

Peer Support

Definition

The goal of peer support is to encourage and support pregnant women and those who currently breastfeed. Peer support, which is provided by mothers who are currently breastfeeding or who have done so in the past, includes individual counseling and mother-to-mother support groups. Women who provide peer support undergo specific training and may work in an informal group or one-to-one through telephone calls or visits in the home, clinic, or hospital. Peer support includes psychoemotional support, encouragement, education about breastfeeding, and help with solving problems.



Photo by David C. Arendt, courtesy of La Leche League International

Rationale

Because women's social networks are highly influential in their decision-making processes, they can be either barriers or points of encouragement for breastfeeding.³⁶ New mothers' preferred resource for concerns about child rearing is other mothers.³⁷ For example, advice from friends is commonly cited as a reason for decisions about infant feeding.³⁸ Perceived social support has also been found to predict success in breastfeeding.³⁹

As pointed out by Chapman et al.,⁴⁰ peer support may represent a cost-effective, individually tailored approach and culturally competent way to promote and support breastfeeding for women of varying socioeconomic backgrounds, especially where professional breastfeeding support is not widely available.

Evidence of Effectiveness

In a systematic review to evaluate interventions that promote breastfeeding initiation, Fairbank et al.³ found peer support programs to be effective by themselves in increasing the initiation and duration of breastfeeding. Significant increases in initiation and duration rates were observed among women who expressed an interest in breastfeeding and requested support from a peer counselor. Multifaceted interventions with peer support as one of the main components have also been deemed effective in increasing breastfeeding initiation and duration.⁴¹





A study conducted at Cook County Hospital in Chicago in the late 1980s reported that women who participated in peer group discussions and education sessions breastfed longer than those who did not participate.⁴² Peer support has been found effective in many population groups, including disadvantaged and low-income populations. Peer support has been used successfully with middle-income women and is viewed as vital for breaking down barriers within a woman's social network, especially among groups of women with low breastfeeding rates.⁴³

Chapman et al.,⁴⁰ who completed a randomized controlled trial of peer support among low-income Latina women, found that women receiving individual peer counseling were more likely to breastfeed at 1 and 3 months **postpartum** than those who received only routine breastfeeding support. In addition, more women in the intervention group initiated breastfeeding.

Description and Characteristics

Ideally, peer mothers have the same or a similar sociocultural background as those whom they support. Peer mothers provide support and counseling to help women address their barriers to breastfeeding and assist them in preventing and managing breastfeeding problems.

Peer counselors can be paid or volunteer; some evidence suggests that using paid counselors is more effective.⁴¹ Best Start Social Marketing, which researched WIC programs providing peer counseling for the **USDA** (U.S. Department of Agriculture) Food and Nutrition Service, found that paying peer counselors was critical to both retaining them and sustaining the programs.⁴⁴

Programs providing one-to-one peer support facilitate access to breastfeeding education and assistance during the prenatal or postpartum period. For example, peer counselors contact pregnant women to help them make informed infant feeding decisions and prepare them for the breastfeeding experience. After childbirth, peer counselors provide nonmedical assistance and referrals as needed. Peer counseling programs may be based in the community, clinic, or hospital, with paid or volunteer counselors. Contacts may be made by telephone, in the home, or in the clinical setting.

Peer support groups are especially helpful in the first few days after childbirth, although many mothers benefit from longer term participation. Care should be taken to make the meetings feel supportive and relaxed, to facilitate the sharing of experiences, and to make it easy to ask questions and obtain answers. Groups are generally ongoing and meet regularly at an easily accessible location. Some groups charge a fee, some request donations, and some have other means of financial support. In most cases, the group leaders are volunteers. Some organizations offering peer support also provide breastfeeding management and support from an International Board Certified Lactation Consultant (**IBCLC**) or other health professional specializing 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 and are generally clinically monitored or overseen by a professional in lactation management support such as an IBCLC, nurse, nutritionist, or physician with specific training in skilled lactation care.

Other critical factors for successful peer support programs are leadership and support from management staff, personnel supervision programs, standardized and timely initial and ongoing training, support for peer counselors, access to IBCLCs, and community partnerships for making and receiving referrals. Integrating peer support within the overall health system seems to contribute to the ongoing maintenance of a program.⁴⁴

Program Examples

La Leche League International (**LLL**) offers group peer support 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 La Leche League series meetings, some La Leche League Leaders make home visits. Leaders are mothers who are members of LLL, have breastfed at least one child for at least 9 months, are volunteers, and have undergone an accreditation process that includes training and education about breastfeeding management, parenting, child development, communication skills, and supporting and counseling mothers.

In addition to the series meetings and the Leaders, LLL offers a Peer Counselor Program, which includes training and support resources for persons interested in helping mothers in their communities to breastfeed





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who are either paid employees of a program separate from LLLI or volunteers at such a program. Peer Counselors typically are recruited into the Peer Counselor Program, whereas Leaders usually seek out participation in LLLI themselves. In addition, Leaders are volunteers covered by liability insurance through LLLI, whereas Peer Counselors may be volunteers or employees of another agency but are never covered by LLLI insurance. In addition, while Leaders are representatives of LLLI and assist any mother who contacts them, Peer Counselors represent an agency (as either a volunteer or employee) using the Peer Counselor training offered by LLLI and assist mothers within a specific, designated area. Finally, Leaders are accredited by LLLI, while Peer Counselors have completed the La Leche League Peer Counselor Training Course. Further information about these differences is available on the LLLI Web site (<http://www.lalecheleague.org/llleaderweb/LV/LVAugSep00p74.html>).

The USDA WIC has launched a national initiative to institutionalize peer counseling as a core service. Many WIC state agencies already provide successful peer counseling programs, and the rest are implementing new programs as part of this national effort. After being given extensive training, peer counselors work primarily from home to provide telephone support to pregnant and breastfeeding mothers. 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-to-one support in the hospital setting.

In Michigan, the state WIC agency collaborates with the Michigan State University Cooperative Extension Service to manage its peer counseling program. WIC provides breastfeeding training and start-up funding; the Cooperative Extension educators supervise the peer counselors and provide them with ongoing training. This program is based on a model developed in North Carolina.



The Breastfeeding: Heritage and Pride peer counseling program is a collaborative effort between Hartford (Connecticut) 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. The protocol calls for at least one home visit during the prenatal period. Counseling is provided once daily during the hospital stay. Hands-on assistance with positioning the infant's body at the breast and **latch** (the infant's mouth attachment to the breast for breastfeeding) is

also provided, along with instruction on feeding cues and frequency, signs of adequate lactation, and managing common problems. Peer counselors are required to make three contacts after hospital discharge, with the initial contact made within 24 hours. The counselors must be high school graduates, have at least 6 months of breastfeeding experience, and successfully complete the training program. Training consists of 30 hours of formal, classroom instruction; 3–6 months of supervised work experience; biweekly case reviews; and continuing education. Peer counselors are paid and receive benefits if they work at least 20 hours per week.

Potential Action Steps

- Fund one full-time position at the state level to coordinate peer counseling services for women not eligible for WIC in addition to services offered to WIC participants.
- Create or expand the coverage of a peer counseling program within WIC.
- Improve the quality of existing peer counseling services through increased contact hours, enhanced training, and earlier prenatal visits.
- Ensure and pay for the support and clinical supervision of peer counselors by an IBCLC.

Resources

La Leche League International:
Find a La Leche League meeting:
<http://lalecheleague.org/leaderinfo.html>

Peer Counselor Program: <http://lalecheleague.org/ed/PeerCounsel.html>

Differences and similarities between La Leche League Leaders and La Leche League Peer Counselors:
<http://lalecheleague.org/lleaderweb/LV/LVAugSep00p74.html>

USDA Food and Nutrition Service WIC Program:
Using Loving Support to implement best practices in peer counseling:
http://www.nal.usda.gov/wicworks/Learning_Center/support_peer.html

Breastfeeding: Heritage and Pride:
Hispanic Health Council:
http://apha.confex.com/apha/128am/techprogram/paper_5350.htm