Better Start BRADFORD 2015-2025

SHARING KNOWLEDGE, SHAPING FUTURES

Breastfeeding Support Project

Project Impact Report: 2025

healthforall
changing lives - transforming communities

Contents

About Better Start Bradford

Better Start Bradford is part of the ten-year A Better Start programme set up and funded by The National Lottery Community Fund in 2015.

Since 2015, A Better Start partnerships in Blackpool, Bradford, Lambeth, Nottingham and Southend-On-Sea have supported families to give their babies and very young children the best possible start in life, specifically to:

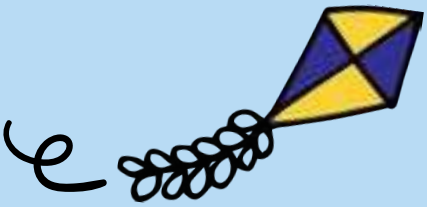
- Improve children's diet and nutrition to support healthy physical development and protect against illness in later life.
- Support children to develop social and emotional skills so they can develop positive relationships and cope with difficult situations.
- Help children develop their language and communication skills, so that they can engage with the world around them.
- Bring about changes in systems, practice and behaviour that increased the focus on the first 1001 days of life and invest in preventative and early intervention approaches that have been demonstrated to have impact.

In Bradford, we created over 20 evidence-led projects and services for expectant families and families with children aged 0-3 in Bowling and Barkerend, Bradford Moor and Little Horton (the Better Start Bradford area).

Each one was designed with, and for, our specific communities, delivered by commissioned partner organisations, and evaluated throughout by the Better Start Bradford Innovation Hub (BSBIH).

Better Start Bradford set up the Innovation Hub with Born in Bradford at the Bradford Institute for Health Research (BIHR) to be our evaluation partner for the whole programme. We also commissioned the additional birth cohort, Born in Bradford Better Start (BiBBS), to allow a more extensive and longer-term evaluation. The findings of the BSBIH evaluation of each of the projects are threaded through these Impact Reports and are credited to BSBIH.

This work has been supported by complementary strands of work, including community engagement, workforce development, campaigns and volunteering.



The Breastfeeding Support Project

The Breastfeeding Support Project was delivered for Better Start Bradford by local charity, Health for All, from January 2018 until March 2024.

Its primary goal as a universal service was to offer a timely and personalised breastfeeding support service to new mums, therefore allowing them to meet their individual breastfeeding goals.

Trained and employed peer supporters provided tailored, one-to-one support through home visits, over the phone or via video calls. The team received referrals from Perinatal Project Administrators based at the Bradford Royal Infirmary, and families could also contact the team directly to request support.

Later in the project, support was also delivered on the postnatal ward, where families met friendly peer supporters in the immediate postnatal period. From there, families could receive additional support by phone, text messages or home visits.

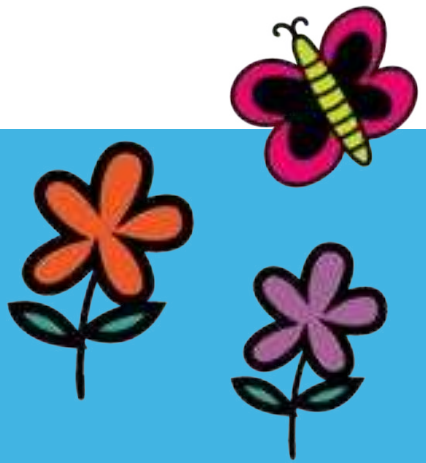
In 2023, the project received Start for Life funding, which enabled them to expand their reach across the district. The service is currently funded as part of the Start for Life offer for the district until March 2026.

Why the Breastfeeding Support Project was needed

Although breastfeeding initiation rates were more than 70% for women in the Better Start Bradford area, and comparatively higher than the district baseline of 41.9%[i], the majority of women would stop breastfeeding within the first days or weeks of giving birth and often before they were ready.

Local data revealed a significant decline in breastfeeding within the first two weeks after birth, and fewer than half of women would continue to breastfeed by the time their baby was 6-8 weeks old.

Women themselves indicated that they stopped breastfeeding earlier than intended and families reported inconsistent and unreliable breastfeeding support. Therefore, we knew that there was a need for breastfeeding support, and that the lack of support could mean women ending their breastfeeding journey prematurely.



Key components of the Breastfeeding Support Project

The Breastfeeding Support Project was designed with two parts:

- A robust personalised service to support women and their families at home when their baby was very small.
- Community-based support for when women were 'out and about' with their baby to effect positive local shifts in the 'breastfeeding culture'.

A service design group, with local community members, the Better Start Bradford Community Board members, health and early years workers, and infant feeding specialists, also felt that the following components were important:

- Mothers should be contacted within 48 hours of having the baby as breastfeeding is difficult to restart after stopping.
- The service was delivered on an opt-out basis and was a seamless part of a universal offer to Better Start Bradford families to make it accessible to everyone and reduce inequalities. Previous research demonstrated that projects which women need to seek out did not show benefit.

It was felt that a proactive opt-out service as part of a universal offer would ensure that all Better Start Bradford families were offered the service and could opt-out should they want to. This would allow the service to reach families who had everyday levels of resilience and those who were overloaded with other competing problems and worries.

Women would be offered the service in hospital or shortly after discharge to ensure access to feeding support as early as possible. The service would be available to families from 8am – 8pm from Monday to Saturday to make it accessible to families experiencing multiple levels of deprivation and competing demands and to allow for support over the weekend and outside of traditional working hours.

Support was provided by qualified breastfeeding support workers and offered both in the home and via phone calls. Women could receive support from the project until their baby was six months old. The second component of the project was a programme of activities to facilitate community change around breastfeeding attitudes.

Our Approach

Having carried out mapping exercises to establish where the gaps were, we consulted with cohorts of mothers and families in the Better Start Bradford area to design a service that would address the needs, challenges and diversity within our community. From the consultations, we learnt the following:

- Most women said they would like to receive face-to-face support at home.
- Women's responses regarding when support should be available were mixed, with some preferring support out of office hours and at the weekend.
- While most women thought support should come from a health professional (namely their midwife or health visitor), more than half also felt support should come from a trained maternity support worker or support worker from a local community centre.
- Two thirds of women preferred a supporter to have personal experience of breastfeeding.
- The majority of women had no preference as to whether a supporter was from their own community.

What we heard unanimously was that they wanted a personalised, prompt, proactive, predictable home-visiting service for in-person breastfeeding support that would practically and emotionally support them and their families to breastfeed for longer.

Having looked at local NHS models of care, it was apparent that high levels of pressures on services meant that skilled help was not particularly personalised or responsive. For example, midwives had limited flexibility to give skilled help in the home in addition to pre-set visits unless there was a health problem such as weight loss. Furthermore, research available at the time - such as The Sinha et al. 2016[1] research - demonstrated that particular combinations of systems of breastfeeding support were necessary for support to be effective. In the same way that a cake cannot be baked from one ingredient, breastfeeding could not be effectively supported by one system or one intervention.

Standard volunteer peer support was not thought to be robust enough for population level change, as resources could be spread thinly across too many families to reach an 'effective dose', such as the number of visits/support contacts. There was also a concern that due to the inverse care law, more affluent, confident, and educated communities could utilise breastfeeding support resource targeted at the most deprived, further increasing health inequalities.

It was thought that a good quality breastfeeding support service would not only benefit families in the Better Start Bradford area, but also the district. The impact of more babies being breastfed would result in:

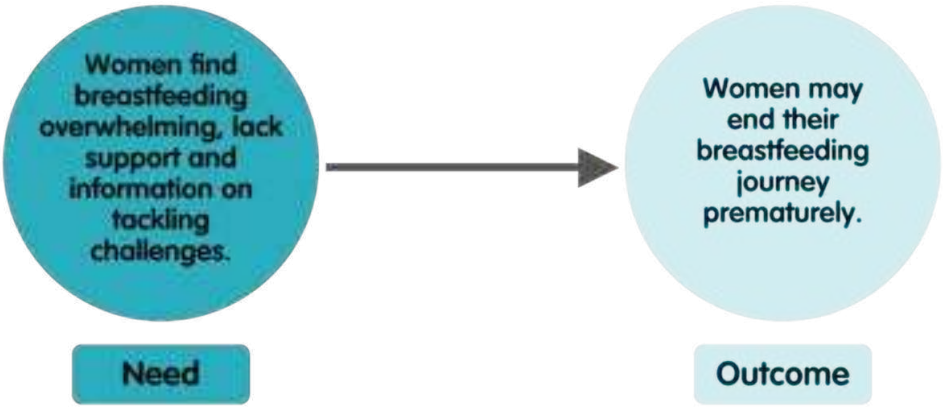
- Fewer children being overweight or obese at aged 2.
- Fewer children being overweight or obese on leaving primary school at aged 11 years.
- Improved maternal sensitivity when baby is 3-4 months' old.
- Decreased incidence of common childhood illness (for example, gastroenteritis/respiratory illness).
- Decrease in the associated harms of breastmilk substitutes.
- Decreased infant mortality rates in the district.

Theory of Change

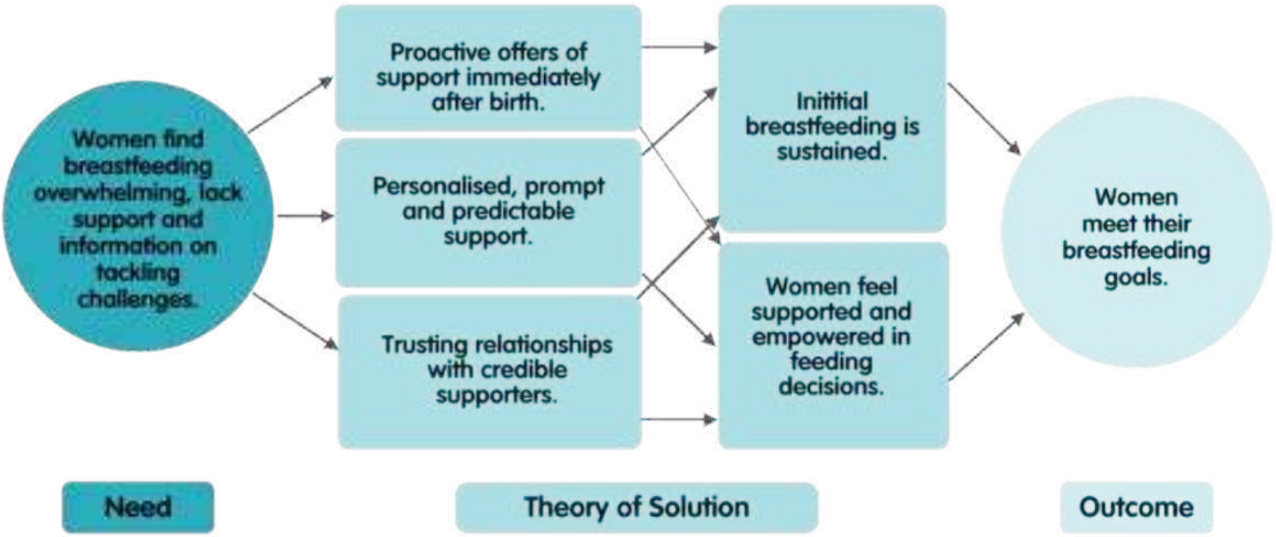
We use a Theory of Change and Logic Model approach to design our services. These are included in the impact reports because they offer a useful summary of the service design. They are accompanied by an evaluation plan which is delivered by the Better Start Bradford Innovation Hub. The Theory of Change explains how we have identified a need (for example poor health) for improved outcomes and why we believe the proposed service will provide a solution (based on evidence and science). The Logic Models show the steps we need to take to arrive at the desired outcomes. They identify the need, the target group(s), the inputs and activities which will impact on the outcomes and the changes we should expect to see in the short, medium and long term.

Through our Theory of Change work, we had a better understanding of the problem that we were trying to solve, our audience, when support was needed, and the necessary steps required to bring about change.

Breastfeeding Support: The Theory of the problem



Breastfeeding Support: The Theory of the solution



Logic Model: Breastfeeding Support – Phase 1

Logic Model - Phase 1

Need

- Low breastfeeding continuation rates in BSB area, low initiation in some populations.
- Low levels of breastfeeding for longer than 6 weeks.
- Mothers report stopping breastfeeding before they want to. Local data shows sharp drop off in breastfeeding in first 2 weeks. Families report inconsistent unpredicatable support.
- Low understanding of 'normal' baby behaviour and responsive feeding.
- Lack of family support for breastfeeding.
- Lack of community support for breastfeeding and few welcoming places to breastfeed outside the home.

Inputs

- Employ a team to provide kind, predictable but personalised BF support at home: 4 x FT equivalent 'breastfeeding supporters' [Ideally cohesive team of 6-8 PT to cover delivery in unsocial hours, community language skills]
  1 FTE team co-ordinator
  Bare min 0.5 FTE data, evaluation, admin person [See service spec for banding] Volunteers may be part of mixed model but not essential first 12 months, not as lone workers.
- BSB perinatal co-ordinator in maternity services linked.
- Workforce trained by BFI accredited programme (baseline of Public Health commissioned 2 day level 3 course) inc. responsive feeding and 'social baby' learning.
- Additional training for home visiting, medical referral, Motivational Interviewing or similar, lone working, safeguarding.
- Meeting language needs of BSB families in most cases.
- Excellent information sharing between BTHFT, other perinatal services and project. New referral pathways developed for families not covered by perinatal co-ordinator.

Activities

- Universal permission for BSB BF project contact sought from all families birthing at BTHFT by perinatal co-ordinators. First contact before 48 hours of birth at home or leaving hospital.
  Pro-active, person centred, non-judgemental, opt-out service, contact pathway developed for families not meeting BTHFT criteria e.g. out of area, non-NHS midwife.
- Face to face 1 to 1 support in the home default offer. Support and communication in relevant home language whenever possible
  Family centred, verbally agreed (and documented) personalised plan of care providing predictability of support.
  Average of 3 support sessions per family with consistent BF supporter where possible.
- Whole family approach including co-parents, grandparents, extended family where acceptable to BF mum.
- Providing consistent messages about baby led BF and responsive feeding from whole team. Breastfeeding as normal not 'best'
- Providing consistency of BSB core messages on early child development and parent infant relationship.
- Ensure quality: Obtain views of service users. Annual updating and training for supporters.
- Regular supervision, 1-1 and team supervision of BF supporters.
- Clinical referral pathway for suspected medical issues.

Outputs

- Support offered 6 days a week, including proportion of office hours and evenings 6-9pm .
- Contact with 95% eligible parents within 48 hours (expected to be 3 new babies a day) by perinatal co-ordinator. Followed by speedy contact by project on receiving family's details from perinatal co-ordinators (same day on week days and 48hrs over weekends).
- Delivery of personalised support plan to 90% of families who consent to support.
- Number of families who had a personalised plan of care which was met .
- Number of home visits per baby.
- Level of awareness of normal baby behaviour and responsive feeding key messages reported by parents [audit/qualitative study].
- Number of families referred on to other BSB projects or other support.
- Number of families referred for medically relevant issues or complex BF clinical care.
- Number of contacts which involved other family members (basic count).
- Percentage of contacts delivered in home language or fair second language.

Project Outcomes

- Babies in BSB area receive more breastmilk [BF duration]
- Mothers supported with positioning, attachment, effective milk transfer, coping with common problems. [measure BFI BF assessment tool in maternity notes + skill audit of staff]
- Service found useful by BF mums, co-parents, dads. More mothers reporting BF for as long as they want to [maternal report]
- Evaluation of Increased maternal self efficacy [Measure via BFSE-SF? To be confirmed] Babies supported to responsively feed. Measure IBBQ/IFSQ? to be confirmed.
- Parents and wider family more able to recognise normal baby behaviour and feeding cues.
- Fewer women stop or limit breastfeeding outside the home (a, increased confidence [self report] b, improved support/ welcome locally.
  [track and analyse via qualitative study]

Outcomes

PHYSICAL HEALTH

More babies will be fully or partially breastfed up to the age of 6 months.

BSB babies will receive less breastmilk substitutes and avoid the associated harms.

Increased successful completion of physical breastfeeding initiation phase [lactogenesis 2 typically day 3-5] measured at 10-14 days and continuation at 6-8 weeks (partial and fully breastfeeding).

Less children will be obese or overweight at age 2 years, on entry into reception and at leaving primary school.

Reduction in gastroenteritis and respiratory illness attending hospitals.

SOCIAL AND EMOTIONAL HEALTH

Improved maternal sensitivity when baby is aged 3-4 months.

SYSTEM CHANGE

TBC - Outcome measures in development by A Better Start nationally and BSB outcomes framework.

Impact (BSB)

Short term LEVEL 1

More babies breastfed at birth and on discharge [service designed to impact on BF continuation and 1st sensitive period = between birth and discharge from midwifery at 10-14 days].

More babies fully or partially BF up to 6 months [data currently of poor quality. Project designed to improve duration towards 6 months].

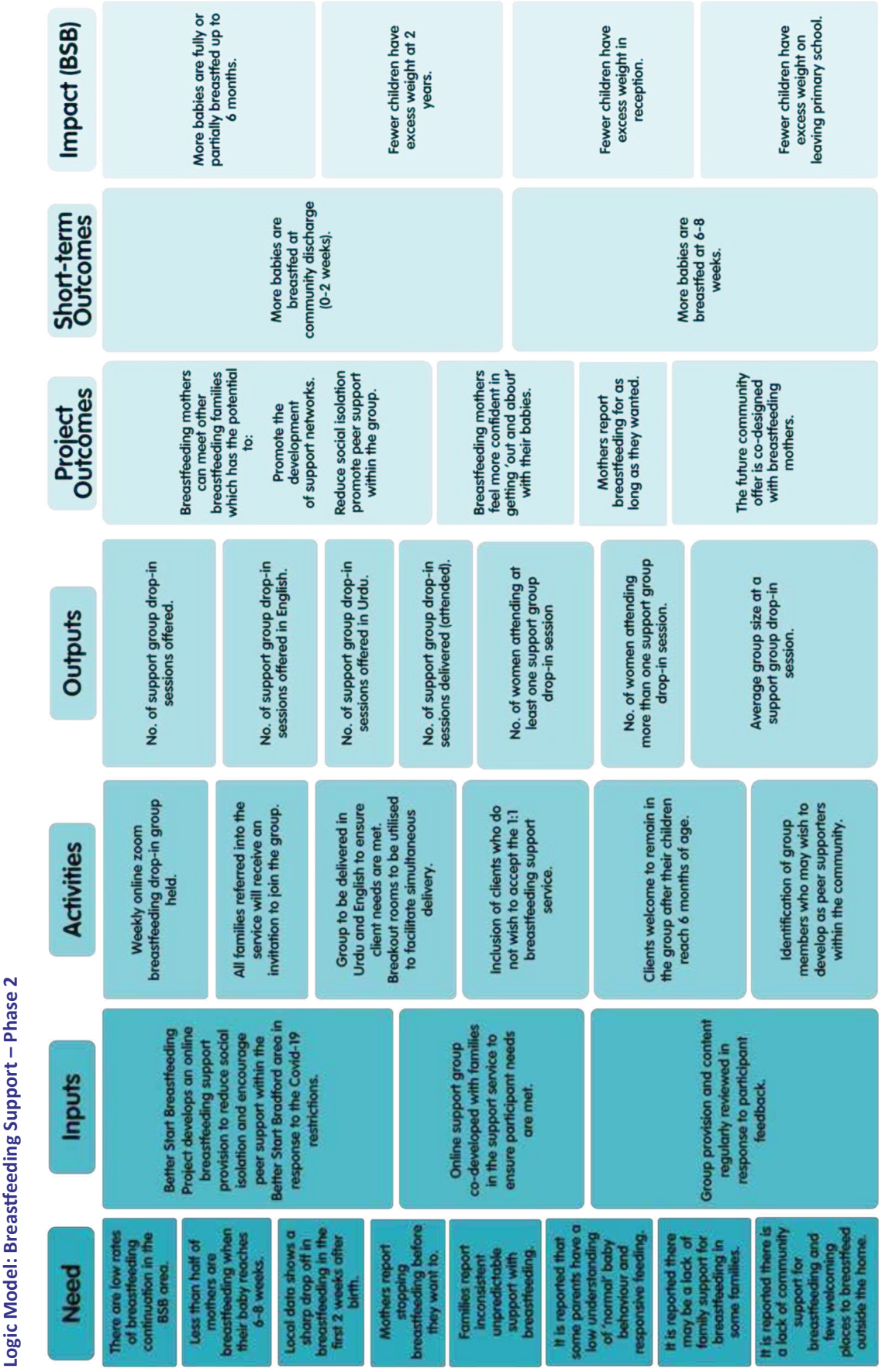
Longer term LEVEL 2

Fewer children will be obese or overweight at 2 years

Fewer children will be obese overweight on leaving primary school [evidence base on BF and obesity growing and may show most marked effect at 7 yrs].

Improved maternal sensitivity when baby is 3-4 months [BF research beginning to present association between BF and responsive feeding/ behaviour and cues recognition - project will contribute to maternal sensitivity via understanding normal baby behaviour + communication].

Logic Model - Phase 2



Project delivery

Health for All was commissioned by Better Start Bradford to deliver the Breastfeeding Support Project in 2018.

The key project aims were that:

- More babies in the Better Start Bradford area would be fully or partially breastfed (measured 6-8 weeks and at six months).
- Families would give their babies fewer breastmilk substitutes without direct clinical need (measured as rates of artificial feeding).
- More mothers and babies would achieve successful physical establishing of breastfeeding (mother's milk changes from colostrum to second stage milk and baby puts on weight normally, physical problems like sore nipples or engorgement are minimal).

The service received referrals from Perinatal Project Administrators based at the Bradford Royal Infirmary. Women could also self-refer for support.

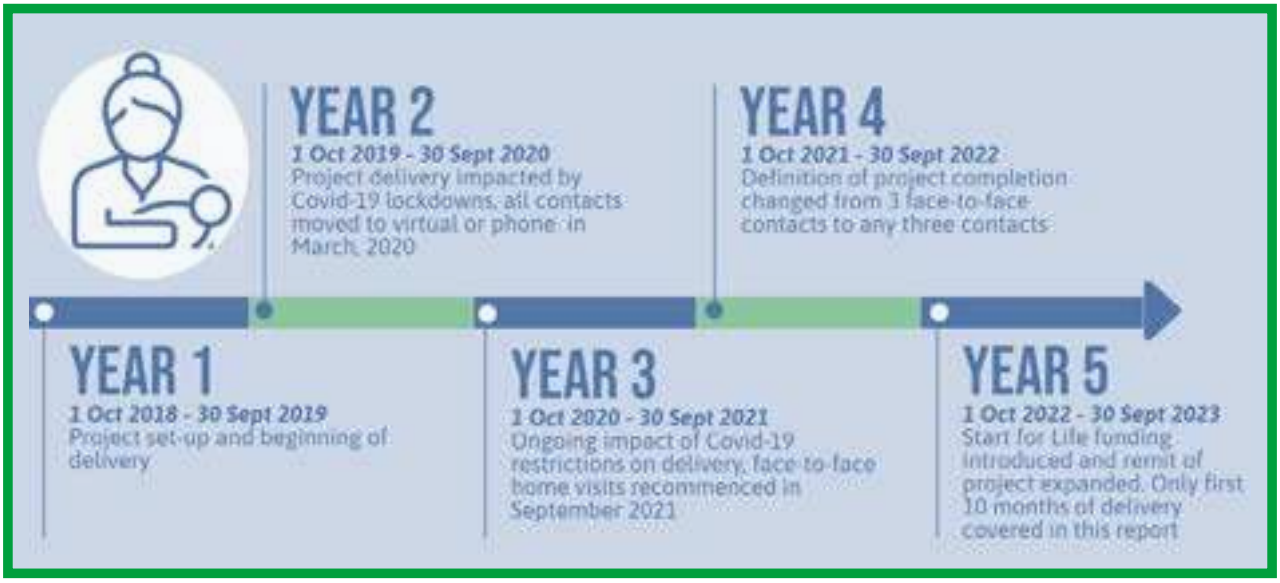
The project was mobilised successfully in year one, however there was a delay in implementing the community-based support element of the project in year two due to the COVID-19 pandemic. During the final nine months of their initial contract, they did attempt to run breastfeeding support groups virtually, however there was little take up. As COVID-19 restrictions began to ease, they trialled running the support groups face-to-face. They also broadened their offer to provide virtual support when they were unable to visit families and moved to a larger office to allow for social distancing so that there was no break in service.

Project staff worked with other voluntary sector agencies such as Bradford Baby Bank, Bradford Foodbank and other services within Health for All to ensure that families received the wider support that they needed to continue breastfeeding such as support with food, clothing, nappies and accessing statutory services.

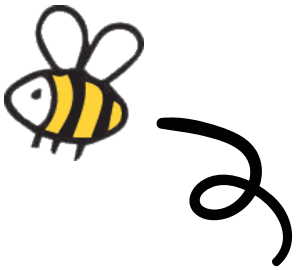
The Breastfeeding Support Service were recommissioned in January 2022 for a further two years and made some changes based on their learning to date. They felt that it might be useful to have an antenatal component to the project so that mothers felt more prepared for breastfeeding and had more time to build a relationship with a support worker. In most cases, the same one would go on to support them post labour. They also decided that as there was little take up of the out-of-hours offer, they reduced their opening hours from 8.00am to 8.00pm from Monday to Saturday, to 8.00am-5.00pm, thus allowing them to plug resources and capacity into offering direct support to families.

They fed back that support contacts ranged from 1-32 and came in various forms: telephone, face-to-face support and virtual. Therefore, it was wrong to assume that three face-to-face support contacts might be most helpful to new mothers. The majority of women who declined support after referral reported that they did not need support because breastfeeding was going well. However, the project team continued to contact them for several weeks afterwards to ensure that circumstances had not changed.

Timing and details of project delivery across the five contract years



Data and evaluation

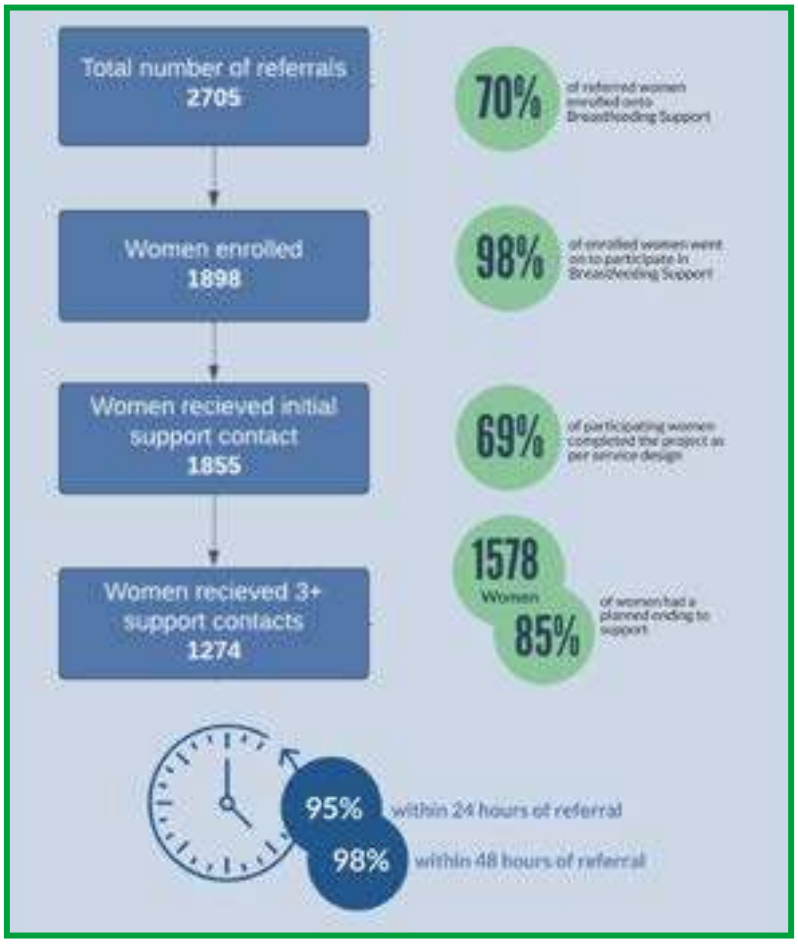


The project received an in-depth implementation evaluation, including qualitative interviews with project staff and mothers who received the intervention. This evaluation considered both staff and participant perspectives on the project, which allowed for greater exploration of the women's journeys through the service, what the key components of the service were, and the perceived impacts of being involved with the project.

The project received an implementation evaluation from the launch of the service in October 2018 to August 2023. The evaluation focused on the personalised support service rather than the community change aspect of the project, as it was not feasible to robustly assess the latter.

Key findings from the evaluation:

- From the 2705 women that were referred into the service, acceptance rates were higher for women contacted on the hospital wards compared to women who were contacted by phone.
- The primary source of referrals was via the Perinatal Project Administrators, who referred 2079 women into the project. A total of 1855 women participated.
- 54% of participants were contacted while still at hospital.
- 6892 support calls were made to families.
- A total of 1274 women completed the project with three or more support contacts.
- From the 142 women that completed satisfaction questionnaires, 99% agreed or strongly agreed that the project was helpful and provided them with useful information. They were happy with the project overall and would recommend it to family and friends.
- Similarly, 98% of women agreed or strongly agreed that it was easy to access and that they were satisfied with the support that they received.



Impact and findings

- 44% of those supported were still exclusively breastfeeding at six months compared to the district average of 30.85%[iv].
- The project provided timely support to participants, and 98% of women were offered their initial support contact within 48 hours of referral.
- As part of the Start for Life contract work, two drop-ins were established for families to attend in the City and West areas, allowing families to attend an in-person friendly group informally.
- The Breastfeeding Public Health contract is held by BDCFT, which covers 8 of Bradford's 30 wards. Health for All is currently commissioned to cover 11 of the 30 wards and also support all families on the postnatal ward before signposting onwards either to BDCT or the hospital's Infant Feeding Lead.
- Families are now able to get support immediately after birth as the team is embedded in the postnatal ward. This allows for prompt help at a crucial time and assists midwifery colleagues.
- Families birthing at the Bradford Royal Infirmary receive initial feeding support irrespective of their postcode. This has also allowed the Health for All team to strengthen connections with midwifery to support the workforce.

Future plans and considerations

- **Start for Life:** The Breastfeeding Support Service has been extended from three wards to 11 out of 30 wards across the Bradford district.
- **Antenatal support:** Infant feeding messages need to start antenatally, and opportunities should align with health promotion discussions provided by partners working in health such as midwives and health visitors.
- **Universal and targeted support:** Services need to be responsive to needs and personalised, and the support offer should consist of different layers.
- **Pathways:** A future offer needs to be well publicised, previous issues with sharing contact details of women from maternity services needs to be resolved, and more specialist community support needs to be seamless.
- **Inequalities:** A future service needs to consider areas of the district needing more support, and an improved awareness of the offer is needed so more families are engaged.
- **Workforce:** The workforce should be reflective of the community served and needs to be joined up with 0-19 service and maternity services. More paid peer support workers needs to be considered.
- **Accessibility:** A weekend offer should allow for increased opportunities to support the whole family unit.
- **Commissioning model:** The adoption of an integrated commissioning model could ensure that the offer to families across the district is well-defined for everyone.

Local and national strategic influences

The Breastfeeding Support Project in Bradford aligns with both local and national strategies and policies that focus on improving maternal and child health, promoting breastfeeding, and reducing health inequalities.

SCAN ME
to view strategies

Local strategies and policies in Bradford

1. Bradford District and Craven Health and Wellbeing Strategy

The local health and wellbeing strategy may include objectives aimed at improving maternal and child health, reducing inequalities, and supporting breastfeeding. Bradford has a high proportion of diverse communities, and local policies often emphasise the importance of culturally sensitive services to support breastfeeding.

2. Bradford's Healthy Child Programme

This programme, which is part of the national Healthy Child Programme, focuses on providing support to families with children aged 0-5. It includes breastfeeding support through health visitors, midwives, and other professionals to promote positive health outcomes for mothers and babies.

3. Bradford's Baby Friendly Initiative

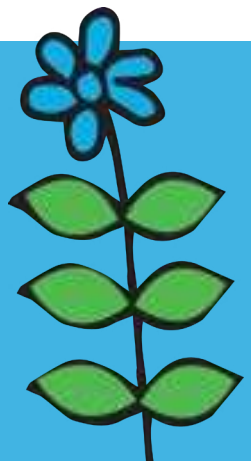
Bradford's local NHS Trusts and health services have previously been involved in the Baby Friendly Initiative, an accreditation programme run by UNICEF UK, which sets high standards for the support and protection of breastfeeding.

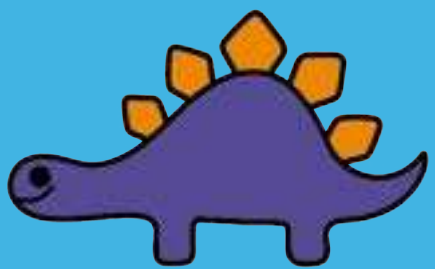
4. Bradford Local Maternity System (LMS)

The Local Maternity System in Bradford have specific initiatives focused on supporting maternal health and breastfeeding as part of the ongoing work to improve maternity services. The LMS focuses on providing high-quality, personalised care for mothers, with an emphasis on preventing complications and promoting breastfeeding.

5. Bradford Health Inequalities Strategy

Given Bradford's diverse population and the health inequalities in the region, local strategies prioritise breastfeeding support to tackle disparities in maternal and child health outcomes. These strategies focus on improving access to breastfeeding support services, particularly for marginalised groups.





National strategies and policies

1. The Infant Feeding Strategy (England)

The national strategy provides guidance on improving infant feeding practices, particularly breastfeeding, and aims to increase breastfeeding rates in the UK. The focus is on addressing barriers to breastfeeding and promoting supportive environments.

2. NHS Long Term Plan (2019)

The NHS Long Term Plan outlines a commitment to improving maternal and child health, including initiatives to improve breastfeeding rates. It emphasises the importance of offering support for breastfeeding and addressing inequalities in healthcare access.

3. Public Health England (PHE) Guidance on Breastfeeding

Public Health England (now part of the UK Health Security Agency and Office for Health Improvement and Disparities) provides recommendations and frameworks for promoting breastfeeding, including the Baby Friendly Initiative (BFI) which offers accreditation to organisations that meet high standards of care for breastfeeding.

4. The National Institute for Health and Care Excellence (NICE) Guidelines

NICE has published guidelines on maternal and child nutrition, which includes specific recommendations on breastfeeding, such as supporting mothers to breastfeed and promoting breastfeeding education.

5. Best Start in Life Strategy

The Government's Best Start in Life Strategy highlights that the foundations of success are laid in early childhood. Ensuring every child has the best start in life - the chance to achieve and to thrive - are the foundation stones of the Government's Opportunity Mission. Better Start Bradford wholeheartedly agrees with the Government's statement that every child should have the opportunity to 'grow, play, learn and thrive'.

6. World Health Organisation (WHO) Recommendations

The WHO provides global recommendations for exclusive breastfeeding for the first six months and continued breastfeeding for up to two years or longer. Many national policies align with these global recommendations.

Specific initiatives and community-based approaches

1. Breastfeeding Peer Support Programmes

Local initiatives often include peer support programmes, where trained volunteers (often mothers who have successfully breastfed) offer guidance and support to new mothers. This aligns with national programmes promoting peer-led support to increase breastfeeding initiation and duration.

2. Culturally Sensitive Breastfeeding Support

Given Bradford's diverse population, the project addresses cultural and language barriers by offering services that cater to various community groups, such as South Asian, Black, and Eastern European populations. This is due to bilingual support workers, culturally tailored breastfeeding education, and outreach in local communities.

3. Maternity and Infant Care Pathways

Local pathways for maternal and infant care include dedicated breastfeeding support, particularly during the antenatal and postnatal stages. This ensures that breastfeeding is promoted consistently across different touchpoints in the healthcare system.

Key Collaboration Partners

- Bradford Teaching Hospitals NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Public Health Bradford
- Family Hubs and Community Groups
- Third Sector Organisations (for example, local charities supporting mothers and babies)
- Midwifery and Health Visitor Services

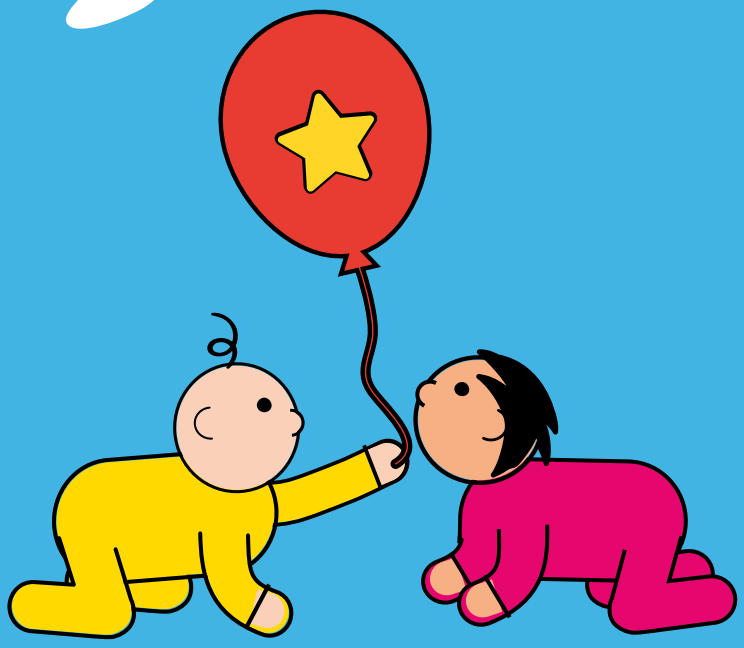
I think being able to see somebody in their own home allows you a unique opportunity to build a very supportive relationship, and one of trust… you get a more holistic view of what that means for a woman to breastfeed in those circumstances or that family set-up.

Community Nursery Nurse

We would be lost without them now. When you see them arrive it's like the light at the end of the tunnel. Overall, fantastic support - we just want them more!

Postnatal Ward Matron

I really do believe I would've given up breastfeeding if it wasn't for the support I received and still am receiving. Thank you.



Case Studies

Sumaira

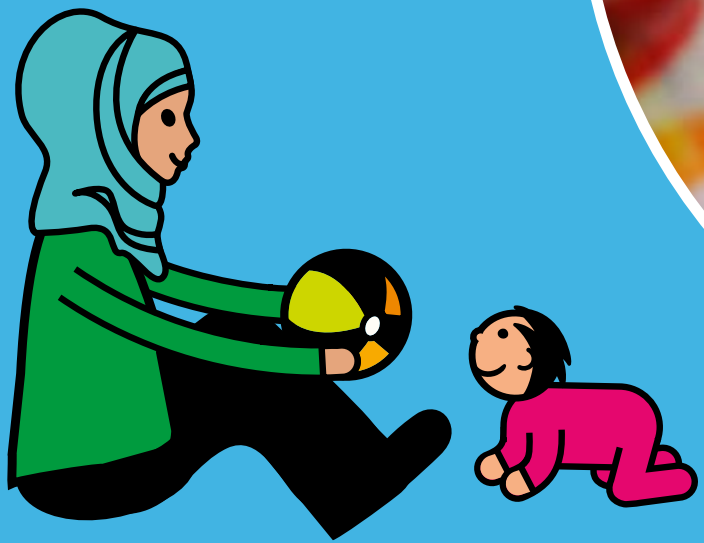
Sumaira sought help from the breastfeeding support team for her second child, who had a tongue tie and struggled to latch.

At 13 days old, the baby had not regained birth weight, and Sumaira was advised to supplement with formula. Recovering from a C-section and dealing with pain, she was also under pressure from family to bottle-feed. A home visit was arranged after the baby's tongue tie assessment.

During the first visit, Sumaira was distressed as the tongue tie was not divided. She also had an infected C-section wound and anxiety. A support worker assessed feeding, suggested positioning adjustments, and arranged a follow-up. On the second visit, Sumaira wanted to stop breastfeeding, believing she was causing unnecessary distress. The baby was fussy at night, and Sumaira felt she was spoiling her by holding her too much. Staff reassured her, noted the baby's weight gain, and scheduled a check-in call.

At the next call, Sumaira's baby had gained weight, and formula top-ups were stopped. However, a later visit from the midwife showed weight loss, and Sumaira was advised to use more formula. She lost confidence and cancelled the support visit. Over weeks, she maintained some supply through pumping, but struggled emotionally. She was referred to the Perinatal Support Service for mental health support.

Sumaira later sought a second tongue tie assessment, where division was performed. With ongoing support, she reintroduced breastfeeding, received medication to boost supply, and was monitored closely. She continued breastfeeding with occasional formula supplementation for six months.



Helena

Helena, a first-time mother, sought help when her baby son struggled to latch and lost over 10% of his birth weight.

Despite an initial successful feed, Helena experienced cracked nipples and further weight loss. At two weeks, he was diagnosed with a tongue tie, which was divided, but breastfeeding remained challenging. He would unlatch after five minutes and cry inconsolably. Helena was advised to supplement with formula and pump to boost her supply.

Distressed about using formula, Helena found pumping painful. A home visit provided her with a hospital-grade breast pump and a customised plan. Within days, her breasts felt fuller, though supply had not significantly increased.

Over the next two weeks, Helena had two home visits and four support calls. Her milk supply improved, allowing her to reduce formula use and offer expressed milk. Eventually, her baby latched better and Helena was able to exclusively breastfeed, eliminating the need for pumping and formula.

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