



UWE Bristol

Evaluation of breastfeeding peer support in a rural area

Dr Sally Dowling

Senior Lecturer, Department of Nursing and Midwifery, School of Health and Life Sciences



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West of England

bettertogether

Outline

- Background
- The evaluation
- Methods
- Findings
- Discussion



Background – peer support

- What is peer support?
 - ‘An approach in which women who have personal, practical experience of breastfeeding offer support to other mothers’ (Phipps, 2006:166).
 - ‘Systematic support between two persons or in a group’ (Kaunonen *et al.*, 2012)
 - Recommended by the WHO and (in the UK) by NICE (Dyson *et al.*, 2006; NICE, 2008)
- Different models of peer support
 - One-to-one (face to face and/or telephone)
 - Groups (run by/overseen by NHS and/or charities)
 - Volunteers and/or paid supporters

Background – peer support

- What do we know about how and why it works?
 - Qualitative research – women value:
 - Support from those who have similar experiences
 - Social support
 - Opportunity to question
 - Opportunity to overcome problems

(Thomson *et al.*, 2012)

- Systematic reviews highlight
 - Importance of continuous breastfeeding support
 - Peer support works best alongside professional support
 - Importance of training
 - Face-to-face support more successful
 - Reactive support less successful

(Kaunonen *et al.*, 2012; Renfrew *et al.*, 2012)



Background – peer support

- What are the policy drivers for setting up peer support projects?
 - Breastfeeding initiation and breastfeeding at 6-8 weeks are included as Health Improvement Indicators in the new Public Health Outcomes Framework (DH, 2012)
 - Government strategy for public health highlights the importance of breastfeeding (Department of Health, 2010)
 - Wiltshire Breastfeeding Strategy
 - Increase numbers initiating breastfeeding by 11% by 2014
 - Increase breastfeeding at 6-8 weeks by 8% by 2014



Breastfeeding in the UK

- 81% of mothers in the UK initiate breastfeeding
 - Falls to 65% at 1 week, 55% at 6 weeks
 - 34% of mothers are still breastfeeding at 6 months
- Women who are not offered support for breastfeeding problems are more likely to stop in the early weeks
- Breastfeeding initiation rates are lowest amongst women under 20 (58%) and highest amongst women over 30 (87%).



Wiltshire

- Predominantly rural county
- 21 towns and 1 City (Salisbury, pop. approx 41,000)
- Some parts of the county look out more than in (to Bath and to Swindon, for example) – no central City focus
- Complicated administrative structure
- Sizeable British Army barracks at Tidworth, Bulford and Warminster
- Deprivation in Wiltshire



Breastfeeding in Wiltshire

- In Wiltshire (2012/13) 81.7% of women initiated breastfeeding; in Q1 2012/13 49% were breastfeeding at 6 weeks
- Difference across and between different areas in Wiltshire
 - At 6 weeks 39% of babies breastfed in the most deprived area (population quintile); 53.5% in the least deprived
 - At 6 weeks rate is lowest amongst mothers aged 15-19 (19%) and mothers aged 20-24 (23%)

Wiltshire Breastfeeding Strategy 2011 - 2014

- Aims to increase
 - the number of women breastfeeding in Wiltshire by 11%
 - the number breastfeeding at 6-8 weeks by 8%
 - the number breastfeeding at 6-8 weeks in the most deprived areas by 6%
 - to halve the gap in breastfeeding between women in the least and most deprived areas in the County



The Evaluation

- Approached by NHS Wiltshire (end of 2010) and asked to evaluate breastfeeding peer support in three areas of Wiltshire – Salisbury, Trowbridge and Westbury
- Evaluation took place from January 2011, data collection from May 2012 – February 2013.
- Why these areas?
 - Deprivation
 - Low breastfeeding rates
- Why carry out the evaluation then?
 - The introduction of a new ante- and postnatal peer support contact
 - UNICEF BFI Community Accreditation

The intervention

- Included training more peer supporters and supporting them in their work.
- Midwives to signpost women to a peer support group at 28 weeks and again at delivery.
- Ante- and post-natal contact to be made with women by peer supporters using telephone calls and texting.
- Four Children's Centres to participate initially.
- Involved complicated data sharing agreements.



The Evaluation

- Used the framework of Realist Evaluation (Pawson and Tilley, 1997; Pawson, 2006)
 - Social programmes driven by an underlying vision of change
 - Evaluator compares the theory and practice
 - “What works for whom in what circumstances and what respects, and how?”
- In this evaluation, asking specific questions about the delivery of breastfeeding peer support



Peer support in Wiltshire

- Commissioned by the local NHS (NHS Wiltshire, now by Wiltshire Council)
- Two paid posts – ‘peer support coordinators’
- Network of volunteer peer supporters, training delivered by the National Childbirth Trust, accredited by the Open College Network
- Ten week training and a workbook, plus on-going supervision and top-up training
 - Ideally have breastfed for at least six months
- Peer support groups run out of Children’s Centres (part of the Government’s Sure Start programme)



Peer support in Wiltshire

- Historical variations in type and location of support
 - Some building on existing strong groups
- Variation in provision and in attendance
- Differences in support available from Children's Centres
- Slightly different set up in each of the three evaluation areas



Methods

- Interviews with stakeholders (n=12)
 - Peer support coordinators, Infant Feeding coordinators, Maternity Service Leads, Children's Centre managers, Health Visitors.
- Interviews with breastfeeding mothers (n=7)
- Focus groups with peer supporters (n=2; 12 women)
- Participants were accessed using purposive sampling and snowballing (peer support coordinators as gatekeepers)
- Data collection took place over a longer time period than anticipated
 - Why?
 - Consequences?

Thematic analysis

- Five main themes identified
 - the value of peer support
 - the perception of peer support groups
 - the provision of peer support
 - reaching the women least likely to breastfeed
 - ante- and post-natal support

The value of peer support

- The importance of social support
- Mother-to-mother support
- Normalising breastfeeding
- Breastfeeding as a way of life
- Promoting cultural change.

The perception of peer support groups

- Groups are not for everyone/are middle class
- Groups are for problems

Reaching the women least likely to breastfeed

- Young women
- Women in areas with low breastfeeding rates/disadvantaged areas

The provision of peer support

- The location and timing of groups
- Leadership issues
- The peer supporters
- Retention of peer supporters
- Should peer supporters be paid?
- The role of health professionals
- 'Mixed' groups?

Ante- and post-natal support

- Has the intervention been implemented?
- How do breastfeeding mothers found out about peer support?
- Why is antenatal contact important in relation to breastfeeding support?
- How do peer supporters feel about making this contact?

Discussion/recommendations

- Were peer supporters being drawn from disadvantaged communities?
- Were women being offered contact prior to birth?
- What other issues affected the provision of peer support in Wiltshire?

- Recommendations

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Please contact me for further
information/copies of the report

sally.dowling@uwe.ac.uk

+44 (0)117 328 8874