hscic Health & Social Care Information Centre

Infant Feeding Survey Consultation

Outcomes Paper

Paul Glossop

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Background

Between 12 September and 11 November 2013, the Health and Social Care Information Centre consulted on the Infant Feeding Survey (IFS). The consultation was conducted in accordance with the Code of Practice for Official Statistics and is available via the following link:

http://www.hscic.gov.uk/article/3442/Infant-Feeding-Survey

This consultation was specifically aimed at engaging with the users of the IFS publication to develop a more complete understanding of the use made of this data and to ensure the survey continues to be relevant and meaningful to the needs of users in the future.

The consultation closed on 11 November 2013. **We received thirty seven usable responses** (not all respondents answered all the questions).

We thank all respondents for their helpful comments and anybody that contributed to this consultation.

Due to rounding some of the tables may not add up to 100%.

Infant Feeding Survey Consultation Responses:

Respondent Details

Type of organisation respondent works for:

Responses: 37/37

Organisation	Number	%
Public Sector	24	65%
Third Sector	7	19%
Academic	3	8%
Other	3	8%

The majority of respondents (65%) were from public sector organisations and a further 19% from third sector organisations, 8% were academics and 8% from other types of organisations. There weren't any responses received from a private sector organisation.

Strategy

Which of the following countries data do you use?

Responses: 37/37

Country	Number	%
England	33	89%
Northern Ireland	9	24%
Scotland	16	43%
Wales	12	32%
UK Only	11	30%

The data from England were the most used with 89% of respondents saying they use them.

For what purpose(s) do you currently use the IFS outputs?

The following were identified as the main purposes for the use of IFS outputs (*responses 36/37)*:

- Comparing data trends – 20%.
- Training, Education and Teaching – 17%.
- For a general information overview of Infant Feeding – 11%.
- Research – 11%.
- Policy – 8%

Appendix A provides a full list of purposes respondents use the IFS outputs for.

Other than country, at what level of aggregation would you find estimates useful?

Respondents felt that the following levels of aggregation would be the most useful *(responses 32/37):*

- Regional – 40%
- Local – 22%
- County – 19%

Appendix B provides a full list of the levels of aggregation respondents would find most useful.

What do you consider to be the most important elements of the IFS?

Ranking	1st	2nd	3rd	4th	5th	No response	Total
Weighting	5	4	3	2	1	0	
Maintaining frequency of surveys	19	11	4	1	1	1	**154**
Robustness of the data produced, i.e. narrow confidence intervals	20	5	4	4	3	1	**143**
Consistency of methodology over time	16	6	6	5	3	1	**135**
Providing a local level / regional breakdown	17	7	2	3	8	0	**133**
Consistency of questions over time	14	6	7	3	6	1	**127**
Other: Total	4	1	0	0	0	32	**21**
Other: Data available in timely manner.	1	0	0	0	0	36	**5**
Other: Having some flexibility to include additional variables	1	0	0	0	0	36	**5**
Other: Breakdown by equality characteristics.	1	0	0	0	0	36	**5**
Other: Making available all of the analyses reported in the previous surveys for longitudinal comparison and consistency of reporting	1	0	0	0	0	36	**5**
Other: Cost	0	1	0	0	0	36	**4**

Respondents ranked in order what they felt were the most important elements of IFS. The rankings were scored and weighted as follows:

- 1st – score 5
- 2nd – score 4
- 3rd – score 3
- 4th – score 2
- 5th – score 1

'Maintaining the frequency of the surveys' scored highest with 154 points as the most important element of the IFS. However the element that received the most 1st ranking selections was 'robustness of the data'.

From the options listed, 'Consistency of questions over time' was the element that scored the least points with 127 however the 'Providing a local level / regional breakdown' element received the most 5th ranking selections.

What changes if any, would you like to see in the survey?

There were a variety of changes suggested all of which can be found in Appendix C. The most suggested changes were *(Responses 25/37)*:

- More details about when and why formula milk was introduced and the amounts given – 12%.
- To include data about support for mothers from peer groups, family, fathers and friends – 12%.
- Extend / increase the period of data collection to capture information on infants older than one year old – 16%.

Survey Design and Methodology

In IFS 2010 the method used was a postal and online questionnaire with telephone and face to face follow-up interviews. Going forward would this be your preferred method?

Responses: 35/37

Preferred Method	Number	%
Yes	26	74%
No	2	6%
No Opinion	7	20%

74% of respondents agreed that the current method of data collection is their preferred method with one respondent feeling *this method collects sufficient accurate data from families who are less likely to complete postal or online surveys*. 20% of respondents did not have an opinion on how the data should be collected. Only 6% consider this was not their preferred method of collection instead preferring to *concentrate increasing online participation including mobile app access or collecting data directly from trusts with follow up telephone and face to face interviews.*

The frequency of the IFS is every five years. Does this frequency meet your needs?

Responses: 33/37

Option	Number	%
Yes	24	73%
No	9	27%

Approximately three quarters of respondents (73%) consider that the frequency of the IFS met their needs.

27% of respondents would prefer the survey to be run more frequently. Most of these were the survey being run every 2 – 3 years as this would be better for purposes such as enabling action to be taken more promptly against issues the survey identifies and to assess whether interventions that have been put in place are having an effect.

A full list of responses as to why the frequency meets and does not meet the need of respondents is available at Appendix D.

The IFS is currently split into three stages (stage 1 is mothers of babies 6 weeks old, stage 2 is mothers of babies 4 – 6 months old, stage 3 is mothers of babies 8 – 10 months old). Does this meet your needs?

Responses: 33/37

Option	Number	%
Yes	18	55%
No	15	45%

The main reason respondents gave for the current structure not meeting their needs was that they would like a further stage (or stage 3 extending) to capture data that includes infants aged 12 months at least with some respondents requiring data from infants up to 2 years old.

Appendix E provides a full list of comments received from respondents.

If stage 2 or stage 3 were dropped; or both stage 2 and 3 were dropped, what impact would that have on your work?

Responses: 31/37

	Number	%
Major / Detrimental	28	90%
Minor / No impact	3	10%

There is strong support for both stages 2 and 3 to continue with 90% of respondents providing a number of detailed issues that would be caused by dropping these stages.

Some of the main impacts on work would be the loss of data trends over time, consistency and robustness of the data and the ability to respond to international comparisons.

It is recommended that babies are exclusively breastfed for 6 months and are continued to be breastfed alongside other foods for up to 2 years and beyond. Therefore the main impact on dropping stage 2 or / and stage 3 would be that there would be no information on infant feeding or or on longterm breastfeeding.

Stages 2 and 3 are also the only source of data that include information during the weaning stage.

Appendix F provides a full list of comments from respondents about how this would impact on their work.

If IFS was not commissioned again please could you describe what impact this would have on your work?

Responses: 33/37

	Number	%
Major / Detrimental	32	97%
Minor / No impact	1	3%

There was significant agreement with 97% of respondents expressing their opinion that should the survey not be commissioned again the impact would be huge. IFS, provides the only national robust data collection and a unique dataset and without it the following would not be possible:

- Assessing the impact of service developments, campaigns and changes in policy on the duration of breastfeeding across the population.
- Targeting areas where interventions are required and tracking whether existing interventions are having an impact.
- Understanding the methods of feeding the nation adopts and the health implications, in order to educate families and the rest of the nation.
- Effective education and staff training.

Appendix G provides a full list of comments from respondents about how this would impact on their work.

This question relates to countries and their target sample sizes. Do the IFS achieved samples sizes meet your requirements?

Country	Target Sample Size	Yes		No	
		Number	%	Number	%
England *Responses: 28/37*	4,935	20	71%	8	29%
Northern Ireland *Responses: 18/37*	1,910	15	83%	3	17%
Scotland *Responses: 19/37*	2,119	15	79%	4	21%
Wales *Responses: 18/37*	1,804	14	78%	4	22%

The responses were similar for each country in that over three quarters of respondents felt the target sample sizes from Northern Ireland (83%), Scotland (79%) and Wales (78%) met their requirements. Slightly fewer respondents (71%) felt that the England target sample size

met their requirements; however there were more responses to the England target sample size question than for the other countries.

Do the, IFS achieved sample sizes need to be:

Country	Target Sample Size	Bigger		Similar		Smaller	
		Number	%	Number	%	Number	%
England *Responses: 25/37*	4,935	11	44%	13	52%	1	4%
Northern Ireland *Responses: 15/37*	1,910	7	47%	8	53%	0	0%
Scotland *Responses: 17/37*	2,119	8	47%	9	53%	0	0%
Wales *Responses: 15/37*	1,804	8	53%	7	47%	0	0%

Respondents felt a similar sample size to IFS 2010 is required going forward for England (52%), Northern Ireland (53%) and Scotland (53%). However in Wales 53% of respondents felt there needed to be a bigger sample size. Only one person felt the sample size needed to be smaller, for England only. Appendix H provides a list of comments respondents gave regarding target sample sizes.

Do you have any suggestions for improving response rates?

Respondents provided several suggestions for improving response rates with the main ones being an incentive scheme and completing the questionnaire online and/or a smartphone.

Other suggestions included text message reminders, advertising the survey more widely using television, radio, magazines and social media, and communicating the survey through networks such as Health Visitors, Children's centres, voluntary organisations, hospitals, National Infant Feeding Network coordinators and maternity units.

Appendix I provides a full list of suggestions made by respondents in improving response rates.

Are you aware of the following demographics being collected?

Demographic	Are you aware this is collected?			
	Yes		No	
	Number	%	Number	%
Age *Responses: 33/37*	32	97%	1	3%
Education *Responses: 32/37*	27	84%	5	16%
Employment *Responses: 31/37*	28	90%	3	10%
Marital status *Responses: 31/37*	23	74%	8	26%
Ethnicity *Responses: 31/37*	30	97%	1	3%
Index of multiple deprivation *Responses: 31/37*	27	77%	4	23%
Region *Responses: 30/37*	28	93%	2	7%

The majority of respondents were aware that each of the seven demographic variables was collected. For six of the demographics, more than three quarters of respondents were aware, with the marital status variable being the least known with 26% unaware it was collected. Respondents were most aware of the following variables being collected:

- Age – 97%
- Ethnicity – 97%
- Region – 93%

Do you use any of the following demographics?

Demographic	Do you use this demographic?			
	Yes		No	
	Number	%	Number	%
Age *Responses: 29/37*	28	97%	1	3%
Education *Responses: 29/37*	22	76%	7	24%
Employment *Responses: 29/37*	24	83%	5	17%
Marital status *Responses: 28/37*	15	54%	13	46%
Ethnicity *Responses: 29/37*	29	100%	0	0%
Index of multiple deprivation *Responses: 28/37*	24	86%	4	14%
Region *Responses: 27/37*	25	93%	7	7%

Each of the demographic variables, are widely used by respondents. The most used variables are:

- Ethnicity – 100%
- Age – 97%
- Region – 93%

Marital Status is the least used demographic with 54% of respondents employing it. Over three quarters of respondents used the remaining demographics – education (76%), employment (83%) and index of multiple deprivation (86%).

How useful do you rate the following demographics?

Demographic	How useful do you rate this demographic?									
	Very Good		Good		Satisfactory		Poor		Very Poor	
	Number	%	Number	%	Number	%	Number	%	Number	%
Age *Responses: 28/37*	22	79%	4	14%	2	7%	0	0%	0	0%
Education *Responses: 25/37*	14	56%	7	28%	4	16%	0	0%	0	0%
Employment *Responses: 25/37*	12	48%	9	36%	3	12%	1	4%	0	0%
Marital status *Responses: 24/37*	7	29%	2	8%	13	54%	1	4%	1	4%
Ethnicity *Responses: 27/37*	14	52%	10	37%	3	11%	0	0%	0	0%
Index of multiple deprivation *Responses: 25/37*	15	60%	7	28%	3	12%	0	0%	0	0%
Region *Responses: 23/37*	16	70%	3	13%	4	17%	0	0%	0	0%

All of the demographic variables with the exception of the marital status are considered as very useful by the majority of respondents. Only marital status and employment were considered poor or very poor by a respondent; however the majority of respondents consider marital status as satisfactory and employment as very good.

Taking “very good” and “good rankings together, respondents considered Age the most useful variable at 93%, followed by Ethnicity (89%) and IMD (88%). However, Region had the second largest very good response at 70%, and the second largest satisfactory response of 17%.

A number of comments were provided by respondents on the demographics and these can be found at Appendix J

Survey Content

Are you aware the following topics were covered in IFS 2010?

Topic within the questionnaire	Yes		No	
	Number	%	Number	%
Milk given to babies *Responses: 30/37*	30	100%	0	0%
Healthy start *Responses: 29/37*	23	79%	6	21%
Other drinks and foods given to babies *Responses: 29/37*	28	96%	1	4%
Vitamins for babies and mothers *Responses: 29/37*	27	93%	2	7%
While the mother was pregnant *Responses: 28/37*	22	79%	6	21%
Birth of the baby *Responses: 29/37*	26	90%	3	10%
Baby feeding times *Responses: 29/37*	20	69%	9	31%
Hospital, birth centre or unit stay *Responses: 29/37*	23	79%	6	21%
Help received while at home *Responses: 29/37*	23	79%	6	21%
Smoking and drinking *Responses: 29/37*	29	100%	0	0
Health benefits awareness *Responses: 29/37*	25	86%	4	14%
Check-ups for the baby and baby's health *Responses: 29/37*	21	72%	8	28%
Help and information about feeding your baby *Responses: 29/37*	25	86%	4	14%
Feeding your baby in public places *Responses: 29/37*	23	79%	6	21%
Mother's plans for work *Responses: 29/37*	24	83%	5	17%
Mothers of twins, triplets or other multiple births *Responses: 29/37*	24	83%	5	17%

With the exception of two topics, over three quarters of respondents were aware of each of the topics within the questionnaire with 100% of respondent aware of the 'Milk given to babies' and 'Smoking and drinking' topics. Other highly ranked topics were: 'Other drinks and foods given to babies' (96%), 'Vitamins for babies and mothers' (93%), 'Birth of baby'

(90%), ‘Health benefits awareness’ (86%), ‘Help and information about feeding your baby’ (86%).

Respondents were least aware of the topics ‘Baby feeding times’ (69%) and ‘Check-ups for the baby and baby’s health’ (72%).

Did you use any of the following topics in IFS 2010?

Topic within the questionnaire	Yes		No	
	Number	%	Number	%
Milk given to babies *Responses: 29/37*	27	93%	2	3%
Healthy start *Responses: 28/37*	19	68%	9	32%
Other drinks and foods given to babies *Responses: 28/37*	25	89%	3	11%
Vitamins for babies and mothers *Responses: 28/37*	20	71%	8	29%
While the mother was pregnant *Responses: 27/37*	18	67%	9	33%
Birth of the baby *Responses: 28/37*	22	81%	6	19%
Baby feeding times *Responses: 27/37*	16	59%	11	41%
Hospital, birth centre or unit stay *Responses: 28/37*	21	75%	7	25%
Help received while at home *Responses: 28/37*	21	75%	7	25%
Smoking and drinking *Responses: 28/37*	20	71%	8	29%
Health benefits awareness *Responses: 27/37*	21	78%	6	22%
Check-ups for the baby and baby’s health *Responses: 27/37*	16	59%	11	41%
Help and information about feeding your baby *Responses: 27/37*	22	81%	5	19%
Feeding your baby in public places *Responses: 28/37*	23	82%	5	18%
Mother’s plans for work *Responses: 28/37*	23	82%	5	18%
Mothers of twins, triplets or other multiple births *Responses: 28/37*	21	75%	7	25%

The topics that are used most by respondents are 'Milk given to babies' (93%) and 'Other drinks and foods given to babies' (89%). Four topics were used by over 80% of respondents and a further six by over 70% of respondents. The least used topics were 'Check-ups for the baby and baby's health' (59%) and 'Baby feeding times' (59%) but this is likely to be because respondents were least aware of these topics. The responses indicate that most topics are heavily used by respondents.

How important do rate the following topics in IFS 2010?

Topic	How important do you rate this topic?									
	Very Important		Important		Average Importance		Not So Important		Not At All Important	
	Number	%	Number	%	Number	%	Number	%	Number	%
Milk given to babies *Responses: 26/37*	23	88%	2	8%	0	0%	0	0%	1	4%
Healthy start *Responses: 26/37*	17	65%	5	19%	4	15%	0	0%	0	0%
Other drinks and foods given to babies *Responses: 26/37*	21	81%	4	15%	1	4%	0	0%	0	0%
Vitamins for babies and mothers *Responses: 25/37*	17	68%	5	20%	3	12%	0	0%	0	0%
While the mother was pregnant *Responses: 24/37*	16	67%	4	17%	4	17%	0	0%	0	0%
Birth of the baby *Responses: 25/37*	16	64%	4	16%	5	20%	0	0%	0	0%
Baby feeding times *Responses: 23/37*	14	61%	4	17%	5	22%	0	0%	0	0%
Hospital, birth centre or unit stay *Responses: 25/37*	15	60%	3	12%	6	24%	0	0%	1	4%

Help received while at home *Responses: 26/37*	18	69%	5	19%	2	8%	1	4%	0	0%
Smoking and drinking *Responses: 25/37*	14	56%	7	28%	4	16%	0	0%	0	0%
Health benefits awareness *Responses: 25/37*	13	52%	10	40%	2	8%	0	0%	0	0%
Check-ups for the baby and baby's health *Responses: 25/37*	10	40%	9	36%	6	24%	0	0%	0	0%
Help and information about feeding your baby *Responses: 25/37*	16	64%	7	28%	2	8%	0	0%	0	0%
Feeding your baby in public places *Responses: 26/37*	19	73%	6	23%	0	0%	0	0%	1	4%
Mother's plans for work *Responses: 26/37*	15	58%	9	35%	1	4%	0	0%	1	4%
Mothers of twins, triplets or other multiple births *Responses: 25/37*	9	36%	14	56%	0	0%	1	4%	1	4%

The 'Milk given to babies' topics was the highest ranking very important topic at 88%. The 'Other drinks and foods given to babies' was considered very important by 81% of respondents and 73% of respondents considered 'Feeing your baby in public places' as very important.

Whilst the topic 'Mothers of twins, triplets or other multiple births' was ranked lowest in terms of being considered very important (36%), a further 56% considered the topic important so 92% of respondents felt the topic was either very important or important.

The following topics were considered as very important or important by over 90% of respondents:

- Milk given to babies
- Other drinks and foods given to babies
- Health benefits awareness
- Help and information about feeding your baby
- Feeding your baby in public places

- Mother's plans for work
- Mothers of twins, triplets or other multiple births

Nine of the topics were rated as average importance or higher by 100% of respondents and all the topics were rated as average importance or higher by 92% of respondents. Only six topics were rated as not so important or not at all important and by only 4% of respondents. 'The Mothers of twins, triplets or other multiple births' was considered not so important or lower by the most respondents (8%). This feedback is positive in that the topics that are being covered are important to users of the IFS.

There was some feedback provided by respondents about the topics cover and this is available at Appendix K.

Would you like to see any other topics added?

Respondents provided a number of suggestions for topics they would like to see included in IFS, each of these is available at Appendix L.

The main topic suggestion was around support for mothers including from parents, peer groups, partners and what they needed support with.

Respondents also provided feedback that they would like a topic around weaning and why and when solid foods were introduced.

Reporting and Analysis

Are you aware of the following?

	Yes		No	
	Number	%	Number	%
The IFS 2010 main report publication. *Responses: 32/37*	32	100	0	0
The IFS 2010 early results report. *Responses: 32/37*	30	94	2	6
The dataset is available in the UK Data Service catalogue *Responses: 32/37*	15	47	17	53
That not everything collected in the questionnaire is reported on in the main report but is all made available in the UK Data Service catalogue. *Responses: 30/37*	9	30	21	70

100% of respondents were aware of the IFS 2010 main report publication and 94% of respondents were aware of the IFS 2010 early results report. The full datasets from the surveys that the HSCIC publishes are generally made available in the UK data service catalogue 3 – 4 months following publication; however 53% of respondents were unaware that the IFS 2010 dataset was available in the UKDS. Due to the size constraints on the publication, it is not possible to report on all the data that is collected on the questionnaire. However all the data is made publically available via the UK data service catalogue - 70% of respondents were unaware of this.

The HSCIC takes and has taken new measures to communicate the fact that datasets are available in UK data service catalogue by:

- Communicating when datasets are available via the Health Surveys Programme Network and the Health Surveys Programme Network e-bulletin which is circulated to subscribers on a quarterly basis.
- Adding links to the UK data service on report publications on the HSCIC website.
- Adding links to the dataset on the Health Surveys Programme network.

Do you use any of the following?

	Yes		No	
	Number	**%**	**Number**	**%**
The IFS 2010 main report publication. *Responses: 31/37*	29	94	2	6
The IFS 2010 early results report. *Responses: 31/37*	27	87	4	13
The dataset that is available in the UK Data Service catalogue *Responses: 28/37*	9	32	19	68

The IFS 2010 main report publication and the early results report had been widely used by respondents with 94% using the main publication and 87% the early results.

68% of respondents had not as yet used the dataset on the data services catalogue but it should be borne in mind that 53% were not aware of the dataset being available in UKDS.. Feedback from respondents suggests they would have used the dataset had they been aware of it and will use the dataset now that they are.

Respondents were asked to feedback how useful the reports and the dataset were or why they didn't use them, this feedback is available at Appendix M.

Please rate how useful the following IFS report chapters are for your work?

IFS Report Chapter	Very Useful		Useful		Satisfactory		Not very useful		No at all useful	
	Number	%	Number	%	Number	%	Number	%	Number	%
Incidence, prevalence and duration of breastfeeding *Responses: 32/37*	26	81%	1	3%	0	0%	0	0%	5	16%
Choice of feeding methods *Responses: 31/37*	24	77%	2	6%	0	0%	0	0%	5	16%
Birth, post-natal care and the early weeks *Responses: 31/37*	22	71%	5	16%	0	0%	1	3%	3	10%
Use of milk other than breastmilk *Responses: 31/37*	21	68%	5	16%	0	0%	0	0%	5	16%
Feeding and health after the early weeks *Responses: 31/37*	18	58%	9	29%	0	0%	0	0%	4	13%
Healthy start *Responses: 31/37*	14	45%	7	23%	6	19%	2	6%	2	6%
Introduction to solid foods *Responses: 31/37*	18	58%	6	19%	2	6%	1	3%	4	13%
Additional drinks and supplementary vitamins *Responses: 31/37*	18	58%	4	13%	6	19%	1	3%	2	6%
Feeding outside the home *Responses: 33/37*	18	58%	6	19%	3	10%	1	3%	3	10%
Dietary supplements, smoking and drinking *Responses: 31/37*	17	55%	8	26%	4	13%	0	0%	2	6%

Out of the ten IFS 2010 report chapters, six of the chapters were rated as being either very useful or useful by over 80% of respondents, a further three were rated the same by over

70% of respondents. The 'Healthy Start' chapter was rated as either very useful or useful by the least amount of respondents (68%).

The 'Incidence, prevalence and duration of breastfeeding' chapter was rated as very useful by most respondents (81%) followed by 'Choice of feeding methods' (77%). Interestingly these chapters along with the 'Use of milk other than breast milk' chapter were also rated as not at all useful by the most users (16% each).

The 'Feeding and health after the early weeks' and 'Birth, post-natal care and the early weeks' chapters were rated as very useful or useful by the most respondents (87% each) followed by 'Use of milk other than breastmilk' and 'Incidence, prevalence and duration of breastfeeding' chapters (84% each).

What would you find most useful in the early results report?

Responses 30/37

	Number	%
The early results report in the current format.	7	23%
A simplified version of the report published by incidence by country demonstrating headline figures in a bulletin rather than a report.	15	50%
Don't publish any early results, but try to publish main report earlier.	8	27%

73% of respondents would like results publishing early, however only 23% would like the results publishing in the current format where as 50% would prefer a simplified version by incidence by country demonstrating headline figures in the a bulletin rather than a report. 27% of respondents would prefer the main report being published earlier without an early results publication.

An early results report was published following stage one for IFS 2010. If we did not produce the early results report, what impact would it have on the work you do?

Responses 26/37

19% of respondents provided feedback that if there wasn't an early results report it would delay decision making, commissioning and assigning resources. Respondents also feel that the time frame between surveys is too long so the early results provide up to date figures.

19% of respondents also provided feedback however that an omission of the early results report would have a limited impact on their work. Appendix N provides a full list of impacts that respondents submitted.

How would you rate the navigation of the IFS 2010 main report and ease of finding the information you needed to read?

Responses 32/37

	Number	%
Excellent	2	6%
Good	17	53%
Satisfactory	10	31%
Poor	2	6%
Very poor	1	3%

59% of respondents feel that the navigation of the IFS main report and ease of finding information was either excellent (6%) or good (53%) with a further 31% considering it to be satisfactory, only 9% of respondents found it be poor or very poor.

Do you think the IFS 2010 approach of each individual chapter being available in pdf format and each individual chapter's set of tables being available in excel format with no option to access the report in its entirety was:

Responses 33/37

	Number	%
Much better	3	9%
Better	10	30%
Makes little or no difference	10	30%
Worse	10	30%
Much worse	0	0%

Responses to this question were rather mixed. 39% of respondents consider the new format of publishing the report to be better than the previous report with 9% considering it to be much better. However 30% of respondents consider the new format worse. The remaining 30% feel it makes little or no difference.

Does the IFS 2010 analysis meet your requirements?

Responses 33/37

	Number	%
Yes fully	12	40%
Yes somewhat	18	60%
Yes a little	0	0%
No	0	0%

Feedback from respondents was very positive in that 100% of respondents confirmed that the IFS 2010 analysis meets their requirements, with 40% of those respondents having their requirements fully met and 60% somewhat met.

What additional analysis would you like to see in the report?

Respondents provided the following suggestions for analysis they would like to see included in future reports:

- All of the items reported in the previous surveys – particularly mixed feeding trends according to the main socio-demographic variables/
- Consideration given to LA level data.
- Drinking trends at home compared to a social environment, e.g. in a pub, at a party. Ideally, breakdown of characteristics of heaviest drinking mothers.
- Breakdowns by additional equality characteristics.
- Women's use of online support for infant feeding issues.
- Additional feeding 'problems' or perhaps should be described as 'challenges'.
- Women's own descriptions or stories about their infant feeding experience in order to identify any additional influences or barriers.
- Continue as before.
- More analysis of when formula and / or solids introduced.
- Maybe a question around 'do you feel bonded with your baby?' - followed by 'in what way?' (etc.) - to look at the differences between breast feeding mothers and non-breast feeding mothers. This would be interesting.
- More multivariable analyses.

Did you use the multiple birth analysis data from IFS 2010?

Responses 28/37

	Number	%
Yes	8	29%
No	20	71%

Only 29% of respondents currently use the multiple birth analysis from IFS 2010 for comparisons such as comparing regions, teaching purposes and to inform the information provided about feeding mothers of multiples and to support changes in policy and practice. The analysis is also used in general, rather than for a specific purpose.

Feedback from the 71% respondents as to why they do not use the analysis is mainly because the area is not relevant to their work. One respondent felt the analysis is not easy to use. A quarter of the respondents who have not used the analysis however were not aware it was available so usage may now increase.

Appendix O provides a list of reasons respondents gave for using and not using the multiple birth analysis.

If data on multiple births is collected in future surveys, this may be just available in the UK data services catalogue rather than presented in the report.

Did you use the regression analysis data from IFS 2010?

Responses 25/37

	Number	%
Yes	8	32%
No	17	68%

Similarly with multiple birth analysis data, only 32% of respondents use the regression analysis data from IFS 2010 for a variety of reasons:

- Very useful to know which were the most important factors that we can improve support for families who need it.
- For general information.
- Comparisons.
- Research.

- Useful to look at predictors of breastfeeding and compare this to other studies.
- Joint Strategic Needs Assessment.

There was little feedback from the 68% of respondents who do not use the regression analysis, with one person feeling more detail was needed about what purpose it serves, one finding it was not easy to use and two being unaware of it.

This may not be repeated for the next survey as likely to show a similar pattern.

Future Developments

Will your needs for the IFS change in the future? Please explain:

Responses 17/37

	Number	%
Yes	7	42%
No	4	24%
Unsure	6	35%

42% of respondents feel their needs for IFS will change in the future, a further 35% were unsure at this stage.
Respondents gave the following reasons as to why their needs will change:

- We will need more UK wide data on expressing breast milk, and methods of expressing, and the timing of breast milk expression/introduction of breast pumps.
- If Chief Medical Officer's review of the current drinking guidelines results in new alcohol guidelines on pregnancy being developed, this will have an impact on how we use the IFS in the future.
- To reflect needs of new health system and changes of responsibilities and boundaries.
- Need measurements of breastfeeding rates/ ages which are comparable with WHO measurements, so that UK can be more accurately compared with other countries. See http://worldbreastfeedingtrends.org.
- Greater need as services and funds decrease but support needs increase.
- To match the maternity service data set
- We will be relying more on the IFS to assess trends in breastfeeding status.

Respondents who were unsure mainly felt it was impossible to say or although unlikely their needs will change at this stage; that may not be the case in the future. One respondent provided the following feedback:

> *"Our needs may possibly change but who knows? For the first time, we are working with the Aneurin Bevan Health Board and breast feeding is (again) cropping up in terms of developing the Community Health Champions programme across the board area in The Valleys of South [East] Wales. In 2014, we will likely be working for someone else and on a different subject matter. For children and families, we have*

worked in this area since 2007 and commissioned by different organisations in relation to this."

Feedback from the 24% of respondents who feel their needs for IFS will not change is as follows:

- Our use of the IFS will continue; it is a valuable resource which we urge you to maintain and continue to develop. The analysis was excellent this time and easy to use. Thank you for the opportunity to respond to this survey. Overwhelmingly our feedback is to continue to maintain this survey so that we can continue to use the data set to see trends over time. This survey is internationally respected and of value, nationally it informs service development and care for women and their families. Its strength is its longevity, depth and consistency over time. It provides valuable insights and trends within the UK. Change within this area of care takes place over time, it is imperative to see if the good work carried out since the first infant feeding survey continues to meet need and population trends continue to be analysed.
- Not that I can see.
- No, only to say that Kirklees Public Health team has a great deal of insight from local women who tell us about their experiences of maternity and health visiting in relation to feeding and we use the IFS to support this or to perhaps highlight where differences are. Our future plans are to look at the gaps in terms of support for weaning onto a good diet as healthy means different things to different people. We would perhaps like to see more national surveys that place more emphasis on this stage of infant feeding. Thank you.
- Will remain an important data source underpinning my work. Trend data particularly important.

Any further comments:

Respondents were given the opportunity to provide any additional comments, two respondents also provided feedback that they would also like the option of downloading the main report in its entirety as one PDF:

- Only one further comment is that the whole survey should be available to download as a PDF to file – only being able to explore one chapter at a time was sometimes unhelpful – we would like you to consider this option
- When published only in separate chapters you can't search for the item you are interested in, you have to guess in which chapter the information is. However useful to have the Excel files for production of figures, teaching or explanation to others e.g. the rapid decline in breastfeeding in the first few days and weeks. Hope to be able to use more data from the survey as the Excel files are very useful and the data more robust than local data collection in England. However it must be free of any real or perceived bias introduced by receipt of any benefit in cash or kind or any subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review.

Next Steps

Thank you for all your comments and interest in this survey publication. The key points for consideration that we will take forward are as follows:

1. Suggested changes to data collected within the survey – For any future surveys, these will be considered as part of questionnaire development.
2. Increase frequency of the survey - This can be considered but the practicalities of this would be constrained by the level of funding available from sponsor organisations.
3. Look at increasing the sample sizes for the countries - This can be considered but the practicalities of this would be constrained by the level of funding available from sponsor organisations.
4. Suggestions for increasing response rates - For any future surveys, these will all be considered as part of the fieldwork development.
5. 70% of respondents were unaware that the full datasets are available in the UK data service catalogue – We will look to communicate and promote the availability of the full dataset, in addition to the steps we currently take.
6. Early release of data – For any future surveys, we will consider various options for dissemination of any early results.
7. Main report - For any future surveys, we will consider various options for dissemination of the main results. However, in response to the feedback that 30% think the new structure of individual PDF chapters is worse, we are in the process of creating a consolidated PDF report which has now been released in addition to the separate PDFs.
8. Suggested changes to the analysis published within the main report – For any future surveys, these will be considered as part of publication development.
9. Some of the suggestions made (i.e. online questionnaire complete, include a section on why and when solids introduced, etc) we already do. We need to have a look at how we promote the existing activities and describe them with the outputs so users are aware of all components within IFS.

Further comments can be submitted at any time to HSCIC using the feedback form that accompanies each IFF publication or alternatively via email to: enquiries@hscic.gov.uk

For further information:

http://www.hscic.gov.uk

0845 300 6016

enquiries@ic.nhs.uk

Appendix A

For what purpose(s) do you currently use the IFS outputs?

- Identifying common reasons that mums stop breastfeeding prematurely.
- I am often asked about this in my role in LLL, and it also helps us to have an overall view of breastfeeding rates.
- To review the trends in drinking during pregnancy by country.
- Drive and improve services as well as target services.
- Comparing trends to local data. Information about current practice where differs from current evidence based advice.
- Teaching Health professionals Commissioning meetings, Strategy meetings.
- To compare the Northern Ireland breastfeeding rates with other parts of the UK and the trends in breastfeeding in NI over the past 20 years. It will enable monitoring of progress towards achieving the targets for breastfeeding as set out in the DHSSPS Breastfeeding Strategy 2013-2023 as it provides rates on the incidence, prevalence and duration of breastfeeding and exclusive breastfeeding, information on health inequalities in relation to infant feeding practices among different age and socio-economic groups and Healthy Start Scheme awareness and registration. It also allows us to measure the effectiveness of our breastfeeding promotion and support programmes, and allows for trend analysis of NI data with previous surveys, comparisons with the other GB countries and ensures that breastfeeding rates can be published at NI and UK level. Use is also made of the smoking prevalence for pregnant women.
- Breastfeeding trends.
- Information re breastfeeding trends.
- (a) As an overview of proportion of babies breastfed in UK (b) comparisons with IFS 2005 breastfeeding rates (c) list of common breastfeeding problems.
- Pre/post natal breastfeeding support and workshops.
- The data are used to target resources and communications to areas of specific need e.g. groups within the population who are less likely to breastfeed or who introduce solids early. The data are used to increase awareness with partner organisations on the challenges faced in improving maternal and infant nutrition through briefing papers etc. thus influencing policy and practice. The data are also useful for monitoring purposes.
- Staff training. Service development.
- An overall view of UK breastfeeding rates and 'drop-off 'rates. Comparison. Informing strategic change and being able to see breastfeeding as a public health intervention.
- To give contextual and background information and linking this (for comparative purposes) at local level.
- I am a breastfeeding counsellor tutor and breastfeeding counsellor. I use the IFS output in teaching.

- Tracking trends in UK breastfeeding rates over time and comparing to other countries (World Breastfeeding Trends Initiative).
- To motivate staff to support feeding more closely to develop services which influence breastfeeding rates to understand the users' perspective of services.
- Policy.
- General information and education.
- To benchmark local feeding data.
- Established in 2007 under the Equality Act 2006, one of the Equality and Human Rights Commission's roles is to monitor changes in society. For this purpose, we are developing a Measurement Framework (MF). Within the health domain, the area of infant health includes a measure on breast feeding. The current MF health briefing includes data from the IFS for the percentage of mothers who breast feed at 6 weeks. We have referred to data broken down by age of mother and socio-economic group for England, Scotland and Wales, as well as by ethnic group for Great Britain.
- Research.
- For reference purposes as part of supervision I receive as a BfN volunteer helper
- To improve infant feeding.
- The Infant Feeding survey is used by Infant Feeding Leads nationally and across the country extensively to support and inform practice. The data is used as a bench mark against other data profiles e.g. infant mortality and hospital admissions. The extent of its use is wide and varied, infant feeding leads work in complex environments and link to a multiple professional team, integrated working means that information is shared and informs local innovation, research and evaluation both in the practice and academic environment; NHS, Social Services and Higher Education Institutions.
- Speaking to the media about breastfeeding rates.
- Research into infant feeding.
- The IFS provides us with additional data on smoking prevalence amongst new mothers to complement our quarterly data collection on Smoking Status at Time of Delivery (SATOD). The IFS complements SATOD which is the data source we use to monitor progress against our national ambition to reduce smoking during pregnancy in England.
- Staff education.
- JSNA purposes.
- To inform local Infant Feeding Strategies and to get more detail than purely initiation and 6-8 week data. Infant feeding is far broader than this.
- NCT researchers, public affairs, policy team, breastfeeding counsellors, service providers all rely on the data from the IFS. We are interested in evaluating changes in the rates of breastfeeding, formula feeding, exclusivity, smoking in pregnancy, attendance at antenatal classes, alcohol use, vitamin and mineral supplementation. Women's experiences of care around infant feeding and when feeding out and about or on return to work.
- For information for updating our training slides and to compare with other trusts

- Information to inform new directions in policy.
- Research and presentations.
- Reports, publications, presentations, academic study, research

Appendix B

Other than country, at what level of aggregation would you find estimates useful?

- NHS region
- County
- The variations between the, amount of alcohol consumption in each of the trimesters. The reasons for giving up alcohol during pregnancy including amounts drunk. The information received on drinking during pregnancy. Number of women that drink at home.
- Economic, education level that was achieved, professional or type of job. EU origin i.e. polish etc. break down of ethnic origin. Ask the question if parent ever breastfed and for how long. Where information was obtained when pregnant i.e. web page, which web page NHS, UNICEF BFI, Formal sponsored web page…Name the sites so the mother recognises the site…New Parent etc. Which celebrities most influence them?
- Useful to compare national data.
- Northern Ireland Regional data, however, further local breakdown may not possible due to sample size.
- County level data
- Region - West Midlands
- By county
- Local
- Meets our needs at the present time
- Smaller localities, e.g. Health Board level or CHP. By deprivation quintile.
- By NHS Trust catchment area.
- Regional - borough-wide.
- Regions; cities and metropolitan areas
- Regional and County wide
- LA boundaries, CCG boundaries, NHS England Area Teams
- Regionally and by PCT
- Region, and Individual county
- Country level is sufficient.
- SHA, other smaller levels if possible (maybe to enable comparison with routine data on infant feeding)
- Local / borough level
- Changing structures within the organisation of geographical data boundaries and thus local level data means that overtime comparisons would be difficult. The excellence of the Infant Feeding Survey lies in its longevity and consistency despite and in spite

of the changes in political structures at a local level. Aggregation of data by demographics is extremely useful and should be continued for example; maternal age, profession etc. As the UNICEF UK Baby Friendly Initiative expands to incorporate neonatal units and children's centres, data returns to reflect these changes would inform progress and evaluation – representatives from the UNICEF UK Baby Friendly Initiative national team would be happy to help in decision making processes to ensure the best available data is collated to inform service development

- Comparisons internationally would be useful
- Hospital of birth
- Local authority if possible.
- regional information and Health Authority data
- LA level and London
- Regional
- Regional data are useful in England, although I understand that the sample size is not large enough to do this for NI, Wales and Scotland. Further analysis broken down by Region and country would be useful e.g. reasons why women stopped breastfeeding,
- Type of support received (Paediatrician input, Midwife only input, support worker input).
- Areas of deprivation
- Regions, towns, counties

Appendix C

What changes if any, would you like to see in the survey?

- Separating the drinking key findings and data from the dietary supplements and smoking data.
- Questions that help with thinking and influence patterns. I.e. Influences before getting pregnant (also what was taught in secondary school (PSHE) about breasts and feeding a baby Influences once pregnant Influences as a new parent
- More qualitative research, discuss with families what they found useful
- Consideration should be given to the presentation of the press release when publishing the results of the Survey. Northern Ireland data was not specifically headlined in the press release which resulted in negative political reaction in NI as UK figure presented for NI considered disingenuous.
- (1) A key recommendation from my PhD (Herron 2013) is that future studies or audits of infant feeding support should include measurement of women's use of online support - which two studies suggest is sought by @ 30% of women. I would therefore suggest that the IFS should measure this relatively new source of support alongside measures of traditional sources of support (2) my observational study of breastfeeding issues raised online, included comparison with the common breastfeeding problems listed in the IFS 2005. Specific early stage breastfeeding problems raised by online help seekers reflected those identified by the IFS but also included lactose intolerance, re-lactation and tongue tie. Raynaud's phenomenon of the nipple was also identified in the online interviews. My suggestion is that these issues should be included in the list of feeding problems in order to identify how much of an issue they are. (3) i would also like to see some data collection of women's own personal experience of influences and barriers regarding their infant feeding choices
- The inclusion of data on the support available for mothers out with NHS supports e.g. the role of fathers; family and friends.
- Increased frequency
- For it to work more collaboratively with UNICEF UK Baby Friendly Initiative.
- A larger and broader sample size would be interesting. For example, urban vs. rural.
- More detail paid to age when formula is introduced; more detail about the amount of formula used alongside breastfeeding
- Breastfeeding rates measured using internationally comparable definitions such as WHO
- that the questions reflect the development over the years as infant feeding practices change over time
- Continued data on smoking and drinking pre and post birth
- Inclusion of questions about breastfeeding at more time-points: beyond one year and about the specifics of babies starting solids
- Collection of data on additional equality characteristics, such as religion and disability.

- I found the smoking data quite hard to navigate and think this could be improved. I have some further comments about the questions on smoking and would be happy to provide these if they were of interest - it's probably not the place to do so here!
- More frequently and also for it to be collected from all deliveries and not a choice that women make to return the survey.
- Plus; an emerging and strengthening body of evidence demonstrates that supporting mothers to build a close and loving relationship with their infants helps to promote breastfeeding and improve a baby's health and well-being outcomes, specifically their brain development and attachment. Expansion of the UK Baby Friendly Initiative standards now incorporate standards that promote helping mothers to build close and loving relationship with their infants and valuing parents as partners in care within neonatal units; these will be audited, measured and assessed locally. As these evidence based changes are new it would be valuable to start collecting national data now to see if over time this initiative impacts on the mother and babies health and emotional wellbeing.
- Ability to compare internationally.
- More analyses available as supplementary appendices for questions which were reported in more depth in previous surveys
- Data at local authority level – recognising the limits of current sample size
- More information/Detail/Focus around the weaning stage
- 1. More detail on when, why and how much formula milk given. Sometimes only a few bottles given then baby returns to exclusive breastfeeding but this is hard to separate from babies who continue on mixed feeding. This would allow better understanding of how far different amounts and durations of formula feeding impacts on continued breast feeding 2. Longer duration of data to collect information on breastfeeding among 2 and 3 year olds – this would be a much smaller sample so not necessarily expensive. 3. Combine qualitative data with some robust qualitative work at all stages. 4. Whether mothers had support/contact with a peer supporter
- Simplified
- Confusions over volumes of Expressed milk and volumes of Formula required if insufficient intake suspected due to weight loss / very frequent feeds, to be explored. Often cause of ceasing BF.
- How many mothers have to stop breastfeeding because of prescribed medication - currently ask illness but not medication

Appendix D

The frequency of the IFS is every five years. Does this frequency meet your needs?

- After four years the information seems out dated to give out.
- It needs to be every 2-3 years.
- Needs to be more frequent.
- Great that this data is available, but would actually like to see it carried out more often - perhaps every two years to help see trends and to influence policy and practice.
- Would prefer more frequent results.
- The interval is slightly too long.
- Every 3 years would be good to keep up to date with current issues brought out in the survey and enable action to be taken more promptly.
- It is too big a gap to see if interventions, which may be for a short period, are having any effect.
- Ideally would like more frequently - accept cost is high.
- In an ideal world we would like this to be more frequent, but understand that this would increase costs, so may not be possible.
- Its' adequate but more often would be better as would faster processing of the results.
- Not frequent enough. 3 Yearly would be better.
- As long as breastfeeding, smoking and drinking data remains available at regularly quarterly intervals.
- Note: In Scotland we can access breastfeeding data via the Child Health Surveillance programme and this meets our needs for short term monitoring by Health Board level. www.isdscotland.org .

Appendix E

The IFS is currently split into three stages (stage 1 is mothers of babies 6 weeks old, stage 2 is mothers of babies 4 – 6 months old, stage 3 is mothers of babies 8 – 10 months old). Does this meet your needs?

- They are good but a further stage would also be good.
- It is great that this information is captured; however I would really like to see data collected up to 2 years and beyond in order to reflect infant feeding behaviours as recommended by WHO. This would be particularly interesting in light of recent EU finding that growing up and toddler milks are an unnecessary expense for many families.
- Would prefer data collection to continue for longer for babies who are breastfed at 8 months.
- Extend Stage 3 to 12 months.
- It should cover at least the first year of life.
- Two more stages, 10 months to eighteen months and eighteen months plus.
- Yes, although it would be interesting to ask mother's at 4 weeks.
- Would like more information on babies aged 6-8 months old, esp. in relation to starting solid foods (when, whether predominantly baby-led or parent-led) and also babies older than one year.
- Need info at 12 months at 24 months.
- More evidence to suggest that day 3 after birth is significant in terms of maintaining breastfeeding. Would be useful to know more about the reasons behind this in order to shape local services.
- I would like to see it stretched out over a longer period.
- I would like 8-12 months.
- Are we set to be capturing data at 10 days or a month?
- I would prefer 3 months as a question time and then 6 months.
- Antenatal question is also needed to compare what mothers said before giving birth. We need data of mothers who breast feed longer and what influenced them (their reasons this in order to shape local services.).
- I need information on earlier from birth.
- Interested in first 2 weeks of life fall off rates.

Appendix F

If stage 2 or stage 3 were dropped; or both stage 2 and 3 were dropped, what impact would that have on your work?

- It would be very hard to see where breastfeeding support was needed.
- Greatly impacted. The more data will really help shape services and increase prevalence.
- Local data already for up to 6 weeks. If later data dropped would have less robust data for later infant feeding practices.
- We are interested in knowing how long mothers breastfeed their children and the awareness and use of the Healthy Start Scheme, by dropping stage 2 or stage 3 or both, we would not have any indication of breastfeeding rates after the baby reaches 6 weeks and whether the take up/interest in the Scheme remains constant. The 3 stages are also useful as they examine smoking behaviour of women at different times after the birth. Without this information we wouldn't know if, for example, women who smoked during pregnancy were then able to quit following the birth of their babies. This data informs the messages which are delivered by health professionals following birth.
- It would have a vastly negative affect - all the data at all stages is vitally important in influencing service delivery and resource allocation.
- 2 and 3 provide valuable information of where to target breastfeeding intervention.
- Useful to see trends at these stages and reasons why women stop breastfeeding; particularly useful to know about at what stage women start weaning their babies.
- It would be disastrous. Only looking at babies under 6 weeks, when breast feeding rates start dropping so dramatically...how will we know if our interventions are having appropriate effect?
- The standardised approach to collecting data on timing of introduction of solids would be lost and this would be detrimental both to the information provided to the public and the rationale for changes in policy and practice. The data collected on Healthy Start use is crucial to understanding how vouchers are used and this builds on the uptake data provided by the Healthy Start unit.
- Huge impact - this is the only statistics we now get for breastfeeding duration and weaning.
- Stage 2 is vitally important as we have the data to inform us whether infants are receiving the recommended and crucial 6 mos. of exclusive breastfeeding.
- Dropping stage 2 and/or 3 would render such a survey pointless in the sense that there would be little information available about the drop off rate of breast feeding.
- Would not like to see that; important to have a longer-lasting picture
- Absolutely vital to keep tracking these stages until UK is able to maintain exclusive breastfeeding rates from initiation through 6 months, and alongside suitable complementary food thereafter for 1-2 years. Impossible to target interventions if we lose measurement of interim stages.

- Big impact as we wouldn't know the issues for mothers and babies beyond 6 weeks and wouldn't be able to understand issues in detail, develop services to improve rates and support mothers and babies. Would prefer only stage 3 to be dropped if any had to go.
- No longer able to respond to with international comparisons.
- It would a lack of information! Given the fact that breastfeeding is beneficial beyond 6 months as a complementary food it seems foolish not to collect data about this.
- Deleterious. Exclusive breastfeeding to 6 months, followed by responsive feeding of solid foods, remains an important public health goal and we need data to track progress on this.
- The current measure only uses Stage 1 data.
- For the current work I'm doing, not having stage 2 or 3 data would severely limit the objectives. It would be very short-sighted to drop either stage 2 or 3, especially given the growing focus on breastfeeding throughout the first year of life. It's also very interesting to be able to link women's responses across time.
- None
- As a group we cannot stress enough how important it is that this survey maintains its quality and reputation going forward as a nationally and internationally recognised data survey, its strength is that the consistency of data can be compared over time, including data collected over all three periods of time.
- Very much so, how is it helpful to lose the information post 6 weeks!
- Considerable impact; as trends over time are of crucial importance to researchers and improve the quality of research we are able to conduct. The trends are also crucial to make sure that research funders prioritise research into infant feeding and smoking in pregnancy/after birth. Gaining funding for research is becoming increasingly competitive.
- Minimal.
- Evidence is needed to support staff education.
- It would impact on breastfeeding as we would no longer be capturing data to assess long term breastfeeding continuation rates.
- One of the main priorities for Kirklees is Food and Nutrition, so giving every child the best start in life is a huge priority. This not only includes breastfeeding, but weaning. There is a huge amount of focus on supporting breastfeeding, but not as much on weaning and we need to be supporting families through this stage to ensure that babies are being weaned onto the most nutritious foods available. There are cultures where this is not the case and we need to find out how best to work with disadvantaged families when weaning a child.
- This would be very retrograde step as much as the NHS data collection only focuses on the first 6 weeks and in England and Wales is not known to be robust. Data on duration of any and exclusive breastfeeding is essential up to at least 6 months and beyond. The IFS is internationally-respected and it is quoted in almost every research publication and policy document on infant feeding. The fact it is independent and goes beyond the new born stage is massively important

- We currently do not use this data, but I believe with the changes within the service when looking at the duration of breastfeeding losing one of the stages may not help. Within the health Visitor assessment at 12 months they are asking mothers how they are feeding the child at 12 month. I am not sure where this information is inputted or stored!
- Dropping stage 2 would be very detrimental to gaining info on the bigger picture of sustained BF and health benefits to the nation. Stage 3 may make less of an impact on my work in the hospital setting.
- Loss of long term data would be a shame, definitely need info up to 6 months.

Appendix G

If IFS was not commissioned again please could you describe what impact this would have on your work?

- It is important to gain regular accurate views of what methods, of feeding our nation currently adopts and the health implications, in order to educate families and the rest of the nation, so that attitudes of the lay person to breast feeding change.
- Would be working blind in terms of some priorities or would need to arrange local data collection which has huge resource implications.
- I would miss it a lot. It forms the basis of the 'wider world' aspect of teaching and training breastfeeding counsellors and supporters.
- In theory, the IFS not being commissioned would be a great loss to us and our clients - who include health boards and local authority services in deprived wards of the UK.
- Enormous, how to measure impact of interventions, where to target resources etc.
- Impact on teaching, commissioning and strategy.
- This will have a real negative impact. We need all the information and drivers available to keep Breastfeeding on the agenda. If this goes, it will be of detriment to all we are trying to achieve.
- There would be no bench mark for local statistics.
- Very unhelpful as the detail found in the study is invaluable for understanding trend and individual issues planning interventions and using patient experience as a way to design services.
- Very useful tool and it the data is considered robust and can be used to provide evidence and to support practice change & development.
- Without this information there will not be fairly current statistics to convince commissioners (CCG) to provide services that are needed as well as a dedicated Infant feeding lead to drive and improve the service.
- Staff education.
- Major impact on JSNA as we would not have data on breastfeeding continuation rates particularly at 4-6 months and 8-10 months so we would not be able to assess whether we are making a difference in the services we are commissioning to support the continuation of breastfeeding.
- My current work would not be possible without IFS, as there are no other equivalent UK datasets.
- IFS gives us detailed information essential in the monitoring of progress towards achieving the targets for breastfeeding as set out in the DHSSPS Breastfeeding Strategy 2013-2023. It allows us to measure the effectiveness of our breastfeeding promotion and support programmes, and it allows for trend analysis of NI data with previous surveys, comparisons with the other GB countries and ensures that breastfeeding rates can be published at NI and UK level. We could not run a similar survey, and would have to source alternative local data, which would not give us the full depth of the IFS survey topics covered.

- The impact for the team of infant feeding and smoking cessation researchers that I work with would be enormous. Identifying trends over time and comparing demographic variables and outcomes across the 4 devolved health services will be increasingly important over the next decade. The consistent methodology used since 1980 provides a unique dataset. Some of the more unusual questions like breastfeeding in public or the proportion of women who stop breastfeeding early but would have liked to have continued for longer are as important as some of the more traditional socio-demographic questions.
- We would not have the richness of data to complement our quarterly SATOD data. IFS data has been useful for time series analysis and international comparisons.
- We would not be able to analyse trends in alcohol in pregnancy provided by a non-departmental body of the Department.
- We would lose a key measure of infant health.
- It would be very hard, if not impossible, to assess the impact of service developments, campaigns and changes in policy on the initiation and duration of breastfeeding across the population. Demographic data is essential to enable targeting of initiatives and messages appropriately. Data on attendance at antenatal classes over time, smoking and smoking cessation, vitamin supplementation, is not so consistent from other data sources. All of these would have a major impact on NCT's service provision, lobbying and planning.
- This would be a shame as it has provided useful baselines, trends and insights since first survey in 1975.
- Whilst local breastfeeding data is collated as a return to meet the Public Health Outcomes in England it is imperative that national data is compared across all four UK nations over time, this is only possible looking back and going forward with information collated through the Infant Feeding Survey.
- Less able to contribute internationally, weaker evidence base, less rich data source particularly about parental behaviours.
- I would simply have no idea if my work is effective and making any difference whatsoever outside a one-to-one case.
- Less information to work from.
- It is vitally important to have this information as it allows everyone to see where work is needed and if current efforts are working.
- Very much so, we use it submit grant applications, monitor impact of breastfeeding support and target areas with low breastfeeding initiation and continuation.
- It is the only national, robust data collected and with breastfeeding a hugely important public health intervention that we are struggling to implement across the UK it would be reducing data in this area.
- Not only would it be impossible to find national data of this reliability, it would signal slippage of breastfeeding down the list of public health priorities: extremely short-sighted, especially in the light of the Chief Medical Officer's report dates 24.10.13.
- Huge impact. If no consistent nationwide measurements, we will not know how mothers and babies in the UK are doing over time or in comparison to other

countries, we would have not national measurements to target and track the effect of interventions etc. We value what we measure!

- It would have a vastly negative affect - the IFS is vitally important in influencing service delivery and resource allocation and justifying essential roles and interventions.
- Would give our work less credibility and would not add the detail needed behind the stats.
- Not huge as we collect data locally.

APPENDIX H

Do the IFS, achieved sample sizes need to be:

- To take into consideration the results of the latest census could an ethnicity question be added to the NI survey, (not been deemed necessary in previous surveys).
- Q16 (Do the IFS achieved sample sizes meet your requirement?) and Q17 (Do the IFS achieved sample sizes need to bigger, similar or smaller?) would need to be ascertained by a statistician re appropriate sample sizes.
- If 2% confidence intervals are achieved this will provide a sample size for Scotland that will be large enough. If there was a need to analyse data for more local areas (and if the sampling strategy is conducive to that), larger samples might be needed. Consideration should be given to gathering robust data that will inform action to reduce inequalities in infant feeding – a larger sample size may be required in order to do this and this should be considered in the future.
- Larger sample size spread across a wider geographical area would be great for comparative analyses.
- Larger samples for Scotland and Wales would improve the survey's ability to provide breakdowns by equality characteristics.
- It would be good to have a larger sample size to look at breastfeeding at older ages, but for other outcomes I think the sample size is sufficient.
- It is imperative that national data is compared across all four UK nations over time; this is only possible looking back and going forward with information collated through the Infant Feeding Survey.
- I was disappointed that the reporting style for the 2010 survey changed, which made it harder to compare findings with earlier survey reports. I can see why the authors might have wanted to emphasise different aspects. I would like the website to allow academics access to each question reported consistency for all the years where it has been asked - so that trends can more easily be assessed.
- In an ideal world, sample sizes, particularly in Wales and Northern Ireland would be larger to enable more accurate interpretation of data at a more local level and for young mothers. However, continuation of data collection to at least 10 months and preferably longer is more important than larger sample sizes.
- Always have to strive to increase sample sizes as this then increases the accuracy of your data.

Appendix I

Do you any suggestions for improving response rates?

- I realise it is difficult to get responses due to the nature of the hard work of mothering but perhaps it could be linked to something else so it is easy to do.
- Have each health authority responsible for the survey and ask for 70% coverage.
- Online option? Link to Ready Steady Baby APP (Scotland).
- Follow up by health professional.
- Greater communication with hospitals to achieve maternity units buy-in to ensure information on the survey is relayed to staff and mothers first hand.
- More on-line opportunities. Follow up via texts and emails.
- Offer mothers an incentive for responding - such as a free prize draw for shopping vouchers. Ensure that any sponsorship is ethical and WHO Code compliant.
- Ensuring that the approach taken takes into consideration the literacy, numeracy and language capabilities of the target audience. Key staff within NHS Boards in Scotland may be able to support recruitment, particularly with vulnerable groups.
- Increase the number of face-to-face interviews and provide incentives to participants - especially those who may be 'hard-to-reach'.
- Make as many contacts face to face over a period of time to ensure that accurate information is obtained. Questionnaires may get filed in the pile under a lot of other items and forgotten.
- Collect in maternity units from birth women feel more stress in early days and the information on what works needs to be addressed.
- Working with the National Infant Feeding Network co-ordinators to support the collection of the data going forward, exploring with them how to improve the response rates.
- Asking at baby clinics, monitoring through red book, online surveys.
- Text message reminders. Entry into a prize draw – there is evidence that incentives increase response rates.
- Are incentives currently provided? If not, would this be feasible?
- Incentives/ payment for attendance/ responding / what's in it for them?
- Working with health visitors, Children's centres and voluntary organisations such as NCT to publicise the value of the data and encourage mothers to take part. Offers of telephone completion for women who do not want to complete online or on paper. Recruitment backed by the government – e.g. with thanks from the Ministers in each country and interest shown in the results. Very significant data is collected but Ministers seem loath to comment, yet their contribution could be influential in raising the status of the data and the use to which it is put.
- Advertising on the TV, Radio, magazines, social media etc.

- TV advertising! Why is breast feeding not advertised but formula milks are?! Advertise breast feeding benefits and the survey at the same time. Also tap into the mobile app market, i-pad, etc.

Appendix J

How useful do you rate the following demographics?

- All the data above is extremely useful and should be continued to maintain this important national data set as a comparator over time and to review national trends and how interventions impact on this and subsequently infant life-long health and wellbeing.
- I have marked satisfactory for each variable because of my view that consistency of methods and comparisons over time are the most important feature of the IFS.
- Has there been consideration of need for marital status? What is the rationale for not including this?
- If improved coverage would use more.
- Were they cared for by a Baby Friendly Accredited Maternity and Health Visiting service?
- How do you ensure a representative sample is selected / included in the survey?
- It would be useful to have breakdown by deprivation for figures such as weaning, Healthy Start vitamins etc. too.
- Larger sample size spread across a wider geographic area would be great for comparative analyses.
- Will our trust show up as it is now - we no longer have Heart of Birmingham, South or East and North PCT anymore?
- For the Equality Act demographics on bi-sexual and transgender.
- In relation to employment category – There is no distinction made between mothers who have never worked, maybe through choice (affluent) against mothers who have never worked as they are unable to gain employment.
- For marital status the issue of partner support is important but not essential for our purposes.

Appendix K

How important do rate the following topics in IFS 2010?

- This is a unique resource in the UK.
- My role is as Infant feeding advisor so all these topics provide very useful information.
- All the data above is extremely useful and should continue to be maintained this important national data set is used as a comparator over time and to review national trends on how interventions impact on the life-long health and wellbeing of the child. Amending the data set would interfere with seeing trends over time.
- Factors affecting reasons behind uptake and non-uptake of breast feeding are significant in being able to evaluate policies and bring about positive change for early years development.
- However, since the inception of the surveys ‘Baby feedings times’ are seen to be unhelpful to breastfeeding duration and as above there are additions that are now evidenced based and it would be beneficial to add to reflect how changing practice can support the long term health and wellbeing of the infant. For example how the mother recognises and responds to his/her babies infant feeding cues.

Appendix L

Would you like to see any other topics added?

- A question to assess if the mother was supported to build a close and loving relationship with her infant, if she was able to recognise her babies feeding cues, if the parents with infants with babies in neonatal units are valued as partners in care and the support received by parents in children's centres.
- Religion and disability.
- Reasons why formula milk brand chosen. More comments from women about their experiences of support with baby feeding, what they needed, especially women who stopped before they would have liked.
- Breastfeeding beyond 6 months and beyond 12 months.
- Has your baby had an artificial teat?
- Method used when solids are started: i.e. parent-led or baby-led.
- Expressing breast milk.
- Help and information to wean your baby and help and information to bottle feed your baby. Also, were the mothers encouraged / supported to give skin to skin at birth.
- Hand expression taught and supported.
- Support networks are important. For example, new mothers may be influenced by the experiences of those around them. Other parents may not know how to access support provision. All of which might impact upon choices made both during and after pregnancy. Additionally, a closer look at the age of the mother when leaving mainstream education. For example - 16 may be given 'officially' - but in our work, we have found that in some areas, young people have 'unofficially' left school at a much younger age. Some as young as 13. This means that breast feeding modules and related education may have been missed.
- Drugs prescribed in labour, post-delivery and postnatal.
- Number of home visits women received from HCPs in first 14 days postnatal.
- Sleeping arrangements for babies.
- The availability and use/ experience of peer support programmes/initiatives to support mothers with breastfeeding.
- Ask for a short narrative on barriers with some guidance.

Appendix M

Please could you specify how useful you found each one or why you did not use them (IFS 2010 Early Results Report, IFS 2010 Main Report, IFS 2010 dataset in the UK services catalogue)?

- The main findings were helpful to see what more Government needs to do to raise awareness of the CMO's recommendations on during pregnancy.
- For my thesis submission i used the early results report of the IFS 2010 which had just become available (end of October 2012) I had to use the main report publication of the IFS 2005, as the IFS 2010 main report was not available at that time.
- The main results and early results reports are very useful, as is the dataset for exact figures.
- It's very useful to have access to the data itself - it is a great resource for researchers. It would be a great shame if the data were not available, particularly as the report is limited in what it can incorporate.
- For a recent freedom of information request I was not told about the UK data Service Catalogue – this could have provided the information I required.
- Only didn't use the data service catalogue as I was not aware it existed.
- Please see the UNICEF UK Baby Friendly website; www.babyfriendly.org.uk and review 'The evidence and rationale for the UNICEF UK Baby Friendly standards'
- I get asked questions about this a lot in my work for LLL. I did not know about the Data Service Catalogue.
- Actually very cumbersome to have so many different parts to download, but perhaps too large to have all in one.
- Very new in my role in Infant Feeding.
- As stated previously, we use available information to support and/or compare with local findings. Any information sought is entirely dependent on the contract. Sometimes health, sometimes housing, sometimes children, sometimes adults - but there is always a social element.
- Internet alerts.
- I only did not use them as was not aware.
- Now that i am aware that full data available on UK data service catalogue may access further data.
- Time restraint.

Appendix N

An early results report was published following stage one for IFS 2010. If we did not produce the early results report, what impact would it have on the work you do?

- Minimal.
- The production of the early results report would have limited impact on our work.
- We do not use the early results report.
- It was interesting to receive the early results however the main data i was looking for related to sustained breastfeeding rates which were not included in the early results report.
- It is always useful to have the new figures.
- Getting the full report earlier is much more important.
- Further delay before discovering the results would delay decisions on ways to improve support for families, but full report is important so, it would be good if it was possible to publish it earlier.
- Not sure, we would like to discuss this further.
- Would prefer report to be accurate rather than amending any early report assumptions.
- Just means less up to date information is available.
- It is difficult to use the early results report when thinking of implementing change.
- By the time the full report is available, the 2010 dataset will be quite old - significant time lag.
- It takes so long to have the full results; it is embarrassing the data is already so old when we first see it!
- Delay decision making and resource allocation.
- Did not know an early results report was available.
- I am sure if I had been in post then I would have used it to inform guidance.
- Would just have to wait longer - no major impact.
- Would feel the stats in use could be out of date (because still using old survey).
- It may make a little difference, but we would be more than likely to discuss the previous results and signpost the reader to the IFS website in order that verified results can be accessed at a later date.
- Delay in knowledge is a handicap - 5 years is a long time with no info.
- Very useful contemporary data.
- This affects commissioning.
- If full report came earlier would not have much impact. Always looking to use up to date data.

- The early report is useful as it gives a more accurate reflection; the earlier we get it the better it is.
- 5 years is a long gap so the early results report allowed us to use the current survey results for our JSNA.
- It's nice to be able to quite the most recent figures on breastfeeding - would just be a shame to have to use the older ones for longer.

Appendix O

Did you use the multiple birth analysis data from IFS 2010?

- Not relevant to our policy work.
- Not required for the MF.
- Teaching purposes.
- Comparisons.
- Not needed.
- Didn't see it.
- Comparing regions.
- Did not know it was available.
- Wasn't aware of it. Not an area I consider significant to my work.
- Used in general, rather than for a specific purpose.
- Unaware (but new to this position).
- Not easy to use.
- Teaching.
- I was not aware of the multiple birth analysis data.
- Did not use as I am not focusing on multiple births.