Report on Baby Café Services during 2016
Author’s Contributions

This report is based on the 2016 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 was involved in the design of survey, analysis of data and 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.

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 Trina Warman (Baby Café Co-ordinator) and Ali Macleod (Baby Café Operations Coordinator) for their help with the distribution of the survey.
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 2016**

In total there were 49 Baby Cafés across the UK in December 2016. This represents a total net decrease of 9 Baby Cafés since December 2015, and considerable decreases in numbers from 2012–2014, largely due to funding issues. Funding remains the key concern for Baby Café going into 2017 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 2016. 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 47 responses were received (a 96% response rate). 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 49 Baby Cafés across the UK in December 2016, recording a total of 15,430 visits and supporting 6,287 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 90% of Baby Cafés meeting each of the 12 Quality Standards.
• **A social model of care** – Over a third of women who attended Baby Cafés (36%) attended more than once and 8% 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 5% of the total in 2016, reflecting sustained efforts by Baby Café facilitators to increase antenatal attendance and education, although there is scope for further expansion.

• **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 two - eight weeks (49%), a time when routine post-natal support tends to drop away and women often report struggling with ongoing feeding issues. 25% of women attended when their baby was under two weeks old, whilst a further 17% first attended between two to six months and 9% 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 69% of women using the service during 2016 described themselves as White British, 14% White Other, 9% Asian / Asian British, 3% Black / Black British, 3% 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. 2016 data shows that 51% of Baby Café facilitators have received UNICEF Baby Friendly training, 49% are qualified Breastfeeding Counsellors, 36% are IBCLC lactation consultants, 28% are health visitors and 21% are midwives (with many holding several of these qualifications). Qualitative feedback from women attending the service “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 125 volunteer hours during 2016, with 74% of Baby Cafés using trained peer supporters and referring a total of 153 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. 100% of UK Baby Cafés reported making recommendations for mothers to visit another health professional during 2016, whilst 85% 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 a total of 20 update days conducted during 2016.

**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 2017 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. 2016 has seen a continued increase in the numbers of Baby Cafés meeting each of the 12 Quality Standards and excellent response rates (96%), data collection and reporting.
In-depth qualitative research published during 2015 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 2015, 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 community, and in some areas the service is being specifically commissioned to meet this need. However funding remains the services 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 2016

The ladies are so helpful, make you feel welcome and they don’t judge or pressure you in any way at all. I had very firm ideas about how long to breastfeed but Baby Café helped me stay open minded and I have continued for 21 months.

If it wasn’t for the support of Baby Café I would not be breastfeeding still and enjoying it! I have made life-long friends at Baby Café. When I felt down about being a single mother Baby Café gave me a boost each week and now I am a peer supporter.

After 8-10 weeks of painful and difficult breastfeeding [facilitator] noticed that my baby may have a tongue-tie that had not previously been picked up and a new referral process was started. Her knowledge and experience is so important to mums who need support and advice at a time that can be very challenging and difficult.
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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 48 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:

- 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 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.

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.
**Number of Baby Cafés**

In December 2016 there were 49 active Baby Cafés across the UK, showing a net decrease of 9 Baby Cafés since December 2015 (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 2016 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 2016**

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<td>UK Baby Cafés</td>
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<td>108</td>
<td>94</td>
<td>58</td>
<td>49</td>
<td>4</td>
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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 2016. The link was sent in a personalised email in early January 2017, requiring them to submit their return by 23rd January 2015 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 47 of the 49 Baby Cafés considered to be operational in 2016 (a 96% return rate). Of these, 40 Baby Cafés were able to provide data for the whole year (1st January - 31st December 2016), whilst 7 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 Operations Coordinator, 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 47 Baby Cafés that provided substantive data, including 7 that were not open for the whole period (1\textsuperscript{st} January-31\textsuperscript{st} December 2016).

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 extremely positive among those Baby Cafés who submitted a detailed return. All 12 Quality Standards were met by over 90% of Baby Cafés for whom data was available (see Table 2). 36 Baby Cafés (76% of those responding) reported meeting all 12 standards in full. The hardest standards to meet appeared to be Standard 11 (continuous review and improvement) and Standard 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. 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. However, they have continued to provide a welcoming environment despite this challenge.

These results show continuing improvement on earlier year’s surveys. This can most probably be attributed to the fact that improved data collection and reporting procedures are now in their fifth year, meaning that facilitators are aware of the requirements and have taken steps to ensure that they are met. Many facilitators set “review and improvement” and “reliable data collection” as targets for 2016 and the findings show that many more are now meeting these standards. Furthermore facilitators are now familiar with the data collection and Annual Returns process so can make sure they have the necessary data available, reflected in the extremely positive response rate of 96%.
### Table 2: Number and percentage of UK Baby Café services meeting each Quality Standard

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<td>47</td>
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<td>Qualified facilitator</td>
<td>46</td>
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<td>Transport and access</td>
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<td>94%</td>
<td>3</td>
<td>6%</td>
<td>98%</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>Referral</td>
<td>46</td>
<td>98%</td>
<td>1</td>
<td>2%</td>
<td>100%</td>
<td>100%</td>
<td>93%</td>
</tr>
<tr>
<td>Information</td>
<td>46</td>
<td>98%</td>
<td>1</td>
<td>2%</td>
<td>98%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Review and improvement</td>
<td>43</td>
<td>92%</td>
<td>2</td>
<td>4%</td>
<td>85%</td>
<td>90%</td>
<td>79%</td>
</tr>
<tr>
<td>Reliable data collection</td>
<td>45</td>
<td>96%</td>
<td>1</td>
<td>2%</td>
<td>95%</td>
<td>97%</td>
<td>76%</td>
</tr>
</tbody>
</table>

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 have had UNICEF Baby friendly (3-day) training and a substantial number are IBCLC qualified lactation consultants.

Figure 1 shows the qualifications and seniority of facilitators of UK Baby Cafés during 2016. Many facilitators held several of these positions consecutively. 51% of facilitators had received UNICEF Baby Friendly 3 day training, 49% were staffed by qualified Breastfeeding Counsellors, 36% by IBCLC lactation consultants and 28% by health visitors. 19% were Band 6 health professionals. 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 during 2016**

Most Baby Cafés have more than one regular staff member. The mean number of paid staff present each week was 1.6 (range 0-4) and the average number of volunteers was also1.6 (range 0-5). Each Baby Café received an average of 125 volunteer hours during 2016, although this varied greatly (range 0-624 hours).
Figure 2: Number of paid and voluntary staff present each week in UK Baby Cafés

74% of Baby Cafés used trained peer supporters and together they reported having referred 153 women for peer supporter training during 2016. 30% of these Baby Cafés used NCT training, whilst 47% had their own peer supporter training programme and 5% used BfN training. The remaining 19% 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 2016 was 43.

Cafés are run from a number of different venues (see Figure 3), with a large majority (66%) being held in children and family centres, others in community or church halls, health centres or hospital wards. Alternative venues include a community room in a shopping centre and a church community café.
The majority of Baby Cafés reported that they met the requirements for a comfortable café-style environment, with over 90% of Baby Cafés offering toilets, nappy changing area facilities, cold drinks and a play area for siblings.
The majority of Baby Cafés were also able to provide additional facilities such as comfortable seating for breastfeeding mothers (89%), hot drinks (85%), biscuits, fruit or other snacks (77%), toilet facilities for siblings (79%) and private areas for consultations (70%). 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, as shown by the comments below.

‘There are not very good facilities for nappy changing. No changing room - we put a mat on the floor. No toilets for children. A private room is not always available due to use by other services’

‘We receive no budget to run the Baby Café. Licence paid by Public Health this year. But will not be paid next year. Due to budgetary constraints placed on the Children's centres they may not continue to provide refreshments. We cannot fund resources such as leaflets, breast pump collection sets, feeding cups etc.’

‘The chairs are not the best although there are a couple of comfortable armchairs. We ask mothers to take used nappies home with them as there is no council refuse collection from the church’

‘No hot drinks or biscuits/cakes allowed as the children centre has a hot drinks and healthy eating policy in place’

**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 47 Baby Cafés who responded to the survey provided a service to a total of 6,287 individual women throughout the year, a mean of 143 women per Baby Café (range 20-479), (note that some Baby Cafés were not open for the whole year). These women made a total of 15,430 visits, an average of 328 visits per Baby Café (range 32-1512).

This shows a slight decrease from an estimated 7,494 women using the service in 2015, reflecting the overall decrease in the numbers of UK Baby Cafés. However Baby Cafés are now seeing more individual women (an average of 143 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 2016, 291 antenatal visits were recorded by the 47 Baby Cafés for which data was available, an average of 6 women per Baby Café (approximately 5% 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 15-28 days (14%) or 4-6 weeks (15%) or 6-8 weeks (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 (13%) attend within the first seven days and a further 12% between 8-14 days, showing the value in providing early support to address breastfeeding issues. Interestingly many women do not attend until after two months (26%) and 9% of women do not attend until after 6 months, emphasising the importance of ongoing support beyond the immediate postnatal period.
**Figure 5: Age of babies at first visit to the Baby Café service**

![Bar chart showing the percentage of babies by age at first visit to the Baby Café service.]

**How many times do women attend the Baby Café?**

Overall, 36% of women who used a Baby Café service attended more than once and 8% 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**

![Bar chart showing the percentage of women by number of times attended.]

Once | 2-3 times | 4-5 times | 6 times or more
---|---|---|---
60% | 20% | 10% | 10%
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 2015\(^1\).

**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, sore nipples, concerns about sleep and night feeds, expressing and tongue-tie. 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 postnatal depression.

Interestingly tongue tie has become an increasingly common reason for attendance with 57% 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 options\(^1\).
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 2015\(^2\) 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.
Thank you for all your support and advice. We made it to 6 months breastfeeding! I don’t think we could have done it without your help. Here’s to the next 6 months breastfeeding, and maybe even longer!

Saved my life, better service than from the midwife and health visiting team, kept me breastfeeding when I was on the verge of giving up, I came to you because I trusted you

I came to see you with my first baby as I had lots of initial feeding problems. We went on to breastfeed for 2.5 years and I’m so grateful to Baby Café for helping us to do that. I know that the difficulty I have feeding my new baby will pass and we will be fine too, thanks to your support.

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 ladies are so helpful, make you feel welcome and they don’t judge or pressure you in any way at all. I had very firm ideas about how long to breast feed but Baby Café helped me stay open minded and I have continued for 21 months.

Much better than other drop-ins. You listened properly and took time, you really understood my worries, you were non-judgemental, very friendly and welcoming.

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.

[Facilitator] at the Baby Café has given my baby and me invaluable advice and support. After 8-10 weeks of painful and difficult breastfeeding she noticed that my baby may have a tongue-tie that had not previously been picked up and a new referral process was started. Her knowledge and experience is so important to mums who need support and advice at a time that can be very challenging and difficult.

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.

If it wasn’t for the support of Baby Café I would not be breastfeeding still and enjoying it! Baby Café kept me breastfeeding I have made lifelong friends. When I felt down being a single mother Baby Café gave me a boost each week and now I am a peer supporter.
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 69% of women using Baby Café services during 2016 described themselves as White British and a further 14% as White Other, with 9% Asian / Asian British, 3% Black / Black British and 3% 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. Numbers of mothers from Black / Black British groups have fallen in recent years, largely due to the loss of a large commissioned services contract in an ethnically diverse area of London.

Table 4: Ethnicity of women visiting Baby Café services during 2013-2016

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian / Asian British</td>
<td>6%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Black / Black British</td>
<td>3%</td>
<td>6%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>White British</td>
<td>74%</td>
<td>65%</td>
<td>65%</td>
<td>69%</td>
</tr>
<tr>
<td>White other</td>
<td>13%</td>
<td>15%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Mixed / multiple</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>ethnic groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Country of birth

As of 2015 UK Baby Cafés were required to collect information on country of birth, showing that 87% of women visiting Baby Cafés during 2016 were born in the UK and 13% outside the UK. However many Baby Cafés did not collect this data and it is hoped fuller figures will be available in 2017.
Using community languages

Baby Cafés were asked about their use of community languages and verbal or written translation services. 31% of Baby Cafés reported that they had access to translation services either through Language Line, or face-to-face interpreters, whilst 46% 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.

54% 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 2016 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 2016

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage of mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 and under</td>
<td>1%</td>
</tr>
<tr>
<td>20-24</td>
<td>4%</td>
</tr>
<tr>
<td>25-29</td>
<td>21%</td>
</tr>
<tr>
<td>30-34</td>
<td>42%</td>
</tr>
<tr>
<td>35-39</td>
<td>26%</td>
</tr>
<tr>
<td>40 and over</td>
<td>5%</td>
</tr>
</tbody>
</table>

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 77% of mothers attending Baby Café services during 2016 have either and undergraduate or postgraduate degree, with just 1% having no formal qualification.
<table>
<thead>
<tr>
<th>Highest educational qualification</th>
<th>Percentage of mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal qualification</td>
<td>1%</td>
</tr>
<tr>
<td>GCSE / equivalent</td>
<td>7%</td>
</tr>
<tr>
<td>A-Level / equivalent</td>
<td>14%</td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>40%</td>
</tr>
<tr>
<td>Postgraduate degree</td>
<td>37%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Disability**

Overall 4% of those mothers visiting Baby Café during 2016 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.

*We locate the Baby Café in an area of high socioeconomic deprivation and within an area with a high number of residents of mixed ethnic groups. We have trained meet and greet volunteers to welcome clients into the setting to ensure they feel welcome and safe.*

*We run the Baby Café at the same time as midwifery clinic. We liaise with the midwives to encourage them to give information to all mothers. The Children’s Centre encourages local mothers to come. The Baby Café is supported by a health visitor working in the locality and she strongly encourages women she sees.*

*The Baby Café is located within the targeted community; we work closely with Sure start and Health visiting to reach families. Timings within the school day. It is promoted via Sure start, maternity unit, Facebook and across the target group.*

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. All Baby Cafés reported that they were close to public transport, whilst 83% had either on-site parking or nearby car parking.
facilities. 98% of Baby Cafés were close to shops, health, family services or other amenities, 96% had step free access and / or a lift. 85% of Baby Cafés were able to provide indoor buggy parking and a further 51% 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 and midwives were named as the top methods of promoting the service with almost 100% of Baby Cafés using these channels. 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 92% 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.
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).
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.

74% 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.

*The Trust currently holds UNICEF Baby Friendly accreditation. The locality also hold regular strategy meetings with both the community based and hospital based health care teams, as well as the NCT and Children’s Centre charities to look at how we can both sustain and improve breastfeeding rates in the area.*
We meet three times a year with representatives from the Children’s Centre, maternity hospital, health visiting team and local authority public health to discuss breastfeeding initiatives, services and rates.

Part of Countywide BF Strategy Group, OUHT Infant Feeding Strategy Group, supporting OUHT and Oxford Health HV service towards BFI accreditation process, part of Oxfordshire Baby Friendly Alliance

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 community\(^8\) 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. 100% of Baby Cafés reported making recommendations to women to visit a health professional during 2016, whilst 85% made direct referrals. The total number of referrals/recommendations made was 1850 (847 direct referrals and 1003 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 2016 and referrals rising from 67% to 75%.

Only three Baby Cafés reported referring families due to safeguarding concerns during 2016.
Written information

Quality Standard 10 requires that Baby Cafés display posters, leaflets and other ‘easy to read’ evidence based breastfeeding information or 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 (100%); hand expressing and storing breast milk (100%); the importance of support from family and friends (83%) and preventing and resolving less common breastfeeding difficulties, e.g. thrush, tongue-tie (89%). Many Baby Cafés also compiled lists of other reliable sources of support, e.g. NCT / LLL / BfN websites and NHS Choices (74%), 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. 92% 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, with funding being an important concern in the current political and economic climate:

- **Funding cuts** - we decided to reduce from 8 to 5 weekly sessions, fundraise and find a sustainable way to continue providing the service, which we are doing.

- **Funding of the Baby Café** has become a real challenge. Our time has been spent setting up a local giving page on our website and applying to trusts and foundations.

Increasing attendance was also another issue discussed:

- **Drop-in numbers** - celebration event held to 'relaunch' the café. Increased push from Health Visitors to signpost mother’s to Baby Café during both the antenatal and postnatal period.

- **Increase social media awareness** to help increase word of mouth and increased attendance. We have added two more admin to the page and are sharing more information on breastfeeding with links to Baby Café. Considering a like and share competition alongside a local independent baby retailer or photographer

Staff also discussed liaison with other local services and health professionals:

- **To need to liaise** better with the health visitors at the child health clinic (which is at same time as Baby Café) as sometimes they bring women through when it is not appropriate. Now HVs come and discuss before just ushering women through

- The local health visiting team are now supporting the Baby Café. Initially [facilitator] from the breastfeeding team reduced her input at Baby Café to the last hour, to allow the health visitors the chance to take responsibility. However peer supporters fed back to us that they did not really feel safe or supported working with the health visitors and did not always agree with what they were saying. [Facilitator] therefore is now back for whole duration of each Baby Café to ensure there is good support for the peer supporters and also to observe/support the health visitors in this role. The issue of staffing capacity remains a problem though

Another concern is managing the differing needs of babies, toddlers and children of peer supporters to ensure a safe environment.

- **How to manage the children** of the peer supporters who are now toddlers. One peer supporter will take the children next door into the stay and play to entertain them so their mothers can support the Baby Café.
Toddlers eating on the floor - we now have a set table and a set snack time. Lack of space in room - now moved to a larger room. Baby seat - nowhere for new-borns to be safe when mother wants to drink hot drinks and toddlers wandering the room - we now have a suitable bouncy chair for new-borns.

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 site visits for induction / update days in order to connect with staff on the ground and ensure the maintenance of the quality standards. Twenty cafés had received induction / update training during 2016 and all said that it had been useful for learning and collaboration with other facilitators in the local area.

Yes supportive. Also the Baby Café staff provided an induction day for the health visiting team which was very well received.

Very useful, particularly for the volunteers/funders

Yes - great for networking with local stakeholders

Seven Baby Cafés stated that they would like a visit for update / training during 2017, while others said that they would be glad of this, but that the cost was prohibitive due to funding issues.

Keeping accurate data

96% of Baby Cafés were able to meet the requirements for accurate data collection. The introduction of new data collection tools from January 2013 has greatly improved the quality of data collected and standardised procedures across all UK Baby Cafés. However some facilitators reported finding the data collection procedures onerous or intrusive to the women they served, and felt that procedures were hampered by lack of time or staffing etc. Facilitator feedback on the data collection forms was sought in October 2014 and these were revised for 2015 to make them more user-friendly. Facilitators have found these forms more user-friendly in a busy Baby Café environment and they have remained unchanged for 2016/17.

Successes and Challenges

Baby Cafés reported on their successes and challenges during 2016. 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.

*Mums who have been inspired / motivated to continue breastfeeding. Engaging CC staff to encourage parents to attend. Have helped socially isolated parents to make friends*

*Having a mum text me on her son’s 1st birthday (mum had moved out of area) to say she is still breastfeeding her son even though they had many challenges in the early days from not being able to bring baby to the breast for two weeks in the first six weeks of age, to slow weight gain issues etc.*

*Following attendance at antenatal evenings we have seen an increase in antenatal attendance*

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.

*Continuing to remain open and offer continuity of support to pregnant mothers, families and breastfeeding mothers. Took part in the global big latch. Celebrated 10 years of being open and supporting families and mothers locally with breastfeeding.*

*Continuing to run the service on a voluntary basis. Retaining peer supporters.*

*Survival! Our funding was pulled on 31.03.16. We are currently funded by service users and trusts.*

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

*That several health visitors and a nursery nurse from the local health visiting team have been supporting Baby Café. They report that their skills have been enhanced by this.*

*We are viewed as a front line resource within the hospital for supporting the initiation / establishment of breastfeeding*

*A good working relationship with the local tongue-tie clinics has resulted in Baby Café users having successful tongue-tie revisions and follow up positioning and attachment support from Baby Café. We are the only support group in the area which offers exclusive breastfeeding support from specialists and a decent cup of tea*

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:
Decrease in numbers, especially during summer months. Following marketing plans and review meetings, we have seen an increase.

We have not had consistent support from the local health visitors. This group often seems more like a clinic - and the women who come here seem to have real need of specialised support. Our challenge is to make it more of a social group.

Our major challenge has been the change to our venue for running the Baby Café. The room previously used for the Baby Café is now used to accommodate postnatal women and their babies. Instead, a purpose-built room has been provided - but this doubles as a day room, when not in use as a Baby Café. Although it has comfortable chairs and hand-washing facilities, it does not have facilities for providing mother with drinks / refreshments. In addition, the room does not have a screened area for private consultations.

Fundraising to keep Baby Café open! It was been a huge challenge and the users. Children's centres are closing at the end of February 2017 so we will need to not only relocate but find the funds to keep this Baby Café open.

At times communication between volunteers and trained staff has been a challenge, mainly due to a period of high turnover in volunteers.

Plans and objectives for 2017 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.

- Increase number of peer supporters available to support on a weekly rota. Continue to identify suitable mums for future peer support courses. Maintain a detailed and effective record keeping system. Continue to work with children's centres to maintain BFI standards
- To work on getting more input from health visitors. To find replacement peer supporters as some are leaving
- To increase the numbers of and diversity of families attending

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

- To secure longer-term funding from CCG and trusts
- To renew our contract and continue offering Baby Café to all who need breastfeeding support and to show commissioners that this model is very much needed
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 2016. Therefore the 2016 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 2016. Local authorities (27%), children’s centres (25%) and the NHS (19%) provided the largest proportion of funding, although many Baby Cafés relied on more than one source of funding. Alternative sources of funding included churches, universities, health charities and in one case the facilitator paying the licence fee from her own pocket.

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 2016, or narrowly avoided closure through local fundraising efforts. However ongoing sources of funding are not guaranteed and others may face closure during 2017 if alternative funding arrangements cannot be secured.

Figure 15: Sources of funding for UK Baby Cafés
4 Discussion and conclusions

Over the past year, the 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. Therefore means of securing ongoing funding from NHS, local authority or other sources is a key priority going forwards, to ensure that services continue to run beyond initial set up periods. 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 47 Baby Cafés for whom data were available were attended by a total of 6,287 individual women during 2016, making a total of 15,430 visits, an average of 143 women per Baby Café. Over a third of women who attended Baby Cafés (36%) attended more than once and 8% 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 5% of the total in 2016, 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 cafés have set antenatal attendance as a key priority for 2017.

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 90% of Baby Cafés for whom data was available (see Table 2). 36 Baby Cafés (76% of those responding) reported meeting all 12 standards in full. The hardest standards to meet appeared to be Standard 11 (continuous review and
improvement) and Standard 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 Standard 11 could perhaps be reviewed or re-worded to take account of the reality of running a busy Baby Café. Limitations imposed by venues or budgets meant that Baby Cafés were not always able to provide hot drinks and snacks due to health and safety restrictions or healthy eating policies.

**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 2017 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 70% 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 2016, 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 2016 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’.

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 2017 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. 2016 has seen a continued increase in the numbers of Baby Cafés meeting each of the 12 Quality Standards and improved response rates (96%), data collection and reporting.

In-depth qualitative research published during 2015 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 2015, 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 community, and in some areas the service is being specifically commissioned to meet this need. However, funding remains the services 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.

Bibliography


4. UNICEF UK Baby Friendly Initiative Audit Tool for Health Visiting services

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