Best Practice for Breastfeeding Peer Support

A practical guide for those purchasing breastfeeding support services
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This guide would have not been possible without the sharing of insight, experience and knowledge of the many leaders involved in working with peer supporters.

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The aim of this guide is to give managers involved in commissioning these services an insight into what a good quality, effective breastfeeding peer support initiative should include, and an understanding of some of the pitfalls, by looking at national guidance documents, research studies and the invaluable learned experience of those involved in successful peer support programmes.

This will provide an evidence based outline for best practice in recruiting, training and supporting breastfeeding peer supporters and offer recommendations and suggestions on how to implement peer support services within Children’s Centre settings.
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1. Introduction

1.1 Throughout history women have supported their peers during pregnancy, childbirth and mothering. In many cultures it is still the norm for groups of women to work or gather together and provide informal forums for discussion and support on these issues. However, in more developed cultures the extended family and community support is often dissipated and fragmented and women can be left isolated with no role models or support network.

1.2 Offering peer support for breastfeeding through the healthcare system began in America where a wide range of training programmes for peer supporters have been developed. Since the 1980s, this approach to providing support for breastfeeding women has spread to many parts of the world. Peer supporters have been working in the UK for almost two decades, trained through many different packages and providers; from voluntary breastfeeding organisations to social enterprises to local training developed by breastfeeding counsellors or health professionals.

2. Rationale

2.1 Even though the health benefits to both mother and infant and the cost effectiveness of breastfeeding is now well accepted, the rates of initiation and exclusivity of breastfeeding in the UK remain one of the lowest in Europe, and in fact worldwide.

2.2 The Department of Health has outlined the importance of breastfeeding as a major public health intervention in the Healthy Lives, Healthy People (DH 2010) white paper and the new Operating Framework (DH 2010) document. These recognise peer-supporters as an important part of developing any breastfeeding strategy.

2.3 The Healthy Child Programme (DH 2009), sets out the standard for the Public Health Nursing Service, which includes health visitors. The document advocates the use of peer support schemes combined with media campaigns to promote and support breastfeeding and acknowledges the effectiveness of peer support in the promotion and support of breastfeeding.

2.4 Despite the recognition of effectiveness, there often has been a lack of clear definition of what peer supporters roles and responsibilities are and how they relate to Children Centres & health services.
2.5 The Northern Ireland: “what is the evidence” (2004), which identifies breastfeeding peer support as an effective intervention to increase breastfeeding initiation and duration concludes, as do many other documents reviewing the effectiveness of peer support that:

- Peer support programmes are best used as part of a multi-faceted approach and not just a stand alone intervention.

2.6 This can only be achieved by all organisations, acute, secondary, children’s services, voluntary organisations and volunteers working together in partnership to provide separate facets of a seamless service offered to all women, but particularly targeting families living in areas of deprivation.

2.7 There has been concern voiced in recent years, at both national and regional level, about the governance and quality control around breastfeeding peer support in the UK. Although there are some very effective, high quality training programmes delivered by experienced and qualified facilitators, who provide the necessary ongoing supervision, training and mentorship, this is not universally the case.

3. What is Peer Support?

3.1 ‘Peer support’ is an approach where women that have had personal and practical experience of breastfeeding offer support to other mothers. This kind of mother-to-mother support can happen informally, but most of the body of evidence is from evaluations of where peer support schemes have been hosted within a healthcare setting.

3.2 The goal of peer support is to encourage and support pregnant women and those who are breastfeeding. It should include individual support as well as mother-to-mother support groups.

3.3 Different interventions have different target groups and different breastfeeding outcomes. Women who provide peer support undergo specific training and may work voluntarily or employed in an informal group or one-to-one through telephone calls or visits in the home, clinic, or hospital. Peer support includes psycho emotional support, encouragement, education about breastfeeding, and signposting for support with solving problems.

3.4 A peer supporter shouldn’t be offering problem solving or counselling; their role is to give support as a ‘well informed friend’, and will be able to signpost a mother in the right direction for more specialist help. Organisations need to be very clear that their supporters are not insured to solve problems and clearly define what is within the remit of these mums.

3.5 “Each locality is likely to find that they need to develop their own tailored package of interventions, selecting the appropriate mix of services and outcomes (Dyson et al 2005).”

4. Peer Support – The Evidence Base

4.1 *Reports such as Bemerton Heath Bosom Buddies Project Report* (Anderson et al 2002) and *West Howe Breastfeeding support group; Making a difference* (Bournemouth University 2004) show a higher rate than expected of women still breastfeeding 6 weeks after attending the groups. Interventions such as these have become commonplace in the UK as a method of supporting and encouraging a longer duration of breastfeeding.

4.2 *One-to-one or group-based peer support for breastfeeding? Women’s perceptions of a breastfeeding peer coaching intervention* (Hoddinott, Chalmers & Pill 2006) compared the popularity of breastfeeding groups over one-to-one contacts. The analysis revealed that "groups were more popular because they normalised breastfeeding in a social environment with refreshments, which improved participants' sense of well-being. Groups provided flexibility, a sense of control, and a diversity of visual images and experiences, which assisted women to make feeding-related decisions for themselves, and they offered a safe place to rehearse and perform breastfeeding in front of others, in a culture where breastfeeding is seldom seen in public”.

4.3 *Supporting breastfeeding mothers: qualitative synthesis* (McInnes & Chambers 2008) found mothers tended to rate social support as more important than health service support. “Health service support was described unfavourably with emphasis on time pressures, lack of availability of healthcare professionals or guidance, promotion of unhelpful practices and
conflicting advice. Changes are required within the health services to address the needs of both mothers and staff”.

4.4 **Group interventions to improve health outcomes: a framework for their design and delivery** (*Hoddinott et al 2010*), found “health improvement or behaviour change interventions delivered in a group setting are complex adaptive social processes with interactions between the group leader, participants, and the wider community and environment. Ecological models of health improvement, which embrace the complex relationship between behaviour, systems and the environment, may be more relevant than an individual approach to behaviour change”.

4.5 **NICE Promotion of breastfeeding initiation and duration: Evidence into practice briefing** (*Dyson et al 2005*) concluded that informal, practical breastfeeding information delivered in the antenatal period combined with peer support programmes can be effective in increasing initiation and duration rates for breastfeeding.

4.6 **A prospective study exploring the early infant feeding experiences of parents and their significant others during the first 6 months of life: what would make a difference?** (*Hoddinott et al 2010*) identified the “ideal characteristics for supporting breastfeeding is that information should not come from a book, but from someone who understands and cares and has life experience and has been through it”.

4.7 **NICE guidance states that a peer-support programme for women who breastfeed needs to:**

- be effective and efficient
- be responsive to the needs of women and their babies
- provide support and care, based on best practice, NICE guidance recommends 1 WTE (whole time equivalent or full-time) peer supporter is employed for every 250 births, refer to NICE public health guidance PH11 on maternal and child nutrition (NICE 2008a) and NICE clinical guideline CG37 on postnatal care (NICE 2006)
- deliver the required capacity
- be integrated with other elements of care for women requiring support for breastfeeding
- define agreed criteria for referral, local protocols and the care pathway for women requiring support for breastfeeding
- be family-centred and provide equitable access, ensuring that women are treated with dignity and respect, are fully informed about their care and are able to make decisions about their care in partnership with healthcare professionals
- demonstrate how it meets requirements under equalities legislation
- demonstrate value for money
5. Terms and Definitions

5.1 Terms & Definitions are outlined below:

- **Volunteer** – a person who performs a service willingly and without pay (Dictionary.com)

- **Peer supporter** – The peer support relationship is based on a sharing of experiences, mutual respect, and empathy; in these ways, the function of peer support can be very similar to that of having a best friend (Fetsch 2005)

- **Breastfeeding Peer Supporter** - These are mothers of any age who are breastfeeding or have breastfed their own baby (usually no criteria as to how long) and want to support other mothers. Peer supporters by definition aim to protect and promote breastfeeding within their local area, relating to mothers from a similar culture. They provide information which encourages mothers & families to make informed choices about how they feed their babies.

5.2 Peer supporters draw on their personal experience, combined with a training course which usually covers a wide range of topics from social and economic issues to anatomy, listening, communication skills and understanding baby’s needs from infancy to toddlerhood.

- **Volunteer breastfeeding peer supporter** – a woman who is breastfeeding her child or who has breastfed in the past that has completed training and offers the above service willingly and without pay

- **Paid breastfeeding peer supporter** – some children’s centres, health services and social enterprises pay volunteer peer supporters to complete home visits to breastfeeding mothers or telephone contact for a fixed fee

- **Employed breastfeeding peer supporter** - many children’s centres and health services now employ trained peer supporters to lead on breastfeeding peer support in their areas

- **Breastfeeding Practitioner** – this is an Open College Network qualification at level 3 which is offered by Healthy Babies UK CIC. This course does not require any personal breastfeeding experience as a pre-requisite to the course and can be accessed by staff and peer supporters

- **Breastfeeding Counsellor (BFC)** – a BFC is a mother who has breastfed her child for over 6 months who has completed a recognised training which takes between 9 months to 5 years depending on the organisation chosen to train with. BFC’s have a high level of breastfeeding knowledge to offer management strategies for problems as well as counselling services to women, training and education for women, peer supporters, health professionals and children’s centre staff

- **Lactation Consultant (IBCLC)** – a health professional or BFC with approx 5 years experience of working in a specialist role with breastfeeding women who undertakes the international IBCLC six hour exam offered annually in July. These individuals are highly trained and
skilled to offer diagnosis, management strategies and counselling to breastfeeding mothers and their families. As well as a training and education role for women, peer supporters, health professionals and children’s centre staff. Many IBCLC’s work using their enhanced skills in their NHS or voluntary roles. Some work in private practice.

5.3 Accredited Training Courses:

- a training course that has been accredited by an organisation for its content and course tutors trained to deliver the training package. La Leche League training falls into this category. With these courses however, although often of high quality when delivered by a trainer who has all the necessary skills and knowledge, there is no transparent measure of quality of the training delivered as it is not externally verified

- a training course which delivers the above, but also includes an assessment of participant's knowledge and both internal and external verification processes to assure quality and robust accountability as well as awarding a qualification

NB: Organisations providing accredited peer supporter training packages have ownership of those packages and they cannot be used in their entirety or in part by individuals.

5.4 Implementation

- what follows is a section using the shared knowledge and experience of many specialist workers in this field, to assist with guidance on issues that need to be considered when planning breastfeeding peer support networks to ensure the services offered are effective, value for money, fit for purpose, based on evidence and best practice standards

6. Recruitment of Peer Supporters

6.1 When developing a Peer Supporter recruitment process it is important to consider:

- recruitment should be managed and undertaken by an individual with the relevant breastfeeding knowledge and experience who will have an overall understanding of the qualities which will make an effective peer supporter

- while a professional attitude towards peer supporters should be taken, the recruitment process can be quite informal and need not involve interviews, written applications and references. An interview checklist can be used to prompt an informal chat to judge suitability of a prospective peer supporter (Appendix A)

- supporters should be local, and where possible genuine peers of the mothers who they will be supporting

- it should be made clear what the expectations of the Children Centres are in a Peer Supporter and what the role entails through a clear role
definition, during the first meeting and re-enforced throughout training, during an active role and through ongoing training

- the process may benefit from an informal contract outlining the Peer Supporters roles and the Children Centres responsibility’s (Appendix B)

- a positive attitude to breastfeeding is most important. Experience and duration of breastfeeding may not be the best criteria in determining a candidate’s suitability for recruitment

- this process of recruitment should be ongoing to ensure the highest uptake of new Peer Supporters

Please remember women do not have to be breastfeeding when they train as peer supporters. However they must have breastfed and have a positive attitude to breastfeeding.

7. Governance

7.1 Governance provides a framework through which organisations are accountable for continually improving the quality of their services, and safeguarding high standards by creating an environment in which excellence will flourish. This needs to be applied to breastfeeding peer support as well as any other area of services.

7.2 This should include:

- ensuring that all peer supporters have the relevant enhanced CRB checks

- very clear role definition for peer supporters

- use of nationally accredited, training courses that are externally verified to maintain robust accountability and quality assurance

- peer supporters should offer a complimentary service to existing core offer working alongside and integrating into partner services

- all individuals involved in the recruitment, training, supervision and mentoring should have the necessary training, knowledge and skills to fulfil this role

- all individuals involved in the recruitment, training, supervision and mentoring should have the necessary insurance

- peer supporters should be aware of all policies and procedures that are relevant to their role

- peer supporters should have awareness appropriate to their role of, safeguarding, domestic violence and mental health issues
• clear leadership, reporting and referral pathways for peer supporter programmes are crucial

• keeping policy in line with the Children Centres contracts

• robust evaluation & reporting mechanisms

• ongoing supervision, mentoring and training

• monitoring and Auditing of effectiveness to inform planning of future service

• evaluating and reporting of outcomes to access effectiveness and value for money

8. Training

8.1 The most important aspect of training is to ensure that every Peer Supporter is given good quality externally verified accredited training. This is to ensure quality control of all training delivered by external verification of standards. Also particularly for women who have had little education this can be the first step back into education with a recognised qualification.

8.2 Un-trained or poorly trained peer supporters may unknowingly communicate negative messages or be unable to deal with problems they are unfamiliar with. Also they can be unaware of the referral pathways to follow if they encounter such a problem.

8.3 Most courses where participants gain accreditation offer alternative assessment and access strategies and support for participants who have literacy issues and in some cases for those who’s first language is not English to complete the course with ease.

8.4 Issues to consider:

• training should be delivered by a tutor who is trained to deliver that particular training package and has the necessary background knowledge in adult education and breastfeeding

• training that offers an accreditation process allows for greater ease in auditing and provides the transparency and robust accountability required by Governance Guidance for Sure Start Children’s Centres and Extended Schools (Department for Education and Skills 2007) due to consistency of standards

• well-trained Peer Supporters offer the best experience for women in the community and the best benefits for the babies

• training should be regular and be coordinated so that the maximum number of women who wish to become peer supporters can
• business plans or funding bids may need to be formulated to cover the
cost of quality, effective peer support programmes

• sustainability is crucial so planning of how this can be achieved in the long
term is crucial

8.5 Strategies that could be considered for ensuring suitably accredited training
capacity

• one Strategy is closely working with a charity or community interest
company using their accredited training programme or a number of
charities or community interest companies to commission a regular
outsourcing of training peer supporters

• another option is commissioning a member of staff to become an
accredited teacher of peer support, ensuring the member of staff has
ring-fenced time to deliver the training package

• another option is working with a number of other Children Centres to
employ a dedicated peer support trainer full time to cover a number of
areas

8.6 Policy

• any policy regarding breastfeeding and peer supporters should be
based on the Local NHS Devon Community Breastfeeding Policy

• peer supporters should be guided by local volunteer policies; these are
easily accessible through your local Community Volunteer Services
(CVS) office

9. Support and Supervision

9.1 Ongoing support and supervision is crucial for peer supporters once they
have completed their training. The ideal is that the trainer also provides the
ongoing support role as they will have built a relationship with the peer
supporters during the training programme.

9.2 Regular supervision should be offered to all peer supporters which can be
offered in a group situation. However one-to-one supervision should be
available as required or requested by the supervisor or peer supporter

• a brief document setting out the relationship with the volunteer, outlining
mutual expectations. This could be a part of the informal contract
(Appendix B)

• all members of the Children Centre, midwifery and public health team
should be aware of the informal contract and therefore the roles and
responsibility’s of both the Peer Supporters and their own roles in
partnership working, or possibly managing and support of the peer
supporters
- easy access to a healthcare professional or breastfeeding specialist to ensure any questions, queries or concerns from the Peer Supporters can be actioned, addressed or discussed

- pathways should be well indicated so that peer Supporters know who they can report a concern or issue to, as well for less formal complaints and suggestions. Ideally this should be a permanent member of the Children Centre Team

- ensure the peer support work that takes place in the Children’s Centre remains informal. Avoid strict rules such as no tea or coffee at meetings which can serve to undermine the community nature of peer support

- a member of staff should be identified to recruit, train, manage, supervise and mentor the peer supporters and this member of staff should have completed training to undertake this role. Breastfeeding counselling training or Breastfeeding practitioner training would give participants the skills needed for this role

- volunteers should be well prepared for their roles and be sure of any procedures they need to understand, including but not limited to health and safety, relevant staff, expenses procedure and confidentiality

- efforts should always be made to ensure that volunteer's feel appreciated and valued

10. Groups

10.1 Well run groups are the most important part of the peer support network as they provide the hub to which all other areas of the service link to. They will work best when integrated with other elements of care for women requiring support for breastfeeding (NICE 2008b).

10.2 Groups as a stand alone intervention only work effectively for women who have made the decision to breastfeed. They need to link with other interventions to access hard to reach groups who may not normally make the decision to breastfeed an infant, or attend a group (Protheroe et al 2003).

10.3 Issues to consider when setting up and running breastfeeding support groups:

- peer supporters can be encouraged to run groups as community groups with their own constitution, committee etc. This can allow the group to be much more sustainable as peer supporters will feel empowered to take ownership and rely less on individual members of staff. It also allows access to outside funding streams to support the work of the group. However, a trained facilitator leading will ensure any decisions take in to consideration the long term aims and objectives of the group and the wider community

- peer supporters from the community served can choose the name for the group. This may help with local women identifying and taking ownership of
the group and choosing a name that women in the target group may better identify with

- peer supporters should be encouraged to attend the group on a rota basis this allows them to volunteer as little or as much as they feel able. They should be encouraged to set up for and clear away at the end of sessions as this can promote feelings of ownership and involvement

- when peer supporters are on duty at the group they wear badges or T-shirts to identify themselves to new group attendee’s

- library of books and DVD’s, nursing bra’s, pumps and slings can all be borrowed and/or sold at the group. Some studies (Anderson et al 2002) found that the women from the area of deprivation in the study who attended the group really appreciated being able to borrow these resources

- peer supporters can be asked to fulfil the roles of librarian, pump/bra loan/sales coordinators. These roles can often be taken by peers who no longer are able to attend the group but still want to have involvement with the project

“It is great how we can borrow things as most of us in the area would not be able to afford these things, and wouldn’t get an opportunity to use these things that help with feeding our babies.” (West Howe 2004)

- no chairs - some groups where older children are present have found it works well for mothers to sit on floor cushions so they are close to their babies and can provide protection from boisterous toddlers running around, this helps to encourage biological nurturing

- although the aim of both health and children’s services is to be as inclusive as possible, specialist breastfeeding support groups need to be offered in addition to other mother and baby groups. Groups where breastfeeding and bottle feeding women mix can provide barriers to women expressing positive feelings about breastfeeding and undermining of some women’s efforts to overcome challenges to breastfeed

- offering a breastfeeding support group every week is the ideal as women need to know they can come along and get their weekly dose of confidence to keep going

“ I just like the support ‘cause if I do have a bad week I can get some advice and get back on track”. (West Howe 2004)

- warm, welcoming and friendly is crucial to an effective breastfeeding support group. A trained facilitator can make sure groups do not become clichés and unwelcoming

- hot drinks are a must as breastfeeding women release the hormone Oxytocin when they consume hot drinks, which will in turn affect milk transfer to the baby. (This sometimes proves controversial with health & safety policies for some venues. However discussion needs to take place
to discuss if the risks of having hot drinks in a group where children are present can be minimised. Many venues’ achieve this balance with a minimum of risk)

- think before you weigh!! Weighing babies in a breastfeeding group can be very undermining for some women who have babies that are slow to gain weight

11. One-to-One Support

11.1 Those who need help the most often don’t ask for it, thus volunteers need to be proactive in making face-to-face contact with mothers for the most effective results.

11.2 One-to-one support can be a crucial part of supporting mothers, particularly in areas of deprivation and hard to reach groups. These women are often hard to engage and find attending groups difficult. Peer supporters can offer to see women one-to-one at the children’s centre, or offer a joint home visit with a member of the children’s centre staff to begin with and then encourage attendance at the group and even accompany them to the group for the first few times.

11.3 Telephone support from a peer supporter in the late antenatal and early postnatal periods complementing face-to-face support has proved effective at raising both initiation and duration rates for breastfeeding particularly amongst those on low incomes (NICE 2005).

11.4 Many women particularly young women find breastfeeding in public a challenge. Peer supporters can offer to accompany women into town to give them confidence to become comfortable with breastfeeding in the community (NICE 2005).

12. Home Visits

12.1 Home visits by breastfeeding peer supporters are recognised as a very effective element of a strategy to raise both breastfeeding initiation and duration rates for hard to reach groups. The Breastfeed be a star initiative (2008) affected an 11% increase in breastfeeding initiation in the 18-25 year olds living in the target areas of deprivation using home visits to inform and support mothers.

- employed peer supporters can undertake this enhanced service as part of their employment, please note they may require additional training for this

- volunteer peer supporters can undertake home visits but they need extra training to fulfil this role
12.2 Core Peer supporter training does not cover important topics such as lone working etc and safeguarding and domestic violence would need to be at a higher level than that included in the core training. Also all Children’s Centre policies and procedures in relation to volunteer workers would need to be adhered to. Home visits by volunteers needs to be coordinated by a trained member of staff who can screen visits to make sure the support needed is within the capabilities of the peer supporter.

13. Hospital Visits

13.1 Hospital visits by breastfeeding peer supporters can be another very effective element of a strategy to raise both breastfeeding initiation and duration rates particularly for hard to reach groups.

13.2 This can assist in providing a seamless service where women can have support both during their hospital stay and when they return home.

- **employed peer supporters** can undertake this enhanced service as part of their employment working in partnership with the local acute trusts, with additional training delivered where necessary

- **volunteer peer supporters** can undertake hospital visits, but they need extra training to fulfil this role. Core Peer supporter training does not orientate participants to working in a hospital environment. Interested peer supporters usually need to become hospital volunteers so they can be covered by hospital insurances, guidance and policies. Hospital visits by volunteers needs to be coordinated by a trained member of staff who can screen visits to make sure the support needed is within the capabilities and remit of the peer supporter

14. Antenatal Education Sessions

14.1 Informal, practical breastfeeding education sessions in the antenatal period, delivered in combination with local peer support programmes delivered by health professionals and peer supporters was identified to be effective in raising breastfeeding initiation and duration rates among all women, but particularly those on low incomes (*NICE* 2005).

14.2 UNICEF BFI is very specific about the key information that needs to be given to antenatal mothers. It is very helpful to avoid conflicting information by delivery of a standard antenatal breastfeeding education session to be sure this key information is delivered. Also an issue to consider is often many different grades of staff with different backgrounds are involved in delivery of these sessions and key to the quality of the session is training provision for those staff

- peer supporters can be involved in the delivery of these sessions, but core peer supporter training alone would not provide the knowledge and skills necessary to deliver these sessions as a primary tutor
a crucially important peer supporter role at these sessions would be to inform participants of what peer support is, what it can offer and how to access it locally

accessing the women who do not attend these sessions is crucial as they may require an antenatal one-to-one session.

15. Where to Breastfeed in the Community

15.1 Breastfeeding out and about is a barrier to breastfeeding for some women, particularly young mothers. This was highlighted by the social marketing research of the Be a Star campaign (2008) that found for young women breastfeeding in public was not accepted within their community and that they often did not travel far.

15.2 UNICEF BFI accreditation requires information on where women are welcome to breastfeed in their local community, is given to all antenatal and postnatal women

• therefore asking peer supporters to survey local communities to identify breastfeeding friendly premises and for this information to be available for distribution to the community may help in addressing this issue

• also peer supporters particularly from the peer group needing support with this issue can offer to accompany women into a public situation to give them confidence to become comfortable with breastfeeding in the community

16. Retention

16.1 Retention of breastfeeding peer supporters can be an issue for some support networks. The recruitment group are by definition busy mothers with young children. They are often returning to work when their babies are a few weeks or months old and so can often only support the group for a short time.

16.2 Issues to Consider:

• peer supporters that are well trained and supported may be more likely to stay active for longer

• training is never wasted as these women are giving back breastfeeding knowledge into their communities

• peer supporters should be under no pressure to provide a service. They are giving their time for free and should contribute what ever they feel appropriate for them and their family situation
• when a peer supporter can no longer attend a group there may be other ways they can still support the initiative which could include:
  1. Home visits – as these can possibly be weekends when partners or family may be able to provide child care
  2. Hospital visits – these could be evenings or weekends
  3. Coordinating loan of breast pumps
  4. Bra sales
  5. Fundraising
  6. Committee role
  7. Bid writing
  8. ETC

• peer supporters should be offered reasonable expenses and reimbursement, and should be familiar with the procedure of expenses and entitlements

• peer supporters should be regularly acknowledged as an important part of the breastfeeding strategy

• it should be acknowledged that peer supporters often wish to move on after 6-12 months as their circumstances change. These supporters should be thanked and respected for their contribution regardless of how long they have been able to work for

17. Conclusion

17.1 A quality peer support programme is an effective and cost effective way to provide breastfeeding support to breastfeeding families, ante-natal and post-natal. It also contributes not only to increasing breastfeeding initiation and duration rates, but in various ways and on many levels to the community the programme is working within. It is essential that the peer support programme is ran as part of local breastfeeding strategies and as an integrated service that compliments health services and children’s centre services in order to be highly effective.

17.2 In addition to confident leadership by staff with the skills and knowledge to understand all the issues surrounding breastfeeding and confidence to inspire and lead volunteers to tackle and innovate to achieve objectives in their communities, a high quality, effective peer support programme also requires externally verified accredited training to be offered to key staff and all volunteers. This works as a key quality control measure to support the skills of children’s centre staff involved in facilitating breastfeeding support groups, delivering peer support training, the recruitment, governance, supervision and mentoring of volunteers and the evaluation of peer support services. This also
helps toward the governing of peer support volunteers and ensuring that the support being given is of high standard, uniformed throughout the County, in line with health professionals, BFI and best practice in order to compliment services and offering some confidence that the support being offered is of a minimum, reliable standard that is happily supported and hosted by the Children’s centre.

17.3 As we have discovered peer support programmes are best used as part of a multi-faceted approach and are not a stand alone intervention. This can only be achieved by all organisations, acute, secondary, children’s services, voluntary organisations and volunteers working together in partnership to provide complimentary separate facets of a seamless service offered to all women. Where breastfeeding rates are regularly seen to be lower, particularly among families living in areas of deprivation, peer support also operates as a progressive service for families who require assistance in achieving successful breastfeeding.

17.4 Targeting families living in areas of deprivation has been identified as a need to increase breastfeeding rates among these families. This can be achieved most successfully by;

- recruiting peer supporters from within the targeted community. These members will be best equipped to understand and offer effective support to breastfeeding families from within their area

- a well run breastfeeding group to work as a hub for all other services to link up to, for example, not exclusively, hospital based support, home visits, telephone service, or a meeting point for peer supporters and breastfeeding mother’s

- a breastfeeding group or a ‘non-active’ peer supporter can also be used to provide additional services ran and provided by volunteers, including:
  
  o a library service, books and DVD’s
  
  o selling/loaning of breastfeeding bras. Perhaps sold at a reduced price to that available in the shops, as agreed with the provider, or given free / for a donation to those who can’t afford it and full price to those who can
  
  o loaning of breast pumps for a 2 week period

- constant recruitment of volunteers with regular and timely training to maintain volunteer numbers, the peer support service, enthusiasm, effectiveness and reduce long term costs

- investing in staff and volunteers to develop themselves through high quality training to provide an effective peer support service, such as on going training, supervision and support and through encouragement to becoming breastfeeding counsellors or practitioners, lactation consultants or effective peer supporter trainers where required

- the enhancement of out reach work by volunteers through home visits, hospital support, telephone support, an informative website, online
support and many more. Enabling those who perhaps wouldn’t attend a breastfeeding group can still access the support they need.

18. References


- Breastfeed; Be a Satr Initiative (2008) (available from [www.beastar.org.uk](http://www.beastar.org.uk))


19. **Recommended Leaflets and Resources**

**Breastfeeding & Work**


- Start for Life, off to the best start:
  - [http://www.babyfriendly.org.uk/pdfs/otbs_leaflet.pdf](http://www.babyfriendly.org.uk/pdfs/otbs_leaflet.pdf)

- Start for life, building blocks for a better start in life (Introducing Solids):

**Suggested Further Reading**

- Department of Health (2009). Commissioning local breastfeeding and support services.

- UNICEF (BFI) UK, Baby Friendly Initiative Implementation Guidance

  At: [http://www.surestart.gov.uk](http://www.surestart.gov.uk)

- Peer support as an intervention to increase the incidence and duration of breastfeeding in Northern Ireland: what is the evidence (2004)?

**Useful Contacts**

- The Association of breastfeeding Mothers (ABM)
  Tel: 08444122948
  www.abm.me.uk

- The National Childbirth Trust (NCT)
  Tel: 03003300770
  www.NCT.org.uk

- The Breastfeeding Network (Bfn)
  Tel: 0444120995
  www.breastfeedingnetwork.org.uk
• LA Leche League GB (LLLGB)
  Tel: 08454561855
  www.laleche.org.uk

• Multiple Births Foundation
  Tel: 02083833519
  www.multiplebirths.com

• Baby Milk action
  Tel: 01223464420
  www.babymilkaction.org
## Initial Interview Checklist

<table>
<thead>
<tr>
<th>Areas to Cover</th>
<th>Yes</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Discuss role</td>
<td></td>
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<tr>
<td>Location of service</td>
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<tr>
<td>Experience and background</td>
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<tr>
<td>Relevant skills</td>
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<tr>
<td>Volunteers motivation for the role</td>
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<tr>
<td>Assess suitability</td>
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<tr>
<td>Hours required</td>
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<tr>
<td>Flexible and reliable</td>
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<tr>
<td>Aware they have to have references and be CRB checked?</td>
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</tbody>
</table>

This checklist can be completed as part of an informal chat with the prospective peer supporter
Suggestion for an Informal Contract

Suggestion of an informal contract, many of the guidelines on volunteers from both the NHS and the charity sector advise these. This is an idea for a format and could use development, opinions welcome.

Becoming a Peer Supporter in Breastfeeding with XXXXX Children Centre

1. Thank you for showing interest in becoming a Peer Supporter, XXXXX Children Centre believes that we couldn’t continue to offer mothers support without Volunteers like you.

2. This Document is here to outline to you what a Peer Supporter is, what you have too do and in what way’s we will support you.

As a Peer Supporter you will

1. Be Fully Trained buy our In-house/ Area/ charity Trainer who will fully accredit you as a Peer Supporter

2. Be able to claim Expenses for travel and other necessary costs.

3. Be able to Work with mothers at their homes and in the Children Centres

The centre will

1. Offer the Full training

2. Support you with access our staff and expertise

3. Clear guidelines of who you should report any issues of problems to, XXXXX

Possibility to expand this section.

http://fyi.uwex.edu/agrability/staff-development/peer-support-resources-toc/peer-support-resources/