Staff Interviews for Real-World Evaluation of Anya

Ellie Quinlan and Dr Lauren Gatting

Version Control

Document History			
Date	Version	Author	Amendment
31.01.2025	1.0	Ellie Quinlan and Lauren Gatting	First draft
12.02.2025	2.0	Ellie Quinlan and Lauren Gatting	Final report
19.02.2025	2.1	Benjamin Newton	Final edits.

1. Abstract

This report presents findings from staff interviews undertaken as part of the real-world evaluation of Anya. Staff interviews were conducted to gain understanding of the process and impact of implementing Anya in community midwifery and health visiting settings. Six semi-structured interviews of staff involved in the Anya pilot were conducted and analysed using Thematic Analysis. Staff were generally accepting of Anya but did not believe or wish it to replace any current support. Use of Anya was mostly limited to signposting. In health visiting, Anya was not always viewed as a priority over existing procedure. Findings reflected capacity challenges and the need for sufficient time to introduce new technologies. Participants were broadly unable to make definitive conclusions about Anya's impact but spoke positively about its value. Findings indicate Anya was implemented into an environment lacking capacity which affected staff's ability to prioritise Anya, and thus harness Anya's full potential.

2. Introduction

As part of the real-world evaluation of the Anya app, staff from the Evaluation & Insight (E&I) team at Health Innovation West of England (HIWE) carried out semi-structured interviews with community midwifery and health visiting staff taking part in the real-world evaluation. These interviews were conducted to gain understanding of staff experiences of using Anya and their insights into the impact of Anya on women, babies, staff and the service. This report serves as a standalone, mini report within the wider evaluation of the Anya app. The staff interviews complement other data collection tools including the staff survey, and survey of women who used Anya, to give breadth and depth to our understanding of Anya's implementation. The interviews evaluation objectives of the staff interviews were taken from the aims and objectives of the wider evaluation:

i. Does the introduction of Anya to women who have recently given birth in socio-economic deprived areas support them to achieve better breastfeeding outcomes and experiences?

ii. What is the impact of implementing Anya on health visitors, midwives and service utilisation?

iii. Is Anya considered an acceptable breastfeeding support tool by women who have recently given birth, health visitors and midwives.

3. Method

3.1 Design

Semi-structured interviews were conducted following an interview schedule developed by the evaluation team based on the evaluation aims and objectives, and reviewed by the lead evaluator as well as one of the NHS staff contacts in the Anya project (Annex 1).

3.2 Recruitment

The target sample was community midwifery and health visiting staff working in the trusts in which the Anya app was being piloted for the real-world evaluation in Gloucestershire. NHS staff contacts in the Anya project facilitated introductions via email between staff involved in the Anya pilot and evaluators from the evaluation team. These staff were then emailed an interview invitation directly from the evaluation team. Additionally, upon invitation, a member of the evaluation team joined one community midwifery team meeting to present and invite staff to an interview. Email reminders to take part were sent at a maximum of three times during the recruitment window. Due to low recruitment numbers for community midwives (n=1) at the end of the first recruitment phase (October – December 2024), recruitment was extended into January 2025.

3.3 Procedure

Prospective participants were given a participant information sheet and written consent, via a consent form hosted on Zoho[1], was received prior to interview. Invited participants were given time to read the participant information sheet and ask questions before the interview.

Interviews were conducted on Microsoft Teams and were between approximately 25-40 minutes in length, depending on participant role and availability, as well as interview depth. Microsoft Teams was also used to record and transcribe the interviews. Data was quality checked and de-identified prior to analysis.

3.3 Sample

A total of six interviews were conducted by staff from the E&I team at HIWE. Participants were employed by either Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust. Participant characteristics are reported in Table 1. Two participants delivered the Anya training, thus were unable to comment on the experience of receiving the Anya training.

3.4 Data and analysis

The interview transcripts were analysed using Thematic Analysis following Braun and Clarke's[2] approach. Throughout the process, the evaluators followed an agreed analysis plan to ensure quality. This standalone report is authored by EQ and LG. EQ has a Master's level education that included qualitative research, and LG has reached postdoctoral level in using qualitative methods, with ~10 years' experience conducting qualitative research. LG and EQ prepared the interview schedule with feedback from the lead evaluator, Benjamin Newton (BN). EQ conducted all

---

[1] Zoho Corporation. Zoho Survey [Internet]. Pleasanton, CA: Zoho Corporation; [cited 2025 Jan 27].

[2] Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006 Jan;3(2):77–101.

interviews with LG observing the first two. EQ carried out recruitment and analysis with supervision and regular critical feedback from LG. EQ led on writing the report with significant input from LG and review by BN.

When quoting participants, their position will be represented as either a leadership level or staff level, and their field as either health visiting or community midwifery.

Table 1. Interview Participant Characteristics

Characteristic	Number of Participants
Field	
Health Visiting	5
Community Midwifery	1
Role	
Leadership	2
Staff Level	4
Years in Field	
<5	2
5-10	1
25-35	1
35+	2

4. Findings

Theme 1: Staff's diverse and discretionary approach to introducing Anya to new parents

Diversity with when and how Anya was introduced to new parents
A variety of approaches to introducing the Anya app to new parents were reported across the participants and there was a reliance on professional discretion as to whether Anya was raised during a health visit. Two participants reported onboarding parents onto the Anya app together, in person, while another two described their involvement as limited to signposting only.

The use of professional discretion
Although some participants described planning to introduce Anya to all women, many participants from health visiting reported making a judgment call about raising the topic of Anya at each of their appointments. This was tied to needing to prioritise parent concerns and needs, there being large amounts of mandatory information staff already need to deliver and staff having limited available time.

Factors influencing whether staff introduced Anya to new parents
The following are some factors upon which participants made their decision to raise the topic of Anya with parents: if the parent was not having feeding difficulties or was "more independent on their breastfeeding journey" (health visiting, staff), if a woman was experiencing feeding difficulties. This was also in the context of, what was perceived to be, an already overwhelming amount of

information or signposting that is given to parents within a visit. One participant in leadership position in health visiting raised staff judgment as a suitable approach to introducing Anya to new parents, "I think a lot of health visitors would use their professional discretion in terms of whether they thought [Anya] might be something [families] would be interested in", while also suggesting it could be introduced to specialist and targeted families (health visiting, leader).

Existing work as a priority over Anya
It appeared that some participants did not view Anya as essential information for the safety of women and babies, and thus did not prioritise it over perceived essential information. A potential issue of staff relying on their judgement around when to raise Anya with new parents is that women who did not want to breastfeed may have been informally "screened off" of using Anya (community midwifery, leader).

<u>Theme 2: Anya acceptable to staff as complementary to existing face-to-face support, with useful features but limited perceived benefits</u>
Staff wishing for Anya to add to, but not replace, current support provision
Participants were positive about continuing to use Anya and all participants who were asked (n=5) would recommend Anya to colleagues. This was in the context of participants seeing Anya as an adjunct to practice and not replacing any elements of existing support. Two participants from health visiting noted that they can "mop up" postnatal women who have not yet heard about Anya, demonstrating that raising awareness of Anya was accepted as within the remit of their roles (health visiting, leader). Three participants asserted that elements of postnatal care need to be delivered face-to-face and so could not be replaced by an app. Participants appreciated that use of Anya could supplement the support they provide to new parents in the following ways: an extra resource for families with feeding difficulties, an extra resource for out of hours support and a 'handover tool' when support was ending or as parents became more independent.

Specific features of benefit
When asked about the added value of Anya, many participants highlighted specific features they or parents perceived to be beneficial including Anya as a visual aid for feeding positioning, the discrete focus on feeding, the sense of supportive community, the ability to research with reputable answers and the ability to consolidate things discussed on visits. One participant noted the benefit of the visual aids as being more accessible than other supports which are predominantly written, and noted this may be particularly useful in the Forest of Dean which has a high traveller population and lower literacy rates. Participants were positive about the choice that Anya gives, recognising different parents will have different preferences or priorities. Multiple participants spoke to the value of Anya being convenient as a mobile app.

Limited observed impact
Although participants identified beneficial features of the Anya app, there was also indication that participants perceived Anya to have limited benefit. Many participants did not identify Anya to make a difference to workload or were unsure of its impact. Participants were unsure whether Anya had made a difference to patient contacts with staff, the ways in which women seek support, or the delivery of postnatal care. However, three participants did report Anya had helped them in their work. And, within the context of being able to use professional judgment to when Anya was discussed with parents, there was no indication that Anya had hindered participant's work in any

way. Although, one participant, in a leadership position, felt that introducing Anya added to operational staff's workload.

Limited feedback from families
Most participants felt unable to comment on any observable impacts Anya may have had for women and parents. Despite this, participants two and three felt that Anya had a positive impact upon women's confidence to breastfeed. Participants received limited feedback from women regarding Anya, and shared that they had limited involvement with women after they had introduced Anya to them. Only one participant had an instance of negative feedback from a parent. This regarded a mother who had reached out for support via the Anya app, was asked to film herself feeding to be evaluated by a professional from Anya but found this too difficult and "gave up" (health visiting, staff). Receiving limited feedback indicates that staff were not spending time exploring the Anya app with parents, where they would have gained an impression of their initial experiences.

Theme 3: Staff impressions of uptake of Anya: Less preferable to older, lower resource and non-white people but more importantly is about healthcare staff promotion to parents
Staff impressions of demographic groups to prefer Anya
Similar to hesitance around commenting on impact of Anya, participants were hesitant to draw definitive conclusions about demographic differences in use of Anya. However, two participants reported that younger parents were more enthusiastic toward and prioritised Anya, and one participant reporting that "middle-class, white women liked Anya most" (health visiting, staff). Interestingly, the same participant viewed Anya as being of greatest benefit to parents with lower resource. Two participants suggested that families in the Forest of Dean prefer face-to-face support, and uptake of digital support in the area is poor. However, they did not provide suggestion for why this might be the case.

Uptake of Anya by families as dependent on level of promotion by staff
Participant six reflected a parent's decision to use Anya may be more to do with how much a midwife promotes Anya, as women strongly trust their midwives. Additionally, one participant felt at least some new parents would not choose Anya over support from a health visitor and another participant reported worries from some parents that using Anya would take away from their entitlement to the usual provision of face-to-face support.

Theme 4: Staff mixed experience with Anya training and mixed confidence with using the Anya app
Opportunity for improvement in Anya training
Mixed experiences of the Anya training were reported across participants, with two not recalling the training. Participant five spoke positively about the training, sharing it was "really good", "well presented", and "informative", however later reflected that was focused more on the Anya app rather than using it in practice (health visiting, staff). In terms of negative experience of the training, two participants shared feeling disappointed with the training and that it did not make participants feel prepared or confident to use Anya in practice. And, that it was likely that this had an impact on staff compliance.

There was also mixed perception as to whether Anya was easy to use. Many of the participants described Anya as easy to use for themselves and for parents, but many also described it as 'clunky' and suggested that introducing Anya within a visit may be "a step too far" (health visiting, staff) for a tired new parent.

Importance of allowing staff time to learn to use Anya
Many of the participants described familiarizing themselves with Anya independently to help with their understanding of Anya. Likely related to this, some participants described needing more time to learn the Anya app to instil confidence in parents that they signpost to Anya or understand how it aligns with current health promotion information. For example, participant five reflected she possibly did not know enough about Anya, due to not having capacity to learn how to use it.

Theme 5: Capacity and operational challenges during Anya's implementation
Capacity pressures in midwifery and health visiting
A barrier to implementing Anya reported across the participants was lack of capacity. Participant six spoke about multiple pressures on community midwives, describing staffing shortages, reduced attendance at team meetings due to capacity, a regulatory inspection, and a new electronic patient record system coinciding with the Anya pilot. This affected staff's ability to take on information about Anya due to attention being on other things and to hear about the Anya pilot due to being too busy to attend team meetings. Participant one speaks to health visitors having "a hell of a lot to cover" in mandated visits, and that Anya is "another thing to remember" and "did add to workload for the staff". Participants two and five spoke to not having capacity to independently learn how to use the Anya app to a sufficient standard to feel confident and knowledgeable when signposting women to Anya with decreasing promotion of Anya over time. Participant one noted that demand for Anya has "not been overwhelming", which was perceived to be due to the number of other apps available (health visiting, leader).

Operational challenges affecting the Anya pilot
Additionally, participants in leadership roles reported operational challenges that occurred during the Anya pilot. For health visitors, there were governance issues causing a delay to the rollout of Anya, which meant a second training session was needed. Community midwives also experienced issues in getting the Anya app onto staff work mobile phones. Two participants had issues with staff licenses running out. The capacity and operational challenges experienced during the pilot likely led to disjointed induction of staff to Anya and introduction of Anya into staff workflow, leading to the reported mixed staff confidence and competency in using Anya, and with informing parents about Anya.

5. Discussion

Staff interviews sought to understand technology adoption, of both the staff and their patients, and elicit perspectives on implementation, including success, impact and acceptability. Staff members working within the Anya pilot are uniquely positioned to feedback on their experiences, the experiences of their service, and the perceived impact upon the women that they support.

Summary of the findings and their implications
Five main themes were developed during the analysis that provide insight into staff perceptions and adoption of the Anya app. The first theme, *Staff's diverse and discretionary approach to introducing Anya to new parents*, highlights that no single consistent approach was used by health visiting staff when introducing Anya to new parents. Often other matters took priority, with Anya not perceived to be an 'essential' for the safety of women and babies. Health visiting staff spoke of the need for

professional discretion in their role, to ensure that they are delivering key information to parents, addressing parents' concerns, and leaving families in a safe and healthy place at the end of visits.

> **Reflection on Theme 1:** We propose the diverse and discretionary approach taken by staff was due to there being less clarity around the role of health visitors in their working with Anya as a result of the implementation of Anya having focused on community midwives. Additionally, we propose that staff did not consider Anya to be essential because it was being implemented as an add-on, rather than an alternative, to standard care.

The second theme, *Anya acceptable to staff as complementary to existing face-to-face support*, captures general staff acceptance of the use of the Anya app within their workflow as long as it is only implemented as a supplement to the care they provide, and its use is left to their discretion.

> **Reflection on Theme 2:** Staff did not report concerns around being replaced by Anya but felt that Anya was not sufficient to replace elements of their standard support provision, especially certain support that is delivered face to face. Staff viewed Anya as positive and valuable when positioned in this way. This may have affected how and to what extent Anya was promoted; as a supplementary tool for periods outside of appointments, rather than as a more significant support resource.

The third theme, *Staff impressions of uptake of Anya: Less preferable to older, lower resource and non-white people but more importantly is about healthcare staff promotion to parents*, reflects on observations from participants around demographics drawn to Anya. Participants were generally hesitant to draw conclusions about demographic preferences, and that ultimately, factors like level of promotion from staff and parental preferences may be more influential in a parent's decision to use Anya.

> **Reflection on Theme 3:** We argue that one reason for participants' difficulty in commenting on Anya's impact and demographic differences among users was because their involvement was mostly limited to signposting and onboarding. Many did not observe women using Anya, were not involved in any ongoing use of Anya, and received little feedback.

The fourth theme, *Staff mixed experience with Anya training and mixed confidence with using the Anya app*, summarises participants' feedback from the Anya training, and their ability to operate Anya in their routine work. Participants who had received training felt it did not prepare them for using it in practice, and that capacity pressures limited their ability to learn the Anya app independently. Participants perceived Anya as easy to use, but also as 'clunky', or too much for a new parent.

> **Reflection on Theme 4:** Mixed experiences of the training, and confidence using Anya, may have affected the level of priority and promotion that Anya was given. Training that was more relevant to the role of health visitors, including applications to practice, may have led to a more effective implementation of Anya.

The fifth theme, *Capacity and operational challenges during Anya's implementation*, captures the barriers faced by staff in utilising Anya, namely staff's ability to integrate Anya on top of existing

routine work or responsibilities and the ability of Anya to integrate into existing infrastructure, including information governance and the use of staff mobiles. It is worth noting that the evaluators were unable to recruit more community midwives to interview due to capacity pressures.

Reflection on Theme 5: The findings indicate that Anya was implemented into an environment lacking capacity which affected staff's ability to prioritise Anya over existing workload or procedure. In addition to more capacity required, successful implementation will require that issues with governance and staff app access are remedied.

Summary of reflections

The findings highlight that it is possible that the full impacts (positive or negative) of Anya will not have been realised due to low fidelity in implementation due to capacity pressures upon services and staff, as well as routine work taking priority over Anya adoption. A report published by the King's Fund notes that 'new technologies need to fit values, priorities and routines of staff and patients' and that 'bandwidth' is a concern for NHS staff, 'with too many priorities, the space people have for processing digital change is insufficient and can put implementation at risk'[3]. In a study that investigated implementing digital services into routine work, Nadav et al. writes that 'professionals who are using the services are key influencers in the success of implementations', and that sufficient time to familiarise with a service must be given[4]. Findings from the interviews suggest implementation could have been improved through additional capacity being available, a clearer pathway for health visitors to integrate the app into their routine work and more practical training, participants would have been better able to integrate Anya into routine work and thus observe which women or families prefer Anya.

Limitations

The perspectives shared were predominantly those of health visiting staff due to challenges faced with recruiting participants. Despite this, the interviews undertaken still offer valuable insight into the process and impact of implementing Anya.

Conclusion

The interviews undertaken help us to understand the process and impact of implementing Anya from the perspective of health visiting and community midwifery staff. Despite challenges with capacity, and difficulty assessing Anya's impact, staff were positive about Anya as a supplementary tool that is valuable to their work. It is important to note that this is based upon the premise that staff were able to implement Anya in line with their professional judgement, when participants deemed it appropriate and safe to do so with families. In summary, Anya had value for staff and was acceptable as an additional support tool alongside routine work.

---

[3] Maguire D, Evans H, Honeyman M, Omojomolo D. Digital change in health and social care. London: The King's Fund; 2018.

[4] Nadav J, Kaihlanen AM, Kujala S, Laukka E, Hilama P, Koivisto J, et al. How to Implement Digital Services in a Way That They Integrate Into Routine Work: Qualitative Interview Study Among Health and Social Care Professionals. J Med Internet Res. 2021 Dec 1;23(12):e31668.

Annex 1 – Interview topic guide for staff

<u>Title of project</u>
A real-world evaluation of Anya in Gloucestershire

Info for interviewer about the app and staffs' use of it:
Community Midwives introduce the app to mothers at week 28 of pregnancy. Health Visitors become involved at approximately two weeks after birth and are involved in ongoing care. They have the following doc to help them with this: 03 Information for Staff to Share v1.5.pdf. Staff can get free access with a code. We don't know if app looks different when they access this way. It'd be interesting to know if they have tested the app themselves. Important to note is staff don't receive engagement data or anything back from what patients put in when they (the patients) use the app. Some staff we invite for interview may not currently have a clinical caseload.

For some feedback received so far from staff, see Ben's reflective log.

---

1. <u>Welcome and Introductions</u>
   - Thank participant for agreeing to take part in this interview today.
   - Give introduction to self

2. <u>Briefing</u>
   - Reiterate interview purpose
   - Clarify interview is not to test what they know about the app but to find out from them what their experience has been of Anya being used in practice.
   - Describe interview structure and timings
     - The interview will last for maximum of an hour, which will take us to *X time*.
   - Give verbal encourage to participant around answering questions
     - Please do give your honest opinions. if i ask you questions that you haven't thought about before, it is great to hear your gut reaction and also please take as much time ask you need to think about or talk through your answer.

3. <u>Consenting</u>
   - If completed written consent form not received, collect audio agreement now
   - Remind of right to withdraw etc.
   - Ask if the participant has any questions before beginning the interview.

4. <u>Questions and prompts</u>
4.1. *<u>About them</u>*
   - First, I have some questions about you and your role, this is so that we can know more about your work situation but also so that we can check whether we are hearing from a range of staff.
     - What is your job title, role and years of experience working in maternity services / this field? (e.g. Community Midwife, Hospital Midwife, Community Health Visitor, Community Feeding Support, Other)

4.2. *<u>The process of implementing Anya</u>*
   - Next, I would like to ask your about your experience of the Anya app more specifically.
   - Can you tell me how you heard about Anya?
   - Can you tell me about how your team introduced Anya to women?
     - How much were you involved in this?
     - In what ways do you use the app?
     - How often do you need to interact with the app?
     - In what contexts or situations are you using the app?

- What did you think and feel about introducing the app in your clinical practice?
- What were your experiences of the Anya training?
    o Prompt: Did training feel sufficient?

4.3. The success of implementing Anya
Remind women that this is not a test or about performance management, we would like to know if the app works for women and staff.
- Very generally speaking, how have you found using the app in your clinical work?
- Can you tell me about how you have observed women using Anya?
- How did you get on with introducing the app to women?
    o Prompt: please could you expand on your reasoning and experience.
- How did you experience implementing Anya with patients?
    o Have there been any barriers to implementing Anya?
    o Have you understood how to use the app?
    o Have women been able to use the app?
    o What, if anything, do you think could have improved this?

It's important for us to find out if different groups of women have been using and benefiting from Anya,
- Can you tell us about the women who were drawn to Anya?
- Were there any women who found Anya inaccessible?
    o How did women use Anya differently from the birth of their child to a couple of months later?

4.4. The impact of implementing Anya: health outcomes
These next questions are to better understand what the impact of Anya has been on staff, women and babies
- What impact do you think the app has had on the health of women and babies?
    o Breast feeding (successful latching-on and confidence)
    o Parenting support
    o The baby's health
    o The mum's mental health
    o Get the right help at the right service
- How does anya impact these outcomes for different groups?
- Have you experienced any unintended or adverse outcomes from using Anya?

4.5. The impact of implementing Anya: service delivery
- How has Anya made a difference to the breastfeeding conversation at week 28 and the delivery to postnatal care?
    o i.e. have you noticed any difference to the breastfeeding support available to women?
    o Prompt: do you think women feel more supported
- How has the implementation of the app affected how you work?
    o Prompt: do you feel the app has helped or hindered the way you usually work?
    o What impact do you believe Anya has made to your workload?
    o Prompt: What about to your team/service workload
- Have there been any surprises since the app has been introduced?
- Has Anya impacted how women seek help from professionals, and in what ways?
- Would you recommend using Anya to colleagues and the women they support? Why or why not?

4.6 Supplemental questions for leads (to be slotted in; see also section 7 below)
- Have you received any patient feedback or complaints around Anya or breastfeeding support since it was introduced in October (2023)?
- What feedback have team leaders shared about Anya and its implementation?
- What would you do differently around implementing Anya?

5. <u>Debriefing</u>
   - Is there anything else about the Anya app, or your experience of implementing it, that you would like to share before this interview comes to an end?
   - Thank participant
   - [stop recorder]
   - Offer signposting: if they want to complain about, or know more about, the app > refer them to the Leads
   - Give contact details for any interview related questions?
   - Signpost to final eval report?

6. <u>Concerns including safeguarding</u>
   - If the interviewee raises topics that cause the interviewer concern, where appropriate, these can be explored within the interview and then debriefed with a senior member of the evaluation team. Where necessary, further escalation may be required according to local policies and procedures.

<u>Modified Interview Schedule for service leads.</u>
Process 1-3 the same as all other interviewees.

7. <u>Questions and prompts</u>
7.1. <u>About them</u>
   - First, I have some questions about you and your role, this is so that we can know more about your work situation but also so that we can check whether we are hearing from a range of staff.
     - What is your job title, role and years of experience working in maternity services / this field? (e.g. Community Midwife, Hospital Midwife, Community Health Visitor, Community Feeding Support, Other)
7.2. <u>The process of implementing Anya</u>
   - Next, I would like to ask your about your experience of the Anya app more specifically.
   - Can you tell me how you heard about Anya?
   - Can you tell me about how your team introduced Anya to women?
     - How much were you involved in this?
     - ~~In what ways do you use the app?~~
     - ~~How often do you need to interact with the app?~~
     - ~~In what contexts or situations are you using the app?~~
   - What did you think and feel about introducing the app in your clinical practice?
   - What were your experiences of the Anya training?
     - Prompt: Did training feel sufficient?

7.3. <u>The success of implementing Anya</u>
Remind women that this is not a test or about performance management, we would like to know if the app works for women and staff.
   - Very generally speaking, how have you found using the app in your clinical work?
   - Can you tell me about how you have observed women using Anya?
   - How did you get on with introducing the app to women?
     - Prompt: please could you expand on your reasoning and experience.
   - How did you experience implementing Anya with patients?
     - Have there been any barriers to implementing Anya?
     - Have you understood how to use the app?
     - Have women been able to use the app?
     - What, if anything, do you think could have improved this?

It's important for us to find out if different groups of women have been using and benefiting from Anya,
- Can you tell us about the women who were drawn to Anya?
- Were there any women who found Anya inaccessible?
  - How did women use Anya differently from the birth of their child to a couple of months later?

7.4. *The impact of implementing Anya: service delivery*
- What are your views on Anya app compared to the previous 'standard' provision of breastfeeding support and information?
- Do you feel the app has helped or hindered the way you usually work? In what ways?
  - What impact do you believe Anya has made to your workload? And what about to your team/service workload
- Have there been any surprises in using the app?
- Has Anya impacted how women seek help from professionals, and in what ways?
- Would you recommend using Anya to colleagues and the women they support? Why or why not?

7.5. *The impact of implementing Anya: health outcomes*
These next questions are to better understand what the impact of Anya has been on staff, women and babies
- Did you find there to be value in using the Anya app? Why or why not?
- Have you experienced any unintended or adverse outcomes from using Anya?
- Has Anya affected the way that women parent and breastfeed? Why or why not?
- Has Anya made a difference to the confidence of women to breastfeed?
- We'll be asking mothers themselves about their experiences of using the app. But from your perspective in using the app, how have you found mothers feel about the app?
- What, if any, impact do you believe Anya has had on patient contacts with staff?
- Has Anya impacted the delivery of postnatal care to women and babies? If so, how? If not, why not?
- If continuing to use Anya in your practice was a possibility, do you think you would still use it?

8. Debriefing
- Is there anything else about the Anya app, or your experience of implementing it, that you would like to share before this interview comes to an end?
- Thank participant
- [stop recorder]
- Offer signposting(?)
- Give contact details for any interview related questions?
- Signpost to final eval report?