

Strategy 4. Peer Support Programs

Definition

The goal of peer support is to encourage and support pregnant and breastfeeding women. It is often provided by mothers who are from the same community and who are currently breastfeeding or have done so in the past. It can be provided in several ways. The two most common and effective methods are peer support groups and individual peer support from a peer counselor. Women who provide peer support receive specific training. They may lead support groups or talks with groups in the community or provide one-on-one support through telephone calls or visits in a home, clinic, or hospital. Contact may be made by telephone, in the home, or in a clinical setting. Peer support includes emotional support, encouragement, education about breastfeeding, and help with solving problems.

Rationale

Women's decision-making processes are highly influenced by their social networks. These networks can be either barriers or points of encouragement for breastfeeding.^{39,40} For new mothers, the preferred resource for information about child rearing is other mothers.⁴¹ Advice from friends and family is commonly cited as a reason for decisions about infant feeding, as is knowing someone that has breastfed.^{40,42,43} Perceived social support has also been found to predict breastfeeding success.⁴⁴

Women who serve as peer counselors can help other women overcome barriers to breastfeeding and prevent and manage breastfeeding problems during both the prenatal and postpartum periods.⁴⁰ For example, peer counselors help pregnant women make informed infant feeding decisions and prepare for the breastfeeding experience. After childbirth, peer counselors provide breastfeeding information, emotional support, nonmedical assistance, and referrals as needed. Peer support may represent a cost-effective, individually tailored approach and culturally competent way to promote and support breastfeeding for women from different socioeconomic backgrounds, especially in places where professional breastfeeding support is not widely available.^{36,45,46} Given the importance of peer counseling, many WIC clinics provide this service.

Evidence of Effectiveness

Systematic reviews of peer support programs have found them to be effective in increasing the initiation, duration, and exclusivity of breastfeeding.^{14,35,36} Significant increases in initiation, duration, and exclusivity were observed among women who received support from a peer counselor or other lay person.^{35,36} Multifaceted interventions with peer support as one of the main components have also been found to be effective in increasing breastfeeding initiation and duration.³⁵

A study conducted in Michigan at WIC clinics among low-income women who asked for peer support compared those who received support with those who did not. Women in the second group did not receive peer support because of a higher demand for services than the clinics could meet. The results of this study demonstrated that women who received the requested services breastfed 2 weeks longer and were 22% more likely to initiate breastfeeding than those who did not receive services.⁴⁶

Studies that compared breastfeeding rates among women who visited WIC clinics that offered peer counseling in Maryland and Missouri with clinics that did not offer counseling found a significantly higher rate of breastfeeding initiation in clinics with counseling.^{47,48} Peer support is

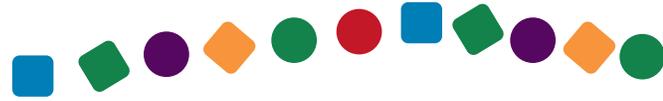


effective in many population groups, including disadvantaged, middle-income, and low-income populations. Peer support is considered vital to breaking down barriers to breastfeeding in a woman's social network, especially among groups with low breastfeeding rates.^{47,49,50} A randomized controlled trial of a peer support program among low-income Latina women found that women who received individual peer counseling were more likely to be breastfeeding at 1 and 3 months postpartum than those who received only routine breastfeeding support.⁴⁵ In addition, more women in the intervention group initiated breastfeeding.

Key Considerations

- For individual peer support, consider the following:
 - ◆ Timing is important. The first days and weeks of breastfeeding are critical for establishing breastfeeding.
 - ◆ Peer mothers should have the same or a similar sociocultural background as mothers needing support.
 - ◆ Peer support programs have used both paid and volunteer counselors. However, a report prepared for the U.S. Department of Agriculture's (USDA's) Food and Nutrition Service found that paying counselors helped retain counselors and sustain programs.⁴⁹
- For peer support groups, consider the following:
 - ◆ Timing is important. Support groups are especially helpful in the first few days after childbirth, although many mothers benefit from longer term participation.
 - ◆ Groups are usually ongoing and meet regularly at an easily accessible location. Some groups may charge a fee or request donations, but most group leaders are volunteers. Some organizations provide breastfeeding management and support from IBCLCs or other health care professionals who specialize in lactation.
- Training is a necessary component of peer support and should include basic breastfeeding management, nutrition, infant growth and development, counseling techniques, and criteria for making referrals. In both individual and group settings, peer counselors are trained by, gain practical experience from, and are monitored or overseen by a health care professional. These professionals include IBCLCs, nurses, nutritionists, or doctors with training in skilled lactation care.
- Other factors critical to the success of peer support programs are leadership and support from management, adequate supervision of counselors, standardized and ongoing training for counselors, access to IBCLCs, and community partnerships for making and receiving referrals for mothers. Integrating peer support within the overall health system seems to contribute to the ongoing maintenance of a program.⁴⁹
- Peer support can be provided and received in many different ways, and contact does





not have to be in person only. Internet and telecommunication technology can be used to increase contact and enhance a peer support program.

- Fathers can have a tremendous influence on breastfeeding, and they can offer support that helps mothers breastfeed.^{42,51} An innovative pilot study in a Texas WIC Program used a father-to-father peer counseling approach. The program increased breastfeeding rates and improved fathers' knowledge about breastfeeding and their belief that they could provide support to their breastfeeding partners.⁵²
- Grandmothers also influence a woman's decisions and practices related to feeding her infant.^{53–56} If a baby's grandmother previously breastfed, she can share her experience and knowledge, and she can support a mother through any challenges. If a baby's grandmother did not breastfeed, she may try to discourage it or suggest formula feeding when a problem arises.⁵⁶ Breastfeeding support programs that include grandmothers and older women could help increase support for breastfeeding women (see the Naomi and Ruth Project in the Program Examples).

Program Examples

Using *Loving Support* to Implement Best Practices in Peer Counseling

In 2004, the USDA's Food and Nutrition Service launched a project called Using *Loving Support* to Implement Best Practices in Peer Counseling to help managers and staff in WIC Programs implement and expand breastfeeding peer counseling programs. The goal of the project was to help WIC Programs use the *Loving Support* model as a framework to design, build, and sustain peer counseling programs. Two training curricula were developed for the project—one for managers of peer counseling programs and one for trainers of peer counselors.

In 2011, the training curricula were updated, and the project name was changed to *Loving Support Through Peer Counseling: A Journey Together*. Peer counselors receive extensive training on how to support pregnant and breastfeeding mothers in WIC Programs at home through telephone contacts. In many programs, peer counselors also provide clinic-based counseling, make home visits during the early postpartum period, lead prenatal breastfeeding classes and postpartum support groups, and provide one-on-one support in the hospital setting.

Action Steps

1. Given the reach of the WIC Program, help WIC providers increase the availability of peer counseling services for all WIC participants.
2. Establish peer counseling programs for women not eligible for the WIC Program.
3. Improve the quality of existing peer counseling services by increasing contact hours, improving training, and making prenatal visits earlier.
4. Make sure that peer counselors have support and adequate supervision from an IBCLC.
5. Create and maintain a sustainable infrastructure for mother-to-mother support groups and peer counseling programs in hospitals and community health care settings.



Breastfeeding: Heritage and Pride

This peer counseling program is a collaborative effort between Hartford Hospital, the Hispanic Health Council, and the University of Connecticut's Family Nutrition Program. Perinatal peer support is provided to low-income Latina women living in Hartford, Connecticut. The program calls for at least one home visit during the prenatal period and daily visits during the hospital stay. Peer counselors are required to make three contacts after hospital discharge, with the initial contact made within 24 hours. Peer counselors are paid and receive benefits if they work at least 20 hours a week.

Naomi and Ruth Project

This project is a faith-based initiative of the Indiana Black Breastfeeding Coalition. It was started in an African American church after several young women began breastfeeding their infants during services. A survey of church members found that many of the older women had breastfed and were willing to offer advice and support to breastfeeding mothers. This discovery sparked a new mentoring relationship between older women and younger women in the community. Older women who act as mentors are often grandmothers, aunts, or well-respected women in the community.

La Leche League International

The LLLI offers group peer support services nationwide through an ongoing series of four meetings, often held monthly. Telephone counseling and support are available to mothers 24 hours a day. In addition to leading LLLI meetings, some leaders make home visits. Leaders are mothers who are members of the LLLI and who have breastfed at least one child for at least 9 months. Although they are volunteers, they have undergone an

LLLI accreditation process that includes training and education about breastfeeding management, parenting, child development, communication skills, and supporting and counseling mothers.

Resources

La Leche League International

Information and materials related to the LLLI Peer Counselor Program.
<http://www.llli.org/llleaderweb/lv/lvaugsep99p92.html>

This Web site helps women find an LLLI support group in a specific area.
<http://lalecheleague.org/leaderinfo.html>

Loving Support Makes Breastfeeding Work

U.S. Department of Agriculture, Food and Nutrition Service

Information and materials about this USDA peer counseling program for WIC Programs.
http://www.nal.usda.gov/wicworks/Learning_Center/loving_support.html

Breastfeeding: Heritage and Pride

A community-based program in Connecticut working to improve breastfeeding initiation and duration among low-income women.
<http://www.hispanichealth.com/hhc/breastfeeding>

