





The **enthusiasm from mothers** expressing larger volumes of breastmilk has been a **key motivator** in the **successful implementation** of the new Early Breastmilk Toolkit.



Follow-up survey response





# Executive Summary



The **Early Breastmilk (EBM) Toolkit** is a collection of **training materials and practical resources for staff and parents** to promote equitable access to correctly fitted equipment for **expressing breastmilk**.



The Toolkit originated from a **quality improvement initiative** at **University Hospital Southampton NHS Foundation Trust** after a mother shared her **challenges of expressing breastmilk** for her premature baby and **developing mastitis**.



With the funding from **NHS England (South West)**, the Toolkit is now supported by **Wessex Patient Safety Collaborative (PSC)** for **wider adoption**.



The **Health Innovation Wessex Insight team** was commissioned by Wessex PSC to investigate the **implementation of the EBM Toolkit** within and beyond Wessex.



**Key findings** from the evaluation included:

- **Local champions supported by positive leadership** were critical for successful implementation.
- **Comprehensive, practical, and accessible resources** enabled staff to integrate the Toolkit **without “re-inventing the wheel”**.
- With leadership support and comprehensive resources including advice and guidance from Wessex PSC, staff leading the implementation were **equipped to secure authorisation** from the organisation's **finance team** and **infection prevention and control team**.



**Key short-term outcomes** observed by staff included:

- Improved **comfort** and **milk yield** for women
- Enhanced **staff knowledge** and **confidence**
- **Standardisation of practice**
- **Reduced reliance** on formula milk or donor milk.





## The evaluation team



Health  
Innovation  
Wessex



### Evaluation team

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### Acknowledgements

We would like to thank **Wessex Patient Safety Collaborative (PSC)** for the opportunity to evaluate the Early Breastmilk (EBM) Toolkit, particularly **Jo Murray (Patient Safety Lead)** and **Holly Green (Programme Manager)** who contributed their time to support the evaluation by liaising with the key stakeholders. We would also like to thank **Health Innovation Wessex (HIW)** colleagues **Philippa Darnton (Director of Insight)** and **Charlotte Forder (Associate Director of Communications)** for their support in reviewing this evaluation.

We like to acknowledge **Amber Clark (Lactation Consultant)** for her commitment and dedication to develop the EBM Toolkit. We thank **all staff participants** who have made time in their busy schedule to participate and support the evaluation activities.



### Disclaimer


Our policy is to retain **anonymised** and **pseudo-anonymised data** for six years after the publication of the final report. We retain **identifiable data** for 12 months, in accordance with the **Data Protection Act and General Data Protection Regulation**, after the publication of the final report. Following these retention periods, the client will be given notice of imminent destruction and the opportunity to discuss any issues arising. Data will be destroyed on the agreed date and a certificate of destruction will be provided.

On occasion, **HIW Insight team** evaluates innovations that **other teams from HIW** have also supported. Whilst these evaluations are independent, for transparency we disclose **dual role of HIW** where applicable. In this case, the **implementation of the EBM Toolkit** was supported by **Wessex PSC**. Wessex PSC is **commissioned by NHS England** and delivered by HIW. The **evaluation was undertaken separately** by the **HIW Insight team**.





# Background – Early Breastmilk Toolkit

 [The Early Breastmilk \(EBM\) Toolkit](#) and associated resources were developed from a quality improvement project initiated in **University Hospital Southampton NHS Foundation Trust**, after **a mother shared her experiences** of expressing breastmilk for her premature baby and subsequently developing mastitis.


 The spread and adoption of the EBM Toolkit within Wessex and beyond is supported by **Wessex Patient Safety Collaborative (PSC)** with the funding secured from **NHS England (South West)**.

 The Toolkit and its resources are designed to **promote equity of access** to appropriate equipment for expressing breastmilk. They consist of:

- Video recording of [the national EBM Toolkit webinar](#) (hosted by Wessex PSC)
- [NHS Learning Hub online training](#)
- [Patient information video](#) and Quick Read (QR) code stickers
- [Flange FITS™ guide](#)
- Nipple sizing tools
- Flange fitting and disinfection standard operating procedure (SOP)
- Flange purchasing guide.



**Image 1:** A screenshot of the national EBM Toolkit webinar in June 2025, hosted by Wessex PSC.

 Wessex PSC commissioned HIW Insight team to conduct an independent evaluation to **investigate the implementation of the EBM Toolkit within and beyond Wessex**.





# Evaluation outline

## Evaluation questions

The evaluation aimed to answer the following questions:



What are the experiences of **key stakeholders within Wessex** of implementing the EBM Toolkit within their trusts?



From the perspective of these key Wessex stakeholders, what are the **short-term outcomes and longer-term impacts of the EBM Toolkit** within their trusts to date?



Which areas **outside of Wessex** are interested in implementing the EBM Toolkit, and **how far has implementation progressed** in these sites?



What are the **financial opportunity costs** associated with implementing the EBM Toolkit versus standard care?

## Evaluation design and approach



We took a **mixed-methods approach** to address the evaluation questions.



To investigate the views and experiences of **key regional stakeholders**, we conducted **qualitative data collection**, comprising **one focus group**, **one interview** and **one staff feedback form**.<sup>\*</sup> A total of **seven staff** participated in the evaluation.



To investigate implementation **outside of Wessex** we sent out an online **follow-up survey** to 160 attendees of **the national EBM Toolkit webinar** (see [Slide 8](#)). We received **31 responses** (19% response rate).



We were **unable to explore the financial opportunity costs** of implementation as planned, as competing system pressures meant that key stakeholders were unavailable to take part during the evaluation data collection period.

<sup>\*</sup>To maximise participation in this evaluation, key staff stakeholders were offered different participation methods to share their views and experiences of the implementation of EBM Toolkit. Due to urgent clinical commitments, two staff were unable to attend the two scheduled focus group sessions. To have their views and experiences included in the evaluation, they participated separately in a one-to-one interview and completed a feedback form.





# Evaluation outline

## Evaluation data analysis



We used **Rapid Qualitative Analysis**<sup>2</sup> to organise qualitative information systematically and efficiently to address the evaluation questions and inform learning.



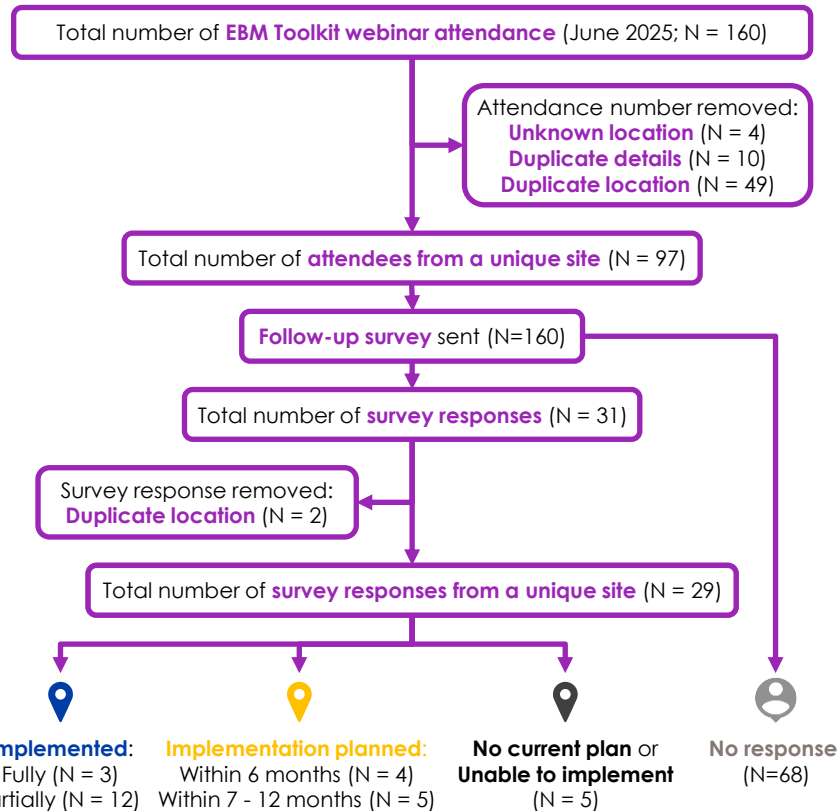
We processed descriptive data from the **follow-up survey responses** to create a **geographical spread** of attendee sites and their EBM Toolkit implementation status (see [Slide 8](#)). A breakdown of the survey response number is detailed in [Figure 1](#).

## Evaluation participants



A total of **38 staff participated** in focus group, interview, feedback form and follow-up survey. They described their main role as:

- **Infant feeding lead** (N=29)
- **Support staff** including volunteers (N=4)
- **Lactation consultant, midwife, nurse, manager** (N=5)



**Figure 1:** A full breakdown of the total number of EBM Toolkit webinar attendees, sites represented, follow-up survey responses, and the reported implementation status of the EBM Toolkit.

<sup>2</sup>Vindrola-Padros, C., Chisnall, G., Cooper, S., Dowrick, A., Djelloul, N., Mulcahy Symmons, S., Martin, S., Singleton, G., Vanderslott, S., Vera, N., Johnson, G.A. (2020) Carrying out rapid qualitative research during a pandemic: emerging lessons from Covid-19. *Qualitative Health Research*, 1-13.



# EBM Toolkit implementation status (October 2025)



Wessex PSC hosted [the national EBM Toolkit webinar](#) in **June 2025**. The webinar was organised as the **interest and enquiry** for the Toolkit **grew beyond Wessex**.



A total of **160 people attended** the webinar, representing **97 unique sites** across **England and Scotland**.



During **September through to October 2025**, the webinar attendees were asked to complete a **follow-up survey** to capture **the implementation status of the EBM Toolkit** at their sites.

Out of 97 unique sites:



15 sites reported **full or partial implementation**



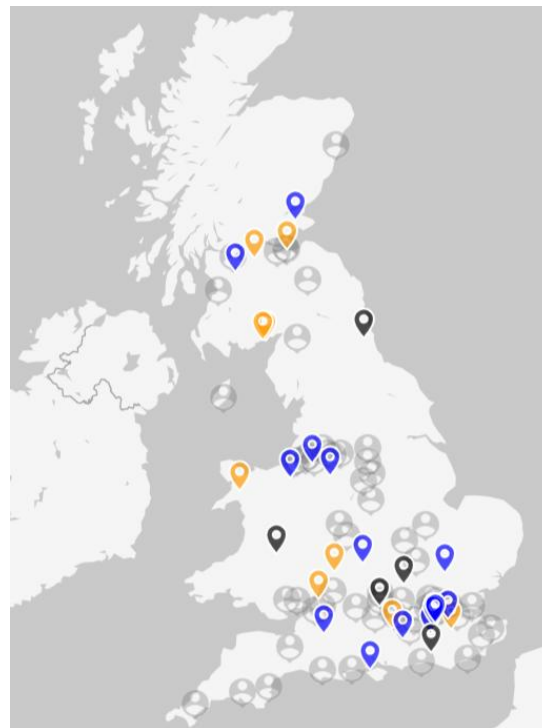
9 sites reported **planning implementation**



5 sites reported **no current plan** or **unable** to implement



Staff from the remaining 68 sites attended the webinar but **did not respond** to the follow-up survey.



**Figure 2:** UK map with markers indicating the EBM Toolkit implementation status. \*Some markers overlap with each other due to the proximity of their geographical locations





## Summary of staff feedback on their implementation status



### Fully or partially implemented sites (N=15)

Sites reported phased rollout of **staff training**, **stock of different size flanges** and embedding the Toolkit into **routine practice**. They noted positive changes in **staff confidence** and **parent feedback**. **Supportive leadership** and **peer engagement** was reported to influence the continued use of the Toolkit.



### Sites planning to implement (N=9)

Key steps included securing **funding** for consumables and **support** from the senior managers for **finance** and **infection prevention and control** approval. Access to online resources, in particular the **procurement guide** and **standard operating procedure (SOP)** were praised highly for **saving staff time** in the planning process.



### Sites with no current plan or sites unable to implement (N=5)


The key reason provided for no current plan or unable to implement was **the lack of influence** on decision makers to consider the EBM Toolkit in their settings. However, staff feedback included **appreciation** of the webinar content and of the resources which **influenced further interest** and wider **discussions** across staff and parents.







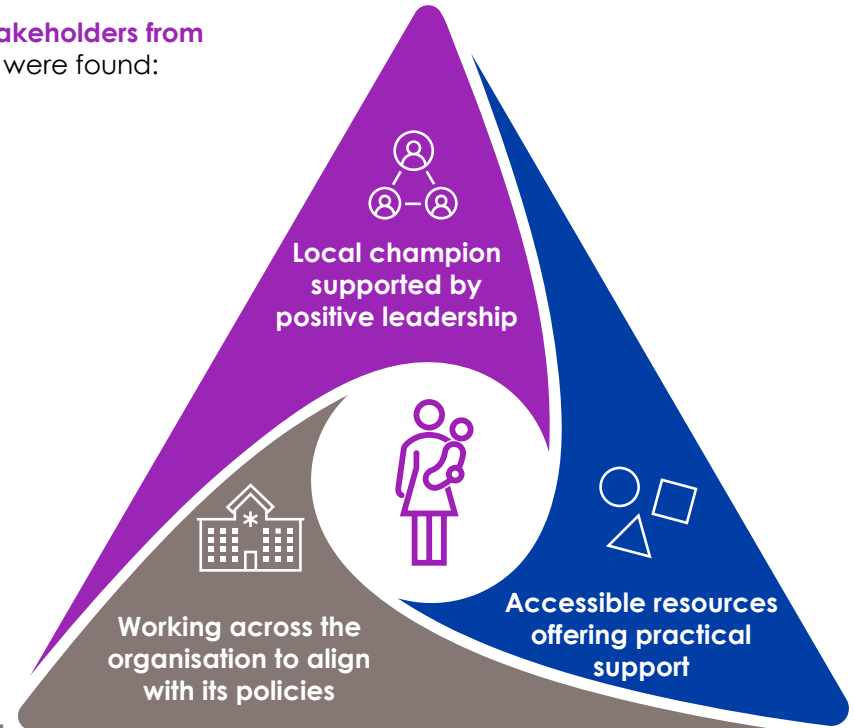
# Summary of staff views and experiences of the EBM Toolkit

Based on the analysis of **the follow-up survey responses** and **key stakeholders from Wessex**, three common **components to successful implementation** were found:

 Local champion supported by positive leadership  
Supportive managers who trusted colleagues' **judgement** and **credibility** positively influenced the lead staff to autonomously '**spearhead**' the implementation process.

 Accessible resources offering practical support  
The EBM Toolkit was described as **comprehensive, practical and accessible** to all healthcare providers. **Practical advice and guidance** from Wessex PSC was also highly appreciated by staff. The resources **enabled staff to integrate** the Toolkit without "re-inventing the wheel".

 Working across the organisation to align with its policies  
The combination of manager support and comprehensive resources **equipped staff to effectively navigate** the organisational policies. Common challenges included **securing authorisation** from the **finance team** and **infection prevention and control team**, and ensuring staff **engagement from wider maternity services** within the organisation.





# Short-term outcomes and anticipated longer-term impacts

## Service outcomes and impacts



### Enhanced staff confidence and skills

Staff reported **increased confidence** in evidence-based practice and flange fitting skills. They felt **empowered to provide tailored support** to parents.



### Streamlined staff education

In some sites, the training materials have been added to **trust updates and mandatory training programmes**, and **integrated into existing SOPs**.



### Standardisation of practice

Measuring nipple size became a **routine practice**, replacing **previously inconsistent** advice given to parents on expressing breastmilk.



### Reduced reliance on formula milk

Since the implementation of the EBM Toolkit, staff have already observed **increased rates of breastfeeding** amongst parents and anticipate that **formula supplementation will reduce** longer-term.

## Parent outcomes and impacts



### Improved comfort and positive experience for families

Parents consistently feedback **significantly greater comfort** which **positively impacted** their experience. Staff also reported that parents feel **supported and valued** by being advised on the correct flange fitting.



### Increased yield in shorter expressing time

Staff observed parents producing **higher volumes** and **faster extraction** of breastmilk when fitted with correctly sized flanges.



### Educating and empowering women and parents

Staff consistently reported that women are **feeling more confident and empowered** to make informed choices on flange fitting and breastmilk feeding.



### Prolonging breastfeeding and fewer nipple trauma

With improved comfort and yield, staff anticipate **longer-term reduction in cases of nipple trauma** caused by incorrect flange sizing (including associated cases of mastitis).





# Suggestions from staff on improving the EBM Toolkit

## Practical tips shared by the staff



### Create a set of trial kits

Some sites have created a flange trial kit **authorised by their infection prevention and control team**. The kit, **stored in a box** or attached on **a keyring**, includes **all flange sizes for hands-on-fitting** to reduce plastic waste.



### Offering creative approaches to staff training

In addition to the training materials included in the Toolkit, staff have adopted creative staff training to **encourage staff from wider maternity services** to be trained. Examples included **"tea trolley dashes"**<sup>2</sup>, **peer-to-peer observation**, and a staff training **QR code in staff rooms**.



## Considerations and suggestions by staff



### Enhance training materials

Staff suggested updating the short video content to a **higher-quality resolution**. Staff also requested short **troubleshooting videos** for a range of flange fitting scenarios. For training purposes, staff asked for **a short slide deck presentation** to adapt in their own settings.



### Alternative options for the measuring toolkit

Staff noted **personal preference** for the measurement tool (plastic rigid tool, soft or paper tape measure) and suggested **a retractable hygienic tape measure** as an alternative.



### Checklist guidance for parents

There was a request for **a plain language or visual parent guide sheet** to be included in the Toolkit.



### Sustainability and reduction in flange waste

Staff asked whether it would be possible to **recycle surplus flanges** and/or **order specific sizes only**, rather than purchasing a whole set.






<sup>2</sup>Royal United Hospitals Bath NHS Foundation Trust. *What is tea trolley training?*. Available from:

[https://ruh.nhs.uk/For\\_Clinicians/education/tea\\_trolley\\_training/documents/TIT02\\_What\\_is\\_tea\\_trolley\\_training\\_and\\_how\\_it\\_works.pdf](https://ruh.nhs.uk/For_Clinicians/education/tea_trolley_training/documents/TIT02_What_is_tea_trolley_training_and_how_it_works.pdf)







# Conclusions

## A positive benefit to staff and parents

-  The Toolkit was **highly appreciated** by staff supporting parents with breastfeeding.
-  Presence of a **champion and supportive management** enabled the implementation to proceed successfully.
-  Free, comprehensive, online toolkit which is accessible to all healthcare providers **supported staff** in rolling out the Toolkit in their settings.
-  Practical advice and guidance from Wessex PSC provided **additional support** to ensure successful implementation.
-  Staff leading the implementation navigated across their own organisation to **secure authorisation** from relevant governance teams, including finance and infection prevention and control.

## Limitations to the evaluation findings

-  While the evaluation findings **provide valuable insights**, it is **important to note the following limitations** when interpreting the findings:
  -  Despite our effort to maximise staff participation, and due to factors outside of our control, a small number of staff views are presented in this report. The findings presented in this evaluation report are **not intended to be generalisable** across the wider maternity services.
  -  The short-term outcomes and longer-term impacts of the EBM Toolkit are qualitatively reported. **Additional quantitative evidence** on the outcomes and impacts will **strengthen the evidence** presented in this evaluation.
  -  We were unable to collect information on the financial opportunity costs as planned due to the unavailability of the key stakeholders. Based on the qualitative data we gathered in this evaluation, we made **recommendations for monitoring longer-term impacts** on [Slide 14](#).





# Recommendations for monitoring longer-term impacts

Staff feedback included numerous **indications of short-term outcomes** as well as **anticipated longer-term impacts** of the EBM Toolkit. To enable the **ongoing monitoring of its impact** from the EBM Toolkit, the following recommendations suggest that each site records the initial and ongoing costs and resources to realise the benefit of the EBM Toolkit.



## Initial setup cost and resource allocation

- First batch of **flange order** in various sizes
- List of **any other purchases** during the setup phase
- Staff **training time** (the core team and wider staff e.g. support staff, ward midwives)
- Staff training **completion record**.



## Patient experience and satisfaction

- Self-recorded diary of **breastmilk yield**
- Self-reported cases of **discomfort and nipple trauma**
- Patient **experience and satisfaction** survey.



## Clinical indications

- Reported **cases** for mastitis and other nipple trauma.



## Ongoing costs and resource allocation

- Frequency and volume of flange **repeat orders** (e.g. how often to re-stock, which flange sizes)
- List of any **consumables specific** to use of the Toolkit
- Ongoing staff **training time and resource** (e.g. new staff, refresher, top-up training)
- Ongoing staff training **completion record**.
- Ongoing staff time in **supporting parents**.



## Cost and resources used in methods comparative to EBM

- Changes in **donor breastmilk** stock / supply
- Changes in **formula milk** order / supply.

Localised evaluation of the implementation of the EBM Toolkit and ongoing monitoring of longer-term impacts would build a collective evidence base across a range of sites on the benefits and impact of the EBM Toolkit.





**Staff are confident** in using their own measuring tools accurately. Our mothers have been **producing more breastmilk**, which is fantastic. Feedback from mothers regarding the new flanges has been very positive, with **reports of little to no nipple trauma.**



Follow-up survey response





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