondents requested at-home breastfeeding support, with one suggesting that this could be a fee-paying service, and another writing that this might be delivered virtually through Facetime or WhatsApp. Several individuals noted that they found it difficult to apply what they had learned in the drop-in sessions in the home environment. In addition, besides geographical distance and session logistics, disability following birth could make accessing services difficult. For example, three mothers described mobility challenges while recovering from cesarean. Two respondents also described mental health challenges postpartum, which is likely underreported in this survey based on our observations and conversations during the drop-in sessions. One of these survey respondents wrote that she was very uncomfortable sharing her breastfeeding challenges in a group setting while still processing a traumatic birth experience. Another respondent noted that it can be very hard for mothers struggling with postpartum depression to take the initiative to access breastfeeding support outside of the home. Together, these responses highlight the need for private and preferably in-home services, if resources permit.

Inclusivity

According to our survey, recent OBS service users tend to be in their thirties, white, Christian or non-religious, non-disabled, and straight. We did not collect information about income or education level, and we therefore cannot make generalizations about the socioeconomic status of our respondents. However, it is encouraging that OBS does successfully attract service-users from Rose Hill, Barton, Littlemore, and Blackbird Leys, the most economically deprived communities in Oxford (Map 7).

Our non-OBS user respondents (both those who had and had not heard of OBS services) were demographically similar to the OBS-user respondents, and therefore provide limited insight into barriers to inclusivity posed by age, sexual orientation, disability status, race/ethnicity, or culture.

Despite these limitations, our results suggest that OBS' services are welcoming and inclusive. Of the 14 service users who identified as religious or ethnic minorities, disabled, and/or LGBTQ+, all indicated that they felt welcome at OBS drop-in sessions, and 13/14 indicated that this service had improved their knowledge and confidence about breastfeeding. Only two service users identified cultural barriers to participating in drop-in sessions. One was a Muslim woman who felt very uncomfortable breastfeeding in front of men at sessions. She reported that she had once had an OBS breastfeeding consultation in a toilet stall to avoid exposing her breasts. Another was a member of the Facebook group, but had not attended any face-to-face sessions. She wrote, '[I have] some feelings that it would be a very white middle class space and not too welcoming to others.'

Of the non-service users who had heard of OBS, seven belonged to the minority groups listed above. Though our survey did not explicitly ask about barriers related to race/ethnicity, disability, or sexual orientation, none of these respondents reported such barriers among their reasons for not accessing OBS' services.

Overall, our results suggest that more work needs to be done to actively recruit young mothers, racial/ethnic minorities, individuals with disabilities (including common disabilities such as postpartum depression), and the LGBTQ+ community. In the first instance, consultation with OBS users from across these groups can help identify entry points into their respective communities, and help develop communication strategies that will draw service users from these groups. In addition, given the privacy concerns voiced by the Muslim woman above (as well as by several other respondents, including a survivor of sexual violence), OBS might consider bringing a screen to sessions to help mothers who need privacy feel more secure.

Facebook group

Users' experiences of the Facebook group are largely positive (see Analysis section). For example, one respondent wrote that there were 'amazing swift and detailed, supportive replies' from the facilitators.

A few service users gave suggestions for the Facebook group, such as posting on it to celebrate breastfeeding milestones, offering a means of posting anonymously via an admin, and posting advice specific for those feeding older babies.

One respondent suggested an 'OBS off-topic facebook group, where people who are members of the main group could chat about things that aren't specifically related to needing breastfeeding help, but about other child-related topics', in order to improve service users' feelings of connectedness. Compared to a group of this kind she is already in, she thinks that 'this could work even better for OBS because everyone is in Oxfordshire so there is already intrinsically more of a community, and it might even help parents/carers build real-life relationships.'

III.2 Recommendations for improving future survey design

Demographic questions

Future surveys might consider adding demographic questions that will help better identify the socioeconomic status of participants, including questions about income and education. In addition, it would be useful to gather information about the participant's level of English. In addition to the current question about disabilities, we may want to ask about the mother's mental wellbeing.

Measuring breastfeeding outcomes

We restricted the inclusion criteria to individuals who had been pregnant or breastfeeding between January 2019-February 2020. One consequence of this design was that there were relatively few individuals who had completed breastfeeding during this period, making it difficult to compare breastfeeding outcomes (i.e. the percentage of mothers who breastfed as long as they had wanted to) between OBS service users and non-users.

Given that OBS donors might want to see evidence that OBS service users have better breastfeeding outcomes than non-users, OBS may also want to collect information about the percentage of mothers who are breastfeeding comfortably after initial discomfort, along with data that will help to control for potential confounders to this proposed outcome measurement, such as the baby's current age.

The WHO recommends exclusive breastfeeding for the first six months. It is possible that donors might evaluate OBS by how well mothers meet this benchmark, in comparison to mothers not using OBS. OBS might therefore consider including questions that measure the percentage of mothers who are exclusively breastfeeding, and the length of time mothers breastfeed before weaning.

Survey distribution

As described previously, the non-OBS service user respondents were demographically similar to the service users, and we were therefore unable to adequately capture potential barriers to service access among young mothers, racial/ethnic minorities, individuals with disabilities, and the LGBTQ+ community.

This is likely due to two limitations in our strategy for collecting data. First, we relied on other breastfeeding/mother-baby support organizations in Oxford to help circulate our survey, and these groups likely attract a similar demographic population as OBS. Second, we also relied on snowball sampling, and a lack of diversity in survey responses is an inherent limitation of this sampling method, given that people within a certain network tend to share opinions and be demographically similar.

We were largely unsuccessful in identifying particular groups that might not be receiving referrals to OBS services. Most of the respondents who had not heard of OBS that completed our survey tended to reside far from OBS drop-in centers, and their responses were therefore of limited use.

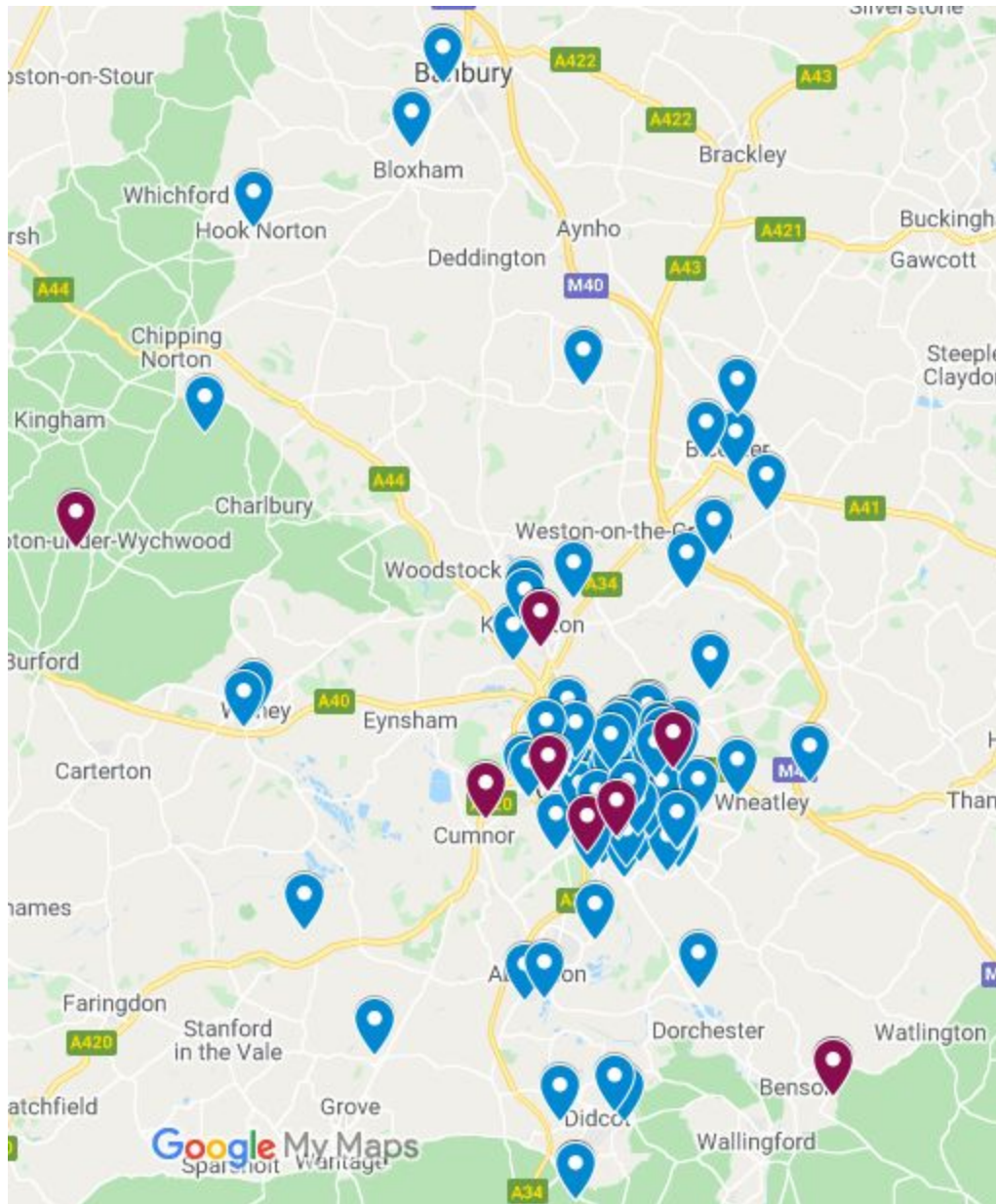
In the future, we recommend working with existing OBS users who are members of minority communities to help create targeted communications, as well as to identify contacts that can help us circulate the survey among non-traditional service users living near OBS drop-in sites. While we do not advocate for exclusively sampling in such

communities, we will want to concentrate our efforts, or “oversample,” these communities, due to their difficulty of reach and their historic lack of representation at OBS. We may also consider translating the survey into two or more other languages. Instead of focusing on mother-baby groups, we might consider organizations that offer services to non-traditional users more broadly, such as GP clinics, Mind, the Mill, mosques, temples, LGBTQ+ spaces, and cultural clubs.

IV. Conclusion

Service-users overwhelmingly reported being satisfied with OBS, consistent with the results of the 2019 Oxford Hub evaluation. Further work is needed to identify barriers and facilitators to participation among non-traditional service users. Future iterations of this survey may include several additional questions to measure socioeconomic status and differences in breastfeeding outcomes between service users and non-users.

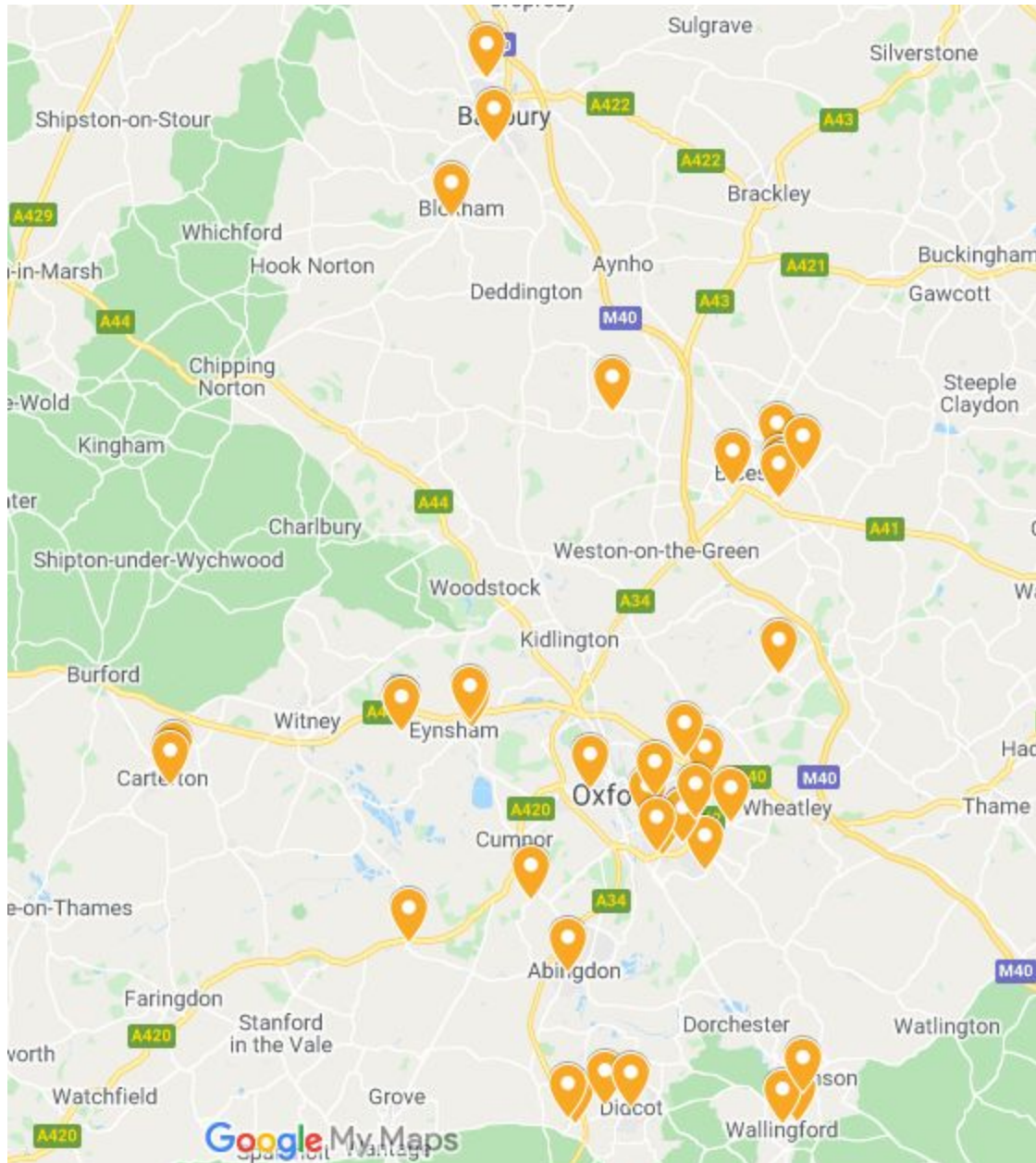
V. Maps and table



Map 1. Individuals who have used OBS services (Facebook group or in-person antenatal or breastfeeding services) since January 2019. Blue markers indicate the person who breastfeeds; red markers indicate individuals offering support. Of note, all but one of the individuals who indicated that they are offering support was a partner, and therefore likely lives in the same location as the person who breastfeeds.



Map 2. Individuals who have used OBS drop-in services since January 2019. Blue markers indicate the person who breastfeeds; red markers indicate individuals offering support.



Map 3. Individuals who have heard of OBS, who are currently pregnant, or who have had a baby and/or breastfed since January 2019, but have never accessed OBS services.



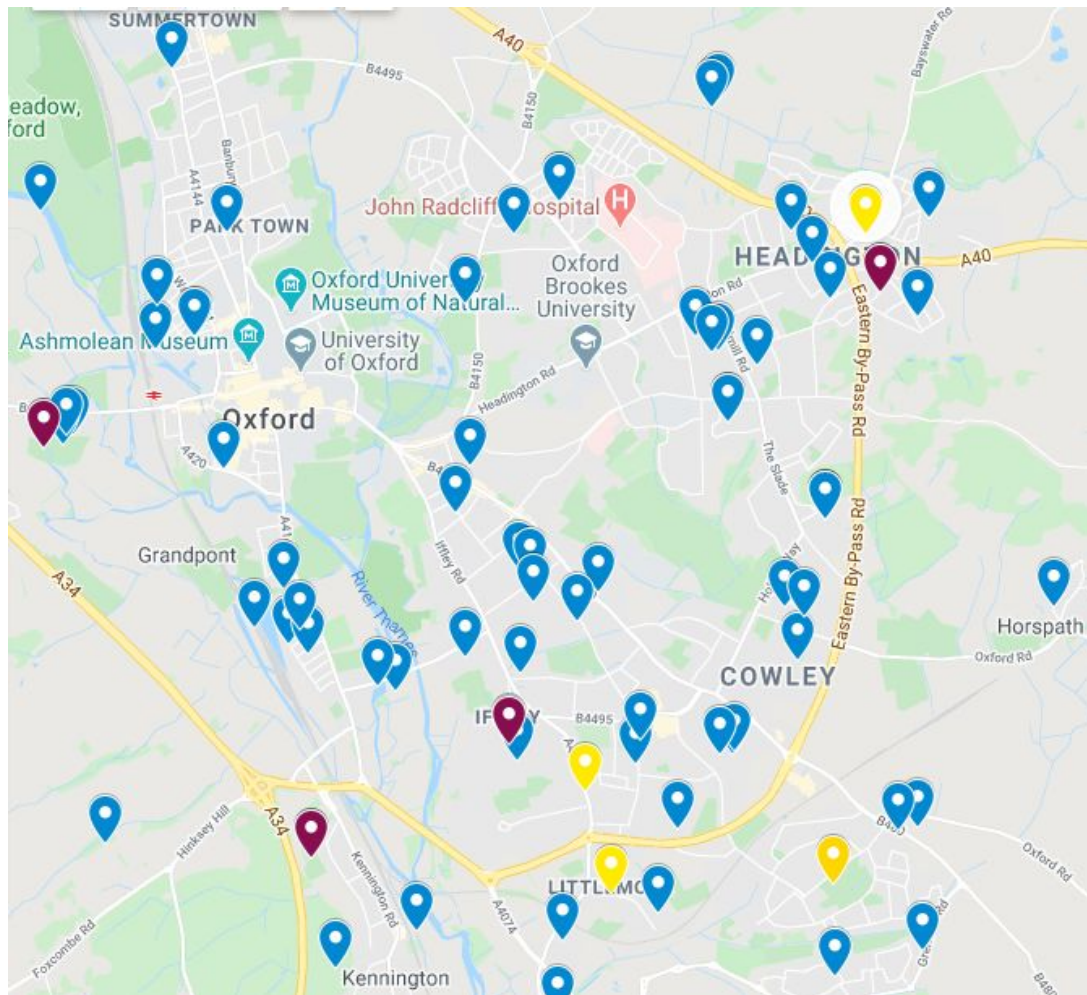
Map 4. Respondents who had never heard of OBS, but who considered breastfeeding an option for them, or had wanted to find out more about breastfeeding. These individuals are currently pregnant, or have had a baby and/or breastfed between January 2019-February 2020.



Map 5. Locations of mothers/people seeking direct support who indicated that they had trouble getting to the sessions (both service-users, and those who had heard of, but had never engaged with, OBS services).



Map 6. Close-up of the locations of respondents in Bicester who have difficulty accessing OBS services (both users and non-user who have heard of OBS).



Map 7. A close-up of service users (drop-in and Facebook) in the Oxford-city center. Blue markers indicate people who breastfeed and red markers indicate their supporters. The yellow markers note the locations of the four poorest communities in Oxford: Littlemore, Barton, Rose Hill, and Blackbird Leys. While we did not collect information about the socioeconomic status of respondents, this map indicates that OBS is drawing service users from these underserved communities.

Survey respondents' characteristics	Used OBS' services (face-to-face or the Facebook group) (n=102)	Heard of OBS, but never accessed services (n=38*)	Never heard of OBS (n=46*)
Demographics			
Age			
≤19 years	0 (0%)	0 (0%)	0 (0%)
20-24 years	0 (0%)	0 (0%)	1 (2.2%)
25-29 years	12 (11.8%)	7 (18.4%)	4 (8.7%)
30-34 years	54 (52.9%)	17 (44.7%)	20 (43.5%)
35-39 years	29 (28.4%)	10 (26.3%)	17 (37.0%)
40-44 years	7 (6.9%)	3 (7.9%)	0 (0%)
≥45 years	0 (0%)	1 (2.6%)	1 (2.2%)
Race/ethnicity			
English/Welsh/Scottish/Northern Irish/British	74 (72.5%)	32 (84.2%)	39 (84.8%)
Any other white background	22 (21.6%)	5 (13.2%)	6 (13.0%)
African	0 (3.9%)	1 (2.6%)	0 (0%)
Asian	3 (2.9%)	0 (0%)	1 (2.2%)
Mixed race	3 (2.9%)	0 (0%)	0 (0%)
Do you consider yourself to have a disability?			
Yes	3 (2.9%)	3 (8.0%)	0 (0%)
No	97 (95.1%)	35 (92.0%)	46 (100%)
Would rather not say	2 (2.0%)	0 (0%)	0 (0%)
Religion			
Christian	39 (38.2%)	11 (28.9%)	18 (39.1%)
Hindu	0 (0%)	0 (0%)	1 (2.2%)
Jewish	3 (2.9%)	1 (2.6%)	2 (4.3%)
Muslim	1 (1.0%)	0 (0%)	0 (0%)
No religion	57 (55.9%)	26 (68.4%)	24 (52.2%)
Would rather not say	1 (1.0%)	0 (0%)	0 (0%)
Sexual Orientation			
Heterosexual	92 (90.0%)	35 (92.1%)	46 (100%)
LGBTQ+	5 (5.0%)	2 (5.2%)	0 (0%)
Would rather not say	5 (5.0%)	1 (2.6%)	0 (0%)
Currently pregnant			
Yes	3 (2.9%)	4 (10.5%)	4 (8.7%)
No	99 (97.1%)	34 (89.5%)	42 (91.3%)
Breastfeeding Support (outside of OBS)**			
I didn't get any help related to breastfeeding (non-OBS users) / I didn't use anything other than OBS (OBS users)	3 (2.9%)	6 (15.8%)	7 (15.2%)
Breastfeeding clinic (John Radcliffe/Horton Hospital/Chipping Norton)	40 (39.2%)	6 (15.8%)	5 (10.9%)
Friends or family members	50 (49.0%)	15 (39.5%)	10 (21.7%)
GP (General Practitioner)	6 (5.9%)	1 (2.6%)	0 (0%)
Health visitor	42 (41.1%)	20 (52.6%)	12 (26.1%)
Midwife/maternity care assistant - by phone or home visit	72 (70.6%)	23 (60.5%)	27 (58.7%)
Midwifery-led Unit (e.g. Chipping Norton, Wallingford) after discharge home	5 (4.9%)	6 (15.8%)	13 (28.3%)

Private IBCLC (Lactation Consultant)	14 (13.7%)	6 (15.8%)	3 (6.5%)
Voluntary Breastfeeding Support Organisation (e.g. La Leche League, NCT), including national telephone helplines	31 (30.4%)	5 (13.2%)	9 (19.6%)
Other	1 (0.98%)	1 (2.6%)	2 (4.3%)
<u>Breastfeeding Behavior (among those no longer pregnant)</u>			+++
Considered, but ultimately did not attempt to breastfeed	1 (1.0%)	0 (0%)	0 (0%)
Currently breastfeeding	76 (76.8%)	20 (58.8%)	21 (50.0%)
Finished breastfeeding	22 (22.2%)	14 (41.2%)	21 (50.0%)
<u>Breastfeeding Outcomes (among those no longer breastfeeding)</u>			
Stopped breastfeeding, or introduced infant formula alongside breastfeeding, sooner than planned	12 (54.5%)	9 (64.3%)	12 (57.1%)
Completed breastfeeding, and breastfed for as long as desired	10 (45.5%)	5 (35.7%)	9 (42.9%)

* We excluded individuals who were not interested in breastfeeding, who never had any trouble breastfeeding, or who indicated that they had recently learned about services, and planned to eventually attend

** Respondents may have accessed multiple services; thus, sum of the given percentages do not equal 100%.

+++ Breastfeeding behavior significantly different from that reported by OBS-users (Fischer's exact test, $p=0.0027$).

Table 1. Survey respondents' characteristics. For all categories except breastfeeding support (outside of OBS), a Fisher's exact test (significance defined as $p<0.05$) was used to compare behaviors and characteristics of OBS service-users with non-users (heard of OBS, but never accessed services; or never heard of OBS). Only respondents who were pregnant and/or had breastfed from January 2019-February 2020 were included in these results. Among OBS service users, only those who had accessed services (face-to-face or the Facebook group) during this time period were included.

V. Appendix

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Attachments

- Survey
- Spreadsheet of survey results