

## Increasing Exclusive Breastfeeding in WIC

# *The Power of Peer Counseling*



Peer Counseling increases the rate of breastfeeding in rural areas

Breastfeeding is recognized by medical experts and policy makers worldwide as a powerful, low-cost preventive health intervention. Breastfeeding reduces infants' risk for childhood obesity and protects mothers and infants from short- and long-term health problems, saving lives as well as healthcare dollars. The protection provided by breastfeeding is strongest when babies receive no foods and fluids other than breast milk for the first six months of life. Unfortunately, only 30% of children in the Missoula WIC program are breastfed exclusively at 3 months of age, although 83% of mothers initiate breastfeeding. Low-income children, who are most vulnerable to chronic diseases such as obesity and diabetes, are the least likely to be breastfed exclusively.

## Peer Counselors Have “Been There”

Many low-income women face barriers to exclusive breastfeeding that often seem insurmountable. For example, low-income mothers may have little or no support at home or may need to work in environments that are unsupportive of breastfeeding. Mothers in similar circumstances who have overcome these challenges and breastfed their infants can be effective role models, empowering others to follow their example. Public health agencies have long relied on these “peer counselors” to share their experience and personal perspective with others in their communities.

Peer counselors come from the same neighborhoods, speak the same language, and share common cultural beliefs with their clients. They work side-by-side with medical and public health professionals, addressing the needs of new mothers through education, counseling, and practical support.

During the last decade, research has established peer counseling as a cost-effective means to increase breastfeeding rates and

Improve infant health. Given the urgent need to identify and implement cost-saving preventive health approaches, peer counseling should be expanded and permanently integrated into WIC programs around the country to ensure that all participants have access to culturally competent and effective breastfeeding support

## Peer Counseling Works

For more than fifty years, peer counselors have played an important role in promoting positive health behaviors. Peer counselors have been active in Missoula since 2007. In a recent extensive review of interventions to promote breastfeeding, the U.S. Preventive Services Task Force concluded that breastfeeding interventions that include peer counseling are effective in increasing breastfeeding rates—particularly interventions that included coordinated prenatal and postnatal support. Peer counseling is particularly successful among women who are unsure about their feeding plans during pregnancy. In one national study, mothers who were undecided about infant feeding were 7.4 times more likely to initiate breastfeeding at the birth of their baby after they spoke with a peer counselor.

Peer counselors also play a powerful role in supporting high risk adolescent mothers. In another national study, more than 65% of teen mothers in a peer counseling program started breastfeeding, compared to fewer than 15% in the control group. Even in populations that traditionally are less likely to breastfeed, peers have increased both initiation and duration of breastfeeding. In rural areas of Montana, where it is not always easy to get to your health care provider, having access to peer breast counselors every day of the week, 24-hours a day is beneficial. Growing evidence indicates that peer counseling programs are effective in reducing ethnic/cultural disparities in both duration and exclusivity of breastfeeding.

### A Day in the Life of a Montana Peer Counselor



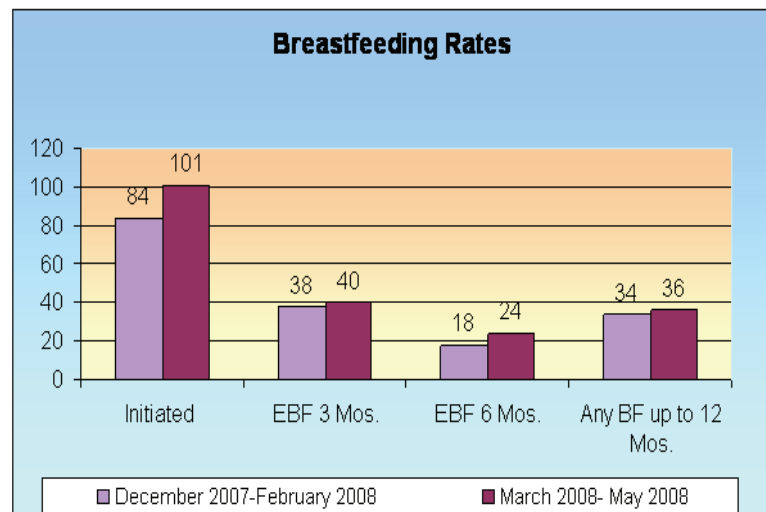
**Charlotte McCarvel, CLC, a breastfeeding counselor for Missoula County WIC, says, “The best part of the job is knowing that women can call me anytime, any day for free breast-feeding support and advice. I like knowing that I am available to help other mothers with breastfeeding needs and**

**advice. I realize that the time after giving birth can be emotionally demanding -as I have been there myself.”**

#### Charlotte’s To-Do List:

- Gather new chart information (from the WIC office) so I know who needs an introductory call
- Make calls throughout the day in-between my own life demands. I have a cell phone and can be reached wherever I am
- Answer a call from a local L and D nurse who was wondering if she could refer a mother who is having difficulties to the WIC PBC, and how to do so..
- Sit down to nurse my 10 month old- a perfect time to call back a new mother who is questioning her milk supply and needs some support
- Check emails for information from WIC/Community Hospital about mothers who have delivered within the past week . I make sure they receive a message from me reminding them of contact information for breastfeeding, as well personally as wishing them well.
- Attend a local child-friendly breastfeeding meeting of local nurses, and breastfeeding counselors. We maintain contact and network in order to increase breastfeeding support in our community.

### Montana Breastfeeding Rates in 2008



#### A Montana Teen Mother's Peer Breastfeeding Counseling Story

*"I just want to quit!"* said the young voice on the end of the line. *"At first I thought breastfeeding would be easy, but then my baby was born, and now I have these complications, so I think I am done. I just don't know what to do."*

These conversations mean so much to me... talking and listening to young moms, full with enthusiasm, and excitement about their new babies. However, along with these emotions come the feelings of being overwhelmed, and wondering if one is doing the right thing for their newborn. *Am I making enough milk?... Is my baby gaining weight?* Lots of questions to ask, but not many places a new mother can turn, especially on a weekend... 9:30 at night...with a crying infant on her shoulder.

My name is Terry, I am a mother of two, a nurse, a certified lactation counselor and a breastfeeding peer counselor with the WIC program. I experienced challenges when breastfeeding my first daughter and I know how alone a new mother can feel when things don't go according plans. I have just finished talking with this young mother on the phone about plugged ducts, one of our many breastfeeding conversations. I asked her how nursing was going and she replied, *"Every time I wanted to give up, I would just call you and I would hang up thinking, you know what, I can do this breastfeeding thing"* (and she is doing it well). When I ask her what she likes best about breastfeeding her baby she quickly notes, *"It is convenient, and I can bond better with my baby. I am going to breastfeed for as long as I can"*.

Her baby is one month old, exclusively breastfeeding and happy. Mom is 19 years old, wise beyond her years and happy, and that makes this peer breastfeeding counselor happy, too.

**Terry Miller, LPN, CLC**  
**WIC Breastfeeding Peer Counselor**



#### Missoula, Montana Peer Counseling

Missoula's Peer Counseling Program had its inception in July 2007. The hugely successful program is run under the WIC program which serves over half of babies born in the community. The majority of calls received by the trained Peer Counselors are from mothers who are facing concerns or challenges in their breastfeeding efforts. By having their questions answered, their concerns addressed and encouragement provided, many of these women are able to continue breastfeeding successfully. One enormous benefit is that the peer counselors are

#### Why Peer Counseling Works

Although most mothers initiate breastfeeding while in the hospital, the pressures of modern life can prevent mothers-especially low-income mothers-from achieving their goals to continue breastfeeding once they go home.

Peer counselors understand the difficulties and provide realistic and practical guidance as a result of shared personal backgrounds and experience in ways that most health professional cannot. Peer counselors can take the time to provide new mothers with the education and emotional support that they need. Working with empathetic peer counselors who have been successful with breastfeeding, low-income mothers can gain confidence in their ability to breastfeed their own children. The rapport that develops between peer counselors and their clients can play a key role in ensuring that women are supported in following through with healthy decisions.

In turn, peer counselors benefit from new jobs skills and the confidence they acquire as leaders in their communities. Peer counselors are good candidates to further their education and take other positions in public health programs because of their experience in community counseling breast feeding.

## Recommendations

### Assure Availability of Peer Counselors

- Congress and the Legislature should increase funding for peer counseling programs to ensure that all WIC participants have access to a qualified breastfeeding peer counselor.
- USDA should develop and implement a standardized certification and fair compensation system for peer counselors to reduce staff turnover and ensure stability of peer counseling programs and quality of care.
- State and local WIC per counseling programs should coordinate and co-locate services with hospitals and medical organizations to reach more women prenatally, in the hospital, and during the first week postpartum. Peer support should be delivered in flexible formats, such as home visits, clinic visits, or telephone support.
- Allied groups should explore the prospect of collaboration with other government assistance programs such as the Corporation for National and Community Service to provide alternative employment opportunities and funding streams for peer counselors

### Ensure Continuity of Care

- Allied groups should advocate for hospital policies that allow for notification of births to the associated WIC programs, thus improving continuity of breastfeeding support.
- Legislators should ensure that women participating in other relevant government assistance programs have access to breastfeeding peer counselors

### Improve Training and Accountability for Outcomes

- USDA should increase funding to allow local agencies to comply with training standards and the certification process established by the World Health Organization or its own "Loving Support through Peer Counselors" curriculum.
- USDA should require all states to collect and report process and outcome data from the Peer Counseling programs they operate; programs that are not achieving improved breastfeeding outcomes over time should be given technical assistance using best practice models.

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