



Report on Baby Café Services during 2018

Author's Contributions

This report is based on the 2018 evaluation of Baby Café services. Rebekah Fox is the lead researcher on the project and was responsible for the design of the evaluation tools and annual survey. She also conducted the quantitative analysis of the data and drafting of the final report. Sarah McMullen and Agnes Hann were involved in the writing of the annual report.

Rebekah Fox is Senior Research and Evaluation Officer at NCT, employed on the Baby Café Project since 2012. Sarah McMullen is Head of Knowledge at NCT and Agnes Hann is Research Manager at NCT.

Acknowledgements

The authors would like to thank all of the Baby Café facilitators for their hard work throughout the year, and for gathering and submitting the data for the Annual Return. We would also like to thank Ali Macleod (Baby Café Co-ordinator) for her help with proofreading the annual report and the distribution of the survey and results.

Report to be cited as: Fox, R, Hann, A and McMullen, S. Report on Baby Café Services during 2018. London, NCT, 2019.

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Published by NCT, 30 Euston Square, London, NW1 2FB

0844 243 6000

www.nct.org.uk

NCT is a registered charity in England and Wales: 801395.

NCT is a registered charity in Scotland: SC041592

Executive summary

Baby Café co-ordinates a network of community-based breastfeeding support services across the UK. A Baby Café is a breastfeeding drop-in run by skilled facilitators with the help of volunteers and peer supporters, accessible, free of charge to all mothers needing support with breastfeeding. Baby Cafés are designed to provide both social support and expert help to mothers with breastfeeding questions or concerns, and each session is attended by a suitably qualified midwife, health visitor, lactation consultant or breastfeeding counsellor. The sessions are held in an informal café-style environment, with refreshments, comfortable seating and play areas for accompanying children. Funding comes from a variety of sources, including NHS trusts, local authorities, Children's Centres, NCT branches, community funds or grants. All Baby Cafés must adhere to the 12 Baby Café Quality Standards, as set out in their Licence Agreement.

Standard 1: A named facilitator

The Baby Café has a named facilitator(s) responsible for ensuring that Baby Café brand requirements are met, as set out in the Licence Agreement.

Quality Standard 2: A qualified facilitator

The Baby Café facilitator is experienced in helping and supporting breastfeeding families and is either:

- A qualified health professional, e.g. RN, RM, RHV, IBCLC
- A qualified Breastfeeding Counsellor with accreditation from ABM/ BfN/ LLL / NCT
- A local authority or other worker with post-18 education and specific training or professional development in breastfeeding.

Quality Standard 3: Multidisciplinary working

The Baby Café encourages multidisciplinary working and involvement of a range of staff and volunteers. This should include:

- Collaborative working with local health care professionals
- Liaison with children's services, community groups and voluntary organisations
- Training and involvement of peer supporters and volunteers.

Quality Standard 4: A welcoming environment

The Baby Café provides a weekly drop-in which:

- Has a safe, hospitable café-style environment
- Serves refreshments and snacks.

Quality Standard 5: A combination of social and clinical support

The Baby Café provides both a social model of care and one-to-one breastfeeding support from a skilled practitioner, which:

- Attracts women to attend regularly, while ensuring there is always sufficient capacity for new mothers with acute breastfeeding difficulties
- Responds empathetically to mothers' social and emotional needs
- Responds effectively to the clinical needs of each mother and her baby
- Identifies women and babies with additional physical or mental health needs and refers them to appropriate services.

Quality Standard 6: Promoting and supporting breastfeeding at all stages

The Baby Café attracts antenatal and postnatal mothers and ensures that women feel encouraged to continue breastfeeding exclusively, or in combination with using formula for 6-8 weeks or longer, using peers as support and positive role models.

Quality Standard 7: Serving the whole community

The Baby Café is committed to serving all women and is promoted effectively, so that mothers from all sectors of the community are aware of and feel motivated to access the service, receiving timely and appropriate breastfeeding information and support.

Quality Standard 8: An accessible service

The Baby Café is easy for mothers to access including:

- a place to park buggies
- close to public transport
- close to shops, health or family services or other amenities
- a conveniently located, affordable car park or off-street parking
- link workers and/or peer supporters speaking community languages
- translation facilities available.

Quality Standard 9: Referring appropriately

The Baby Café refers on promptly and appropriately to other services as required, whilst maintaining confidentiality of the client and keeping records.

Quality Standard 10: High quality information

The Baby Café displays posters, leaflets and other 'easy to read', evidence-based breastfeeding information. These might include:

- Leaflets or posters on preventing and resolving common breastfeeding difficulties, e.g. perception of too little milk, sore nipples, mastitis
- Leaflets or posters on preventing and resolving less common breastfeeding difficulties, e.g. thrush, tongue-tie
- Leaflets or posters on hand expressing and storing breast milk
- Pictures, displays or written information about the importance of support from family and friends

- Lists or posters of other sources of information, such as reliable websites.

Quality Standard 11: Regular review and improvement

- The Baby Café team meets regularly to review their service and reflect on practice. Notes are kept of issues and action points and actions carried out to address these.

Quality Standard 12: Providing reliable data

- The Baby Café facilitator keeps accurate records and submits the online Annual Return to Baby Café head office in January, using data collected throughout the previous calendar year.

Annual Return 2018

In total there were 44 Baby Cafés across the UK in December 2018. This represents a total net decrease of 2 Baby Cafés since December 2017, and considerable decreases in numbers from 2012-2015, largely due to funding issues. Funding remains the key concern for Baby Café going into 2019 reflecting the situation affecting breastfeeding support services more generally across the UK. The management team and facilitators continue to focus on new ways to provide sustainable funding in an era of public funding cuts to enable the continued expansion of this valuable service.

All Baby Café facilitators were sent a link to an online Annual Return to report their activity during the period 1st January – 31st December 2018. The Annual Return was created using SurveyMonkey software and contained a series of questions relating to the 12 Quality Standards against which all Baby Cafés are monitored. Overall 45 responses were received (a 96% response rate including four of the seven cafes that had closed during 2018). Not all Baby Cafés provided data for the whole period because they either opened or closed during this time.

Evaluation findings

- **A wide reaching service** – There were 44 Baby Cafés across the UK in December 2018, recording a total of 13, 460 visits and supporting 6,682 mothers to breastfeed.
- **A high quality service** – Annual Returns data demonstrate that Baby Cafés are performing to the required high standards. Overall rates of self-reported performance showed continuous improvement, with over 80% of Baby Cafés meeting each of the 12 Quality Standards.

- **A social model of care** – 38% of women who attended Baby Café attended more than once and 6% attended six or more times, suggesting that the service is successful in providing a social model of care for ongoing breastfeeding support. Qualitative feedback from women suggests that they value the continuity of care provided by a named facilitator and ongoing social support and role modelling from peer supporters and other breastfeeding mothers.
- **Antenatal education** - Antenatal visits to UK Baby Cafés accounted for 4% of the total in 2018, enabling women to pre-empt possible feeding difficulties, meet key individuals and explore opportunities for support in advance of feeding their babies.
- **Supporting breastfeeding at all stages** – Baby Café aims to provide ongoing expert and social support for women throughout their breastfeeding journey. Mothers most commonly attend Baby Café for the first time when their baby is aged between 8-14 days (20%) or 15-28 days (20%), a time when routine postnatal support tends to drop away and women often report struggling with ongoing feeding issues. 17% of women attended when their baby was under one week old, whilst almost a quarter did not attend until after two months and 6% after six months, emphasising the value of providing support beyond the immediate postnatal period.
- **An accessible service** –Baby Café facilitators work hard to ensure that they promote their services widely to attract women from all sectors of the local community. Overall 59% of women using the service during 2018 described themselves as White British, 19% White other, 11% Asian / Asian British, 4% Black / Black British, 5% Mixed / Multiple ethnic groups and 2% as other. However, 95% of women using UK Baby Cafés are aged 25 or over and just 1% aged 19 and under, suggesting this is an area where further outreach work is needed to attract younger mothers to attend the service, potentially through the use of younger volunteers or peer supporters.
- **A professional service** – Baby Café Quality Standards require a named facilitator(s) who is skilled and experienced in supporting breastfeeding women. 2018 data shows that 35% of Baby Café facilitators have received UNICEF Baby Friendly training, 62% are qualified Breastfeeding Counsellors, 38% are IBCLC lactation consultants, 35% are health visitors and 14% are midwives (with many holding several of these qualifications). Qualitative feedback from women attending the service¹ suggests that they value the expertise and continuity of care provided by skilled facilitators.
- **Involvement of peer supporters and volunteers** – Baby Cafés benefitted from an average of 140 volunteer hours during 2018, with 63% of Baby Cafés using trained peer supporters and referring a total of 88 women for peer supporter training.

Volunteers and peer supporters play a key role in providing a welcoming environment for women attending the service and ensuring ongoing social support throughout the breastfeeding journey.

- **Integration with local healthcare systems** – Baby Cafés are well-integrated with local health and social care systems, with midwives and health visitors providing the main pathways of referral into the service, followed by children’s centres and word of mouth from family and friends. This emphasises the high regard that many health professionals have for the Baby Café model and the importance of good relationships with health professionals to make the service accessible to all women in the local community.
- **Appropriate referral** – Baby Café facilitators identify women who require further support and refer them to other local health services. 97% of UK Baby Cafés reported making recommendations for mothers to visit another health professional during 2018, whilst 78% made direct referrals. Most commonly these referrals were to GP’s, health visitors, tongue-tie clinics or other breastfeeding support services.
- **A continuously improving service** - The Annual Returns process provides an opportunity for facilitators to reflect upon practice and continuously review and improve their service. Pro-active support and training from the Baby Café team in the form of site visits, induction and update days is in place to help all Baby Cafés achieve the Quality Standards, with 23 cafés receiving a site visit / training during 2018.

Conclusion

The Baby Café mission is to provide a social model of community-based support for breastfeeding mothers in a café-style environment, with access to expert breastfeeding practitioners and prompt referral for additional care when necessary. The findings of this report show that the Baby Café network is successful in providing this social model of care for women. Cafés provide professional support for new mothers and work closely with local healthcare providers to give women opportunities for extra care where needed.

Baby Café facilitators are well aware of the challenges of providing care for women from all sectors of the community and this is a priority in 2019 and beyond. Similarly, having accurate data on each Baby Café’s activities will help Baby Café to evaluate and monitor its services to ensure that this high quality care continues. 2018 has seen a continued increase in the numbers of Baby Cafés meeting each of the 12 Quality Standards and excellent response rates (96%), in data collection and reporting.

In-depth qualitative research published during 2015¹ explored the role of Baby Café in helping women to establish and maintain breastfeeding. This research shows that both the expert and social support provided in a Baby Café setting is valued by mothers using the service and plays a key role in increasing breastfeeding confidence and duration. These findings were supported by a telephone follow-up evaluation conducted in July /August 2015², which showed that 75% of mothers attending Baby Café felt that this had enabled them to breastfeed for longer than they would have done without the support and 96% found the service useful. 81% had breastfed for as long as they intended and 26% specifically stated that they had fed for longer, with reported duration rates well above national averages.

Baby Cafés are now part of wider breastfeeding strategies to help meet UNICEF Baby Friendly standards for breastfeeding support in the community³, and in some areas the service is being specifically commissioned to meet this need. However, funding remains the service's biggest challenge, particularly in the current UK political and economic climate, where funding pressure on NHS and local authority public health budgets are having a significant impact. Sustainable sources of funding need to be secured to ensure the continued growth of the Baby Café network.

The voice of women benefitting from Baby Café services during 2018

I wanted to say a massive thank you for the support you have given me at the Baby Café. I honestly wouldn't still be breastfeeding if it wasn't for your advice and support. I first came when baby was 6 days old and I found feeding so difficult and by about 6 weeks I was exclusively expressing. You were the only person who seemed to believe that breastfeeding would be possible for me and I am so grateful. Baby is now 19 weeks old and exclusively breastfeeding.

Baby Café were so helpful when I was struggling to cut down feeds with my toddler when pregnant with my second child. Never felt judged and always listened to. I was empowered with all my choices ongoing support as my journey progressed from newborn, teething, weaning and through to the toddler stage.

The Baby Café has been an incredible source of support throughout my BF journey, I'm not sure that I would still be feeding without it. Being a first time mum I have doubted myself a lot with BF but coming to the café and meeting other mums who have similar doubts and concerns has been invaluable. I love coming here and feel an increased sense of well-being, the café has made a huge difference to me and my BF journey. Thank you.

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1 Introduction

Baby Café

Baby Café co-ordinates a network of breastfeeding drop-in centres to support breastfeeding mothers across the UK. A Baby Café is a breastfeeding drop-in centre run by paid skilled facilitators, accessible free of charge to all mothers needing support with breastfeeding. Pregnant and breastfeeding mothers are welcome to drop in at any time during opening hours. Baby Cafés are designed to provide both social support and expert help with any breastfeeding concerns or questions from a midwife, health visitor or breastfeeding counsellor, who is present at each session. The service design is based on a social model of care which aims to focus on the whole person and the family, providing a supportive social environment for breastfeeding. The sessions are held in an informal café-style environment with coffee tables, comfortable seating and play areas for accompanying toddlers. No appointment is necessary and partners, supporters and visiting health professionals are also welcome.

Baby Cafés are required by the Licence Agreement to be run by a suitably qualified health professional (e.g. midwife, health visitor or lactation consultant) or ABM / BfN / LLL / NCT Breastfeeding Counsellor. They must be open at least once a week for 90 minutes or more and for a minimum of 42 weeks in the year. Many Baby Cafés have peer supporters attending sessions and some operate their own peer supporter training programmes. Funding comes from a variety of sources such as NHS trusts, health boards, local health and social care trusts, Sure Start programmes, Children's Centres or community funds or grants. Baby Cafés are situated in a variety of locations, from church halls and community rooms to health centres or children's centres.

Baby Café vision, mission and intended outcomes

The Baby Café vision

The Baby Café vision is for a world in which women from all social groups feel motivated and supported to breastfeed by their friends, family, community and professionals. Mothers are able to breastfeed for as long as they want to and feel empowered about their feeding decisions and experiences.

The Baby Café mission

The Baby Café mission is to provide a social model of community-based support for breastfeeding mothers in a café-style environment, with access to expert breastfeeding practitioners and prompt referral for additional care when needed.

Outcomes and impact

Baby Café will have had its desired impact if progressive change is made towards achieving its vision. The following measurable outcomes are key to this:

1. More women have a positive experience of breastfeeding.
2. More women are breastfeeding at 6-8 weeks.
3. Fewer women giving up breastfeeding before they intended to.

The Baby Café service objectives

The Baby Café service objectives are as follows:

- To provide a social model of breastfeeding support in a comfortable café-style environment.
- To provide a universal service that is accessible to women from a range of social backgrounds including more disadvantaged mothers.
- To provide direct access to expert support and knowledge for breastfeeding difficulties and questions, and prompt referral for additional care where needed.
- To provide a consistent quality of service as set out in the Baby Café Licence Agreement and Quality Standards document.
- To enable more women to breastfeed for at least 6-8 weeks, by helping them to overcome any problems effectively and in a timely way, and contributing to them having a positive experience of breastfeeding so that they feel able to breastfeed for as long as they intended to.

Quality Standards

The Baby Café model is based upon 12 Quality Standards as set out in the Licence Agreement. These standards are designed to support facilitators by making explicit the required components of the Baby Café model. Annual reporting against the standards enables performance to be monitored so that improvements can be made year-on-year and any concerns identified and additional management support provided. The standards address staffing, relationships with local healthcare professionals, venue and facilities, care and support provided, information offered, diversity and accessibility, referral processes and governance.

The 12 Quality Standards

Standard 1: A named facilitator

The Baby Café has a named facilitator(s) responsible for ensuring that Baby Café brand requirements are met, as set out in the Licence Agreement.

Quality Standard 2: A qualified facilitator

The Baby Café facilitator is experienced in helping and supporting breastfeeding families and is either:

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Quality Standard 3: Multidisciplinary working

The Baby Café encourages multidisciplinary working and involvement of a range of staff and volunteers. This should include:

- Collaborative working with local healthcare professionals
- Liaison with children's services, community groups and voluntary organisations
- Training and involvement of peer supporters and volunteers.

Quality Standard 4: A welcoming environment

The Baby Café provides a weekly drop-in which:

- Has a safe, hospitable café-style environment
- Serves refreshments and snacks.

Quality Standard 5: A combination of social and clinical support

The Baby Café provides both a social model of care and one-to-one breastfeeding support from a skilled practitioner, which:

- Attracts women to attend regularly, while ensuring there is always sufficient capacity for new mothers with acute breastfeeding difficulties.
- Responds empathetically to mothers' social and emotional needs
- Responds effectively to the clinical needs of each mother and her baby
- Identifies women and babies with additional physical or mental health needs and refers them to appropriate services.

Quality Standard 6: Promoting and supporting breastfeeding at all stages

The Baby Café attracts antenatal and postnatal mothers and ensures that women feel encouraged to continue breastfeeding exclusively, or in combination with using formula for 6-8 weeks or longer, using peers as support and positive role models.

Quality Standard 7: Serving the whole community

The Baby Café is committed to serving all women and is promoted effectively, so that mothers from all sectors of the community are aware of and feel motivated to access the service, receiving timely and appropriate breastfeeding information and support.

Quality Standard 8: An accessible service

The Baby Café is easy for mothers to access including:

- a place to park buggies
- close to public transport
- close to shops, health or family services or other amenities
- a conveniently located, affordable car park or off-street parking
- link workers and/or peer supporters speaking community languages
- translation facilities available.

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The Baby Café refers on promptly and appropriately to other services as required, whilst maintaining confidentiality of the client and keeping records.

Quality Standard 10: High quality information

The Baby Café displays posters, leaflets and other 'easy-to-read', evidence-based breastfeeding information. These might include:

- Leaflets or posters on preventing and resolving common breastfeeding difficulties, e.g. perception of too little milk, sore nipples, mastitis
- Leaflets or posters on preventing and resolving less common breastfeeding difficulties, e.g. thrush, tongue-tie
- Leaflets or posters on hand expressing and storing breast milk
- Pictures, displays or written information about the importance of support from family and friends
- Lists or posters of other sources of information, such as reliable websites.

Quality Standard 11: Regular review and improvement

- The Baby Café team meets regularly to review their service and reflect on practice. Notes are kept of issues and action points and actions carried out to address these.

Quality Standard 12: Providing reliable data

- The Baby Café facilitator keeps accurate records and submits the online Annual Return to Baby Café head office in January, using data collected throughout the previous calendar year.

Number of Baby Cafés

In December 2018 there were 44 active Baby Cafés across the UK, showing a net decrease of 2 Baby Cafés since December 2017 (see Table 1). This decrease can be linked to funding difficulties in an uncertain economic climate where NHS and local authorities are forced to make significant budget cuts. However due to the changeable availability of funding, premises and facilitators, Baby Cafés tend to open and close throughout the year, therefore such snapshots in time simplify the lived reality of the situation. New Baby Cafés continue to open and it is hoped that the next few years will see renewed growth. Several Baby Cafés have been rescued from potential closure during 2018 due to the determination of local facilitators and it is hoped that alternative sources of sustainable funding can be secured to support the ongoing provision of this valuable service.

Table 1: Changes in the numbers of Baby Cafés: December 2012 to December 2018

Total Dec 2012	Total Dec 2013	Total Dec 2014	Total Dec 2015	Total Dec 2016	Total Dec 2017	Total Dec 2018	Opened during 2018	Closed during 2018	Net change 2017-2018
104	108	94	58	49	46	44	5	7	-2

2 Method

Baby Café facilitators were sent a link to an online Annual Return survey to report their activity during the period 1 January to 31 December 2018. The link was sent in a personalised email in early January 2019, requiring them to submit their return by 28th January 2019 as part of their Licence Agreement. The Annual Return survey was created using SurveyMonkey software and contained a series of questions related to the 12 Quality Standards against which Baby Cafés are monitored.

Returns were received from 45 Baby Cafés considered to be operational in 2018 (a 96% return rate). Of these, 33 Baby Cafés were able to provide data for the whole year (1st January -31st December 2018), whilst 12 could only provide data for part of the year because they either opened or closed during this time.

Missing returns were followed up by the Baby Café Co-ordinator, and were mainly due to facilitator absences, a change of facilitator without updated contact details, or actual or imminent closures due to lack of funding. The data were cleaned and then analysed using a combination of IBM SPSS Statistics software and Microsoft Excel. All missing data is excluded from the analyses.

3 Results

Findings are reported for the 45 Baby Cafés that provided substantive data, including 12 that were not open for the whole period (1st January-31st December 2018).

Facilitators were asked to describe how their Baby Café functions in relation to staffing, relationships with local healthcare professionals, their venue and facilities, care and support provided, information offered, diversity and accessibility, referral processes and governance. They were also asked to assess their own performance in relation to the 12 Quality Standards which Baby Café aspires to reach and expects of all those who hold a licence.

Meeting the Quality Standards

Overall, rates of self-reported performance were positive among those Baby Cafés who submitted a detailed return. All 12 Quality Standards were met by over 80% of Baby Cafés for whom data was available (see Table 2). 24 Baby Cafés (53% of those responding) reported meeting all 12 standards in full. The hardest standards to meet appeared to be 12 (Reliable data collection), Standard 11 (continuous review and improvement), and 4 (café-style environment). Many facilitators commented that they did not have time or budget for reflective meetings, although most held some kind of informal debriefing sessions to discuss issues as they arose. This suggests that perhaps a slight re-wording of this standard removing the need for formal meetings or note-taking may make this standard more achievable. We recognise that reflection/debriefing/discussion in any role is increasingly taking place remotely, and therefore we will reword this standard for next year to reflect this. Problems with data collection and completing the Annual Return on time led to cafés not meeting Standard 12.

Limitations placed upon the Baby Cafés by the venue meant that in some areas they were unable to serve hot drinks or snacks due to health and safety restrictions, local healthy eating policies or simply lack of budget, meaning they were unable to meet the standard for a café-style environment. This particularly seemed to be a problem amongst cafés commissioned by local health authorities, perhaps because these tended to be run in local health facilities. However, they have continued to provide a welcoming environment despite this challenge.

Table 2: Number and percentage of UK Baby Café services meeting each Quality Standard

	Quality Standard	2018						2017	2016	2015	2014	2013	2012
		Meets the standard		Working towards Standard		Does not meet the standard		Meets the standard					
		n	%	n	%	n	%	%	%	%	%	%	%
1	Named facilitator	45	100%	0	0%	0	0%	98%	100%	100%	99%	98%	97%
2	Qualified facilitator	45	100%	0	0%	0	0%	98%	98%	100%	99%	98%	97%
3	Collaborative relationships	42	93%	3	7%	0	0%	91%	94%	95%	92%	93%	96%
4	Café-style environment	40	89%	3	7%	2	4%	87%	92%	95%	95%	95%	93%
5	Social model of care	44	98%	1	2%	0	0%	91%	96%	93%	97%	93%	92%
6	Breastfeeding continuation	43	96%	2	4%	0	0%	89%	96%	93%	92%	88%	88%
7	Diversity	45	100%	0	0%	0	0%	94%	96%	100%	96%	87%	87%
8	Transport and access	44	98%	1	2%	0	0%	98%	94%	98%	95%	90%	90%
9	Referral	44	98%	0	0%	1	2%	100%	98%	100%	100%	93%	79%
10	Information	42	93%	2	4%	1	2%	98%	98%	98%	93%	93%	90%
11	Review and improvement	40	89%	4	9%	2	2%	89%	92%	85%	90%	79%	76%
12	Reliable data collection	36	80%	8	18%	1	2%	89%	96%	95%	97%	76%	81%

The 12 Quality Standards relate to key aspects of the work of the Baby Cafés, providing guidance on what is expected. These will be discussed under eight headings: staffing, facilities, attendance, support and breastfeeding continuation, inclusion and diversity, accessibility, referral, and review and improvement.

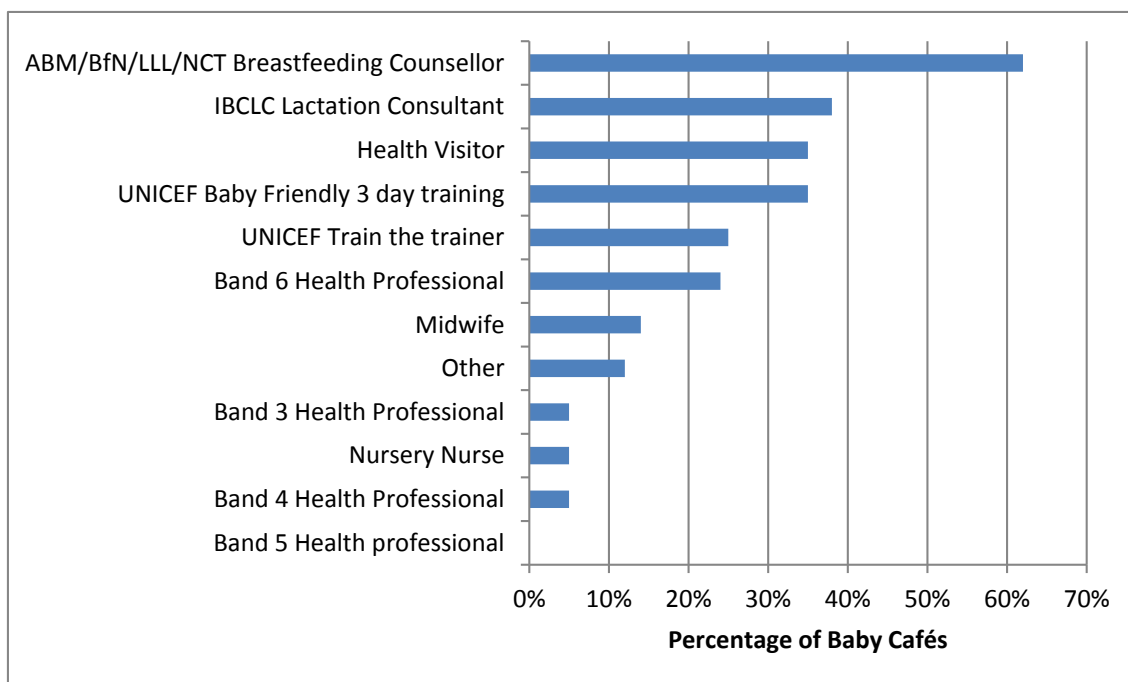
Staffing

Having appropriately qualified and trained staff is central to the Baby Café model. Each Baby Café must be run by a named facilitator(s) who are responsible for ensuring that the requirements of the Licence Agreement are met. Those who are motivated to run a Baby

Café will usually have a strong commitment to support breastfeeding women and babies, and to create an environment where breastfeeding is enabled and encouraged. Many Baby Café facilitators are qualified Breastfeeding Counsellors and a substantial number are IBCLC qualified lactation consultants or health professionals.

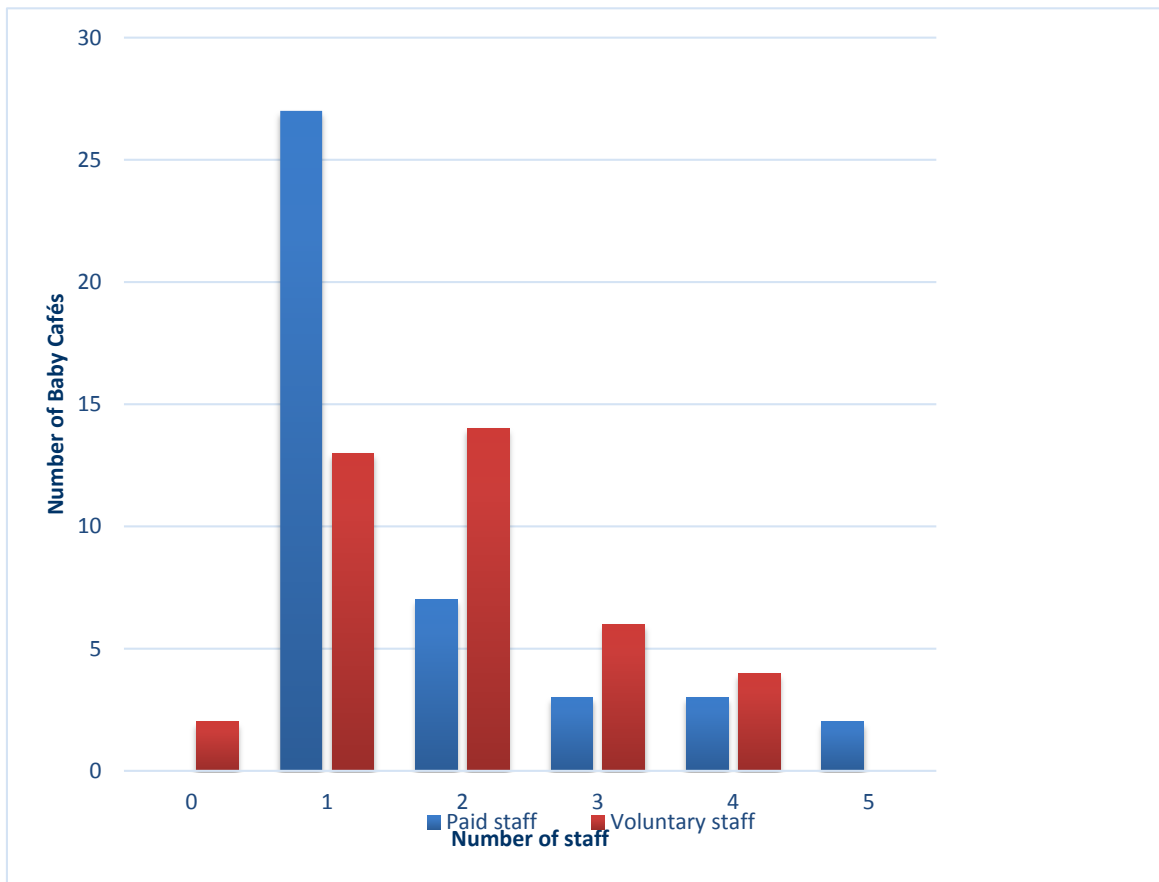
Figure 1 shows the qualifications and seniority of facilitators of UK Baby Cafés during 2018. Many facilitators held several of these positions consecutively. 62% of facilitators were qualified ABM / BfN / LLL / NCT Breastfeeding Counsellors, 35% had received UNICEF Baby Friendly 3 day training, 38% were IBCLC lactation consultants and 35% were health visitors. Staff listed under the 'other' category included maternity support workers, children's centres managers, student midwives and Band 7 health professionals.

Figure 1: Qualifications and seniority of facilitators of UK Baby Cafés



Most Baby Cafés have more than one regular staff member. The mean number of paid staff present each week was 1.8 (range 0-6) and the average number of volunteers was 1.9 (range 0-4). Each Baby Café received an average of 140 volunteer hours during 2018, although this varied greatly (range 0-624 hours).

Figure 2: Number of paid and voluntary staff present each week in UK Baby Cafés



63% of Baby Cafés used trained peer supporters and together they reported having referred 88 women for peer supporter training during 2018. 30% of these Baby Cafés used NCT training, whilst 59% had their own peer supporter training programme. The remaining 11% used other peer support training programmes run by the NHS or other local organisations.

Facilities

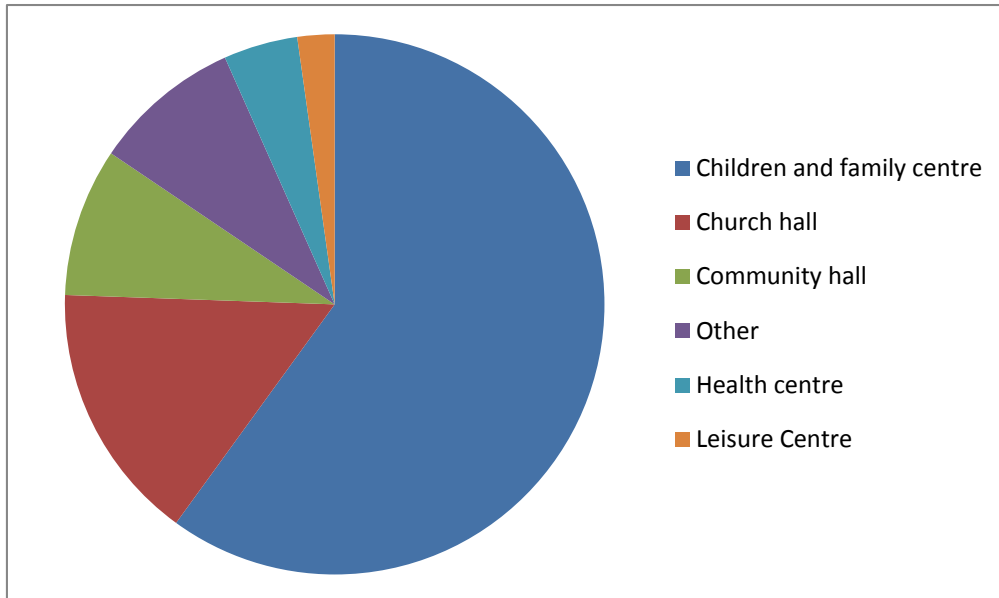
Quality Standard 4 requires that Baby Cafés provide a weekly drop-in with a safe, hospitable, café-style environment, serving refreshments and snacks.

Accounting for public holidays, staff sickness or annual leave and term time opening, the average number of sessions held per Baby Café in 2018 was 42.

Cafés are run from a number of different venues (see Figure 3), with a large majority (60%) being held in children and family centres, others in community or church halls, health

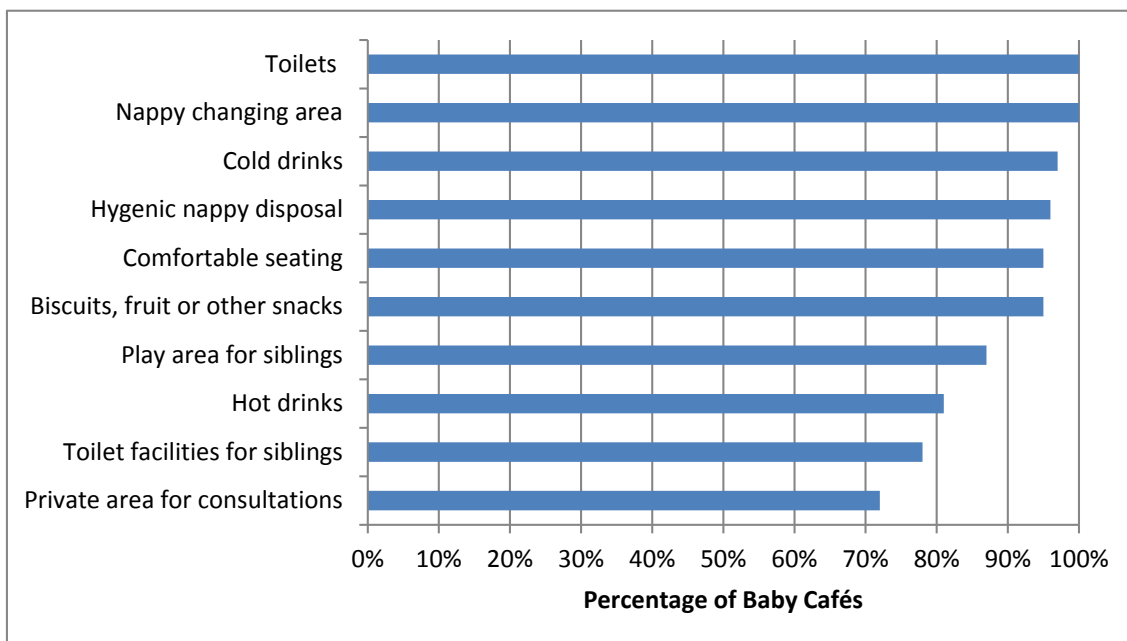
centres or leisure centres. Alternative venues include a community room in a shopping centre, a ballet school and a church community café.

Figure 3: Venues in which Baby Café services are based



The majority of Baby Cafés reported that they met the requirements for a comfortable café-style environment, with over 100% of Baby Cafés offering toilets and nappy changing area and over 90% offering cold drinks, hygienic nappy disposal, comfortable seating and snacks.

Figure 4: Baby Café facilities



The majority of Baby Cafés were also able to provide additional facilities such as hot drinks (81%), toilet facilities for siblings (76%) and private areas for consultations (72%). Where such facilities were not available this was generally due to a lack of space or budget, or restrictions placed upon the Baby Café by the venue.

Attendance

One of the key elements of the Baby Café model is that it provides a social model of care which attracts women to attend regularly. Figures provided in the Annual Return show the overall numbers of women attending the service and the number of times they visited.

How many women do Baby Cafés support?

The 45 Baby Cafés who responded to the survey provided a service to a total of 6,682 individual women throughout the year, a mean of 148 women per Baby Café (range 6-601), (note that some Baby Cafés were not open for the whole year). These women made a total of 13,460 visits, an average of 299 visits per Baby Café (range 7-1076).

This shows an increase in numbers of mothers using the service since 2017 (6,322) but a decrease from an estimated 7,494 women using the service in 2015, reflecting the overall decrease in the numbers of UK Baby Cafés over the past two years due to funding difficulties. However, Baby Cafés are now seeing more individual women (an average of 148 women per Baby Café compared with 134 in 2015 and 93 in 2014).

Antenatal attendance

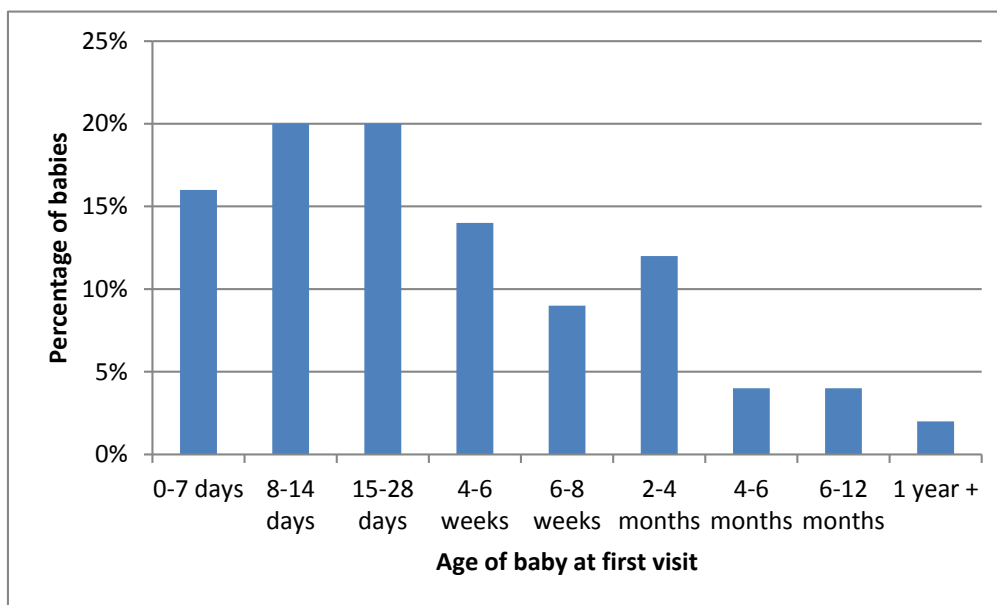
One area that Baby Café is particularly keen to promote is increasing the number of antenatal visits by mothers. These visits can help promote breastfeeding, connect women to local services before they need them and potentially pre-empt common breastfeeding problems through antenatal education.

In 2018, 244 antenatal visits were recorded by the 45 Baby Cafés for which data was available, an average of 5 women per Baby Café (approximately 4% of visits). This suggests that attempts to increase antenatal attendance are paying off; however there is still scope for further marketing of the Baby Cafés to pregnant women.

Age of babies at first visit

Baby Café facilitators also collected data on the age of babies at first visit to Baby Café. The results are shown in Figure 5 below. Figures show that mothers most commonly first attend Baby Café when their babies are aged, 8-14 (20%) or 15-28 days (20%), a time when routine postnatal support tends to drop away and women are left struggling with ongoing feeding issues. Particularly for first-time mothers it may take several days / weeks before they feel able to leave the house or contemplate feeding in public. However, a significant proportion of women (16%) attend within the first seven days, showing the value in providing early support to address breastfeeding issues. Interestingly a quarter of women do not attend until after two months (with 4% first attending after 6 months and 2% after one year), emphasising the importance of ongoing support beyond the immediate postnatal period.

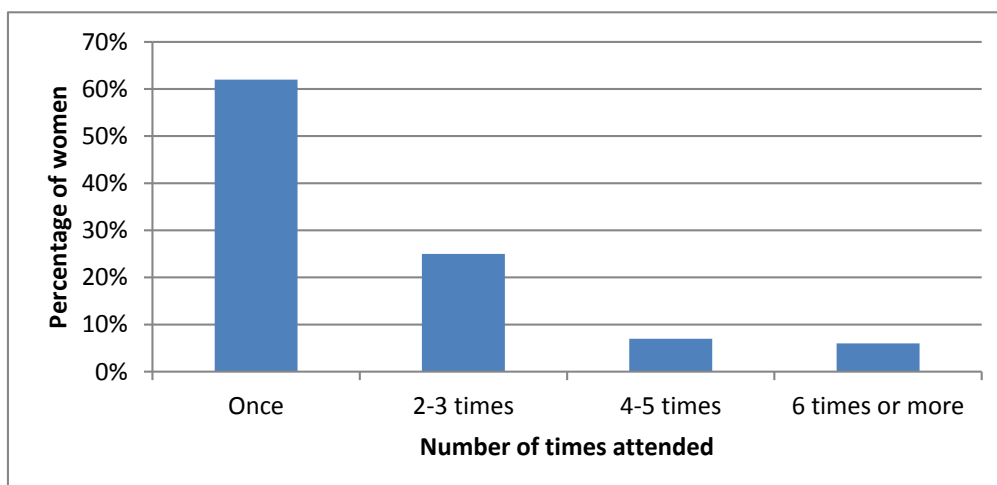
Figure 5: Age of babies at first visit to the Baby Café service



How many times do women attend the Baby Café?

Overall, 38% of women who used a Baby Café service attended more than once and 6% came six times or more. This finding supports the philosophy of the Baby Café, that the service is a social model, with women attending to spend time with other breastfeeding mothers as well as to seek expert support and care when they have a particular concern or difficulty.

Figure 6: The number of times women attended their Baby Café service



It is possible that repeat visits reflect a higher proportion of unresolved breastfeeding difficulties, continuing beyond one or two visits. However, comments from mothers and facilitators suggest that women generally have positive reasons for attending a Baby Café frequently. This is supported by the results of a qualitative research study into women’s experiences of Baby Café services published during 2015¹.

Support and breastfeeding continuation

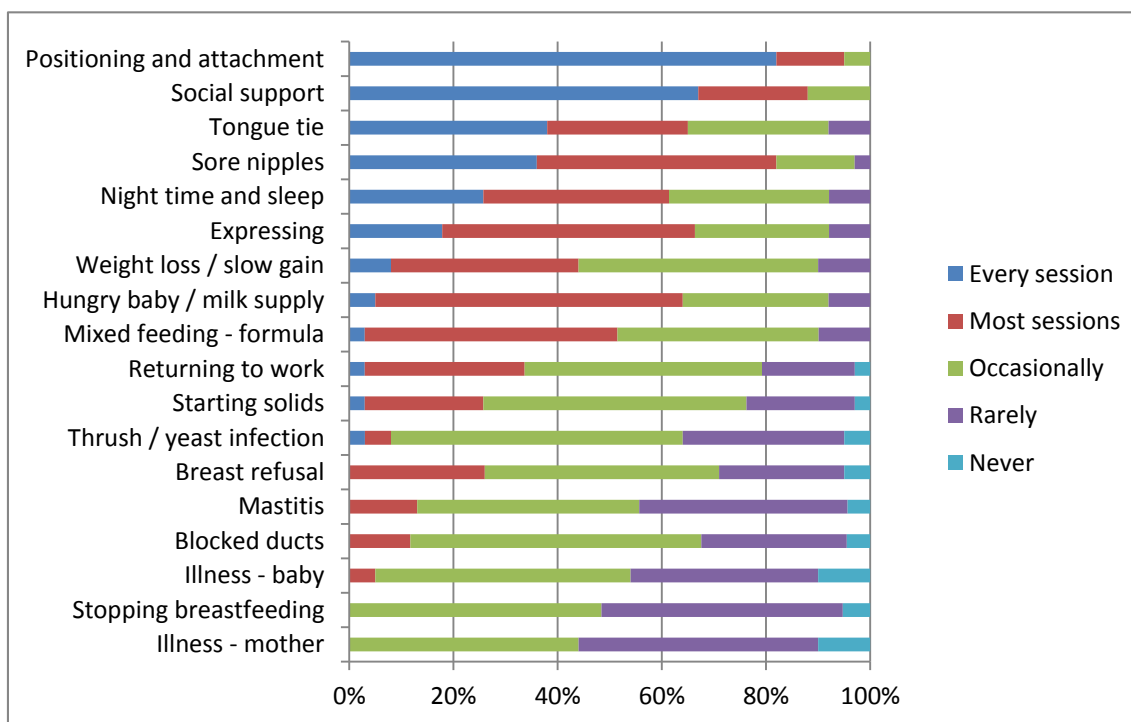
The Baby Café model is designed to provide continuing support with a view to increasing breastfeeding continuation rates at 6-8 weeks. Baby Cafés appear to be providing a welcoming and acceptable social environment for women to visit regularly and comments from women suggest that the support they receive from Baby Café staff, volunteers and other mothers has made a difference to their breastfeeding experience.

Why do women attend?

Most Baby Café facilitators reported that women attended their Baby Café for both social support and for help with specific feeding concerns or difficulties. Responses indicated that the most common reasons for attendance were positioning and attachment, social support, tongue-tie, sore nipples, concerns about sleep and night feeds. However, there were many other presenting issues that Baby Cafés responded to (see Figure 7 below). Other reasons not listed were tandem feeding, twins, biting and teething, reflux, colic, allergy, nipple shields and mental health.

Interestingly tongue-tie has become an increasingly common reason for attendance with 68% of facilitators stating that mothers attended every or most sessions with this concern, compared to just 20% in 2014. This reflects the recent surge in babies being suspected or diagnosed as having this condition, the mixed availability of tongue-tie services across the UK, and the current debate in professional and popular circles regarding appropriate identification and treatment options³.

Figure 7: Reasons for attending Baby Café services



Women’s experiences of breastfeeding

The three service aims for the Baby Café include more women having a positive experience of breastfeeding, fewer women giving up breastfeeding before they intended to, and more women breastfeeding at 6-8 weeks.

Robust data on breastfeeding rates at 6-8 weeks is difficult to collect using routine monitoring tools within a Baby Café setting. By the very nature of the service, almost all women who attend are breastfeeding. And where mothers only attend before 6 weeks, resources are not available to routinely follow up these mothers to record their breastfeeding status at 6-8 weeks. What is more, even where women are able to provide this information, it is difficult to ascertain the exact contribution of Baby Café to achieving this. Baby Café facilitators therefore no longer routinely collect data on 6-8 week feeding rates. However, a telephone follow-up evaluation conducted in July /August 2015² showed that 75% of mothers attending Baby Café felt that this had enabled them to breastfeed for

longer than they would have done without the support, with reported duration rates well above national averages.

Examples of comments provided by mothers are shown below. Many women commented that without the support of Baby Café they would have given up breastfeeding and often saw their visit to Baby Café as a turning point in their breastfeeding relationship.

I wanted to say a massive thank you for the support you have given me at the Baby Cafe. I honestly wouldn't still be breastfeeding if it wasn't for your advice and support. I first came when baby was 6 days old and I found feeding so difficult and by about 6 weeks I was exclusively expressing. You were the only person who seemed to believe that breastfeeding would be possible for me and I am so grateful. Baby is now 19 weeks old and exclusively breastfeeding.

Women used phrases like 'I could not have done this without the support'. They referred to the expertise, approachability and encouragement of the Baby Café staff and the friendly welcoming nature of the café environment.

The Baby Café has been an incredible source of support throughout my BF journey, I'm not sure that I would still be feeding without it. Being a first time mum I have doubted myself a lot with BF but coming to the café and meeting other mums who have similar doubts and concerns has been invaluable. I love coming here and feel an increased sense of well-being, the cafe has made a huge difference to me and my BF journey. Thank you.

Some of the comments collected from women explicitly referred to the combination of clinical care and emotional or practical support that the Baby Café provided, including links with other services, which enabled them to continue their breastfeeding journey.

Amazing support and advice. Relaxed environment. Learnt so much from the midwives and volunteers. Latch improved after my first visit and my baby started to gain weight. I am SO THANKFUL for all the support and help. My baby is now almost 5 months old and exclusively breastfed!

I was really really struggling with the pain of breastfeeding and was quite emotional at the time. You really helped reassure me and took your time to do so. You booked my daughter in for her frenulectomy within 5 days, despite your already full clinic. I really appreciated this as I could not have continued breastfeeding for any longer. I would like to thank you so much for helping me through it all. I have been recommending you to any friends that have been struggling. Please keep up your great work and thanks again.

Women also commented on the importance of social support from other mothers and peer supporters in giving them confidence to continue feeding for as long as they wished.

Baby Café is great for helping you with breastfeeding journey. I had problems with latch and this café helped and always give you the best advice, also speaking to other mums who are

going through the same journey is amazing. It good to know I am not the only one feeding in the middle of the night. I can ask any questions and do not feel judged or silly.

Inclusion and diversity

Baby Café are committed to supporting women from all sectors of the community. As part of improved data collection procedures introduced since January 2013, facilitators routinely collect demographic data on the women using the service in order to monitor inclusion and diversity, including mother’s age, ethnicity and education.

Ethnicity

Overall 59% of women using Baby Café services during 2018 described themselves as White British and a further 19% as White Other, with 11% Asian / Asian British, 4% Black / Black British and 5% Mixed / Multiple ethnic groups and 2% as Other. Interestingly women in the ‘White Other’ category are particularly over-represented in relation to the UK population, perhaps reflecting the fact that women living outside their home country, who are isolated from friends and family, are more likely to seek out support.

Table 4: Ethnicity of women visiting Baby Café services during 2013-2018

	2013	2014	2015	2016	2017	2018
Asian / Asian British	6%	9%	9%	9%	10%	11%
Black / Black British	3%	6%	4%	3%	4%	4%
White British	74%	65%	65%	69%	65%	59%
White other	13%	15%	17%	14%	16%	19%
Mixed / multiple ethnic groups	2%	2%	3%	3%	3%	5%
Other ethnic group	2%	2%	2%	2%	2%	2%

Country of birth

As of 2015 UK Baby Cafés were required to collect information on country of birth, showing that 78% of women visiting Baby Cafés during 2018 were born in the UK and 22% outside the UK. However, many Baby Cafés did not collect this data and it is hoped fuller figures will be available in 2019.

Using community languages

Baby Cafés were asked about their use of community languages and verbal or written translation services. 47% of Baby Cafés reported that they had access to translation services either through Language Line, or face-to-face interpreters, whilst 53% had staff or peer supporters who spoke community languages. Many others had so far found no need for interpretation as they were situated in areas without large migrant communities.

53% of Baby Cafés said they had access to leaflets in community languages, most often UNICEF leaflets that could be downloaded as required. Most other Baby Cafés had had no need for leaflets in languages other than English or had relied on picture cards and face-to-face demonstration of, for example, positioning.

Age

Breastfeeding is less common amongst younger mothers and Baby Café is keen to encourage women from these age groups to attend. Overall 95% of women visiting Baby Café services during 2018 were aged 25 and over, with just 4% aged 20-24 and 1% aged 19 and under. This is an area where further outreach work is required to try to attract younger mothers who may be less confident in their feeding decisions or lack alternative social or professional support

Table 5: Age group of women visiting Baby Café services during 2018

Age	Percentage of mothers
19 and under	1%
20-24	4%
25-29	23%
30-34	39%
35-39	26%
40 and over	7%

Education

Research has shown that breastfeeding rates are also linked to levels of education. This is reflected in the survey results which show that overall 74% of mothers attending Baby Café services during 2018 have either an undergraduate or postgraduate degree, with less than 1% having no formal qualification.

Table 6: Educational qualifications of women visiting Baby Café services during 2018

Highest educational qualification	Percentage of mothers
No formal qualification	1%
GCSE / equivalent	8%
A-Level / equivalent	14%
Undergraduate degree	35%
Postgraduate degree	39%
Other	1%

Disability

Overall 3% of those mothers visiting Baby Café during 2018 considered themselves to have a disability.

Accessibility

In order for Baby Cafés to be as accessible as possible to all sectors of the community, they need to be well connected with public transport links and local amenities. As the majority of Baby Cafés are located in children’s centres or health facilities, these are usually designed to be accessible for local communities and Baby Cafés may run alongside other health clinics or social activities for mothers and babies, allowing for ease of access between the two. Many facilitators also work specifically with health professionals and other agencies to encourage attendance from all sectors of the community.

Promotion of the service via colleagues who work in Health and children's centres encouraging them to attend with clients initially so that it's not so scary.

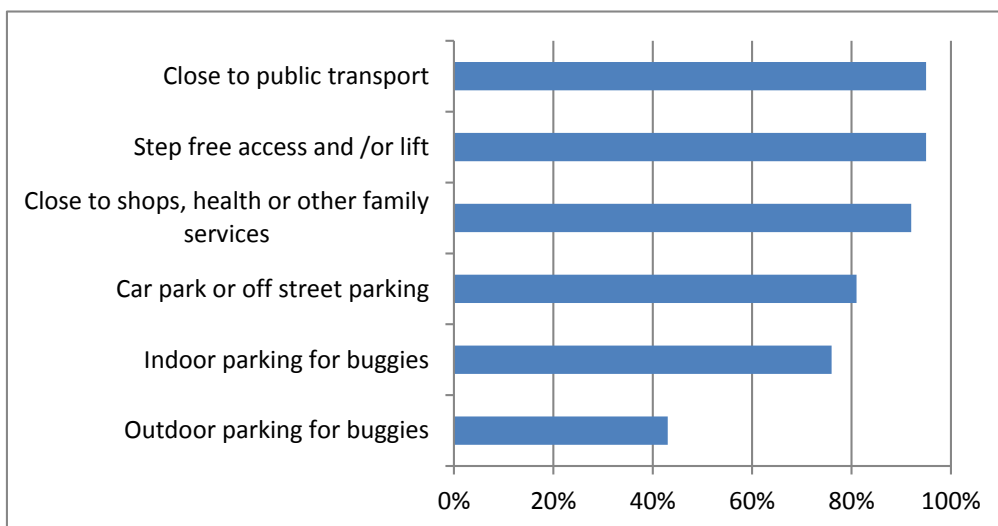
The facilitator works with young mothers and those from low income families and encourages them to attend. All health visiting staff are encouraged to promote Baby Cafe to all their clients.

Everyone is given the same information and all women are informed of the service if they wish to attend. Key workers/ health professionals also refer in if a client is experiencing difficulties.

We are committed to being inclusive. We have made sure that our venue is very neutral and that we all have an understanding of the diversity within our community. We have followed the mother charter.

Physical ease of access can also be a major factor for new mothers, some of whom may not have ventured out in public with their baby before. 95% of Baby Cafés reported that they were close to public transport, whilst 81% had either on-site parking or nearby car parking facilities. 92% of Baby Cafés were close to shops, health, family services or other amenities, 95% had step free access and / or a lift. 76% of Baby Cafés were able to provide indoor buggy parking and a further 43% had secure outdoor buggy parking.

Figure 10: Accessibility of Baby Café facilities



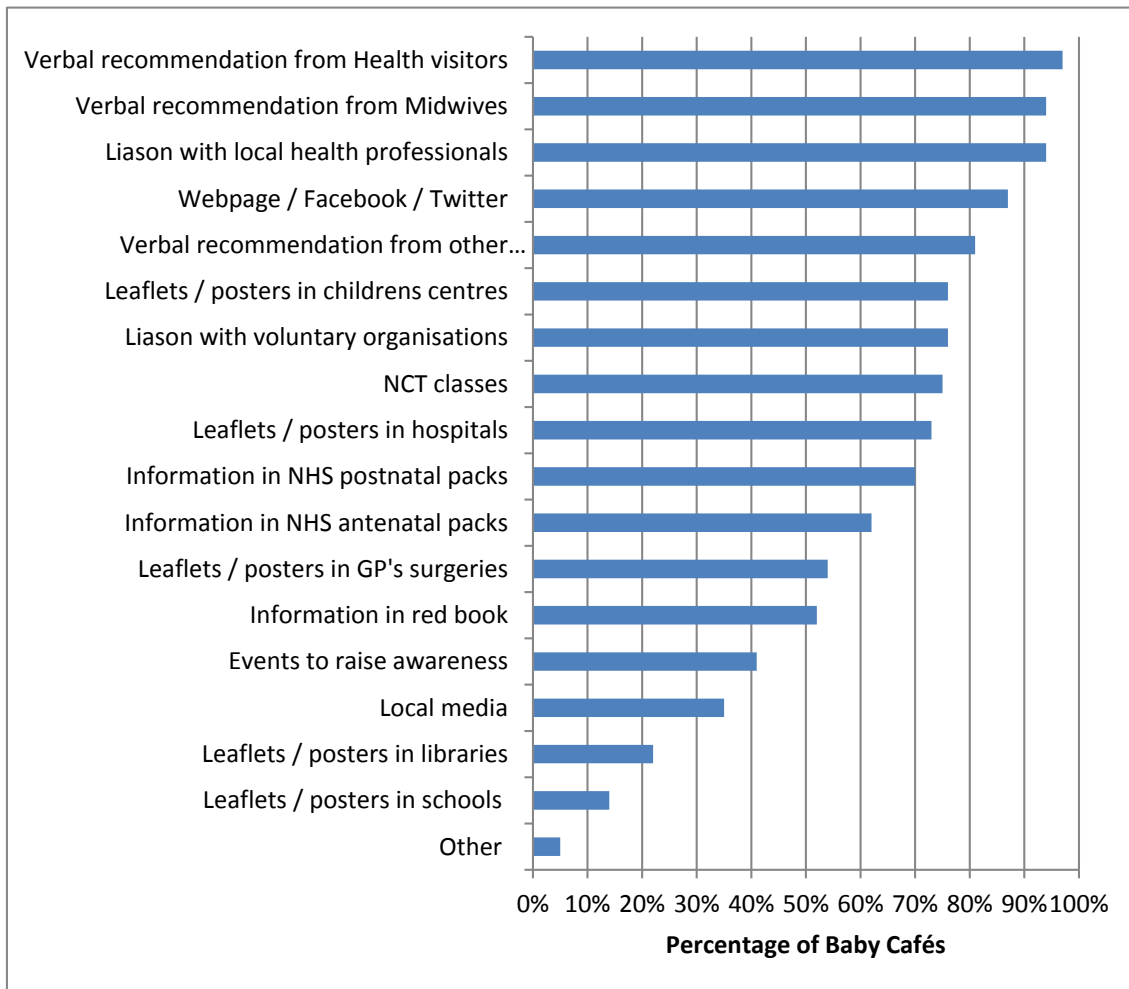
Promotion and marketing

Baby Cafés reported using a wide range of methods to promote their services. Verbal recommendations from health visitors (97%) and midwives (94%) were named as the top methods of promoting the service. Liaison with local health professionals, voluntary organisations and other breastfeeding services were also important as well as recommendations from NCT classes.

Changing methods of communication were reflected in this year's results, with 87% of Baby Cafés now using social media (Webpage / Twitter / Facebook (compared with 74% in 2015);

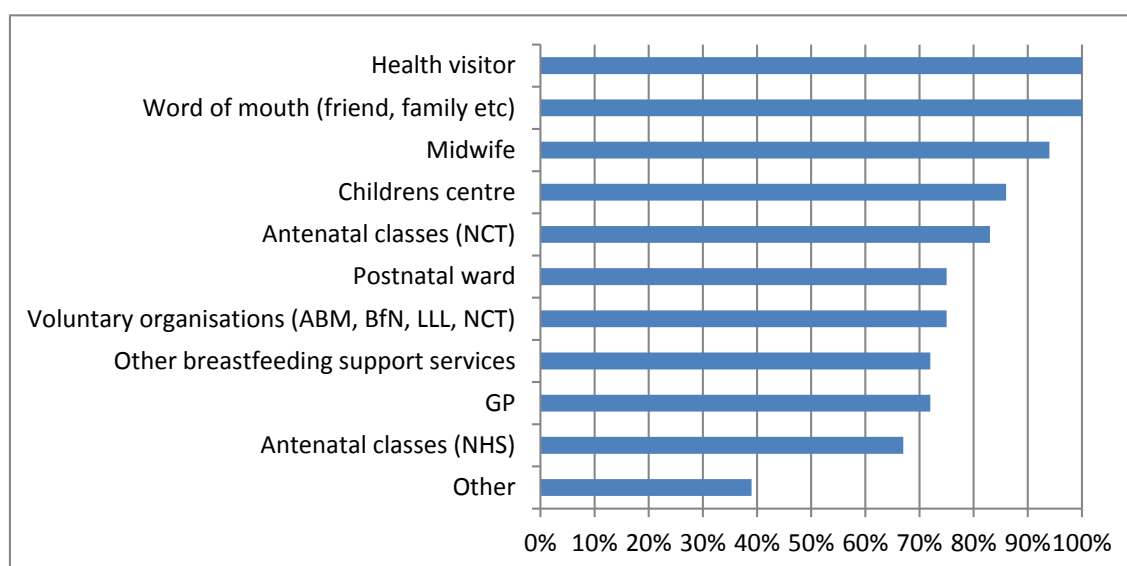
whilst smaller numbers mentioned local media or events to promote their services (see Figure 11 below). Written advertising was also widely used in the form of leaflets / posters in Children’s Centres, local hospitals and GP surgeries, or information in NHS antenatal/postnatal packs and/or red books.

Figure 11: How Baby Cafés advertise and promote their services



Recommendations into the service came from a variety of channels. Children’s Centres, word of mouth from family / friends, health visitors and midwives seemed to be the top forms of recommendation. Recommendations from NCT classes and other voluntary organisations seem to be becoming an increasingly important form of recommendation, most likely due to the increasing numbers of Baby Cafés run by NCT Breastfeeding Counsellors. NHS antenatal classes, the postnatal ward, GP’s and other breastfeeding support services also directed women to the service (see Figure 12 below).

Figure 12: Pathways of recommendation in to Baby Café services



Links with other services

These findings confirm the importance of integration and good working relationships with other health services in the local area to ensure prompt referrals to Baby Café during the early breastfeeding days, when many women struggle to establish feeding and are in need of expert support and advice. Midwives and health visitors are often the key gatekeepers during this ‘investment and adjustment’ period and can be used to promote the service universally to all women giving birth in the local area (via both verbal recommendations and information in postnatal discharge packs etc.). Many reported having health visitors or midwives who worked across the postnatal services as well as within Baby Café.

Where Baby Cafés were run by non-health professionals, they may have to work a little harder on establishing good working relationships with mainstream health services to ensure that their services are actively promoted to all women in the area, particularly to more ‘hard-to-reach’ groups who are less likely to actively seek out services.

83% of Baby Cafés reported that they were part of a wider breastfeeding strategy in the area, working alongside other professionals and services (NHS, local authorities, Children’s Centres etc.) to improve breastfeeding rates.

We are BFI Level 3 accredited and work with health to deliver information, support and advice in line with World Health Organisation BFI guidelines.

Member of the breastfeeding strategy group which meets 3 times per year.

Regular meeting with Specialist Health visitor (Infant nutrition) and other local facilitators.

We are embedded into Croydon children's universal services and are part of the overall strategy offered to commissioners by CUS.

In some areas Baby Cafés are specifically commissioned to provide breastfeeding services by the local NHS Trust. New UNICEF Baby Friendly guidelines on supporting breastfeeding in the community⁴ mean that in many areas Baby Cafés are now seen as an important part of achieving Baby Friendly accreditation. Baby Café Quality Standards exceed the expectations for breastfeeding drop-ins as outlined in the UNICEF audit tools, making them a valuable asset in achieving Baby Friendly status. In addition to providing a welcoming environment, social support, information and referral, they offer specialised support in the form of named skilled facilitators and trained peer supporters who provide continuity of care and a social model of support in a comfortable café-style environment, encouraging repeat attendance and mother-to-mother support.

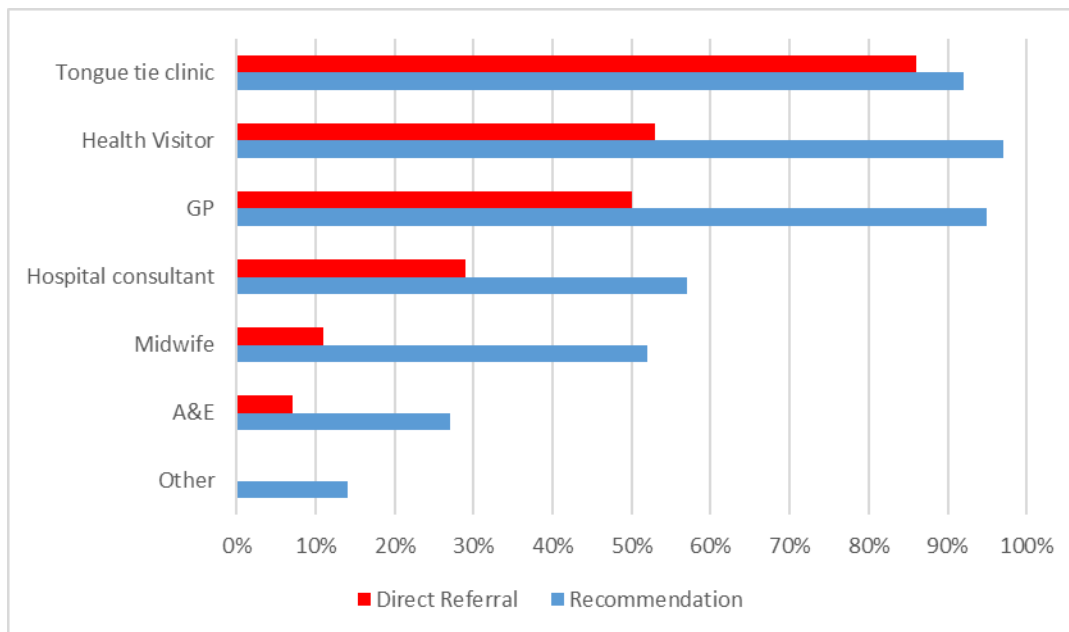
Referrals

Identifying clients who need further help and referring them appropriately to mainstream health or social services is a key role of the Baby Café facilitator. 97% of Baby Cafés reported making recommendations to women to visit a health professional during 2018, whilst 78% made direct referrals. The total number of referrals /recommendations made was 1523 (678 direct referrals and 845 recommendations).

Facilitators referred or recommended women to a number of different professionals with the most common forms of recommendation being to the GP, tongue-tie clinic or health visitor, whilst for formal referrals this was the tongue-tie clinic. Some facilitators said their local tongue-tie clinic required a referral from a breastfeeding specialist and so women came to the drop-in specifically to be referred on. This may account for the relatively high numbers of referrals for tongue-tie. Others were not permitted to refer directly to the tongue-tie clinic, but referred to another professional (e.g. lactation consultant) who was then able to do this. Growth in the numbers of women referred for tongue-tie reflects the increased diagnosis of this condition nationally over the past few years, with recommendations rising from 78% in 2015 to 92% in 2018 and referrals rising from 67% to 86%.

Only three Baby Cafés reported referring families due to safeguarding concerns during 2018, with all 3 referred to their health visitor.

Figure 13: Professionals and other services to which women were referred



Written information

Quality Standard 10 requires that Baby Cafés display posters, leaflets and other ‘easy-to-read’ evidence-based breastfeeding information for women to read or take away. The majority of Baby Cafés reported being able to provide such information on a variety of themes. These included: preventing and resolving common breastfeeding difficulties, e.g. perceptions of too little milk, engorgement or mastitis (94%); hand expressing and storing breast milk (88%); the importance of support from family and friends (71%) and preventing and resolving less common breastfeeding difficulties, e.g. thrush, tongue-tie (80%). Many Baby Cafés also compiled lists of other reliable sources of support, e.g. NCT / LLL / BfN websites and NHS Choices (77%), and many reported having a library of books and DVD’s for loan or recommending the use of the Baby Buddy app and ISIS online (Infant Sleep Information Source) website.

Review and Improvement

Regular meetings can help Baby Cafés to develop and improve the quality of the service provided by identifying issues and ways of addressing them. 89% of Baby Cafés reported having some kind of regular meeting, though this was often an informal debriefing rather

than a formal meeting. Those who reported that they were working towards the standards also reported that it was often difficult to get staff together in one place at one time. Instead, they communicated by telephone or Facebook between sessions, and would chat during or after the sessions regarding issues and plans.

Examples of issues discussed at meetings and acted upon to improve the service related to various issues, including management of peer supporters and volunteers regarding their role and interaction with mothers:

We had secured a colleague to work as meet and greeter and support with paperwork and data collection. During 2018 she was removed from the service to somewhere else within the organisation. However we managed to state the case for her supporting the service focussing on the value she adds and how she increases client satisfaction with the service

Volunteer boundaries - we ran a training session for volunteers to address this.

Staff - decided to have consistency with facilitators and agreed for no more than 3 members of staff to cover on rotational basis as paperwork not always fully completed and parents not knowing staff.

Baby Cafés also looked at ways to improve the service

It was reported back to us that a mother had stated to her midwife that it was a little intimidating because it was so busy. We discussed ways of making sure we were watching arrivals and greeting them so that it was not intimidating , inviting them to sit with other mothers introducing them and checking that they were ok. We have monitored this and it appears to be working well, sometimes it is difficult if we are working with a mother, we have encouraged a few regular mothers to introduce themselves and help to make new mothers feel welcome.

Number of babies with tongue-ties attending and how to manage these as this was affecting the ambience of the Baby Café making it much more clinical. Decided to keep the examination of tongue-ties away from the main café which has helped.

Training / update day

As part of efforts to improve the Baby Café service, the national co-ordinator and a team of regional trainers have begun a programme of training for induction / updates, in order to connect with staff on the ground and ensure the maintenance of the Quality Standards. Training events add value to the Baby Café model and increase NCT's reach amongst health professionals and other organizations.

Induction days are compulsory for all new Cafés and update days are considered beneficial when there are changes of staffing within the team in the Baby Café. The cost for update days is £500. Although this represents good value for money, it remains out of the price

range for most Baby Cafés in the current economic climate of cuts to funding. Those who request updating events most frequently are those who have a bigger contract for services with NCT, i.e. clusters of Baby Cafés and peer support contracts running alongside each other. The initial induction event is costed into the first payment for a licence (£675); so all Cafés receive some training.

23 Baby Cafés stated that they had received a site visit /training during 2018 which had been useful for learning and collaboration with other facilitators in the local area.

It was really good to hear that we were doing everything right. It can feel a bit isolated even with links to other local Baby Cafés and BFC's, so getting a visit was reassuring.

8 Baby Cafés stated that they would like a visit for update / training during 2019, while others said that they would be glad of this, but that the cost was prohibitive due to funding issues.

Keeping accurate data

89% of Baby Cafés were able to meet the requirements for accurate data collection during 2018. Those who failed to meet the standard did so because of problems reporting the data by the deadline of 28th January. New data protection regulations under GDPR from 25th May 2018 has meant that there have been practical changes to the ways in which personal data is collected within a Baby Café environment, in order to protect personal data, such as signing in sheets being held by peer supporters rather than left on tables and new procedures regarding the retention of data.

Successes and Challenges

Baby Cafés reported on their successes and challenges during 2018. Successes generally related to feedback from mothers, satisfaction at being able to help women successfully breastfeed and increasing attendance, particularly from 'hard-to-reach' groups or antenatal mothers.

Numbers attending Baby Café have risen during the year, with a number of returning mothers forming friendships.

Repeat visits, people coming from out of catchment for support, partners attending, increasing numbers, supporting vulnerable families and really young babies

I think our success has been the absolutely wonderful feedback we get from families who have visited the café. We had an initial ambitious target of reaching 150 mothers in the first year and have reached 106 in just 8 months.

Continuing or extended funding in an era of health cuts was also seen as a positive success, with many Baby Cafés struggling to remain open in the current economic climate.

Being able to remain open and offer continuity to mothers and families locally. We participated in the Global Big Latch on which was very successful. Have encouraged a number of mothers to train as peer supporters and supported them through training.

Baby Café 10th birthday celebration. 10 new peer supporters trained by our Breastfeeding Counsellor. Good retention of peer supporters.

Facilitators also mentioned successful interdisciplinary working and integration with mainstream health services.

Being referred to as a local hero by a nominator for star of the year award! The mother specifically mentioned postnatal breastfeeding support [at Baby Café]. Student midwives and health visitors come to Baby Café to observe the support offered and see what we're about and Baby Café has an excellent reputation. More and more GP's are referring mothers to Baby Café.

Re-accreditation as a Baby Friendly Maternity and Health Visiting service. Data from Baby Café to be used to support achieving sustainability BFI Gold Award.

Challenges most commonly related to issues of funding, staffing, facilities or attendance, with many Baby Cafés struggling to stay afloat amid a constantly changing health and social care system. Examples of challenges included:

A freezing cold venue, recruiting volunteers, finishing an hour later than scheduled most weeks and clearing up by myself.

Funding as always - we currently don't have funding in place for next year.

Uncertainty about the future of Baby Café due to the uncertainty over the future of Children's centres in Surrey as funded and facilitated by local children's centres.

Peer supporters - trying to ensure they give impartial advice and sign posting rather than advising as per their role description

Staffing at times due to conflicting uses of our time, and increasing numbers of women attending. We want to ensure all women are seen if having difficulties in a timely manner.

Trying to navigate around the politics of breastfeeding within the NHS in particular the Specialist infant feed leads for midwifery and health visiting. It was well known before setting up Baby Café that they did not like NCT and were probably prejudiced against the service to begin with. We are aware that they do not refer families to Baby Café and this is incredibly upsetting as I know we could have reached far more parents if they had fully engaged with us.

Plans and objectives for 2019 related to increasing attendance, particularly from diverse and antenatal groups, solving staffing issues, interdisciplinary working and better promotion of the service in the local community.

To continue to deliver this service and extend this type of multidisciplinary breastfeeding support to other Baby Cafés in the inner boroughs . To work on health promotion displays in the room as we have moved to a new room. . To be more organised about planning team meetings and formal documentation of meetings . To develop Baby Café as a learning resource for staff wanting to develop their breastfeeding knowledge and skills.

To continue to encourage new parents to attend and to stay for social support instead of just coming for one-off support.

*Improve the record keeping to ensure data is collected more accurately, this should now be possible due to our meet and greet colleague Increase attendance from Infant feeding champions to improve capacity and therefore client experience.
Improve the evaluation system*

Our objective is to set up a formal pathway between Baby Café and healthcare to make referring mothers for further support and for tongue-tie referral for a smoother process.

Funding issues were also top priority, with many Baby Cafés unsure of their support for the next financial year.

To keep going. The local Children's Centres face huge cuts this year and it is certain that some of the local Baby Cafés will close, perhaps all. So we will need to review how we work and perhaps take some tough decisions.

To continue offering good support and continuity to families in this economic environment when a number of children's centre are closing. To participate in the Global Big latch on. To encourage more mothers to train as peer supporters and to support these through training.

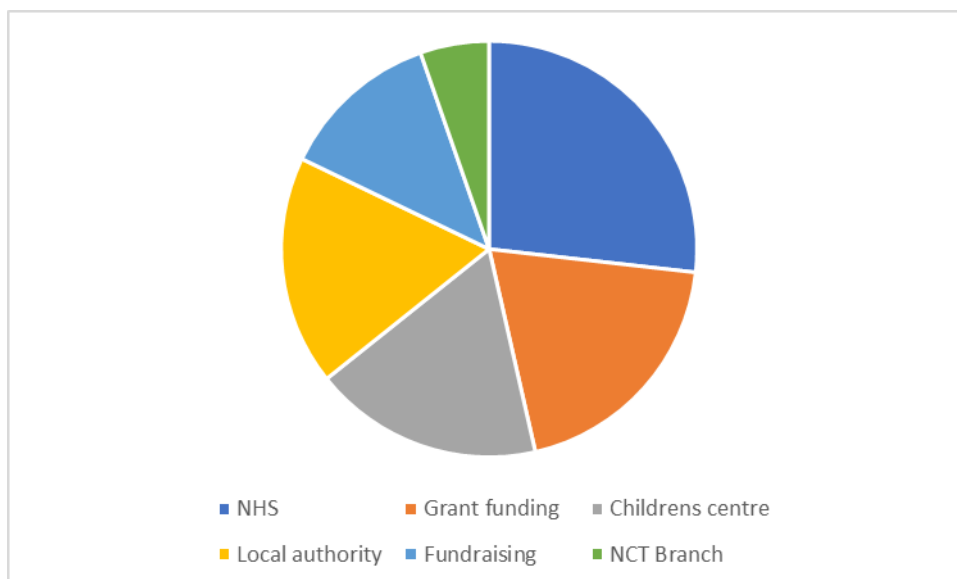
Funding

Funding is recognised as a major issue for many Baby Cafés, particularly securing ongoing funding beyond initial set-up costs (which is often through fundraising, grants or support from NCT branches). This is a particular problem in the current climate of health budget cuts. Feedback shows that otherwise successful Baby Cafés often close because of lack of continuing funding, contributing to the fall in numbers during 2018. Therefore the 2018 survey included a question on the ways in which Baby Cafés are funded, in order to better understand the funding picture and look at ways in which this could become more sustainable in the future.

Figure 15 below shows the funding sources for UK Baby Cafés during 2018. The NHS (34%), Children’s centres (29%), local authorities (22%) and Grant funding (20%), provided the largest proportion of funding, although many Baby Cafés relied on more than one source of funding. Alternative sources of funding included fundraising (14%), NCT branches (11%) churches and health charities.

Baby Cafés relying on public funding tend to be more sustainable than those relying on individual fundraising or grant funding (which often has to be reapplied for each year). However, NHS, Children’s Centre and local authority budgets are susceptible to changes in health and government priorities. Therefore, it is important for Baby Cafés to demonstrate their impact on breastfeeding rates through accurate data collection and the ways in which their services can assist in attaining UNICEF Baby Friendly accreditation in the community. Several long standing Baby Cafés closed during 2018, or narrowly avoided closure through local fundraising efforts. However ongoing sources of funding are not guaranteed and others may face closure during 2019 if alternative funding arrangements cannot be secured.

Figure 15: Sources of funding for UK Baby Cafés



4 Discussion and conclusions

Over the past year, Baby Café has focused on maintaining provision of high quality, woman-centred, breastfeeding support in the community. Whilst new Baby Cafés continue to open, continuity of funding remains the service's biggest ongoing challenge. Despite positive feedback from mothers, several successful services have been forced to close due to lack of funding and others face an uncertain future. Conversely other cafés have been running successfully for over 10 years, including two who recently celebrated their 17th birthday. Securing ongoing funding from NHS, local authority or other sources is a key priority going forwards. Data collected as part of the Annual Returns and broader evaluation can play a role in evidencing the impact of the service to secure this future funding.

Attendance

Overall the 45 Baby Cafés for whom data were available were attended by a total of 6,682 individual women during 2018, making a total of 13,460 visits, an average of 148 women per Baby Café. Over a third of women who attended Baby Cafés (38%) attended more than once and 6% attended six or more times, benefitting from a social model of care for ongoing breastfeeding support.

Antenatal attendance

Attending sessions antenatally may help women to pre-empt some of the difficulties that they face in the early days and weeks after birth. Antenatal visits to Baby Cafés accounted for 4% of the total in 2018, enabling women to explore opportunities for support and meet key individuals in advance of feeding their babies. However there is scope for further improvement in this area and many cafes have set antenatal attendance as a key priority for 2019.

A high quality service

Annual returns data suggest that Baby Cafés are performing to the required high standards, providing a social model of care that is accessible and popular with local women. All 12 Quality Standards were met by over 80% of Baby Cafés for whom data was available (see Table 2). 28 Baby Cafés (53% of those responding) reported meeting all 12 standards in full.

The hardest standards to meet appeared to be Standard 11 (continuous review and improvement), Standard 12 (data collection) and Standard 4 (café-style environment).

Relationships with health professionals

Close relationships with other local healthcare professionals are crucial to the success of Baby Cafés in attracting women and referring them when they need more specialist care. Inviting health professionals to visit the service during a drop-in session has helped some Baby Cafés to demonstrate what the service can offer and in many areas Baby Café is part of a wider breastfeeding strategy in the local area. Midwives and Health Visitors provide the main pathways of referral into the service, alongside Children's Centres and personal recommendations from friends and family, emphasising the importance of good relationships with these professionals to making the service accessible to all women in the local community.

Working with the whole community

Baby Café facilitators clearly understood the need to target younger women and those minority ethnic communities, and many facilitators said that a key objective going into 2018 was to improve their outreach. There is potential for Baby Cafés throughout the UK to benefit from their close relationships with children's centres, with around 60% of UK Baby Cafés held within a children's centre setting. Close working relationships with these centres may help Baby Cafés to attract a wider variety of women from all sectors of the community. Statistics show that Baby Cafés have been successful in attracting a slightly wider range of ethnic groups during 2018 (41% of mothers were non White British), however just 5% of those attending Baby Cafés were aged 24 and under, suggesting that further work needs to be done to attract younger mothers to the service.

Reasons for visits

The most common reason for women to visit Baby Cafés is positioning and attachment, followed by social support, sore nipples, tongue-tie, night time and sleep and hungry baby / milk supply, although women also attend for a wide variety of less common breastfeeding problems. One interesting trend in 2018 has been the sharp rise in women attending for suspected tongue-tie, reflecting the recent surge in babies being diagnosed with this

condition and current debate in professional and popular circles regarding its effect on breastfeeding.

Supporting continuing breastfeeding

Whilst it is difficult to quantify the exact role that Baby Café plays in supporting continuing breastfeeding qualitative evidence suggests that for many women the combination of social and expert support provided in a Baby Café setting can play a key role in increasing breastfeeding duration, enabling them to overcome breastfeeding difficulties and providing 'breastfeeding role models'¹.

A follow up evaluation of 100 women attending Baby Cafés between May 2014 and May 2015 found that 81% of mothers had been able to breastfeed for as long as they intended and 75% said that Baby Café had helped them to breastfeed for longer than they would have done without the support.

Conclusion

The Baby Café mission is to provide a social model of community-based support for breastfeeding mothers in a café-style environment, with access to expert breastfeeding practitioners and prompt referral for additional care when necessary. The findings of this report show that the Baby Café network is successful in providing this social model of care for women. Baby Cafés provide professional support for new mothers and work closely with local healthcare providers to give women opportunities for extra care where needed.

Baby Café facilitators are well aware of the challenges of providing care for women from all sectors of the community and this is a priority in 2019 and beyond. Similarly, having accurate data on each Baby Café's activities will help Baby Café to evaluate and monitor its services to ensure that this high quality care continues.

In-depth qualitative research published during 2015¹ explored the role of Baby Café in helping women to establish and maintain breastfeeding. This research shows that both the expert and social support provided in a Baby Café setting is valued by mothers using the service and plays a key role in increasing breastfeeding confidence and duration. These findings were supported by a telephone follow-up evaluation conducted in July /August 2015², which showed that 75% of mothers attending Baby Café felt that this had enabled them to breastfeed for longer than they would have done without the support. 81% had breastfed for as long as they intended and 26% specifically stated that they had fed for longer, with reported duration rates well above national averages.

Baby Cafés are now part of wider breastfeeding strategies to help meet UNICEF Baby Friendly standards for breastfeeding support in the community³, and in some areas the service is being specifically commissioned to meet this need. However, funding remains the service’s biggest challenge, particularly in the current UK political and economic climate, where national cuts to NHS and local authority budgets are having significant effects. Sustainable ongoing sources of funding need to be secured to ensure the continued growth of the Baby Café network.

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Glossary of Terms

ABM – Association of Breastfeeding Mothers

BfN - Breastfeeding Network

IBCLC – International Board Certified Lactation Consultant

LLL – La Leche League

NCT – National Childbirth Trust

UNICEF – United Nations Children’s Fund