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Baby Box Development Research



CHILDREN, EDUCATION AND SKILLS



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Research Findings
Scottish Government

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Executive Summary and Recommendations

Summary

Overall, the parents interviewed and surveyed across Scotland gave a positive response to the Baby Box initiative. Almost two thirds (63%) of survey respondents reported positive feelings towards the initiative (48% very positive, 15% positive). The parents interviewed were all generally positive, especially once they had seen the example Baby Box.

Awareness of Baby Box seemed low, or at least, superficial. When survey respondents were asked if they had heard of the Baby Box initiative, almost half (49%) claimed that they had. However, when parents were asked the same question at the start of the qualitative interviews, few of them had heard of Baby Box and those who had, usually via social media, were aware of only a few aspects relating to it such as: the idea being associated with Finland; that Finnish babies often sleep in the boxes and that the First Minister had announced the initiative for Scotland.

Parents recounted how a baby's birth and first few months of life were a challenging and potentially stressful time, particularly for first time parents. To them, Baby Box demonstrated the Scottish Government's commitment to help and support all babies in Scotland and their parents, at this stage and beyond, regardless of background. Parents acknowledged and agreed with the underlying principal that all babies should get a fair, equal start. They believed that Baby Box would somehow help towards this.

All parents were surprised and very impressed by the comprehensiveness, value and quality of the Baby Box, which was shown to them as an example. After examining its contents, they believed that the Baby Box initiative was genuinely supportive of babies and parents. They all would have been glad to receive a Baby Box themselves.

The interviews illustrated that Scottish households vary widely in how much they spent preparing, materially, for their baby's arrival. Some parents, especially first time parents, were unsure what new babies needed. They spent money sometimes on new, branded and non-essential or unnecessary baby items. In households with more than one child parents had sometimes amassed the baby clothes and equipment required for a new baby but this was not always the case, particularly if subsequent children were of different genders or there had been a lengthy gap between births. A few parents suggested that the Baby Box initiative would guide new parents-to-be as to what they really needed, encourage parents to be more selective, and reduce expenditure on baby goods generally - as well as saving them money on the specific items provided by the Baby Box.

The research identified a small risk of Baby Box being seen as a 'benefit' or 'hand out'. This could be addressed by an emphasis on the equality and universality of Baby Box, for instance, by stressing that the same Box is offered to every newborn baby across Scotland. Another minor risk emerging from the research was that Baby Box might mistakenly be taken as a sign of a population where many parents cannot afford to provide even the basics for their babies. An emphasis on Baby Box's presentation as a 'welcoming gift' for all would counter this

A minority of parents thought they would be likely to use the Baby Box as a sleeping space for their baby, particularly for daytime naps, but there were other parents who strongly resisted this idea. Parents expressed a range of practical and emotional barriers to using the Baby Box for sleeping.

However, some parents considered that the provision of the Baby Box and its bedding could save some parents the cost of buying a new Moses basket or travel cot. A few also thought that the Baby Box would enable them to keep their baby near to them, whichever room of the house they were in due to the portability of the box.

Parents believed that most of the items proposed for inclusion were important essentials, and therefore should feature in the Baby Box. They liked that the items included 'handy spares', such as multiple bodysuits and sleepsuits, as well as things first time parents might not know that they needed. There were also expensive items that C2DE and lower income parents might try to do without, such as the in-ear body thermometer, the room- and bathwater- thermometer and the sling.

Parents liked how the example Baby Box effectively balanced practical items, such as the range of good quality clothing, baby towel, and 'travel' changing mat, with more emotional or aspirational gifts, such as the comforter toy, the baby book and the sling. Several parents (both fathers and mothers, across socio economic groups) mentioned the importance of attachment and interaction with their baby, which could be facilitated by the latter items. Parents fully accepted, and seemed to appreciate, the gender neutrality of the baby clothing and other items.

Parents commented that the value, range and quality of items, especially the clothing, and the inclusion of the comforter toy and book elevated Baby Box far beyond the Bounty Pack which parents had received from the maternity hospital at birth. Many parents, from all social economic groups, welcomed the inclusion of a baby book. They recognised books' value as developmental tools, and would appreciate there being more than one in the Baby Box as well as additional developmental items such as rattles or other noisy toys.

Despite parents' positive reactions to Baby Box, there was much evidence that the Box's contents did not reflect the full reality of these parents' experiences of looking after babies. Other than baby clothes, the most basic essential daily items these parents needed and used were formula milk, baby bottles, disposable nappies and baby wipes. None of these were in the Baby Box.

Some lower income and C2DE households in particular, although not exclusively, reported that their regular, ongoing purchases of formula milk, baby bottles, disposable nappies and baby wipes used up a considerable amount of money each month, at the very time when their household incomes dropped markedly. This decrease in income and increase in expenditure was precipitated overnight by the arrival of a baby. For the lowest income households, buying formula, nappies and wipes meant that paying for rent, heating, food and travel to work became a real struggle.

A small number of mothers in the qualitative sample were or had been breast feeding and others who were bottle feeding had attempted breast feeding but the majority of mothers were bottle feeding. The absence of bottles as a bare minimum provision of essentials was an issue for most parents. All parents felt that bottles were an immediately association with new born babies and parents acknowledged that it was difficult to accurately predict whether they would be able to successfully breast feed or not, until they had tried. Women who had or were still breastfeeding were aware of others in their peer group who had either tried and were not able to breastfeed or chosen to bottle feed and

they displayed a noticeable degree of empathy with this group of mothers. The absence of bottles in the Baby Box therefore proved somewhat problematic for most parents. In some cases the absence of bottles was thought to merely present practical issues and parents would value the easy availability of a bottle in the Baby Box however, more significantly for some parents, the lack of a bottle represented an extension of the perceived overly stringent recommendation to only breastfeed. Mothers in particular were generally aware of the guidance around breast being best but felt that feeding method was still a personal choice for them to make. By not including bottles and only including supporting information on breastfeeding there is an apparent risk that the positive and palpable sense of universality and inclusion of Baby Box is somewhat diminished.

The bibs included in the box were regarded as nice to have but parents would also like to see weaning related items such as a spoon and information on how to approach weaning.

Parents initially expected a range of consumables would be included in the Baby Box and the absence of items such as cotton wool, wipes, bath wash and nappies was noted. However most of the items relating to health and bathing were strongly welcomed by parents.

The exception to this was reusable nappies. Mostly, parents did not know anyone who was using reusable nappies nor had they seen or heard of reusable nappies in a contemporary context and the use of disposable nappies was seen as a clear norm and expectation. Disposables, usually referred to by parents as 'normal' nappies, were an accepted convenience, and, generally, parents could not see any benefit in using reusable nappies instead. Just a few parents in lower income households thought that saving money might be an incentive for themselves and others who were struggling financially. But these potential savings were far outweighed by the many perceived barriers to using reusable nappies. Environmental concerns were not mentioned.

By only including reusable nappies rather than disposables (or 'normal' nappies) the Baby Box, as with the absence of bottles, could be interpreted as being designed by people who do not fully understand the reality of being a parent.

On balance, parents saw the midwife as the best 'messenger' for communications about Baby Box. This became clear to them once they had seen the scale of the Box and its contents for themselves. Midwives were intrinsically linked to pregnancy and birth, were highly trusted, and already had relationships and routine meetings with pregnant women.

The findings suggested that the best time for parents to learn about Baby Box in detail, and how to sign up to receive one, was around 20 weeks into a pregnancy. From parents' accounts, this staging would give expectant parents time to include the anticipated provision of Baby Box in their planning, preparations and purchases before the baby's arrival, and prevent duplication of baby items.

The existing 20 week midwife appointment might be effectively and efficiently used to provide information about the Baby Box to expectant parents, in both verbal and written forms, and ideally by demonstrating a real Baby Box. Parents also described how they would benefit from a combination of inspirational, functional and instructional information when hearing about Baby Box from midwives. Parents were confident that they would then be able to sign up to receive a Baby Box themselves, online or by telephone.

After seeing the example Baby Box, parents were unanimous that the Box should be received before birth. Around 32 to 36 weeks pregnancy was implied to be ideal. Then, there would still be enough time left for expectant parents to go through and 'put away' the

Baby Box contents, as part of the 'nesting' process, even in cases of early labour. Delivery of the Baby Box by post or courier, direct to the home, would best facilitate receipt.

The research also suggested that many parents would like to sign up to regular online parenting communications from the Scottish Government or a related body, from before birth onwards. They would be glad to be supported in their parenting in this way, and it made sense to parents that this opportunity would be promoted through Baby Box. Parents did not think they would feel obligated or coerced to take part or that receipt of Baby Box was conditional on signing up to the communications.

Recommendations

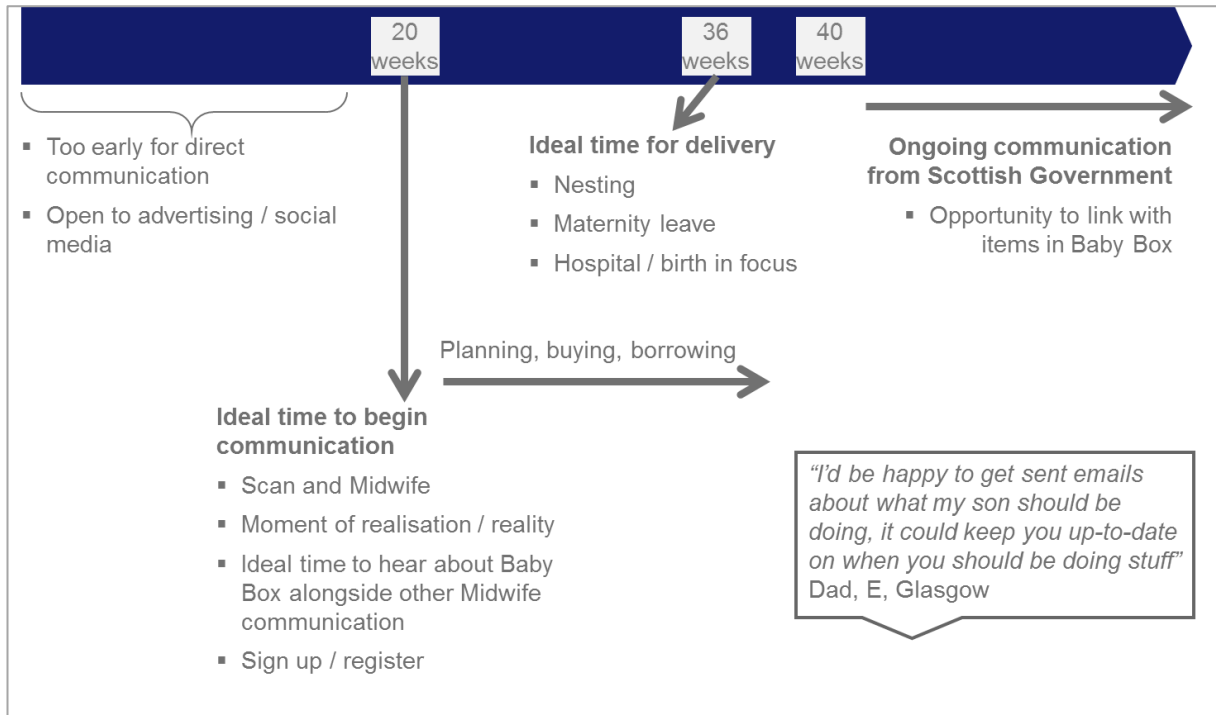
Based on these research findings, it is recommended that:

- Baby Box should be clearly positioned as a gift from Scotland and the Scottish Government, for every newborn baby irrespective of socio-economic background and not just for those from a deprived background. The Scottish Government should clearly communicate that Baby Box's intention is to welcome each new baby and support the baby's first few months in a helpful and practical way.
- The contents of the Baby Box should be adjusted slightly, within Scottish Government policy guidelines. By including some of the items that parents recommended themselves as 'essentials' and as 'nice to haves' (and excluding some of those items which were rejected or regarded as 'not needed') the Baby Box will demonstrate a better understanding of parents' lives. The list summarising recommended inclusions and exclusions can be found below.
- The Baby Box could also contain 'how to' guides dealing with common baby parenting challenges such as (but not limited to): the first week; feeding; health and first aid; teething.
- All expectant parents should be given both verbal and written information about Baby Box, by their midwife, at 20 weeks of pregnancy, as part of the routine consultation. This information should be:
 - Inspirational - explaining why the Scottish Government is undertaking the Baby Box initiative, and tapping into the potential 'halo effect' from Scandinavia;
 - Functional - demonstrating in detail the Baby Box's contents;
 - Instructional - telling parents how to sign up to receive a Baby Box, showing them how to use the Box as a sleeping space, and how to use the items it contains;
 - This information should also be contained in the Baby Boxes.
- Parents-to-be should be instructed by their midwife how to sign up to receive a Baby Box, themselves. The most effective 'sign up' methods would be by telephone or online.
- At around 32 to 36 weeks pregnancy, the Baby Box should be delivered by post or courier to parents' homes. This would give parents time to familiarise themselves with the Box and sort through the contents, before birth.
- Also at the 20 week routine consultation, the midwife should offer parents the optional opportunity to sign up for regular Scottish Government parenting communications, by email.
- A diagram of the recommended Baby Box 'journey' can be found below.

Table A: Recommended inclusions and exclusions

Must haves	Nice to haves	Not necessary	Missing
Blanket	Soother	Condoms	Cardigan or warm top
Light quilted suit	Hairbrush	Breast feeding information	Bottles / Teats
Knitted hats	Sling	Reusable nappy	Formula
Body suits	Romper suits	Leggings	Spoon / fork
Sleep suits	Socks	Tights	Teething ring / gel
Sleep suits with mittens			Tooth brush + tooth paste
Mittens			Disposable nappies
Bath towel			General parenting tips / advice / information
Bath / room thermometer			Snow suit
In-ear thermometer			Rattle / developmental toy / toy mirror
Travel changing mat			Dummy
Drooling bib			Spare hospital underwear / nightwear
Feeding bib			Shower gel for Mum
Hospital bag + contents			Sponge
Maternity towels			Baby wash / shampoo
Books			Wipes
Reusable bra pads			Cotton wool
Muslin squares			Breast feeding apron
			Nipple shields / shells / cream
			Breast feeding pillow

Figure A: Recommended Baby Box journey



1. Policy and Research Background

The Scottish Government plans to strengthen its support for new parents, babies and children. One new initiative that plans to launch in 2017 is to give every newborn a Baby Box of essential items, to help all children to get the best start in life.

Scotland's Baby Boxes will be based on a scheme in Finland, which has one of the lowest infant mortality rates in the world. It is intended that the sturdy cardboard boxes would include clothes, toys, nappies, books and a built-in mattress to facilitate usage of the box as a safe sleeping space. By providing parents with the necessary tools and equipment, the Scottish Government hopes to encourage behaviour change that will positively impact on the outcomes for the child (for example encouraging safe sleeping practices, breastfeeding, and attachment and interaction).

Qualitative research amongst parents was commissioned to investigate how the Scottish Government can ensure that parents' perception of the Baby Box is positive, that the contents are as useful as they can be (within some limitations), that it is positioned in a way that is attractive to parents and encourages uptake and usage. The research focused on Baby Box contents, communications, sign up, and receipt. An online survey provided quantification of key questions to complement the qualitative findings.

2. Aim and Objectives

The aim of this research was to inform the Scottish Government's development of a 'Baby Box' for newborn babies in Scotland that will positively impact on the outcomes for each child.

The two overarching objectives were to explore:

1. Baby Box Contents – specifically, how the Scottish Government can ensure the contents of Baby Box are the most useful they can be
2. Baby Box Communications – specifically, how and when parents should hear about, sign up to, and receive the Baby Box

To meet these two objectives, research question areas were:

- Which proposed items should be included in the Baby Box and how would parents use these? (From a large selection of bed and bedding, clothing, bathing and health, feeding, and other miscellaneous items)
- To what extent would parents use the box as a sleeping space, and why?
- How and when should parents be informed about Baby Box? What information do they require?
- How can communications encourage sign up and usage?
- How could parents best find out more information about Baby Box?
- What would parents' ideal mechanism and time-frame be, to sign up and receive the Baby Box? How would they expect, or want, this to happen?
- What are parents' reactions to a range of potential methods and timings? (Via a health professional, self-registration - signing up online, using a reply card, email or text message, delivery by post or courier, collection from an agreed point)
- Can the Baby Box be received prior to birth, or are parents superstitious?

3. Research Method and Sample

To investigate these research questions, a mixed methodology was used. Qualitative research involved 23 in-depth interviews which were carried out with parents, in their homes (one interview was carried out in a community facility.) Researchers used a semi-structured topic guide to make sure the research aims and objectives were fully covered in the interviews, which lasted around one hour. Parents were shown a sample Baby Box, with typical contents – along with photos of possible items. They were encouraged to open the Box and examine the contents fully.

The qualitative sample comprised parents of babies aged up to one year old. They represented the full range of Baby Box's audience, covering all socio economic groups and a range of urban, rural and semi-rural locations across Scotland (Edinburgh, Glasgow, Aberdeen and Dundee). Sampling focused on Baby Box's core audience of mothers from groups C2DE. Free-find recruitment techniques were used.

Additionally, quantification of 5 key questions was provided through Kantar TNS's partnership with Google Consumer Surveys. The online survey was open from 16 to 19 October 2016.

Table 3.1: Qualitative, In-depth Interview Sample

Group	Total Respondents	Mothers	Fathers
AB	4	3	1
C1	4	3	1
C2	5	4	1
D	5	4	1
E	5	4	1
Total	23	18	5

Online survey questionnaires were completed by 226 people in Scotland who are, or whose partner is, currently expecting a baby, or who already have a baby aged under 2 years old. The final sample was weighted to be representative of the profile of parents of children aged 0-2 in GB.

Table 3.2: Quantitative Sample

Base: 226	Unweighted %	Weighted %
Gender		
Male	42	33
Female	49	58
Refused	9	9
Age		
18-24	16	11
25-34	33	49
35+	42	31
Refused	9	9
Social Grade		
ABC1	51	40
C2DE	31	40
Refused	19	20

4. Main Findings

4.1 How Can the Scottish Government Make Sure that the Contents of the Baby Box are the Most Useful They Can Be?

4.1.1 Awareness

When survey respondents were asked if they had heard of the Baby Box initiative, almost half (49%) claimed that they were aware of Baby Box. However, when parents were asked the same question at the start of the qualitative interviews, there was little awareness. A few ABC1 parents had heard about Baby Box. Their sources included primary school teachers' forums, Facebook and Twitter, news coverage featuring the First Minister, and conversations with colleagues and friends. Amongst these few parents there was some awareness of the Baby Box's possible use as a sleeping space, its association with Finland and that country's perceived innovative approach to children and families.

"(On) Facebook...There was a spell when a lot of people were sharing an article from the news...it was a news clip...They were saying the mortality rate is lower because they have these baby boxes which I thought was really interesting. I thought it was really interesting. If someone had given me one of them it would have saved me a lot of hassle!" Edinburgh, B, Mum

4.1.2 Initial Reactions to 'Baby Box' Concept

The following statement was used to introduce the Baby Box concept to parents:

The Scottish Government plans to strengthen its support for new parents, babies and children by giving every newborn a 'baby box' of essential items, to help all children to get the best start in life.

Respondents' initial reactions to the outline concept of Baby Box were generally positive. Almost two thirds (63%) of survey respondents had positive feelings towards the initiative (48% very positive, 15% positive) and only one fifth had any negative feelings. The parents interviewed face to face were all generally positive, however, their enthusiasm was mostly muted when simply presented with the concept description. Parents who had had some prior awareness of Baby Box were more positive. Some parents praised the egalitarianism of Baby Box specifically that it gave every baby the same baseline good start to life in Scotland, or at least, symbolised this as a commitment by the Scottish Government and wider Scottish society. This social aspiration resonated with many more of the parents, once their awareness and understanding of Baby Box was raised further, later on in the interviews.

Parents did not express any negative reactions in the qualitative research. The reasons for the negative initial reactions of 20% of survey respondents were unknown as parents answered a 5 point scale of how positive or negative they were towards the Baby Box without opportunity to expand.

4.1.3 Expectations

Before any presentation of the example Baby Box, parents' expectations of Baby Box were low. When asked what they imagined a Baby Box might comprise, many listed a range of low value, disposable and basic items, for new born babies, only for the first few weeks. Typically, they imagined a small number of 'money off' vouchers for baby toiletries or formula, disposable nappies, wipes, cotton wool, baby wash, baby feeding bottles, dummies, and samples of formula milk. This idea generated moderate levels of enthusiasm or excitement. It became evident that these parents' expectations were based partly on the 'Bounty' commercial marketing pack. (This contains free samples, money off vouchers and parenting information).

4.1.4 Reactions To Example Baby Box and Contents

As well as demonstrating examples of the types of proposed content for the Baby Box, researchers also showed photographs of the full range of proposed items (see Appendix for details). To facilitate meaningful discussion and to enable parents to consider a manageable amount of items at one time the proposed items were introduced to parents in the following categories:

- Clothing
- Bathing and health
- Feeding
- Bedding
- Miscellaneous

Parents were also asked to prioritise items for inclusion in the box.

When the example Baby Box was presented in person to the parents, they were surprised and very impressed. Its visual impact was immediate. Whereas parents' reactions to the Baby Box concept beforehand had been muted, the parents, having seen the box, were visibly excited and engaged by the Box and its contents. Typical comments were 'It is a large box, full of products. Very generous', 'The products, particularly the clothes, are of high quality', 'The contents go beyond the basics', 'The box is strong and sturdy, not cheap' and 'The box is bright and colourful, attractive'.

In the interviews all parents were very happy with the contents of the box. They would gladly accept a Baby Box like this one, if it was offered to them. First time parents, and parents in social economic groups C2DE, seemed particularly impressed and excited by the example Baby Box.

In summary, the Baby Box clearly exceeded parents' expectations, by a long way.

"Wow! I can't believe there is so much. It's really good quality too" Mum, D, Glasgow

"It's all good quality, yes...It's not cheap cheap. It's quite thick isn't it? That's nice (bodysuit). It would be a great help for some people...That's quite cosy." Mum, D, Dundee

"Wow! Is this actually what it's going to be like? This is great, the stuff is really nice. I thought it would be cheap and a bit throw away." Mum, C2, Aberdeen

“I’m happy to take any clothes. It’s all useful!” Mum, C1, Aberdeen

“I’d be excited to go through it and see what’s in there.” Mum, Edinburgh, E

“I’d have got use out of most of the things in there...I wouldn’t have had to buy some things.” Mum, Edinburgh, E

“It’s a starter, to get you started...Quite useful. It would save us the hassle of thinking about what we needed.” Dad, Dundee, D

“(It’s) good to get an idea of the things you would maybe need.” Mum, C1, Edinburgh

“Overall it’s fantastic. The volume of items is surprising. You think it will be the basics but you’re really covered with this.” Mum, B, Aberdeen

“I like that it’s a mix between practical and emotional items in the box.” Mum, C1, Aberdeen

4.1.5 Clothing

Parents rated the baby clothes as the most useful element of the Baby Box. They saw them as both practical and desirable. From their experiences of parenting, all recognised a need to have to hand several sets of the same basic clothing items so that young babies can be changed frequently and easily. The clothing items in the Baby Box helped meet this need, for the first few months after birth.

There was a strong consensus that by far the most useful clothing items were the bodysuits (also known as vests) and sleepsuits. These were core essentials. Until around age 6 months, or when they started to crawl or shuffle, their babies typically wore a bodysuit with a ‘sleepsuit’ on top, all day, every day. Parents preferred the sleepsuits over the romper suits because they enclose the feet, a key need for young babies. Many parents also reckoned that a small knitted hat was essential, and required for taking new babies home from hospital. For some parents mittens were also important items to stop babies’ nails scratching, although many said that this need would be met by the fold-over mittens on the sleepsuits and these also had the advantage of not falling off.

Parents highly valued the quilted suit. They advised that one of these was needed to keep babies warm, on top of a body suit and sleepsuit, when going outdoors or when travelling by car, and sometimes indoors, too. Parents praised the suit’s functional style. However, some pointed out that this would not be a substitute for a weatherproof, ‘snow’ suit which was also deemed essential but was not included in the proposed items.

The parents rated the leggings and tights as not useful, or less useful, for babies of this age, partly because they were difficult to get on and keep on. Some parents viewed socks similarly, although others thought socks were ‘nice to have’. Additionally, parents perceived tights to be ‘not for boys’ and thought other parents may not dress boys in these. One mother in Edinburgh did dress her six month old son in tights but discussed how this was unpopular with her wider family and friends.

“It’s good to have three: one on, one in wash, and one spare.” Mum, C2, Dundee

“Babies can practically live in babygrows. Little babies don’t need to be dressed up in fancy outfits.” Mum, C2, Dundee

“It’s great to get all these cloths. You really do need a lot.” Mum, D, Aberdeen

“I love it. There is everything here.” Dad, E, Glasgow

“Everything would be really useful as you just use so much clothes and they are constantly growing...” Dad, E, Glasgow

“Please put a cardigan in, too!” Mum, B, Edinburgh

“I think they’re lovely!” Mum, B, Edinburgh

The parents all fully accepted or liked the distinctive gender-neutrality of the Finnish Baby Box items, in their colours, patterns and designs. (Parents usually implied, rather than explicitly reported this.) A few pointed out that, in Britain, the most basic bodysuits and sleepsuits are quite often ‘gender-neutral’ until at least size 3 months. There were just one or two queries about whether the Scottish Government would provide different Baby Boxes for girls and for boys, but apparently, parents had no preference for gendered Boxes.

A few parents commented on the sizes of clothing which would be contained in the Scottish Baby Boxes. Generally, they agreed it was most useful for the Box to contain clothes to fit babies aged zero to six months. Some queried how the varying sizes of newborn babies, including premature babies, might be provided for.

Overall, parents suggested that the range of clothing was very comprehensive and desirable but that there were two notable omissions from the clothing provided in the Baby Box: a cardigan and a weather-proof snowsuit. Parents who already used these items saw them as necessary for keeping babies in Scotland warm. However, not all the parents had them or used them.

Table 4.1: Overview of parent reactions to Clothing

Must haves	Nice to haves	Not necessary	Missing
Light quilted suit	Romper suits	Leggings	Cardigan or warm top
Knitted hats	Socks	Tights	Snow suit
Body suits			
Sleep suits			
Sleep suits with mittens			
Mittens			

4.1.6 ‘Baby Care’ Items, Including Bathing, Cleaning and Health Accessories

Generally, parents considered most of the baby care items included in the Baby Box to be useful.

Parents expected there would be some products in the Baby Box related to baby care, especially cleaning, bathing and grooming. However, they mainly anticipated FMCG-type products like the sample-sized sachets of branded baby soaps, creams and lotions, nappies and wipes received in Bounty Packs.

Their expectations were surpassed. They were pleased that the items were durable ones they could keep, rather than just low-cost consumables. In particular, the in-ear

thermometer was seen as an expensive item that they would usually not necessarily have thought of buying, or been able to buy due to cost, themselves.

“I’ve never thought of buying one of those [in ear thermometer].” Mum, D, Edinburgh

“As soon as you phone the doctor they ask for the baby’s temperature, and it’s better to know than to guess.” Mum, C2, Dundee

“It’s everything you would need.” Mum, D, Edinburgh

“Again, this is all really useful stuff.” Dad, E, Glasgow

“(In-ear thermometer) Something could be really wrong and I’ve judged that thinking ‘Oh they’re a wee bit warm, I’ll give them a bit of Calpol’, or he’s felt really cold and I’ve just thought ‘I’ll wrap him up’...But there could be situations where they could be genuinely ill...I think I saw that one and it was about £40 which is quite expensive and it wasnae really something I thought I’d get just in case I needed it – I thought I didn’t need it...A lot of people aren’t going to say they’ll get one ‘just in case they need it’”. Mum, D, Edinburgh

In the case of most of the other baby care items, parents debated as to whether each of these was useful enough to be included in the Box or not. Responses were fairly mixed.

For example, some parents thought the hooded baby bath tool was an ‘essential’ and basic because they bathed their baby daily, but other parents considered it to be superfluous. They explained that, in their experience, any bath towel at home could be used to dry a baby, baby bath towels were often received as gifts, and towels were affordable for most parents, anyway. However no parents would have rejected a towel in the box.

Many parents thought that a hair brush was ‘nice to have’, but others considered it ‘unnecessary’ because their newborns did not have enough hair to need brushing.

Parents were largely unfamiliar with reusable nappies; almost all parents had never heard of them in their contemporary form, and moreover, a few were unaware of the use of reusable, terry towelling nappies in the past. All the parents were using disposable nappies, exclusively and referred to these as ‘normal’ nappies. This was the norm and they had not considered there being any other option.

All parents regarded the reusable nappy included in the Baby Box as non-essential, with no obvious benefits and on balance not useful. They voiced many negative perceptions of reusable nappies, vis a vis disposables, including reusable nappies being:

- ‘Old fashioned’ and outdated, for past generations, only;
- Unhygienic, unclean and therefore unsafe.
- Inconvenient and impractical
 - Involving changing and washing all the time;
 - Some imagined carrying around a dirty nappy, when away from the home;
- Bulky (a few parents, only). Would they fit under baby clothes?
- Less absorbent, less effective.

Many parents predicted that the single, reusable nappies included in Baby Boxes would go in the bin, unused or used once and then treated as disposable. A few other parents conceded that they might try the reusable nappy, once, if included in the Baby Box, but they did not foresee converting from disposable nappies to reusables. A few parents queried how many reusable nappies a household would need to buy to supplement the one provided by Baby Box, to make a full set, and how much this might cost. This was

difficult for parents as they had no effective frame of reference relating to how many reusable nappies would be needed or how they are used.

Very few parents identified any advantages of using reusable nappies rather than disposable nappies. Environmental impact was rarely mentioned with any degree of confidence. However, a few parents questioned whether would cost less to use reusable nappies than disposables. If so, reusables might be advantageous for lower income households such as theirs, or other people's but the barriers outlined above seem to be too large for the financial argument to overcome them.

“(Reusable nappy) That could encourage people to use them...I've never thought of using them...but you're constantly washing the nappy out...I'd probably just stick to disposable nappies but if it was in the box I'd probably try them.” Mum, D, Edinburgh

“With these you'd have to wrap it up (the poo) and take it with you. That wouldn't appeal to me.” Mum, B, Edinburgh

“If you come home and you've got five poo-ey nappies to wash you'd think, Oh for God's sake!’ I would just fire these in the bin and I wouldn't have the hassle to deal with when I get home.” Mum, B, Edinburgh

“I probably wouldn't be bothered to use it. I'd just stick to the disposables for convenience.” Mum, B, Edinburgh

“I'm not sure how good that it for the skin. With the disposables, they take the moisture away from the baby's skin.” Mum, B, Edinburgh

“Personally I would never use them...it just seems like too much hard work...I suppose the money you would save would be good but for me it's more about time and I wouldn't have the time to do it. It would probably be a waste [to have them in the box] as I wouldn't use them...I've never known my friends to use them as well.” Mum, B, Edinburgh

“I would never use something like that (reusable nappy). I'm used to using normal nappies...You'd need loads of them...In this day and age no one would use something like that, they'd just use normal nappies.” Mum, E, Edinburgh

Some parents thought that some of the baby care items in the Baby Box were ‘must have’ items. Other items were just ‘nice to have’, and some were considered ‘unnecessary’.

Table 4.2: Overview of parent reactions to Baby Care

Must haves	Nice to haves	Not necessary	Missing
Bath towel	Hairbrush	Reusable nappy	Disposable nappies
Bath / room thermometer			Sponge
In-ear thermometer			Baby wash / shampoo
Travel changing mat			Wipes
			Cotton wool

4.1.7 'Feeding' Related Items

This was the smallest group of items presented to parents consisting of bibs, an attachment sling and breastfeeding information. Parents recognised that this was too focused on only breast feeding and lacking essential and desirable items. The provision of items in this category felt basic and purposefully excluding mothers who did not or could not breast feed their baby.

The inclusion of breast feeding information was a further indication that bottle feeding was not being acknowledged – parents felt that this was duplication of information as most recognised it from information leaflets and packs they had been given by their midwife or other health professional.

The most significant omission was of bottles which were regarded as essential items across the whole sample. Mothers who were breast feeding felt that they also required bottles, for expressed milk and for when they were transitioning to mixed or bottle feeding. They also felt that there should be information provided about bottle feeding and how to make the transition from breast to bottle. However there was also a strong emotional response to this category insofar as mothers general felt that feeding method is a deeply personal choice and sometimes mothers need to feed their babies by bottle even if they had wanted to and intended to use breast. Mothers were keen to share experiences and anecdotes from their own and their peers early experiences of feeding as often being stressful, at times even traumatic, and they objected to the Baby Box potentially contributing to this stressful environment by focusing only on breast feeding. The absence of bottles felt to most parents that the needs of the majority of parents were being ignored by the Scottish Government.

"You have to have bottles if it's 'essential things for everyone', don't you? I don't get why they wouldn't." Mum, C1, Aberdeen

"We did try to breast feed for the first 3 weeks but it just wasn't happening so we had to use the bottle. I'd expect it to be in there, everyone will use it at some point" - Dad, E, Glasgow

"They could maybe include one bottle?...It's a personal choice – it's what everyone decides. ..I'd just choose to bottle feed anyway". Mum, D, Edinburgh

"I think there should be more on it about bottle feeding...most people I know have never breast fed. Some people cannot give milk." Mum, E, Edinburgh

"It's surprising that it's not got bottle feeding in it...I know obviously they're trying to get people to breast feed but some people just dinnae want to do it." Mum, E, Edinburgh

"When you say 'feeding' I automatically think of a bottle brush and bottle and dummies even." Mum, B, Edinburgh

“My friend had a wee girl and said she’d breastfeed. It didn’t work out and her husband had to run out late in the day and literally didn’t know what he was looking for and scrambled around asking for advice. ‘What bottle should I buy, what formula should I get?’. And it was all a big stress. So I suppose as much as the Scottish Government says ‘Breast is Best’ I suppose if you’re giving them the Baby Box, just for peace of mind you would put in a pack of bottles and a bottle brush...” Mum, C1, Edinburgh

“Especially, with her I started breastfeeding in the night but it was a ‘no’ so the hospital had given me one of those little bottles...which I used when I was struggling breastfeeding during the night.” Mum, C1, Edinburgh

“From minute one with the midwife they are pushing for breastfeeding...There is certainly a pressure and if you’re already feeling pressure that it’s not working for you and you’ve got all this (breastfeeding information) in the box, it’s going to make you feel more guilty that things aren’t going your way and that you’ve given up and have to go to bottle.” Mum, C1, Edinburgh

It is worth noting that amongst parents who were using bottles there were several enthusiastic accounts of the best, most supportive gift for parents being the new Tommee Tippee Closer to Nature formula milk bottle preparation machine, which quickly and conveniently provides sterile bottles and warms milk. Parents who used this were keen to encourage others to use it, by word of mouth and by giving the machine as a high-value present to expectant parents.

“(New Formula Bottle Maker Machine) It’s a godsend...It’s the first thing I’d advise any parents to get. I’d buy it for them myself.” Dad, C1, Dundee

“(Tommee Tippee Machine) That’s the one thing I couldn’t do without.” Mum, E, Edinburgh

Table 4.3 Overview of parent reactions to Feeding

Must haves	Nice to haves	Not necessary	Missing
Drooling bib	Sling	Breast feeding information	Bottles / Teats
Feeding bib			Sterilizing tablets / equipment
			Formula
			Breast feeding apron
			Nipple shields / shells / cream
			Spoon / fork
			Breast feeding pillow

4.1.8 Miscellaneous Items, Including Hospital Bag

Parents were enthusiastic about most of the other, miscellaneous items which might be included in the Baby Box, especially the various small, practical things and had numerous suggestions of their own for items to include.

Many parents particularly liked the proposal to include a 'hospital bag', for putting relevant Baby Box and other items in to take to hospital for the birth and immediately afterwards. They commented that bag would need to be large enough to hold all the items a mother-to-be has to take into hospital. Recipients would need to be clearly advised that they should pack further items into the bag themselves. Useful hospital bag contents would include a baby blanket, a going home outfit (bodysuit, sleepsuit, quilted suit), maternity towels, bra pads and muslin squares. Mothers suggested that it would be very helpful to add small bottles of toiletries for the mothers to use in hospital.

Mothers explained that a partly pre-packed bag could be very helpful, for several reasons:

- It was easy for a new mother-to-be to not fully realise what she would need to have in hospital, or the quantities or types of items required;
- It was also easy to forget, or not get around to packing items in advance;
- Mothers who gave birth earlier than expected were often unprepared and unequipped, for essential items;
- It was a common experience for mothers to run out of items when in hospital. Once in hospital, it could be difficult to source some basic items;
- It would save mothers-to-be the effort and expense of trying to find a large enough bag or case just to take into hospital.

"I like the bag. That's good. I completely forgot mine and was rushing around before going to the hospital." Mum, D, Glasgow

"(Hospital Bag) You could just have these things in the Box and supply an advice sheet that says: 'You may want to include this in your hospital bag...'. Mum, B, Edinburgh

Mothers were strongly positive about the inclusion of maternity towels in Baby Box. Bra pads were also seen as essential, but for some mothers only. (Some mothers who were bottle feeding needed bra pads, and others didn't.) Parents were not concerned whether bra pads were reusable or disposable, as long as they had sufficient. Many parents used muslin squares, and found them very useful for a range of baby care purposes. These parents thought muslin squares were essential.

Some parents, on reflection, also designated the example soother toy and baby book as 'must have' items. Some related this to equality, for instance, 'because all babies regardless of their background should have a cuddly toy at birth, as a gift to welcome them and comfort them'.

Many parents, from all social economic groups, saw baby books as essential for babies' interaction, stimulation and bonding with their parents and other family members. Some believed that all new babies in Scotland should have a chance to benefit from this, regardless of their background or whether their family household read books or not. For this reason, many parents rated the inclusion of the book in the Baby Box as 'essential'. They highly regarded the example baby book. However, other parents thought a baby book was not essential or top of mind as an item for very young babies.

“I love the book. I’d like more of that. We use them all the time.” Mum, B, Aberdeen
“They should include at least one toy. Lots of people just put their baby down, and there’s no stimulation or interaction. But if they add a book or toy in the Baby Box, all babies will have something.” Dad, C1, Dundee

“(Scot Gov should add) A rattle. Something they can hold, grasp, shake.” Mum, B, Edinburgh

“A teether is an essential. Daniel’s been teething since he was 3 months old.” Mum, B, Edinburgh

Parents began by thinking condoms might be acceptable or useful to have in the Baby Box, but several then concluded that condoms were:

- Inappropriate in a Baby Box which is associated with the needs of a baby (not the adults)
 - Some concern was expressed that this may have potential to cause relationship conflict or put pressure on the mother;
- Unnecessary (the health visitor will distribute condoms to new mothers, during routine visits);
- Not highly resonant with a ‘gift’ for women who have just given birth.

“(Condoms) I would feel quite put under pressure that you’ve got to use them straight away because ‘We don’t want you to have any more babies’” Mum, E, Edinburgh

Table 4.3: Overview of parent reactions to Miscellaneous

Must haves	Nice to haves	Not necessary	Missing
Hospital bag + contents	Soother	Condoms	Rattle / toy / toy mirror
Maternity towels			Dummy
Books			General parenting tips/advice/information
Reusable bra pads			Spare hospital underwear / nightwear
Muslin squares			Shower gel for Mum

4.1.9 Bedding and Sleeping Space

About one third of survey respondents online thought they would be likely to use the Baby Box itself for their baby to sleep in and around half felt they would be unlikely to do so. However only 14% thought they would be likely to use the Box for a baby to sleep in at night time.

Similarly, many of the parents interviewed face to face found the concept of using the box as a sleeping space challenging, for several reasons, practical (mostly to do with safety and durability) and emotional.

Practical objections:

- How strong or stable would the Box be?
- How sturdy would the Box be, over time – would it be damaged if it was tripped over?
- The Box might somehow fall when raised up and parents felt leaving it on the floor was impractical.
 - They wondered what surfaces the Box could be raised on, particularly in bedrooms?
- Would it be draughty, if left on the ground?
- How would damp, or baby fluids, affect the Box? How likely would it be to get soggy?
- Animals, including pet cats and dogs, might get at the baby, if the Box was on the ground.

“They’re only in the Moses basket for about three months so it would take away another expense. A good solution.” Mum, AB, Dundee

“I don’t know if I’d personally use the box for sleeping –it’s cardboard. If they’re sick a few times...it would go a bit mushy.” Mum, D, Edinburgh

“A toddler could come in and rip it up or destroy it!” Mum, D, Glasgow

Emotional objections:

- A cardboard box did not fit with the idealised images some parents had of babies sleeping, particularly first time parents.
 - They desired 'the best', and would be embarrassed if visitors saw their baby sleeping in a box.
 - For several parents, it felt strange to have the Box and baby on the floor.

"I'd be mortified if someone came round and I had my baby in a box" Mum, C2, Glasgow

"Many really needy people would screw their nose up at using the box as a bed. And maybe take offence at the bed aspect. But some would really appreciate it." Dad, D, Dundee

More survey respondents thought they would be likely to use the Baby Box for daytime naps (58%) or as a travel cot (48%).

Some parents interviewed, with the example Box, mattress and bedding in front of them, thought they would consider using the Box for a secondary sleeping space for their baby. They began to see advantages:

- The Box would be easy to move round the house, so would be handy for keeping a napping baby close by. This implied that they would carry the box around the home with the baby asleep inside.
- The Box would be easy to transport in a car, and could even carry babies' clothes, nappies and other items, when going on trips away from home, or when the Baby was staying at grandparents' and other relatives' houses.

"Here's a safe way for putting your baby to sleep, if your child is off to stay at Granny's." Mum, D, Edinburgh

"Maybe for during the day...I would never have thought of using something like that...I think it's more comfy than a travel cot!" Mum, E, Edinburgh

"I would definitely use it...I'd like her in it next to the telly so she could see all the things...but not at night." Mum, E, Edinburgh

"If anything, it would probably feel more secure to a baby as it's quite high and enclosed." Mum, B, Edinburgh

A few parents thought that if parents-to-be knew in advance that they were going to receive a Baby Box from the Scottish Government, they might decide not to buy a Moses basket or a travel cot and just use the Box instead. (Almost all babies slept in a Moses basket, for the first few months only.) For some of the households who would otherwise buy new baskets and travel cots for their firstborn babies, this would save a significant amount of money.

"(Box as bed) I really like this. It's a great idea. It would save you money." Dad, E, Glasgow

"That's quite a good idea...replacing a Moses basket...I think it would feel quite strange putting your baby to sleep in a box...I'm used to having a cot and Moses basket and it would feel strange." Mum, D, Edinburgh

4.2 How and When Should Parents Hear About and Sign Up To, the Initiative and Receive the Baby Box?

4.2.1 Preferred Ways of Hearing About Baby Box

Across the quantitative survey and the qualitative interviews, on balance, parents saw the midwife as the best messenger for communications about Baby Box (57% of survey respondents). However, survey respondents also rated hospital staff (37%), advertising (32%), websites (27%) and GPs letters (25%) as potential communication channels.

In the qualitative interviews, parents were unanimous that the midwife was ideal for this role. Their certainty was shaped by their earlier detailed consideration of the Baby Box and its contents, in the light of their own experiences of having babies. They reasoned that midwives:

- Are intrinsically linked to pregnancy and birth, both generally in society and in individual cases;
- Are a highly trusted, expert source of baby-related information and support;
- Have routine, regular meetings with pregnant women at those key stages of pregnancy when it would be most useful to hear about, and receive baby box;
- Have the skills, knowledge and time to explain the Baby Box and its contents in detail to individual women, in person, in a personalised and practical way.

“You’d expect it to be the midwife or doctor when you’re pregnant, probably the midwife as they’re the one you see the most. They’re the ones who give you all the leaflets and answer all the questions.” Mum, D, Aberdeen

“Hopefully your midwife or Health Visitor would say something to you...Your midwife would help you through your pregnancy and they might ask you what you need and stuff.” Mum, E, Edinburgh

4.2.2 Ideal Time to Find Out About Baby Box

When parents were asked when would be the best time for expectant parents to find out about Baby Box in detail, there was a general consensus that after 20 weeks into the pregnancy would be ideal. They explained that at this stage, the pregnancy was well established, many parents felt they could start to plan ahead for the baby, and the future arrival of the baby became real and acknowledged socially. Learning about Baby Box at this point would optimise parents’ benefit from their future Baby Box, as they could take the provision of Baby Box into account through all their weeks of planning and preparation.

The 20 week stage also coincides with a routine midwife check-up and scan appointment. This midwife appointment could be used to deliver the communications efficiently and effectively, at least, to parents.

Parents considered that any time before 20 weeks of pregnancy would be too early for detailed communications: before 20 weeks, it was seen as inappropriate to plan ahead, partly due to the risk of miscarriage. Nevertheless, at this early stage of pregnancy, a more general awareness of Baby Box would still be beneficial. This early awareness could be raised by advertising Baby Box in GP surgeries, midwife clinics, and maternity units and on social media.

All parents were clear that communication and awareness of the Baby Box could and should happen prior to birth.

“to know it’s available, so I don’t need to worry about getting a Moses basket, or all the basics.” Mum, C2, Dundee

“At an early midwife appointment so you know in advance before you’ve bought a lot of the stuff.” Mum, D, Edinburgh

“(At 20 weeks) You’re in a safer position, your baby is more developed...Most people I know started buying more at that point.” Mum, D, Edinburgh

4.2.3 Signing Up For a Baby Box

The 20 week midwife consultation would also provide an ideal opportunity for the midwife to explain to parents how to sign up for the Baby Box. Generally, parents were happy, or accepting, about the proposal that they register to receive a Baby Box by themselves, at home. Parents considered registration by telephone or online to be the best methods, because they would be easy and allow some choice of delivery date and delivery instructions.

“If there were just posters and things...’Go to this website or phone this number to claim your new baby box’ would be fine...” Mum, D, Edinburgh

“If you’re getting a voucher or code and phone up and get a set date for delivery I don’t see a problem with that.” Mum, E, Edinburgh

“What would be in it...Sell it to me in a way.” Mum, E, Edinburgh

4.2.4 Reactions to Possibility of Signing Up for Scottish Government Parenting Communications, via Baby Box

Parents across the sample reacted positively to the possible option of signing up to receive ongoing, online parenting communications from the Scottish Government, NHS Scotland or inter-agency body. Many mothers already received regular email communications from companies and organisations such as BabyCentre and Boots. Often, mothers had signed up to these during pregnancy. The communications then continued, with lessening frequency, after the birth. Some read parenting blogs.

Parents liked the idea of having ongoing involvement from the Scottish Government. The link to Baby Box made sense to them. No parent felt that the offer of a Baby Box might be conditional on them signing up for these ongoing parenting communications, and they did not think that other parents would either. Parents’ typical suggestions for the frequency of emails about parenting babies were every week at the newborn stage, fortnightly until the baby was around 12 weeks old, then monthly or every two months.

“I’d enjoy emails about that. I get one from Boots already...It says things like ‘Your child is now 8 months old. He should be doing X, Y, Z’.” Mum, C2, Dundee

“Any information... is good.” Mum, D2, Dundee

4.2.4.1 Communication Messages

Many parents recommended that at 20 weeks pregnant, parents should be given a range of detailed information about Baby Box by their midwife. This information would be delivered both in verbal and written forms, and have inspirational, functional and instructional elements:

A. Inspirational Messages

The initial message by the midwife to the mother-to-be (or parents-to-be) in person would communicate the scale of the Baby Box and explain that the Baby Box is much more than the Bounty Pack.

Parents expressed a desire to know why the Scottish Government was undertaking the Baby Box initiative. It was important for them to know that the Baby Box is a gift from the Scottish Government, not a 'benefit', and that it was offered to all newborn babies alike. Parents generally supported and were enthused by the aspiration of showing that every child in Scotland is born equal, and has an equal start to life, regardless of their background.

Some parents considered Finland and other Scandinavian countries to be forward thinking with regard to parenting and children, and where they were aware of them parents expressed positive opinions about the cultural origins of the Baby Box concept. The few who had a little awareness of Finland's lower infant mortality and morbidity were particularly positive about Baby Box.

B. Functional Messages

To demonstrate the scale and comprehensiveness of the Baby Box to parents, midwives would ideally have an example Baby Box to hand. It would be important that the midwife also provide a full list with pictures of every item in the Baby Box to the parents, to keep and look through at home. The demonstration of the Baby Box and its contents would be likely to have a high impact, as, in the interviews, parents' expectations were exceeded in every case. It is likely to increase the number of parents-to-be who sign up to receive a Baby Box. It would also help parents avoid duplication when shopping for baby items, or requesting baby gifts.

C. Instructional Messages

Parents-to-be would require explanation for certain aspects of the Baby Box. Midwives would be ideally placed to provide this, because mothers-to-be reported that they paid attention to what midwives told them and that they found midwives to be credible.

Parents would require specific instructions and information to support the use of the Box as a sleeping space. Ideally, midwives would demonstrate the use of Baby Box for sleeping, including how to prepare bedding, how to carry the Box, and where to place it.

Specific information could be given about how to successfully use the items in the box with particular attention given to reusable nappies (if they were to be included), including any cost benefits, and benefits to babies, over using disposables.

Parents could be advised in detail how to pack the hospital bag, including some of the Baby Box items and an appropriate 'going home' outfit for the baby, plus other essential and desired items provided by themselves.

Midwives could demonstrate the use of other unfamiliar products, including the in-ear thermometer and baby sling. They could also demonstrate how to wrap a baby in a blanket, and which components of clothing would comprise a suitable outfit for a newborn.

4.2.5 Delivery of Baby Box

During the qualitative interviews, parents' views on when Baby Box should be delivered changed once they had seen the Baby Box and examined its contents. Before experiencing Baby Box, their views were mixed and ranged from 'just before' to 'just after' the birth. At this early point, they had imagined that the Box would be a small one with a few items to take home from hospital, or to be dropped off by the midwife, similar to the Bounty Packs they had received.

After seeing an actual Baby Box, parents were almost unanimous that receipt of the Box should be before birth and to their home, for several reasons:

- Parents would want to sort through and familiarise themselves with the many Baby Box contents, as part of their preparations for the baby's arrival
- Parents would require the hospital bag and its contents in advance of the birth, for practical reasons
- They understood that a Baby Box is not very portable.

Specifically, parents implied that Baby Box should be received at around 32-36 weeks pregnancy. Then, there would still be enough time left for expectant parents to go through and 'put away' the Baby Box contents, even in the case of early births.

Delivery of the Baby Box at this time would also coincide with the start of 'nesting', just prior to the start of maternity leave for many women. Parents recounted how this time was when they begin to focus on birthing and their trip into hospital. Only one mother, out of the whole sample, was slightly reticent about receiving a Baby Box before the birth. Generally, parents were not superstitious about this.

Overall, parents preferred delivery of the Baby Box by post. Some ABC1 parents would be willing and able to pick up the Baby Box themselves, by car from a distribution depot or NHS premises with car parking outside. However, some C2DE parents did not have a car and could not easily go to collect the Baby Box by themselves.

"Maybe it would be easier to be delivered then...I'd be happy to ring the depo to arrange for drop-off." Mum, C1, Edinburgh

"I'd want it delivered though, so you don't need to carry it home." Mum, D, Glasgow

5. Summary of insights and recommendations

Overall there was a very positive response towards the Baby Box from Scotland's parents, especially once they experience the physical box and its contents. For parents at a potentially stressful life-stage, particularly first timers, this demonstrates the Scottish Government's commitment to help and support *every baby born in Scotland*. Parents felt the Baby Box was genuinely helpful and would like to have received this.

Without explanation the Baby Box runs a minor risk of being perceived as a benefit or hand out. Therefore, the universality and inclusiveness of the Baby Box is key to its success.

The proposed items were almost always considered as useful and desirable and the quality and volume of items was both surprising and positively regarded.

There is a much more significant risk of the overall positivity being undermined by the perceived hidden agenda of not including bottle-feeding related items and only including reusable nappies. This can be viewed as a potential indicator that the Scottish Government may not fully understand the reality of parents' lives.

Midwives are trusted professionals and parents claimed to listen to them, thus parents expect midwives to play a key role in the delivery of the Baby Box. 20 weeks feels like the optimum time for midwives to introduce Baby Box to parents as:

- Information needs are wide-ranging and parents were not always sure of what to expect from Baby Box on hearing the description
- More positive reactions once parents witnessed the Baby Box – *seeing is believing*

With the right information parents felt likely to be motivated to sign up themselves and were also keen to sign up to regular Scottish Government communications linked to Baby Box.

Without knowing the detail and contents of Baby Box anticipated delivery timeframe was varied, but once fully understood parents felt that receipt in advance of birth would be appropriate c. 36 weeks.

Based on these research findings, it is recommended that:

- Baby Box should be clearly positioned as a gift from Scotland and the Scottish Government, for every newborn baby irrespective of socio-economic background and not just for those from a deprived background. The Scottish Government should clearly communicate that Baby Box's intention is to welcome each new baby and support the baby's first few months in a helpful and practical way.
- The contents of the Baby Box should be adjusted slightly, within Scottish Government policy guidelines. By including some of the items that parents recommended themselves as 'essentials' and as 'nice to haves' (and excluding

some of those items which were rejected or regarded as 'not needed') the Baby Box will demonstrate a better understanding of parents' lives. The list summarising recommended inclusions and exclusions can be found below.

- The Baby Box could also contain 'how to' guides dealing with common baby parenting challenges such as (but not limited to): the first week; feeding; health and first aid; teething.
- All expectant parents should be given both verbal and written information about Baby Box, by their midwife, at 20 weeks of pregnancy, as part of the routine consultation. This information should be:
 - Inspirational - explaining why the Scottish Government is undertaking the Baby Box initiative, and tapping into the potential 'halo effect' from Scandinavia;
 - Functional - demonstrating in detail the Baby Box's contents;
 - Instructional - telling parents how to sign up to receive a Baby Box, showing them how to use the Box as a sleeping space, and how to use the items it contains;
 - This information should also be contained in the Baby Boxes.
- Parents-to-be should be instructed by their midwife how to sign up to receive a Baby Box, themselves. The most effective 'sign up' methods would be by telephone or online.
- At around 32 to 36 weeks pregnancy, the Baby Box should be delivered by post or courier to parents' homes. This would give parents time to familiarise themselves with the Box and sort through the contents, before birth.
- Also at the 20 week routine consultation, the midwife should offer parents the optional opportunity to sign up for regular Scottish Government parenting communications, by email.
- A diagram of the recommended Baby Box 'journey' can be found below.

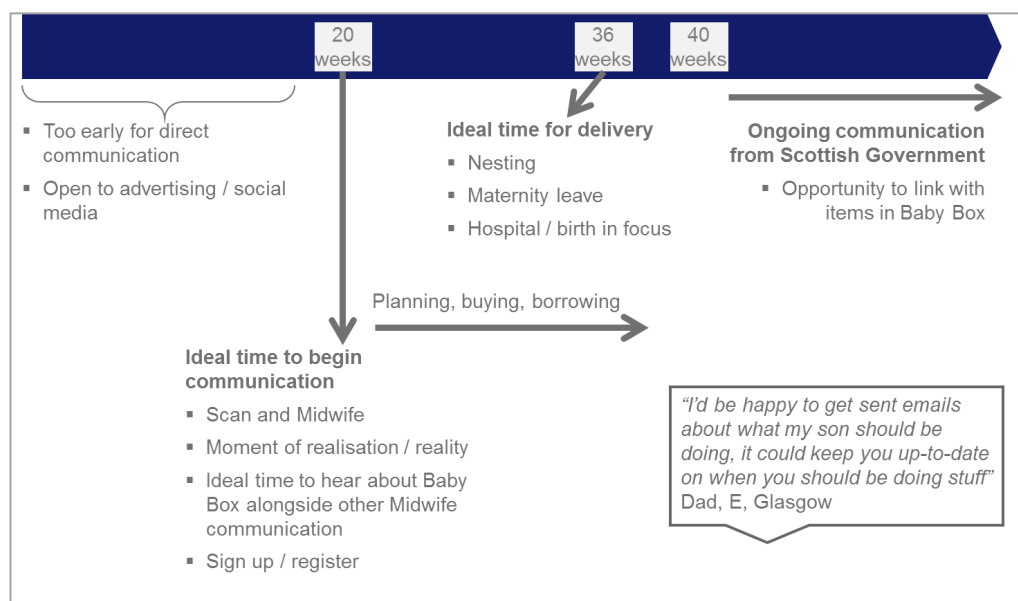
Table A: Recommended inclusions and exclusions

Must haves	Nice to haves	Not necessary	Missing
Blanket	Soother	Condoms	Cardigan or warm top
Light quilted suit	Hairbrush	Breast feeding information	Bottles / Teats
Knitted hats	Sling	Reusable nappy	Formula
Body suits	Romper suits	Leggings	Spoon / fork
Sleep suits	Socks	Tights	Teething ring / gel
Sleep suits with mittens			Tooth brush + tooth paste
Mittens			Disposable nappies
Bath towel			General parenting tips / advice /

	information
Bath / room thermometer	Snow suit
In-ear thermometer	Rattle / developmental toy / toy mirror
Travel changing mat	Dummy
Drooling bib	Spare hospital underwear / nightwear
Feeding bib	Shower gel for Mum
Hospital bag + contents	Sponge
Maternity towels	Baby wash / shampoo
Books	Wipes
Reusable bra pads	Cotton wool
Muslin squares	Breast feeding apron
	Nipple shields / shells / cream
	Breast feeding pillow

Figure A: Recommended Baby Box journey

The figure below illustrates the preferred logistics from parents' perspectives.



Appendix A – Discussion guide

Scottish Government Baby Box Research
Depth Interview Discussion Guide FV 06102016
60 minutes duration

1. RESEARCH INTRODUCTION (2 mins)

- Introduction: nature of research is to discuss a new initiative from the Scottish Government for parents and newly born babies in the future
- Discussion guidelines:
 - no right or wrong answers; only personal opinions matter
 - spend some time with them asking questions as we go along to clarify and seek more information
 - get a feel for them and their opinions
 - acceptable to change mind as we progress through discussion would appreciate them being open and honest about their thoughts and feelings and share what's on their mind during the time we spend with them, even unimportant, trivial thoughts as this

Explain:

- TNS an **independent** research agency
- all comments made are **strictly confidential** and will not be attributed to individuals (MRS code of conduct)
- audio-recorded for research purposes only
- session will last **60** minutes

2. FAMILY LIFE (5 mins)

- Name + age + job (if applicable)
- Who else lives in household? Ages of child(ren)? Age of youngest?
- BRIEFLY: How would you describe life when your (youngest) child was born?
 - What was it like at home?
 - How did you prepare?

- Focus the 5 min on: Thinking back since birth of youngest child, what have been the essential items you couldn't have managed without?
 - What sort of things did you get when pregnant?
 - What sort of things did you get as you went along after birth?
 - Looking back, what did you wish you had before hand?
 - What, if anything, have you bought but never used?

3. BABY BOX

(30 mins)

- What, if anything, have you heard about something called the Baby Box? Where did you hear this?

5 MINUTE SPONTANEOUS RESPONSE SECTION

MODERATOR NOTE RESPONSES TO RETURN TO FOR COMPARISON WITH PROMPTED DISCUSSION

Moderator introduce Baby Box: The Scottish Government plans to strengthen its support for new parents, babies and children by giving every newborn a 'baby box' of essential items, to help all children to get the best start in life.

- Initial reactions
- Likes / dislikes
- What would you expect to be in the box?
 - Ideally, what would you want to be in the box?
- When do you think is the best time to receive this box?
 - How would you want to receive it?
 - How would you expect to find out about the Baby Box?
- How useful would a Baby Box be to you?
- What does it make you think about being a parent in Scotland?

Moderator revisit the above once the contents have been explored in detail

MODERATOR NOTE:

- The quality of the products will be the same if not higher in the final version
- The only limit to the amount of contents in each box is that it all must fit in the box
- Make a note of any language parents use that could be used for future communication themes

Moderator introduce each of the proposed item group headings before exploring individual items from each group in detail

PLEASE NOTE THERE ARE ONLY APPROX 5 MINUTES FOR EACH GROUPING TO BE DISCUSSED!

- Bed / bedding
- Clothing
- Bathing / Health
- Feeding

- **Miscellaneous**

FOR EACH GROUPING:

- What kind of things would you want to see in this group?

FOR MISC GROUP – What else would you want to see included in the box that hasn't been discussed?

Moderator introduce each group of items

NOTE: EACH GROUP OF ITEMS WILL BE REPRESENTED PICTORIALLY ON ONE SHEET AS A SUMMARY OF WHAT might be INCLUDED AND TO ENABLE PARENTS TO PRIORITISE LATER

WE ENVISAGE PRESENTING SOME PHYSICAL ITEMS TO:

1. **DEMONSTRATE QUALITY OF ITEMS (PARTICULARLY CLOTHING)**
2. **DEMONSTRATE ITEMS THAT PARENTS MAY NOT HAVE SEEN / USED BEFORE**

FOR EACH TYPE OF ITEM

(EG. FOR CLOTHING DISCUSS IN GROUPINGS RATHER THAN INDIVIDUAL ITEMS)

- Initial reactions - Likes / dislikes
- How familiar are you with these items? Which do you already have / did you have?
- How useful are/were they?
 - What would you use them for? When would you use them? How often would you use them?
- IF REQUIRED: What kind of explanation of what this is, if any, would you need?

ONCE DISCUSSED ALL ITEMS

- Are there any surprising items in this group? Why?
- What, if anything, is missing from this group?
- Which are the most / least useful

Moderator repeat for each grouping and items

Specific probes:

- How likely are you to use the box as a sleeping space?
 - What are the pros and cons?
 - What would encourage you to use it as a sleeping space?
- What effect would these items have on your thoughts on breastfeeding?
 - Any change in opinion / attitude?
 - What about the offer of a breast-pump hire scheme voucher?
- How useful are re-usable nappies and liners?
 - What is the benefit?
 - Would you expect this to be included?

- How likely are you to use in the future?
- How many should be included?
- How many is not enough?
- How likely are you to use the books?
- What else would you want to see included that could be relevant to your baby's development?

3. PRIORITISATION OF BABY BOX CONTENTS

5 mins

- How does the Baby Box compare to what you expected?
- WE WILL USE THE ONE-SHEETS WITH PICTURES OF ITEMS IN EACH GROUPING
- AS RESPONDENTS TO USE THREE DIFFERENT COLOURED HIGHLIGHTER PENS TO PRIORITISE ITEMS
 - GREEN: Very useful
 - ORANGE: Some use
 - PINK: Not much use

Moderator probe on the differences between the 3 groups and why some items are more useful than others

- Which 10 items would you say are vital and why?
- What do you feel you could leave out?
- What, if anything, is missing from the box?

4. BABY BOX LOGISTICS

15 mins

- How would you want to be told about the Baby Box?
 - When would you expect to hear about it? From whom?
- What would you need/want to know about the Baby Box to encourage you to want to receive it?
 - What would you need to know in terms of how it's intended to be used?
- When would you want to receive the Baby Box?
 - How would you feel about receiving before the birth eg month 8?
- How would you want to receive it? Spontaneous then prompt with list below exploring the reality of how this method would work:

SG ideal method

- Midwives introduce the concept of baby box early on in pregnancy – eg. booking in appointment – and potentially have literature about it to include in the pack new mums get at this stage
- Then at a later midwife appointment – mum is given a card / voucher / certificate which they need to send to distributor to arrange delivery (vulnerable women can be helped by midwives)
- 8th month of pregnancy the box arrives by post

Alternatives

- Self-registration
 - Online
 - Post
 - telephone

- Text message
 - Delivery by post / courier
 - Collection from an agreed point (local library, local school, post office etc)?
- How would you feel if when you registered for the box, you had the option to sign up to communications from the Scottish Government/ NHS once you've received the box eg email?
 - Could be reminders at key developmental stages eg immunisation, childcare entitlements, breastfeeding help, weaning etc?
 - What else could, they talk about that you would be interested in?
 - What does this make you feel about the box?
 - Would you want to do this? How likely to sign up to it? Would you feel obliged to if you didn't want to?
- How often would be acceptable for the Scottish Government to make contact?

5. SUM UP

3 mins

- In your own words, how would you sum up the Baby Box?
- What are the positives / negatives?
- What are the key benefits of a Baby Box to parents and babies in Scotland?
- How useful would a Baby Box have been to you?
- What does it make you feel about having a baby in Scotland?

THANK AND CLOSE

Appendix B – Qualitative Recruitment Screener

Respondent's Full Name _____

Address _____

City/ Town _____ County _____ Post Code: _____

Tel. No. (home) _____ Tel. No. (work) _____

Mobile Phone No.: _____ MUST CODE _____

Interviewer's name _____ Interviewer _____

I.D.# _____

Interview Date: _____ Date and Time of Group: _____

I declare that this interview has been carried out strictly in accordance with your specification and has been conducted within the MRS Code of Conduct with a person unknown to me.	Interviewer's signature. Date:
---	--

Future Contact:

Ask respondent: May TNS contact you again within the next 12 months for further questions on this or similar research?

Yes 1

No 2

IF YES – COMPLETE RESPONDENT DETAILS PAGE IN FULL AND RETAIN FOR FUTURE USE

GENERAL RECRUITMENT GUIDANCE: DO NOT READ OUT TO RESPONDENT:

Make sure you use this questionnaire to recruit the 'right' types of respondents for this study – please check the recruitment criteria carefully. We are recruiting for discussions. Please recruit 1 to show for each interview.

Good MORNING / AFTERNOON / EVENING, I am NAME from Criteria, working on behalf of TNS. We are conducting an independent research study about families and children. We would be grateful if you could help us. This is a genuine piece of market research; we are not trying to sell you anything and the information will be used for research purposes only.

Q1. Do you, or does anyone in your household, work in any of the following occupations?

CODE ALL MENTIONED. CLOSE IF CODED ANY OF 1-9

Advertising	1
Market research	2
Marketing	3
Journalism	4
Public relations	5
Baby products manufacturing or distribution	6
Baby products retailing or wholesaling	7
Scottish Government	8
Any other role related to young children	9

None of these	10
---------------	----

Q2. Have you ever taken part in a Market Research survey which took up to an hour or more of your time?

SINGLE CODE

IF CODE 1 GO TO Q3, IF CODE 2 GO TO Q5

Yes	1
No	2
{{Don't know / Not sure / Can't remember}}	X

Q3. Approximately how long ago was this?

NONE TO HAVE PARTICIPATED IN THE LAST 6 MONTHS

Within the last 6 months	X CLOSE
6-12 months ago	2
Over 12 months ago	3
{{Don't know / Not sure / Can't remember}}	X

Q4. Can you tell me what this previous discussion was about?

RECORD VERBATIM RESPONSE(S)

NONE TO HAVE PARTICIPATED IN RESEARCH ON A SIMILAR TOPIC

--

Q5. How old are you?

WRITE IN AGE IN YEARS: _____

TO FALL-OUT NATURALLY

Q6. RECORD GENDER

SINGLE CODE

DEPTHS 1-3, 5-11, 14-18, 20, 21 & 23 TO BE FEMALE

DEPTHS 4, 12, 13, 19 & 22 TO BE MALE

Male	1
Female	2

Q7. What is the occupation of the main income earner in your household? That is, the person with the largest income, whether from employment, benefits, investments or any other source.

RECORD VERBATIM RESPONSE(S)

If required PROBE for: Are they employed / self employed, What grade/ level their position is, Business type, How many people they are in charge of, Any job specific qualifications they may have etc

--

Q8. RECORD SOCIAL CLASS

SINGLE CODE

DEPTHS 1, 7, 13 & 18 TO BE SOCIAL GRADE AB

DEPTHS 2, 8, 14 & 19 TO BE SOCIAL GRADE C1

DEPTHS 3, 4, 9, 15 & 20 TO BE SOCIAL GRADE C2

DEPTHS 5, 10, 16, 21 & 22 TO BE SOCIAL GRADE D

DEPTHS 6, 11, 12, 17 & 23 TO BE SOCIAL GRADE E

A	1
B	2

C1	3
C2	4
D	5
E	6

Q9. What is your current employment status?

SINGLE CODE

Full time (30+ hours per week)	1
Part time (8-29 hours per week)	2
Student	3
Unemployed	4
Housewife/husband	5
Maternity leave	6
Other _____	7

Q10. What is your marital status?

SINGLE CODE – OBTAIN A MIX OF SINGLE & COUPLED PARENTS

Married	1
Single - Cohabiting	2
Single – Live on own	3
Other	4
Refused	5

Q11a. Do you have any children, **that you are solely or jointly responsible for**, living at home aged between 0 and 12 months?

SINGLE CODE. ALL TO BE A PARENT OR CARER TO A CHILD, LIVING IN THEIR HOUSEHOLD, UNDER 12 MONTHS

Yes	1
No	2

Q11b. How old is your youngest child living at home?

MIX ACROSS THE SAMPLE OF AGE OF YOUNGEST CHILD BETWEEN 0-12 MONTHS

WRITE IN AGE IN MONTHS _____

Q11c. What is the total number of children (under 16) living in your household?

MIX IN EACH SEGMENT

1	2
2	3
>2	4

Q12. Which of the following best describes the area you live in?

SINGLE CODE

AT LEAST ONE PER LOCATION TO BE SEMI-RURAL/RURAL (CODE 3 / 4)

MIX OF URBAN, SUBURBAN AND SEMI-RURAL/RURAL PER LOCATION

Urban	1
Suburban	2
Semi-rural	3
Rural	4

Q13 I am going to read out a list of statements to you that may or may not describe you personally. I will ask you to rate the degree to which the statement describes you on a scale of 1 to 10, where '10' means 'describes me completely' and '1' means 'does not describe me at all', or you can use any number in between. To what degree does the following describe you? **[Respondents must rate a '7' '8', '9' or '10' on at least 2 of the 5 statements. Additionally, they must NOT rate more than 1 of the statements a '1', '2', '3' or '4']**

1. I get excited about trying something I have not done before
2. I like to use my imagination to come up with new ideas
3. I am open about expressing my thoughts and feelings
4. I enjoy meeting and talking to new people
5. I am comfortable talking to others even I haven't met them before

S1	1	2	3	4	5	6	7	8	9	10
S2	1	2	3	4	5	6	7	8	9	10
S3	1	2	3	4	5	6	7	8	9	10
S4	1	2	3	4	5	6	7	8	9	10
S5	1	2	3	4	5	6	7	8	9	10

INSTRUCTIONS TO INTERVIEWER (ALWAYS INCLUDE)

Notes for Interview	
Do not reveal the end sponsor (client) to respondents. Inform respondents that as the research maybe commercially sensitive they will NOT be told who the research sponsor is during the research session and may not be informed at the end of the session either	
Duration	1 hour per depth Ensure respondents are aware of duration and start time

Recruitment numbers	Recruit 1 respondents for 1 to attend each depth
Incentives	£50.00
Respondent profiles	Mobile phone numbers to be provided for all respondents Questions 5, 6, 8, 10, 11a,b,c, (including age of children in months / years), 12 to be recorded on profiles
Data Protection	Inform respondents the discussion will be audio recorded Inform respondents that their personal details will be kept by TNS UK for up to 12 months for quality purposes (they will not be contacted by TNS after the research unless otherwise agreed)

Bed / bedding	
The Box	(can be used as a crib)
	
Mattress	Waterproof cover for the mattress.
	
Undersheet (s)	Blanket (s)
	

Baby clothing

Light quilted suit (3-6 months)



Knitted hats (Newborn, 0-3mth)



Bodysuits (newborn, 0-3mths, 3-6mths)



Sleep suits (Newborn, 0-3mth, 3-6mth)



Romper Suits (0-3months) (3-6 months)



Leggings (Newborn, 0-3mth, 3-6mth)



Sleep suits with attached mittens (from newborn to 6 months)



Tights (0-3mth, 3-6 months)



Socks (Newborn, 0-3 and 3-6 months)



Mittens (Newborn)



Bathing / cleaning / health accessories

Bath towel



Bath / room thermometer



In-ear thermometer



Hair brush



Travel Changing mat



Reusable nappy



Feeding / breastfeeding

Drooling bib



Feeding bib



Breastfeeding information



Sling



Miscellaneous

Hospital bag (canvas or similar)



Hospital bag contents (tbc)



Maternity towels



Condoms



Books



Reusable Bra pads



Soother



Muslin Squares



Appendix D – Quantitative Questionnaire

Questionnaire V5 – 14th October 2016

1. Which of these apply to you? Please think only about your own children living in your household and select ALL that apply.

Self/partner currently expecting

Have a child under 1

Have a child aged 1-2

Have a child older than 2

None of the above

SCREEN OUT IF ONLY EITHER OF LAST TWO ANSWERS CODED

2. Where do you live? Please select one only.

England

Scotland

Wales

Northern Ireland

Other

SCREEN OUT IF NOT SCOTLAND

3. The Scottish Government plans to support parents and children by giving every newborn baby a 'Baby Box' full of useful items for their first 6 months. Have you heard of this?

Yes

No

Not sure

4. The aim of the Baby Box (pictured with its contents) is to help ALL children in Scotland to get the best start in life. How do you feel about this initiative?

SHOW IMAGE OF BOX WITH CONTENTS

Very positive to

Very negative

(NOTE THIS WILL SHOW AS A 5 POINT SCALE BUT ONLY THE ENDS OF THE SCALE WILL BE LABELLED)

5. The box comes with a mattress, sheet and blanket to provide your baby with a safe sleeping space. How likely are you to use it for your baby to sleep in?

SHOW IMAGE OF BOX WITH BABY INSIDE

Very likely to

Very unlikely

(NOTE THIS WILL SHOW AS A 5 POINT SCALE BUT ONLY THE ENDS OF THE SCALE WILL BE LABELLED)

6. If you were to use it as a sleeping space, would you use it for...

(Please select all that apply.)

Naps during the day

Night sleeping

As a travel cot

Other (specify)

7. Which would be the best way(s) of telling you about the Baby Box? Please select all that apply.

Through your midwife

Through advertising

On websites

Letter from GP

Through staff in the hospital

Other (specify)

8. When would you want to receive the Baby Box? Please select one answer.

In the first 20 weeks of pregnancy

21-25 weeks of pregnancy

26-30 weeks

31-35 weeks

36-40 weeks

After the baby is born

9. Which of the following groups does the Chief Income Earner in your household belong to?

Please select one answer only

- 1 Semi or unskilled manual worker
- 2 Skilled manual worker
- 3 Supervisory or clerical / Junior managerial
- 4 Managerial/professional/civil servant Intermediate managerial / administrative
(Board director small organisation, middle manager in large organisation/ government) /
newly qualified professional
- 5 Student (living away from home)
- 6 Retired / state pension only / Unemployed
- 7 Prefer not to answer

FOR INFO: AB = 4, C1 = 3,5, C2 = 2,D = 1,E = 6

10. Which of these best describes you?

Male aged 18-24

Male aged 25-34

Male aged 35+

Female aged 18-24

Female aged 25-34

Female aged 35+

Prefer not to answer



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