



Exploring the potential of cash transfers in areas with low breastfeeding rates: the NOSH project

Clare Relton, Mary Renfrew, Mark Strong, Kate Thomas, Barbara Whelan, Heather Whitford, Elaine Scott, Stephen Walters, Nana Anokye, Julia Fox-Rushby with public health teams, midwifery and health visitor teams and mothers in Yorkshire, Derbyshire and Nottinghamshire



University of Dundee



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Of
Sheffield.



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London

Why did we start?

- UK: one of lowest breastfeeding rates in world
- Wide variation in initiation rates (17%-92%), socially patterned: contributes to inequalities
- Enabling women to breastfeed in low income communities in high income countries is serious challenge

Use of financial incentives

Will add to pressure on women; they need support, not incentive

Even if it works, it won't become policy in the current climate

Not practical – what about fraud, women won't tell the truth?

Bribery?

Anything that might help women living in poverty in bottle-feeding communities is worth trying

Financial incentives



Financial incentives



£6.20 per week
milk, fruit, vegetables, formula

What has already been done?

- **Negative** financial incentives
 - Taxes on harmful products
- **Positive** financial incentives
 - Taking medication/ injections/ weight loss
 - Stopping smoking in pregnancy
 - Healthy Start
- **Breastfeeding** financial incentive schemes
 - Islamic law
 - USA (WIC program)
 - Canada (Quebec)
 - UK (Star Buddies)



Together Growing Stronger Families



Review of **acceptability** of financial incentives for behaviour change

- Acceptability a prerequisite for effectiveness
- Consider if incentives fit with societal perspective
- Use incentives as a ‘last resort’
- Find strategies to overcome any negative effects (e.g. stigma)

Lessons from literature

- Successful examples in public health, nutrition, smoking cessation
- Small scale studies in breastfeeding
- Enough encouragement to proceed

Incentives as connectors: insights into a breastfeeding incentive intervention in a disadvantaged area of North-West England

Gill Thomson ✉, Fiona Dykes, Margaret A Hurley and Pat Hoddinott

BMC Pregnancy and Childbirth 2012 12:22

<https://doi.org/10.1186/1471-2393-12-22> | © Thomson et al; licensee BioMed Central Ltd. 2012

Received: 21 October 2011 | Accepted: 29 March 2012 | Published: 29 March 2012

We decided.....

-to proceed with caution
- working closely with staff and women in local areas
- Research question

*Can offering cash transfers to women
increase breastfeeding in areas with low rates?*

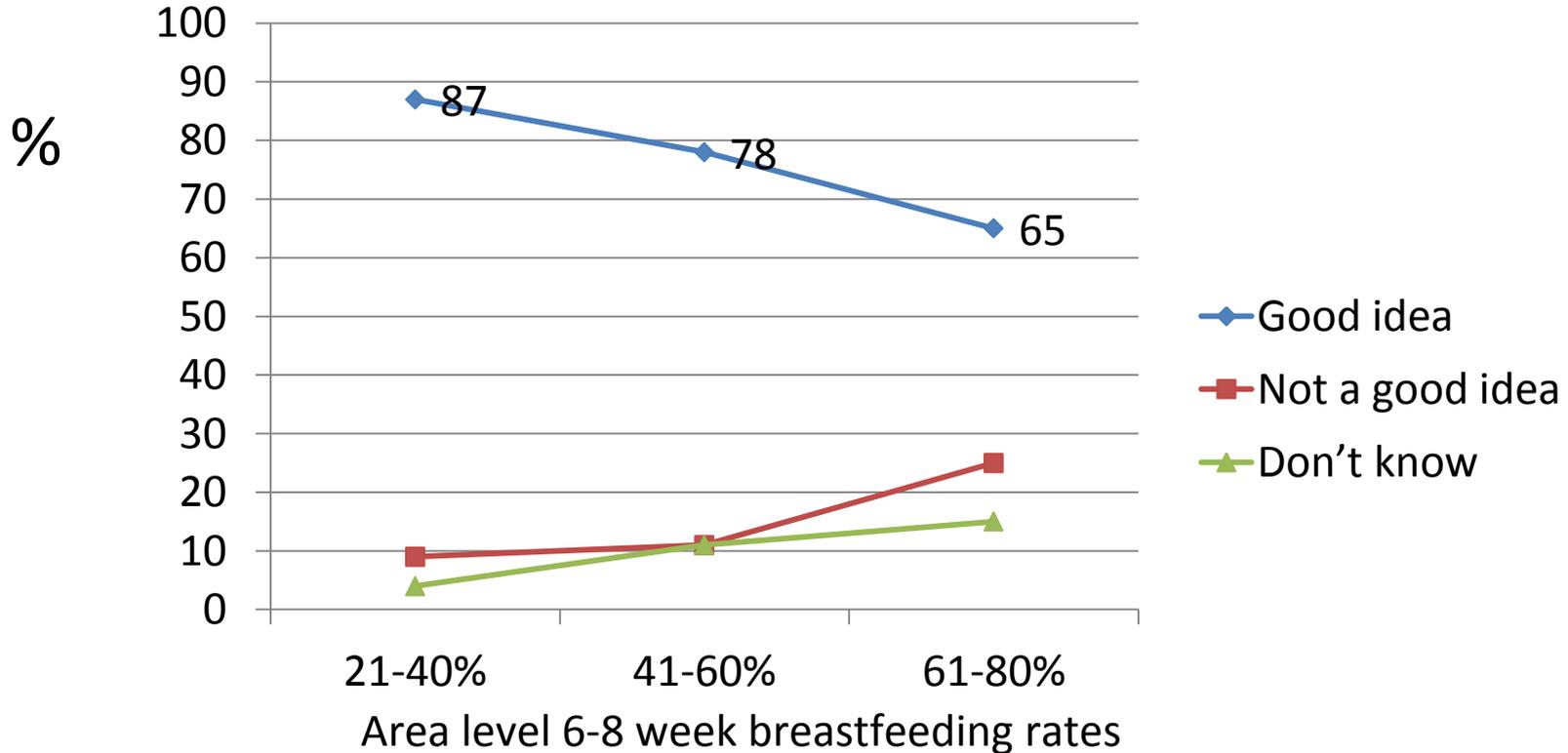
What was funded

- Series of studies to design and test cash transfer scheme in areas of low breastfeeding prevalence
- Focus on *any* breastfeeding at 6-8 weeks
- Four year project
 - Year 1 – development
 - Year 2 – feasibility test
 - Years 3-4 – full scale randomised trial
- Funders - Medical Research Council, National Prevention Research Initiative (MR/J000434/1)

Year one: 2012-13

- Developing the idea, designing the scheme
- Talking to local women & healthcare providers
- Street survey with 128 local women

Street survey responses



Women's views

- *“I don't think women should have money thrown at them to do something that should be so natural and they should want to do it in the first place”* (F3)
- *“Wouldn't it be better to spend that money on more support, initially, in the first place”* (FG - BF mothers)
- *“It's just creating more pressure for people who can't”* (FG, BF mothers)

Women's views

- *“I do think it would be effective and I do think something perhaps needs to be done, so it is a good idea” (M2)*
- *“So maybe for those people who it just wasn't in their consciousness, it might help, erm, to kind of just give them the incentive to give it a go” (B2)*
- It balances with Healthy Start vouchers *‘given for formula’*

Healthcare Provider's Views

- *“Is it ethical to use that hook?”* (Local Authority)
- *“You can give mums something to encourage them to breastfeed but she still might be getting hassle off family members, friends and things like that”* (5, BFPSW)
- *“They should do this because they want to do it not because someone's saying well we'll give you 50 quid for doing it”* (19, Health Visitor)

Healthcare Provider's Views

- *“For the ones who are umming and awing about it, it might work”* (FG2, Midwives)
- *“without trying to delve into the ethical debate and getting all middle class about it, if it does what it sets out to achieve, then that is a good thing, because the knock-on benefits to the rest of the, you know, in terms of population could be big”* (23, Midwife)
- Could help change culture around breastfeeding

Healthcare Providers views

Whelan et al. *BMC Pregnancy and Childbirth* 2014, **14**:355
<http://www.biomedcentral.com/1471-2393/14/355>

 BMC
Pregnancy & Childbirth

RESEARCH ARTICLE **Open Access**

Healthcare providers' views on the acceptability of financial incentives for breastfeeding: a qualitative study

Barbara Whelan^{1*}, Kate J Thomas², Patrice Van Cleemput¹, Heather Whitford³, Mark Strong¹, Mary J Renfrew³, Elaine Scott¹ and Clare Relton¹

Abstract

Background: Despite a gradual increase in breastfeeding rates, overall in the UK there are wide variations, with a trend towards breastfeeding rates at 6–8 weeks remaining below 40% in less affluent areas. While financial incentives have been used with varying success to encourage positive health related behaviour change, there is little research on their use in encouraging breastfeeding. In this paper, we report on healthcare providers' views around whether using financial incentives in areas with low breastfeeding rates would be acceptable in principle. This research was part of a larger project looking at the development and feasibility testing of a financial incentive scheme for breastfeeding in preparation for a cluster randomised controlled trial.

Methods: Fifty–three healthcare providers were interviewed about their views on financial incentives for breastfeeding. Participants were purposively sampled to include a wide range of experience and roles associated with supporting mothers with infant feeding. Semi-structured individual and group interviews were conducted. Data were analysed thematically drawing on the principles of Framework Analysis.

Results: The key theme emerging from healthcare providers' views on the acceptability of financial incentives for breastfeeding was their possible impact on 'facilitating or impeding relationships'. Within this theme several additional aspects were discussed: the mother's relationship with her healthcare provider and services, with her baby and her family, and with the wider community. In addition, a key priority for healthcare providers was that an incentive scheme should not impact negatively on their professional integrity and responsibility towards women.

Developing the intervention

Heather Whitford
et al *describe the
process of designing the
'NOSH' scheme,
incorporating key
stakeholders' views*

Encouraging breastfeeding: financial incentives

SUMMARY: The NOSH (Nourishing Start for Health) three-phase research study is testing whether offering financial incentives for breastfeeding improves six-eight-week breastfeeding rates in low-rate areas. This article describes phase one development work, which aimed to explore views about practical aspects of the design of the scheme. Interviews and focus groups were held with women (n=38) and healthcare providers (n=53). Overall both preferred shopping vouchers over cash payments, with a total amount of £200-250 being considered a reasonable amount. There was concern that seeking proof of breastfeeding might impact negatively on women and the relationship with their healthcare providers. The most acceptable method to all was that women sign a statement that their baby was receiving breast milk: this was co-signed by a healthcare professional to confirm that they had discussed breastfeeding. These findings have informed the design of the financial incentive scheme being tested in the feasibility phase of the NOSH study.

Keywords Breastfeeding, financial incentives, qualitative interviews

Authors Heather Whitford, lecturer in mother and infant research at the University of Dundee, Barbara Whelan, research associate in public health, Patrice van Cleemput, research fellow in public health, Katharine Thomas, honorary professor of health services research, all at the University of Sheffield, Mary Renfrew, professor of mother and infant health at the University of Dundee, Mark Strong, clinical senior lecturer in public health, Elaine Scott, Nourishing Start for Health (NOSH) study manager and Clare Relton, senior research fellow in public health, all at the University of Sheffield

Whitford H et al, [Encouraging breastfeeding: financial incentives.](#)

The Practising Midwife. Feb 2015, Vol 18, No 2, pp 18 – 21.

Money, vouchers or gifts?

- **Money**

- Canada (Quebec)
- Adherence to anti-psychotic medication
- Hep B vaccinations for opiate users

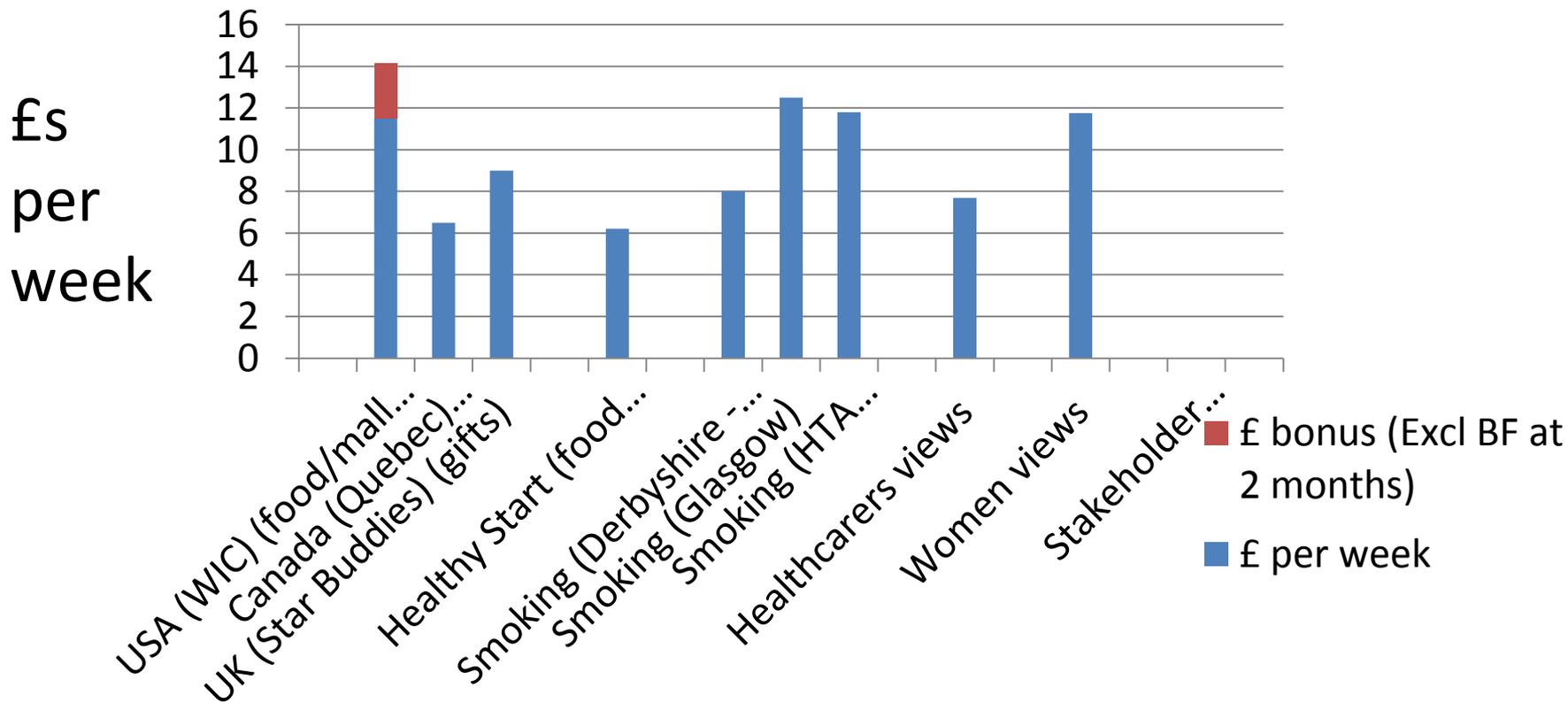
- **Vouchers**

- NHS stopping smoking during pregnancy - groceries
- Healthy Start - cows milk, fruit & veg, infant formula

- **Gifts**

- UK Star Buddies

How much?



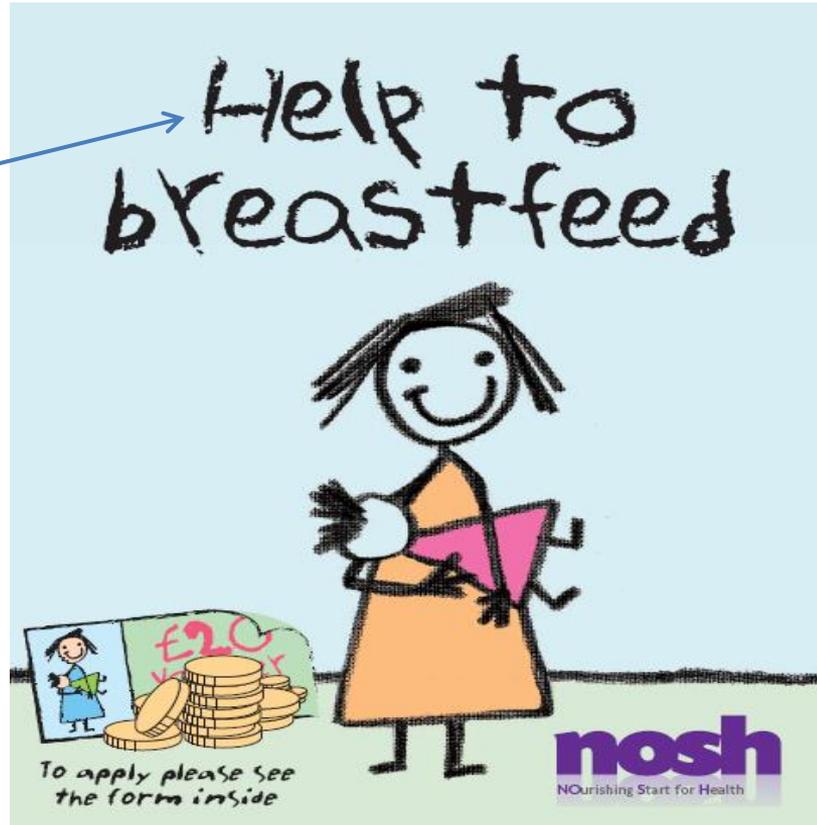
Verifying breastfeeding...

- Breastfeeding schemes
 - USA (WIC) – visits by healthcarers
 - Canada (Quebec) - sworn affidavit by doctor
 - UK (Star buddies) – breastfeeding support worker visit
- Other schemes
 - Healthy Start - sign off by healthcare professional
 - NHS Stop Smoking Service - expired air CO monitoring

Verifying breastfeeding...

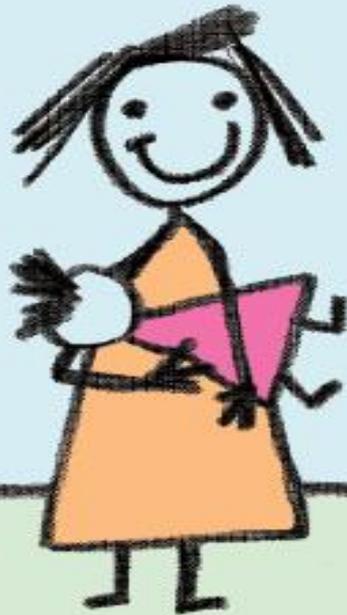
- Routine data and research on breastfeeding uses self report by women
- Is this sufficient ?
- Anything else could be seen as breach of trust

Getting the language right



NOSH

Vouchers for Breastfeeding



APPLICATION
FORM INSIDE

What do I get?

If your baby is being breastfed when he/she is 2 days old you will get vouchers worth £40.

You can claim for more vouchers when your baby is:

10 days old	Vouchers worth £40
6 weeks old	Vouchers worth £40
3 months old	Vouchers worth £40
6 months old	Vouchers worth £40



About NOSH

NOSH is here to help you give your baby the most NOurishing Start for Health.

If you are giving your baby breast milk (breastfeeding or expressed breast milk) then you could get vouchers worth up to **£200** for you and your baby.

Breast milk is perfectly designed for your baby and provides everything they need for around the first six months of their life. It helps to keep them healthy and protected from infections. What's more, it's free, ready prepared and always comes at the right temperature!

Contents

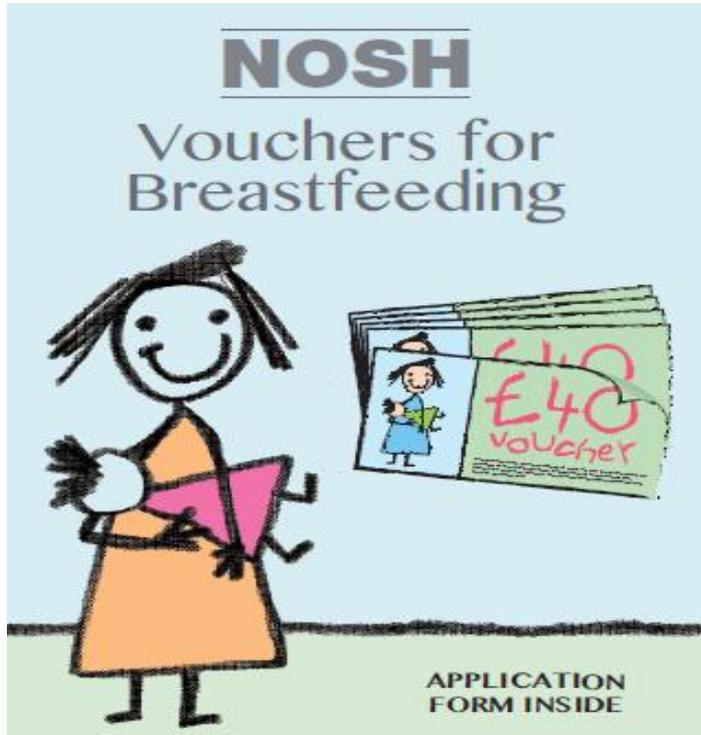
What do I get?	1
What are the vouchers for?	2
Do I qualify	3
How do I claim my vouchers?	4
When can I claim my vouchers?	5
What are the benefits of breastfeeding?	6
Where can I get support for breastfeeding?	7
Questions and Answers	8

What are the vouchers for?

You can chose whether you want High Street or Supermarket vouchers to buy food, household items, toys, clothes, books, music, film and much more.



The why



"The NOSH Scheme offers vouchers to mums who breastfeed as a way of acknowledging both the value of breastfeeding to babies, mums and society, and the effort involved in breastfeeding"

Year one: 2012-13

- The idea – interest but uncertainty
- Support from local healthcare professionals and breastfeeding support workers

Year two: 2013-14

- Launch of the 4 month feasibility test
- 3 areas (Derbyshire, Rotherham and Sheffield) with 6-8 week breastfeeding rates <40%
- Est 124 eligible mother/infant dyads

Incentives to breastfeed



Media coverage



The researchers will test whether it is feasible to offer financial incentives to mothers in deprived neighbourhoods with low rates

'We need to find ways to help more women breastfeed'

02 December 2013 by Linda Geddes
 Magazine issue 2945. [Subscribe and save](#)
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Breastfeeding Bribe Demands Mothers

guilt-ridden decision - not one that can be easily
 10:51am UK, Tuesday 12 November 2013

Trial will test whether shopping vouchers encourage breastfeeding

Sophie Hives-Wood LONDON
 Mothers are being offered up to £100 in shopping vouchers for breastfeeding. The trial is part of a new study by the University of Sheffield. The NOSH (Nourishing Start) scheme is offering high street shopping vouchers in an effort to boost breastfeeding in areas with a low prevalence. "Offering financial incentives to breast feed might increase the number of babies being breast fed and compensate for the lack of support from NHS, local authorities, and charities," says the trial's principal investigator, Clare Renfrew, a research fellow at Sheffield University. She was speaking at a press conference to launch the feasibility study. The World Health Organization says that babies are breast fed for at least 18 months in 100 countries, but despite years of promotion the world's lowest breastfeeding rates are still in the UK.

MailOnline

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New mothers will NOT be paid to breastfeed, Nick Clegg says as he insists controversial voucher scheme is not government policy

- Deputy Prime Minister insists vouchers will not be rolled out nationwide
- Critics say the scheme amounts to 'bribery' and rewards certain mothers
- 130 women in South Yorkshire and Derbyshire taking part in a pilot
- Up to £200 in vouchers for Matalan, Tesco and John Lewis to breastfeed their babies in poor areas.

Under the pilot scheme, 130 mothers in South Yorkshire and Derbyshire will be given food vouchers worth around \$340 if they breastfeed for the first six weeks of their child's life.

One of the project's researchers, Clare Renfrew, admits there have been mixed reactions to the scheme.

"People's initial reaction is 'Oh gosh, you can't do that,'" she said.

"Then when they start thinking about it and realising



Analysis & Opinion Fact Check More

Have your say

breastfeed newborns, 'bribe' in poor areas



VIDEO: Britain will pay women to breastfeed their babies. (ABC News)

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RELATED STORY: [Breastfeeding rates miss target](#)



MYTF1 NEWS

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Allaiter votre bébé, vous gagnerez... des bons d'achat

Édité par S.L.
 le 14 novembre 2013 à 07h20, mis à jour le 14 novembre 2013 à 07h20.

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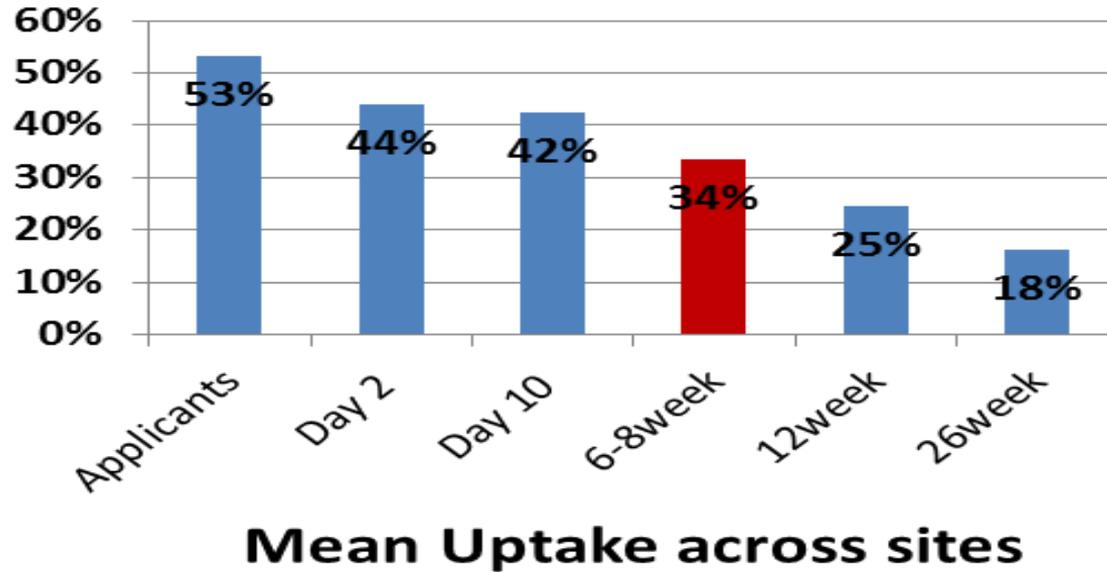
New(s)

- Pilot: The scheme is being tested in South Yorkshire and Derbyshire but could be rolled out nationally



Year two: 2013-2014

Vouchers Claims



Interviews

19 women, 36 healthcare professionals
Focus Groups and Information Sharing Meetings

“rewarded” “valued”

“it’s like a praise”

“it’s a nice treat”

*“ getting something good
for doing something good”*

“help me breastfeed longer”

(Mothers)

- *“felt a bit uncomfortable I guess ... dissipated quite a lot cause I think we’ve seen how pleased the women have been ... about it” (Midwife)*
- *it gave me the opportunity to affirm her with what she’d done” (Health Visitor)*

Year two: 2013-14

- Deliverable and locally acceptable
- Scheme extended (no changes)
- Media and social media interest
- Permission for the full trial
 - Research funders MRC/NPRI
 - NHS & Local Authority leads, NHS REC and site approvals
 - Funds for 50% of voucher costs from Public Health England

Year three: 2014-15

- Trial protocol published

Cluster randomised controlled trial of a financial incentive for mothers to improve breast feeding in areas with low breastfeeding rates: the NOSH study protocol. Relton C, Strong M, Renfrew MJ, et al. *BMJ Open* 2016;6:e010158.

- Trial began on 14th February 2015

INTERVENTION
n=46 clusters

NOSH information disseminated
NOSH information offered by healthcare professionals (midwives, health visitors, breastfeeding support workers) to pregnant women and new mothers in intervention areas.

Eligible women join the NOSH Scheme
Claim forms are signed by mothers and co-signed by healthcare professional.
Claim forms are sent to NOSH Office, checked for eligibility and vouchers sent by registered post to mothers.

CONTROL
n= 46 clusters

No change to usual care

INTERVENTION
n=46 clusters

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NOSH information offered by healthcare professionals (midwives, health visitors, breastfeeding support workers) to pregnant women and new mothers in intervention areas.

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Cluster level routine data on 6-8 week BF rates for the 12 month period of the intervention (n=46 clusters, estimated 118 births per cluster)

CONTROL
n= 46 clusters

No change to usual care

Cluster level, routine data on 6-8 week BF rates for the 12 month period of the intervention (n=46 clusters, estimated 118 births per cluster)

Year 4: 2015-16

- Intervention delivered
- Intervention commissioned by FNP
 - *Relton et al, Evaluating the effects of financial incentives to support first-time young mothers to breast-feed. Journal of Health Visiting, Jan 2017, 5, 1*
- Routine data on breastfeeding (initiation and 6 weeks) for all 92 wards

Year 5 – what do we know now?

- Scheme acceptable and deliverable
- Media response \neq Real world response

Challenging social norms: discourse analysis of a research project aiming to use financial incentives to change breastfeeding behaviours: Relton C, Umney D, Strong M, Thomas K, Renfrew MJ. Lancet Public Health Science Conference, November 2017

5 million years
of product
development

You're doing great

Vouchers for Breastfeeding



What next?

- ? – results will be published on December 11th
- Is it cost effective?
- Optimum voucher amount?
- Any vs exclusive breastfeeding?
- Link with existing nutrition schemes?
- Objective measure of breastfeeding?



Thank you!

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Funders: MRC (NPRI) and Public Health England

Public health teams, midwives, health visitors, advocacy groups

Women in Yorkshire, Derbyshire and Nottinghamshire who took part in the development, feasibility testing and trialling of the idea



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