



Health Innovation  
West of England



Gloucestershire  
**Local Maternity  
and Neonatal  
System**

# Report on the real-world evaluation of the Anya app

## Plain English summary

May 2025

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## 1. Background information

There is good evidence demonstrating babies and their mothers can benefit from breastfeeding. Breastfeeding reduces the risk of disease and death. It also helps with birth spacing, allowing longer periods between the baby's birth and the conception of a future child. Despite its benefits, the rates of breastfeeding in western countries like the UK have been low. Recently, smartphone apps have been used to increase breastfeeding rates.

[Anya](#)<sup>1</sup> is a smartphone app that aims to provide 24/7 breastfeeding support. The app offers animations on how to help a baby breastfeed. Anya also provides access to virtual parenting groups and one-to-one support from professionals.

Gloucestershire Local Maternity and Neonatal System (LMNS) was set up to help improve the safety and quality of maternity and neonatal services in the county. The LMNS paid for 500 women to be able to use the premium version<sup>2</sup> of the Anya app. The app was made available to women in two of Gloucestershire county's more deprived districts, the Forest of Dean and Gloucester<sup>3</sup>.

An evaluation can help with finding out whether a product or service is valuable. As the authors of this report, we were asked to evaluate the use of Anya in Gloucestershire. We designed an evaluation that attempted to find out:

- How users engaged with the Anya app.
- Whether using the Anya app affected women's breastfeeding success and experiences.
- How the rollout of Anya affected both staff and use of NHS services.
- Whether women thought Anya was acceptable to use.
- Whether staff thought Anya was acceptable to use.

## 2. How Anya was evaluated

### How the app was promoted

Between 1<sup>st</sup> October 2023 and 4<sup>th</sup> August 2024<sup>4</sup>, NHS staff promoted the Anya app to pregnant women living in the districts of Forest of Dean and Gloucester. Gloucestershire Health Visiting service sent a text message to women who were 26 weeks pregnant. This told them about the Anya app. Normally, when women are 28 weeks pregnant, they have a routine Midwife appointment. At this appointment, their Community Midwife has a conversation with them about feeding their baby. Midwives used this opportunity to tell them about the Anya app and signpost to it using promotional material.

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<sup>1</sup> Anya is a trading name of LatchAid Ltd.

<sup>2</sup> [There are two levels of access](#); freemium and premium. Premium version has no restrictions on the support accessible within the app.

<sup>3</sup> Of the six districts in Gloucestershire, Gloucester and Forest of Dean rank the most deprived and Stroud the least deprived.

<sup>4</sup> Staff were asked to stop referring into the evaluation from 5<sup>th</sup> August 2024. However, to facilitate data analysis, we used data from 1<sup>st</sup> October 2023 to 31<sup>st</sup> July 2024 and describe this as the intervention period.

# Report on the real-world evaluation of the Anya app



## What data was used for the evaluation

We used data from surveys, interviews, hospital records and from LatchAid Ltd. for the evaluation.

- 🕒 We **surveyed** a sample of women who had access to the app. The evaluation team collected data from participants at two time points; when the woman's baby was 1 week old and when their baby was 6-8 weeks old. We had complete data for 20 participants.
- 🕒 We used **hospital records data** from the two NHS trusts in Gloucestershire. This helped us to understand how widely Anya was offered, whether women breastfed, and the level of deprivation in the neighbourhoods where women and babies lived. We were given data on 3325 women and 5832 babies. We also received breastfeeding data on 2343 babies for a period when Anya was not available. This helped us to make **comparisons**.
- 🕒 LatchAid Ltd. provided us with **data on 470 Anya users**. This included data on our survey participants who agreed to share their data.
- 🕒 We surveyed and interviewed NHS staff. This helped us to understand their views and experiences of providing the app to new parents. We had complete survey data on 19 staff. Six staff took part in an interview.

## 3. What we found

### a) How Anya was used

There were three key findings related to using Anya.

**Finding 1: A relatively small proportion of eligible women were told about Anya but sign-ups to Anya were high among women who were told about the app.**

Figure 1 shows the flow of women from promotion to sign-up. Between October 2023 and July 2024, we found 21% (or 545) of eligible women were told about Anya. Of those women, over 92% (or 504 women) agreed to sign up to Anya, of which 94% (or 472 women) signed up to use Anya.

# Report on the real-world evaluation of the Anya app

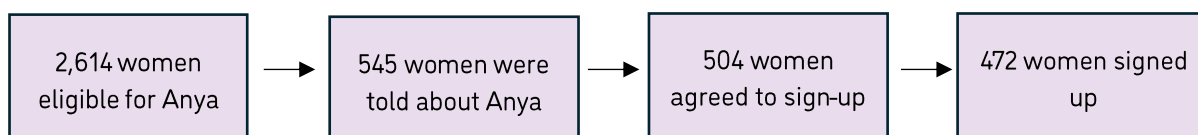


Figure 1. Illustration of the flow of women from the eligible population to those signing up for Anya.

**Finding 2: Anya was used for approximately 197 hours by 470 users. The average session lasted for 6 minutes 43 seconds.**

We analysed Anya user data to measure how engaged Anya users were. Anya was used for a total of 197.5 hours across 1,765 sessions by 470 users. This total comes to around 6 minutes 43 seconds per session. The most frequent users of Anya were aged 26 to 35 years.

**Finding 3: Anya provides access to breastfeeding support outside office hours.**

We found the Anya app was used for a total of 86.4 hours after women gave birth. We looked at when Anya was used. We found 57% of use was outside of office hours (17.00-08.59). This suggests Anya is a resource that women can use when services are not available.

## Key learning points:

Midwives recorded discussions about Anya with 1 in 5 new parents. A high proportion of women who were told about Anya went on to sign up, although not all these women became active users. Engagement was relatively high and provided access to support out of hours. Anya was used outside of office hours by over half of users.

## b) How Anya affected breastfeeding success and experiences

There were five key findings with regards to the impact of Anya on breastfeeding outcomes.

**Finding 4: The introduction of Anya coincided with higher breastfeeding rates.**

We looked at breastfeeding rates during the period when Anya was available and compared these with women from the same postcodes in the previous year, when Anya was not available. The breastfeeding rates among women with access to Anya were higher than the breastfeeding rates in the previous year when Anya was not offered. These differences were small (2 percentage points) and could be due to chance.

**Finding 5: There were higher breastfeeding rates in the most deprived communities.**

Our evaluation explored whether there were changes in breastfeeding among more deprived communities. We found that in the 30% most deprived neighbourhoods, breastfeeding rates were up to 7% higher when the Anya app was available. This was



unlikely to be a chance finding. However, our team still cannot be certain that this change was caused by Anya; only around one in five of this large sample of women who had access to Anya were told about and received a licence for Anya. There has been a national increase in breastfeeding rates across England and this may be the common cause of any increases in breastfeeding rates.

## **Finding 6: Time spent using the app did not change breastfeeding confidence.**

We found women's confidence at breastfeeding improved over time. This was expected because, as with any skill, things get easier with practice. However, there was no connection between *how long* Anya was used and *how much women's confidence increased*.

## **Finding 7: Women believed Anya improved their confidence to breastfeed.**

Our survey data of women with access to Anya, showed that 100% of women *believed* that Anya had improved their confidence to breastfeed and 92% of women believed Anya increased their confidence to parent. As only 12 women provided data on this, no strong conclusions can be made from this finding.

## **Finding 8: Most staff believed that Anya was beneficial to women.**

Our team analysed data from a small survey of 19 staff. Eleven staff responded to the question that looked at how beneficial Anya has been. Nine out of 11 staff rated Anya as beneficial to the women and babies they worked with.

Five staff said Anya has helped women support their baby to latch to the breast. Four staff believed Anya helped women worry less about breastfeeding. Six staff agreed that Anya helped women have their questions about breastfeeding answered.

### **Key learning points:**

Anya's rollout coincided with higher breastfeeding rates in the 30% most deprived population. Participants believed Anya improved their confidence to breastfeed. Anya may be more readily accepted by women from less deprived areas. However, the app is still widely used across all levels of socio-economic deprivation. Women from more deprived postcodes (where baseline breastfeeding rates are lower) may benefit most from Anya.



## c) Impact of Anya on staff, their workload and service use

### Finding 9: Staff did not believe that Anya made a difference to their workload.

The impact of Anya on staff, specifically Health Visitors and Midwives, was measured through a survey of 19 staff and interviews with six staff. Most staff felt that Anya made no difference to their workload.

Staff were selective regarding which women they introduced Anya to. Staff told our interviewer about the large amount of mandatory information they must provide to women. This impacted their ability to introduce Anya to every woman. It also reduced the time staff had to independently learn how to use the app. On the other hand, since staff were selective about who they offered Anya to, their workload was less affected.

Although staff thought Anya was beneficial to women, the interviews suggested that Anya had a limited benefit to staff themselves. Staff who were interviewed were not sure that Anya reduced patient contacts with staff. In addition, staff were not sure that Anya affected how women sought support nor did they believe it changed the delivery of postnatal care.

## d) Whether Anya is an acceptable breastfeeding tool for users

### Finding 10: Women found Anya most useful in the first six weeks after birth.

One week after their baby was born, we asked participants whether they intended to use Anya again. Fourteen out of 19 women said they would. When asked six weeks after their baby was born, this figure halved, with seven out of 20 women saying they intended to use Anya. This suggests women found Anya most valuable within the first six weeks of their baby being born. Our analysis of when Anya was used supports this. See Figure 2.

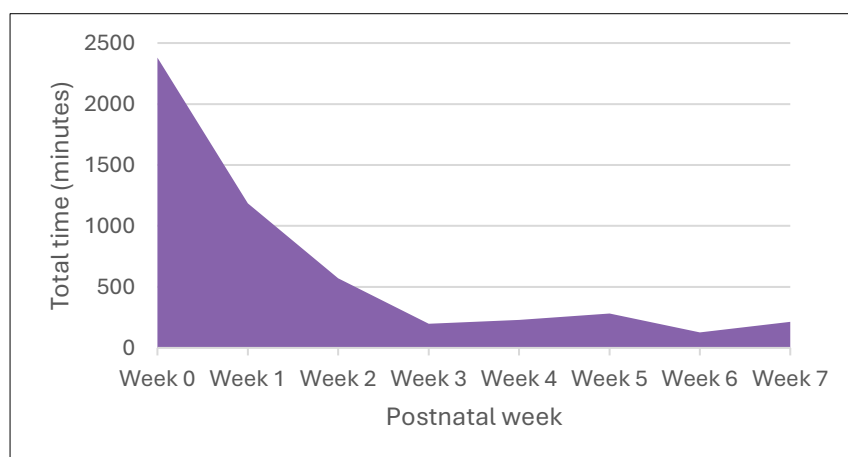


Figure 2. Graph show how long in minutes, Anya was used after birth.





## **Finding 11: Women valued the user-friendly features of Anya.**

Our evaluation team asked participants what they found useful. Twelve women responded.

- Five women commented on the support around breastfeeding positions. They liked the interactive nature of the videos.
- One woman found it helpful to be able to personalise the breast size displayed in the animations on breastfeeding.
- Two women specifically commented that they liked the breastfeeding articles. Another woman appreciated the availability of parenting information.
- Three women valued the availability of the app, with one woman appreciating the fast response from the live chat and another liking the AI function.
- Two women liked how easy it was to use the app.
- Some women preferred human support over the app.

## **e) Whether Anya is an acceptable breastfeeding tool for staff**

### **Finding 12: Staff needed time to upskill outside normal training.**

Staff were trained to use Anya. However, in the interviews some staff fed back that they needed more time to learn to use the app outside the training session. This would help them communicate confidence to parents they signposted to Anya. Many interview participants described familiarising themselves with Anya independently beyond the support provided at the training day.

### **Finding 13: Anya was easy to use for staff who responded to the survey.**

Five staff members responded to a question about how easy Anya is to use. All of them said it was *easy*, *somewhat easy* or *very easy* to introduce Anya. Four out of the five staff were confident supporting women to use the Anya app. Whilst some staff felt Anya might be difficult to use and seen as a “step too far” for tired new parents, most staff said they would recommend Anya.

We did not receive as many survey responses from staff as we would have liked. As a result, our findings may not be a complete representation of all the Midwives and Health Visitors who supported women to use Anya. However, the data we have does suggest Anya was very acceptable as an additional tool to support women to breastfeed.





## 4. Our conclusions

**Usage of Anya:** Women readily accepted Anya, and the 500 licences were used up relatively quickly. Users accessed Anya more, outside working hours of 9 to 5, than within these working hours, demonstrating that Anya offers support outside standard healthcare working hours. There may be slightly lower uptake in more deprived areas. Anya should seek to analyse engagement per user to identify profiles of high-engagement users and low engagement users to assess strategies to increase engagement.

**Breastfeeding impact:** There is mixed evidence that the provision of Anya in Gloucestershire is related to higher breastfeeding rates. Although the introduction of Anya coincided with increased breastfeeding rates in more deprived groups, we cannot say for certain that Anya caused these higher breastfeeding rates. However, we know that the small number of women surveyed believed that Anya supported their breastfeeding. Anya may have the greatest benefit in women from more deprived postcodes where baseline breastfeeding rates are lower. Midwives and Health Visitors should therefore seek to promote Anya among women who may be less likely to breastfeed at 6 to 8 weeks.

**Impact on services:** When Anya was rolled out, there was a lot of pressure in the healthcare system. This probably hindered the rollout of Anya. We did not identify evidence suggesting the rollout of Anya reduced service use.

**Whether Anya is acceptable to users:** Anya was liked by users and there was no evidence it caused anyone harm. There were minor challenges experienced by users. It is likely that Anya is an acceptable tool for the end user.

**Whether Anya is acceptable to staff:** Staff were more likely than not to recommend Anya. However, for some reason staff did not record that they told the woman about Anya in four out of five cases. We think it is probably the case that staff found the app acceptable. However, external constraints may have reduced the success of its rollout and evaluation.

The evaluation team wish to thank and acknowledge the time and effort of all stakeholders and participants to support the rollout and evaluation of the Anya app.



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