

## Increasing Exclusive Breastfeeding in WIC *The Power of Peer Counseling*



**B**reastfeeding 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.<sup>1,2</sup> 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, relatively few children in California are breastfed exclusively, even for a few weeks. Low-income children and children of color, who are most vulnerable to chronic diseases such as obesity and diabetes,<sup>3,4</sup> are the least likely to be breastfed exclusively.<sup>5</sup>

**A Policy Brief on Preventing Obesity in Early Childhood**

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### 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, also referred to as “community health workers,” come from the same neighborhoods, speak the same language, and share common cultural beliefs with their clients.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup> Peer counseling is particularly successful among women who are unsure about their feeding plans during pregnancy. In one 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.<sup>9</sup>

Peer counselors also play a powerful role in supporting high-risk adolescent mothers. In one study, more than 65% of teen mothers in a peer counseling program started breastfeeding, compared to fewer than 15% in the control group.<sup>10</sup> Even in populations that traditionally are less likely to breastfeed, peers have increased both initiation and duration of breastfeeding. In low-income urban areas, for example, African American mothers who saw a peer counselor were more than three times more likely to still be breastfeeding at six or eight weeks than those who had not.<sup>11,12</sup> Growing evidence indicates that peer counseling programs are effective in reducing ethnic and cultural disparities in both duration and exclusivity of breastfeeding.<sup>13</sup>

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



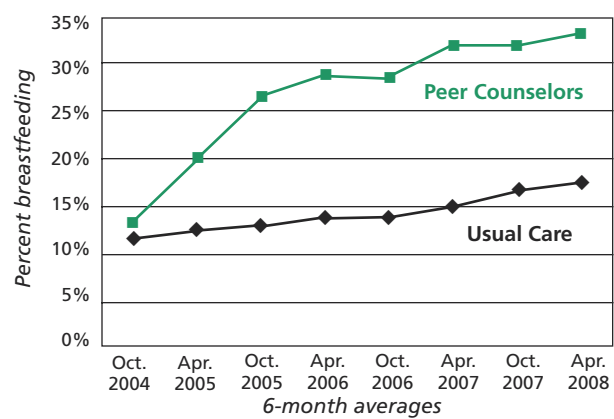
Lorena advises Maria Olguin on breastfeeding baby Natalie Vite.

Lorena Cardenas, a breastfeeding peer counselor for Sacramento County WIC, says, “The best part of my job is helping the mothers: encouraging them to breastfeed. They feel comfortable coming to me. The greatest reward is when moms come to show me their six-month-old babies and say, ‘See, I’m still breastfeeding because of you!’”

#### Lorena’s To-Do List

- ✓ Respond to messages left on the breastfeeding helpline
- ✓ Make follow-up calls to working moms in the breast pump loan program
- ✓ Follow up with moms of preemies in the hospital who are using a WIC breast pump
- ✓ Facilitate breastfeeding support group for postpartum moms and teach prenatal breastfeeding classes
- ✓ Answer questions with moms after class and in clinic, scheduling them to see the lactation consultant or issuing them a breast pump as needed
- ✓ Provide translation during lactation consultant counseling sessions
- ✓ Follow up with moms working with the lactation consultant to see how breastfeeding is going

Impact of WIC Peer Counseling on Breastfeeding Rates



Exclusive breastfeeding at newborn enrollment in WIC increased dramatically among women who had received peer counseling.

Source: PHFE WIC, 2009

**Tamesha Valverde, Breastfeeding Peer Counselor, says:**

“As a young mother having my first child at seventeen, I relied on the Delta Health Care WIC program as my main source of nutrition information. My mother, although very supportive, had never breastfed and for the first time ever, she could not give me advice on something. I learned about breastfeeding benefits and

*“It is a sisterhood of mothers providing their children with the best start only they can—breastfeeding.”*

‘How to’s’ through WIC classes. My Peer Counselor, Dulce, would call me and answer all of my questions. She was my ‘hero,’ having had five children and breastfed triplets. I had some challenges in the first week with nipple pain. Dulce referred

me to Rachel Vargas, then the Breastfeeding Coordinator for Delta Health Care WIC Program. Through Dulce and Rachel’s support I was able to exclusively breastfeed well past my son’s first year. This experience opened my world to breastfeeding as a culture and compelled me to share its beauty with other mothers.

As a Peer Counselor I have the privilege to provide the same love and support with other moms and babies that helped me to nurture my child. The Peer Counselor program is not just a ‘program.’ It is a sisterhood that surpasses all cultures, languages, and biases—a sisterhood of mothers providing their children with the best start only they can—breastfeeding.”

**Edith says:**

“My peer counselor, Tamesha, helped me a lot, from the time I was pregnant to when I had my baby. She called me when I was still in the hospital to direct me about what I should do, that would benefit me and my baby. She was always



*Mom Edith and baby Emmanuelle, held by Breastfeeding Peer Counselor Tamesha Valverde. Edith exclusively breastfed Emmanuelle for 14 months.*

there whenever I needed an answer to some confusing situation. Tamesha makes me comfortable and understands what I am trying to say. She encouraged me to continue breastfeeding my baby because of the benefits breastfeeding provided. My baby is very healthy because of the great start I had with my peer counselor’s help.”

*“My baby is very healthy because of the great start I had with my peer counselor’s help”*

Peer counselors can be used successfully to increase breastfeeding rates among low-income women of all ethnicities. In 2005, as part of innovative efforts to promote breastfeeding among WIC participants in Southern California, Public Health Foundation Enterprises (PHFE) WIC initiated a peer counselor program in several of their agency’s clinics. When six-month averages for exclusive breastfeeding at enrollment were compared 42 months later, exclusive breastfeeding rates had dramatically increased in the peer counselor sites compared with those providing usual care (see Figure).<sup>14</sup>

**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 professionals 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. In busy clinics, 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 job skills and the confidence they acquire as leaders in their communities. Many peer counselors go on to further their education and take other positions in public health programs.<sup>15</sup>

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## 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 peer 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 CalWORKS and 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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