



Health Innovation
West of England



Gloucestershire
**Local Maternity
and Neonatal
System**

Report on the real-world evaluation of the Anya app

Executive summary

May 2025

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Published May 2025 by Health Innovation West of England.

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Suggested citation

Newton B, Gatting L, and Quinlan E. Report on the real-world evaluation of the Anya app: Executive summary. Health Innovation West of England. 2025 May 29: 1-8

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1. Introduction

The low breastfeeding rates in the United Kingdom are a current target for intervention so that babies and mothers can experience the benefits of breastmilk. With the ubiquity of smartphones, health interventions are now being delivered via apps, including breastfeeding support.

Within the West of England, Gloucestershire's Local Maternity and Neonatal System (LMNS) purchased 500 licenses for the breastfeeding app, [Anya](#). The premium version¹ of the app was made available to women in two of the county's more deprived districts, the Forest of Dean and Gloucester. A real-world evaluation was undertaken to identify:

- Whether Anya led to better breastfeeding outcomes and experiences.
- The impact of implementing Anya on staff and service use.
- Whether Anya is an acceptable breastfeeding support tool.

2. Methods

Community Midwives told pregnant women about the Anya app at their week 28 antenatal appointment and signposted to it using promotional material. The health visiting team sent women a text before this appointment at week 26 informing women about Anya. Women in selected postcodes automatically received a free upgrade to the premium version of the app. The intervention period ran from 1st October 2023 to 31st July 2024². The evaluation drew on data from several sources.

1. A **survey** was undertaken of women who had access to the app. We collected data at week 1 and weeks 6-8 after birth (n=20).
2. We used **system data** from the two Gloucestershire NHS trusts looking at the implementation of Anya, breastfeeding outcome data and deprivation data. We were able to link data from the trusts using anonymised NHS numbers. (n=3325 women, n=5832 babies). We also received data from a period when Anya was not available, forming a comparison or 'counterfactual' period (n=2343 babies).
3. Anya provided us with **user data** (n=470). This consisted of anonymised data and identifiable data from survey participants who consented.
4. We **surveyed NHS staff** to understand their experiences and views (n=19).
5. Finally, we **interviewed NHS staff** about their experiences (n=6).

¹ [There are two levels of access](#); freemium and premium. Premium version has no restrictions on the support accessible within the app.

² Staff were asked to stop referring into the evaluation from 5th August 2024. However, to facilitate data analysis, we used data from 1st October 2023 to 31st July 2024 and describe this as the intervention period.



3. Results

Implementation

- Between October 2023 and July 2024, the mean number of monthly sign-ups was 47 and the total number of sign-ups was 472. The total sign-ups until December 2024 was 671. Anya usage data between 1st October 2023 and 22nd December 2024 is based on a total of 470 users.
- According to electronic records, midwives discussed the app with 20.8% (n=545) of women. Of these, 92.5% (n=504) were recorded as agreeing to sign up to Anya.
- Most referrals to the evaluation were from Gloucester community midwifery teams.
- Anya was used for a total of 197.5 hours across 1,765 unique sessions.
- At £13,406.32 for 671 licences, this equates to a cost of £7.60 per session or £67.90 per hour of support used.
- The average session duration was 6 minutes 43 seconds.
- The most frequent users of Anya were aged 26 to 35 years.
- The period when the app was used most frequently was between 12:00 and 17:59. The least frequent time period was in the early hours of the morning (00:00-05:59).

Breastfeeding outcomes and experiences

- A total of 3,489 babies were born between 01/10/2023 and 22/12/2024 in the intervention areas. Of these, 70.3% were from Gloucester (n=2,453) and 28.0% were from Forest of Dean (n=976).
- We compared data from the period when Anya was implemented (01/10/23-31/7/24) with a counterfactual period (01/10/22-31/7/23) and looked at differences in feeding rates: see Figure 1.
- We found the number of birthing people feeding their baby any breastmilk³ in the intervention period was 1.9% higher at 2 weeks and 2.2% higher at 6-8 weeks in the intervention period. These findings were not statistically significant.
- When focusing on IMD deciles 1-3, more birthing people gave their baby any breastmilk in the Gloucester district in the intervention period at 6-8 weeks. This was statistically significant.

³ Any breastfeeding includes breastfeeding only or breastfeeding and a supplemental feed. No breastfeeding includes bottle feeding or parenteral feeding.

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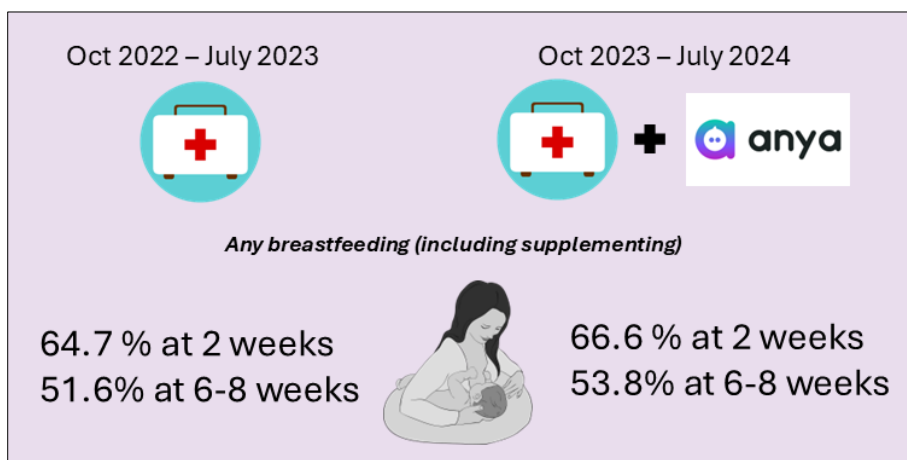


Figure 1. Infographic showing changes in feeding across time periods.

- There was no statistically significant relationship between women's change in confidence with breastfeeding and how long they used Anya. However, six out of twelve survey respondents said Anya made a minor difference to their confidence to breastfeed whilst five out of twelve respondents said Anya made a significant difference.
- Staff were asked to rate how beneficial Anya had been to women and babies they worked with. Of the 11 who responded, the more frequent score was "beneficial".

Impact of implementing Anya on staff and service use

- In the staff survey, most staff (n=9) said Anya made no difference to their workload.
- There was evidence staff were selective with the women they introduced Anya to.
- We asked staff whether the app had led to an observable impact on the women they work with. Of the 17 respondents, 10 staff had not observed any impact, with five staff reporting a positive impact.
- Staff interviews suggested that Anya had a limited benefit; staff were not sure that Anya reduced patient contacts with staff, affected how women sought support or changed the delivery of postnatal care. On the other hand, staff were positive about Anya as a supplemental tool to their practice and we found most participants would recommend Anya to colleagues. Staff described Anya as convenient, giving women choice, in line with recognising that parents have differing preferences or priorities.
- Eight out of fourteen staff agreed there was no difference in how women seek help. One respondent believed they sought help somewhat more, another believed they sought help somewhat less.

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Acceptability of Anya

- More survey participants said they would use Anya again when asked at week 1 (n=14/19) compared to week 6-8 (n=7/20). This suggests less women saw value in using Anya later in the postnatal period.
- Regarding what was useful about Anya, five women commented on the support around latching and breastfeeding positions. They liked the interactive nature of the videos.
- Six women said there was nothing they disliked about the app.
- Five did not report experiencing any challenges. Four found navigating the app difficult.

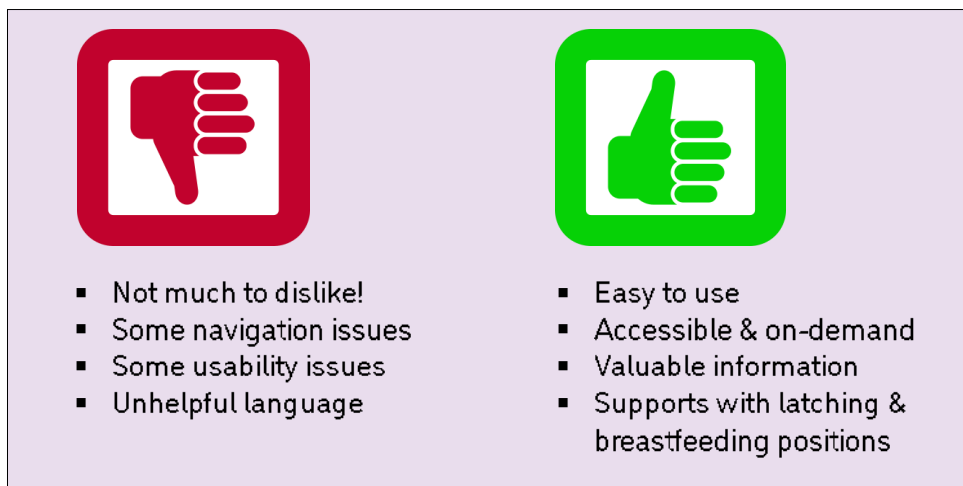


Figure 2. Infographic summarising user feedback.

- There was limited data regarding the training staff received. Of the five surveyed who attended, four of them agreed the training made them "somewhat prepared",
- Some of the interviewed staff said they needed more time to learn to use Anya so they could instil confidence in parents they signposted to Anya.
- Four out of five staff responded saying it was easy or very easy to introduce Anya.
- Three out of five staff were confident/very confident supporting women to use Anya.
- Staff were more likely to recommend Anya to colleagues and women they support than not to recommend it.



4. Conclusion

Across Gloucestershire, there were higher breastfeeding rates compared to the comparison period when Anya was not in place. However, these were not statistically significant increases. The only significant increase was in the most deprived areas of Gloucester at the 6-8 week time point.

Care must be taken in assigning significance to the Anya app in leading to these increases. There has been a national increase in breastfeeding rates across England and this may act to confound any improvements in breastfeeding attributable to Anya. Moreover, given that for 4 in 5 women there was no evidence they were told about Anya by their midwife, a large proportion of women were potentially not exposed to the intervention. It is evident that both users and staff report benefits from Anya, including a perceived increase in confidence to breastfeed. **With respect to the evaluation objective, a fair assessment would suggest there is mixed evidence that the deployment of Anya is associated with improved breastfeeding outcomes and experiences**

Regarding the impact of implementing Anya, most staff responding to the survey reported Anya made no difference to their workload. The majority of staff reported the number of contacts they had with women remained the same. There were significant capacity pressures within the system and this probably had the effect of hindering the rollout of Anya. Indeed, data from the interviews suggests staff were selective in who they spoke to about Anya. **We conclude this evaluation did not identify evidence suggesting the deployment of Anya reduced service use.**

Finally, we consider whether Anya was an acceptable breastfeeding support tool. Anya was liked by users and there was no evidence of harm. There were minor challenges experienced by users. **It is likely that Anya is an acceptable tool for the end user.** Regarding acceptability to staff, survey respondents were more likely than not to recommend it. However, for 4 in 5 women, staff did not record that they told the woman about Anya. This could suggest that some staff were not engaged, some staff may not have taken the extra steps to enter this data into Badgernet, or alternatively, some staff did not have the capacity to support Anya's rollout or its evaluation. **We conclude the app is probably acceptable to staff, though external constraints such as system pressure may have reduced the success of its implementation.**

We wish to thank and acknowledge the time and effort of all stakeholders and participants to support the implementation and evaluation of the Anya app.



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