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Parallel Session A
The use of financial incentives and taxes
11.05-12.20

Chaired by Rachna Begh
Practical considerations in developing a financial incentive scheme for breastfeeding: A qualitative study of stakeholders' views

Barbara Whelan
Practical considerations in developing a financial incentive scheme for breastfeeding: A qualitative study of stakeholders’ views

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Background

Percent breastfeeding rates for UK (2010 Infant Feeding Survey)
Financial Incentives

• Government policy to **dis-incentivise** unhealthy behaviours

• **Incentivise** healthy behaviour

• Smoking cessation in pregnancy
  (Ballard & Radley 2009)
Financial Incentives and Breastfeeding

- **Gift incentives**
  - US to attend a breastfeeding class antenatally (Sciacca et al., 1995; Finch & Daniel 2002).
  - North West England combined with peer support (Thomson et al., 2012).

- Quebec $55/month to women who breastfeed (www.mess.gouv.qc.ca).

- South Yorkshire and Derbyshire NOurishing Start for Health (NOSH)
NOSH Research Project

• Exploring potential of offering financial incentives to women who breastfeed their babies in areas with low breastfeeding rates.

• Research in 3 stages:
  • Development stage
  • Feasibility stage
  • Cluster randomised controlled trial
Methods

• Aim to explore views of key stakeholders around financial incentives for breastfeeding in principle and in practice.

• Semi-structured individual interviews and focus groups.

• Thematic analysis drawing on principles of Framework Analysis (Ritchie & Lewis 2003).

• NVivo 9 used to support the analytical process.
Findings

• Individual interviews (n=54) and focus groups (n=8).

• Women (n=38) who had breastfed (n=18), formula fed (n=13) or both (n=6), no personal experience of infant feeding (n=1).

• Approx. half of participants from areas with low breastfeeding rates (≤50% at 6-8 weeks).

• Healthcare providers (n=53):

<table>
<thead>
<tr>
<th>Profession (n)</th>
<th>Number</th>
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<tr>
<td>Midwives (14)</td>
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<td>Breastfeeding peer support workers (12)</td>
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<td>Health visitors (7)</td>
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<td>GP (1)</td>
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<td>Nursery nurse (1)</td>
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<td>Children’s centre manager (5)</td>
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<td>Charity and voluntary sector workers (9)</td>
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<td>NHS/Local Authority public health leads and commissioners (4)</td>
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Findings

Characteristics of NOSH: Practical Considerations

Form of incentive: cash/vouchers

How much and how often for payment

Additional considerations

Verification
Form of the financial incentive

- Overall preference for **vouchers**

- “They couldn’t really fiddle the system with vouchers, whereas if it was cash, they could spend it on whatever they wanted” (M6)

- Different views around what vouchers should be for.

- Care needed against making “value judgments”.

- “You think if people want to spend it on what they like then they’ll swap the vouchers for something else. I think cash is probably worth more to a woman than vouchers” (NHS/Local Authority Public Health lead/Commissioner)
How much for financial incentive?

• Difficulty suggesting how much. It’s like “putting a price on your baby’s health”.

• “What one person might consider a lot of money others might not”

• “It has to be enough money so that people like that are going to think yeah, it’s worth doing cause the health stuff doesn’t really come into it” (Children’s Centre Manager, 6)

• Comparison with other schemes helpful.

• £200-£240 over 6 months most frequently suggested.
Payment of the financial incentive

• Paid in stages – monthly/weekly.

• “I think it needs to be staged towards the times when we know that women drop off” (NHS/Local Authority public health lead/commissioner)

• Vouchers from healthcare providers would “not seem right”.
Verification

If you’re gonna throw money at somebody, you want to know it’s for doing something that they say they’re doing rather than lying about it (F3)

I can’t think of any way that you could police it to be 100% sure that they were actually breastfeeding (F1)

Observe the mother breastfeeding

- Unacceptable
- Vulgar
- Natural environment

I think you should have something like this on trust (Focus group, formula feeding mothers)
Other considerations

• **Breastfeeding support**
  “Just saying to women who take up this scheme that there’s a, you know, flow of support afterwards, and just the reassurance that there’s somebody they can pick up the phone to or talk to” (M2)

• **Clear rationale**
  “I think really getting the field workers on board and really getting a good understanding amongst them about the rationale and getting their sign up to it” (Health visitor, 14)
How findings informed NOSH Scheme
How findings informed NOSH Scheme

• Verification
  ▪ Discussion between healthcare provider and mother.
  ▪ Claim form signed by both.
  ▪ Voucher sent to mother by post.
  ▪ Concerns card.

• Rationale for study

  “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”
Acknowledgments

Thank you

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http://www.mrc.ac.uk/Ourresearch/ResearchInitiatives/NPRI/index.htm#P89_7386

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