Developing and Sustaining Breastfeeding Peer-Support Programs

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Introduction: Why Peer Support for Breastfeeding Mothers?

1. Peer Support and the Breastfeeding Mother: What Research Tells Us

Note: *Although this document refers to breastfeeding mothers/women, we wish to acknowledge that some fathers/men are able to and choose to breastfeed, and may seek support from peer support groups.*

> ***"Mothers will tell peer helpers things they would never say to a nurse or doctor."***
>
> *Kathy Venter, Breastfeeding Educator, Milton*

The Need

Breastfeeding is the biologically normal method of nourishing infants, and an abundance of research demonstrates the risks of not breastfeeding for both infant and maternal health. The World Health Organization and the Canadian Paediatric Society, as well as most other health associations around the world, recommend exclusive breastfeeding for six months, and continued breastfeeding with the addition of complementary foods for two years and beyond.

- Over the past decade, there has been a steady increase in the number of women initiating breastfeeding according to Statistics Canada (Gionet, 2013).
- In 2011-2012, about 89% of mothers in Canada initiated breastfeeding (up from 85% in 2003).
- In Ontario, breastfeeding initiation rates were 91.8% in 2012 (Best Start Resource Centre 2014).
- In Ontario, exclusive breastfeeding rates at six months reached 33.3% in 2012 (Best Start Resource Centre, 2014).

> ***"Breastfeeding peer support programs shouldn't label themselves as being for a particular target population. A better way is to establish a general breastfeeding support program in a community where breastfeeding rates are known to be low."***
>
> *Dr. Cindy-Lee Dennis, researcher, Toronto*

The Research

How effective is peer support in increasing breastfeeding duration? How effective is peer support in increasing breastfeeding initiation rates, in those situations where peer support is provided prior to the birth? Since there are many definitions and descriptions of peer support, studies show different results. However, these variations help us determine the approaches to peer support that are most likely to be effective.

A review (Lavender, Richens, Milan, Smyth, & Dowswell, 2013) of telephone support for women during pregnancy and the first six weeks postpartum includes several studies. The intended intervention was to support women at risk of postpartum depression or other issues, and some that were aimed at breastfeeding continuation. The authors reviewed 27 randomized trials examining telephone support versus usual care. The support was sometimes provided by health professionals and sometimes by peers. The results were overall inconsistent and inconclusive. However, reviewers did find evidence that telephone support increased the duration of breastfeeding.

Another review (Renfrew, McCormick, Wade, Quinn, & Dowswell, 2012) evaluated research on interventions to provide additional support to breastfeeding mothers beyond routine maternal care. The interventions included both peer and professional support strategies. The authors concluded that support by both lay and professionals had a positive influence on breastfeeding outcomes (both duration and exclusivity) and strategies that relied mainly on face-to-face support were more likely to succeed.

Another review of multiple studies (Chapman, Morel, Anderson, Damio, & Perez-Escamilla, 2010) involved a systematic review of 26 published trials of peer counselling for breastfeeding. The authors concluded that "peer counselors effectively improve rates of breastfeeding duration and exclusivity. Peer counselling interventions were also shown to significantly decrease the incidence of infant diarrhea and significantly increase the duration of Lactational Amenorrhea" (p. 314). Note: Lactational Amenorrhea refers to a natural form of birth control while breastfeeding during the first six months after birth. The study concluded that breastfeeding peer counsellor initiatives are effective.

> ***"Our goal is to give women good information to make infant feeding decisions, rather than having them make those decisions based on formula marketing, advice from friends or family, or pressure from health professionals. We share information with women rather than giving advice."***
>
> *Michelle Buckner, Coordinator of Breastfeeding Buddies, Waterloo Region*

2. Challenges and Pitfalls

While research strongly suggests that peer support can be effective in many areas (including breastfeeding), in some cases peer support is not helpful (Walker & Avis, 1999). In their study, researchers Walker and Avis (1999) suggest that there are three common pitfalls which may cause peer-support programs to be unsuccessful:

- Programs have unclear aims and objectives.
- The project design does not match the needs of the target community.
- Evaluation plans are insufficient.

Defining Peer Support

Peer support has been defined in many different ways. Mead, Hilton and Curtis (2001) created the following definition for the mental health community:

"Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful... When people find affiliation with others they feel are 'like' them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to 'be' with each other without the constraints of traditional (expert/patient) relationships" (p. 134-135).

The National Institute for Health and Clinical Excellence in the UK defines peer support for breastfeeding mothers as "support offered by women who have themselves breastfed, are usually from similar socio-economic backgrounds and locality to the women they are supporting, and who have received minimal training to support breastfeeding women" (Dyson et al., 2005, p. 4).

The uncertainty about the definition of peer support has led to some challenges. Is it peer support if the volunteer weaned her last child some 10 or 20 years ago? Is it peer support if the group is actually led and facilitated by a public health nurse but the women attending are encouraged to share their own stories? Is it peer support if the peer counsellors are from a different cultural background than the mothers they are working with?

> ***"One of our guiding principles is respect for the mother. She is the expert on her baby and her family. Our goal is to give her information so that she can find solutions that will work for her in her situation."***
>
> *Lesley Robinson, La Leche League Leader, former national head of Leader Accreditation*

Naming Peer Support

Various names have been used for the breastfeeding mothers who provide support to peers. In La Leche League (LLL), they are called Leaders (always written with an uppercase L). Other groups use the term peer volunteer, peer counsellor, peer mentor, and peer supporter. In this document, we will primarily use peer volunteer except when referring to a particular program that uses a different term.

Control

Another potential pitfall is the issue of control. Many peer-support programs have been initiated by or developed in association with public health units or other governmental or publicly-funded organizations. Often these organizations are concerned with the accuracy and evidence-based nature of the information shared by the peer volunteers, and worry that group discussions, in particular, may drift into potentially controversial topics such as vaccination or bed-sharing. These concerns can lead to increasing the involvement and participation of the health care professionals overseeing the program. If not handled sensitively, these situations can undermine the peer volunteers.

If control is seen as a significant issue, improved training for the peer volunteers may provide a solution.

Making Appropriate Referrals

Peer-support programs can help create a community for mothers where breastfeeding is seen as normal, and where a mother with breastfeeding challenges is not advised to feed formula as a solution. Peer volunteers can often help mothers find approaches to resolve any challenges they are experiencing. However, there are situations where additional help is needed. La Leche League volunteers learn that these situations can include (among others):

- A baby who is not gaining weight appropriately after simple steps to increase milk production and improve baby's latch have been tried.
- A mother who is experiencing significant pain in her nipples or breasts and normal steps to improve the latch and milk removal have not improved the situation.
- A baby who exhibits signs of tongue-tie, lip-tie, thrush, or other potential medical issues.
- A mother who describes signs of mastitis.
- A mother and baby who may have multiple or complex problems affecting breastfeeding.

In these cases, it is important that the peer volunteers are able to refer the mothers to appropriate professionals and services who will deal with the medical issues while supporting the mother to maintain breastfeeding. If these referrals are not available, or the peers are not trained to recognize the situations, the challenges may not be appropriately addressed. A list of local resources could include:

- Lactation consultants in private practise.
- Breastfeeding clinics.
- Well-baby clinics.
- Telephone hotlines.
- Physicians and dentists who will do tongue-tie releases.

The Peer Volunteer's Own Experience

One common pitfall occurs when a peer volunteer is inclined to over-generalize from her own experience. Perhaps, for example, her baby was easily put on a schedule at three months, and her milk supply continued to be sufficient despite breastfeeding only every four hours. For another mother and baby, this approach would be likely to lead to a drop in milk production and an unhealthy infant, but the volunteer may be inclined to recommend it because it worked well for her.

> ***"We are not in competition with other breastfeeding support groups."***
>
> *Michelle Buckner, Coordinator of Breastfeeding Buddies, Waterloo Region*

This is less of a concern for peer support offered in a group format, where other volunteers as well as mothers in the group will generally respond by sharing their own experiences. It can be a problem when peer volunteers are communicating one-to-one with a new mother.

This potential pitfall should be addressed thoroughly in orientation and during ongoing training sessions. Peer volunteers should also have training in communications skills to help them focus their interactions with mothers on listening and enabling her to find her own solutions, rather than urging a particular strategy.

3. The Baby-Friendly Initiative and Peer Support

The Baby-Friendly Initiative (BFI) recognizes the value of peer support for breastfeeding mothers as demonstrated by its inclusion in the *Ten Steps to Successful Breastfeeding* of the Baby-Friendly Initiative (WHO & UNICEF, 1989). The 10th Step requires hospitals to:

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

In assessing a hospital for BFI designation, the assessment team will ask mothers if they were referred to breastfeeding support groups or similar services. It's important to note that this step does not require the hospital (or a community health service) to create support groups. The requirement is that groups be fostered or encouraged, and mothers referred to them providing a seamless transition between hospital, community health services, and peer-support programs (Breastfeeding Committee for Canada, 2011).

Planning

1. Assessing Your Community

To determine how a new peer-support program can help mothers in your community, a careful assessment of the current resources, gaps, and needs should be carried out.

To find current breastfeeding resources in your community, you can check www.ontariobreastfeeds.ca. You may want to talk to the organizers or volunteers involved in providing breastfeeding support in your community to learn more about possible gaps which they have identified as well as under-serviced populations. Depending on your funding, you may also be able to organize a focus group or survey of new parents to gather information on their needs and the barriers to receiving support.

> ***"You need awareness of breastfeeding in the whole community. There are still people who don't know women have the right to breastfeed in public. We need to educate people about that."***
>
> *Michelle Hyatt, Peer Helper from North Bay*

2. Defining Your Target Population and Setting Program Objectives

Some peer-support groups are designed for populations with lower breastfeeding rates. Some of these might be:

- Young mothers (< 25 years old).
- Aboriginal women.
- Women living in higher-risk neighbourhoods.

More information about populations with lower rates of breastfeeding is available in the report *Populations with Lower Rates of Breastfeeding: A Summary of Findings* (Best Start Resource Centre, 2014).

> ***"It can be very hard for young mothers who have low income and little support to get to meetings. We need to make it easy for them to find the support they need."***
>
> *Sabrina Hope, La Leche League Leader with London Young Moms Group*

Often these groups are assumed to be homogeneous, but in fact, there will be great diversity within any population. First-time mothers, for example, can range from young single women who know almost nothing about lactation, to women with an array of support people and considerable knowledge about breastfeeding. The more information you are able to gather about your target population, the more effective your program design will be.

> ***"It is important to offer programs where the women are in hard-to-reach groups. Even having a location across the street can be a barrier."***
>
> *Michelle Buckner, Coordinator of Breastfeeding Buddies, Waterloo Region*

In determining your target group, some questions to consider include:

- How does the target group define themselves?
- Will you be able to recruit peers from the target group? If yes, what strategies will you use? If this proves difficult, could you use "near peers" – people who are similar in some ways, but not all, to the target population. For example, it may be difficult to find teen mothers with breastfeeding experience and the maturity to support other teen mothers, but a woman (now in her twenties or thirties) who had her first baby as a teenager could be a successful "near peer."
- Given that all populations have some diversity, what are the key characteristics you will focus on?
- How will you attract mothers in your target population to your program? Will you offer incentives?

There is no single answer to these questions, as your approach needs to be matched to the population you are hoping to reach.

Another point of consideration is to identify your program's objectives. Australian researchers (Lobo, Brown, Maycock, & McManus, 2010) referencing primarily peer-support groups aimed at youth, describe the objectives for a peer-support program. Adapted for breastfeeding support, these could be:

- To provide a safe environment where parents can ask questions or share concerns without fear of judgment or criticism.
- To increase social connectedness and create a sense of belonging within supportive peer networks.
- To provide positive role models, positive peer influences, and opportunities to develop a positive self-concept, self-acceptance, and high self-esteem.
- To prevent the onset or further development of mental health problems, such as depression or anxiety, by providing social supports.
- To increase confidence and to develop and enhance communication and social skills.
- To empower women to solve problems and to provide them with information about available breastfeeding support options in the community.

For a breastfeeding peer-support group, some sample objectives could be:

- Supporting women to achieve their breastfeeding goals.
- Increasing the duration and exclusivity of breastfeeding within our target group. (In some programs, increasing initiation of breastfeeding may also be a goal.)
- Reducing demands on the health care system. (Most breastfeeding problems do not require medical help; a peer-support program can de-medicalize breastfeeding and help mothers find solutions to challenges without needing to contact a physician. Appropriate referrals would still need to be made when required.)

Researcher Dr. Cindy-Lee Dennis points out that it is rarely appropriate to label a group as being for a certain target population. She suggests locating the group in an area or facility that is used by the targeted group and inviting all breastfeeding mothers to take part. You might also encourage other agencies or health care providers to specifically refer mothers to the group.

> ***"It's very important to talk with other community organizations and learn what they are doing and what the gaps are, what groups are not getting help or support."***
>
> *Kathy Venter, Breastfeeding Educator, Milton*

> ***"I find at the meetings that the differences between people don't really matter. We focus on mothering the baby at the breast, and that's what we all have in common."***
>
> *Sabrina Hope, La Leche League Leader with London Young Moms Group*

3. Working with Other Community Organizations

It is often necessary or desirable to work with other community organizations, especially if grant money is being sought to develop the peer-support program. In some cases, one organization is the primary mover in the program, and the others provide support in different ways; in other situations the organizations are collaborating to develop and run the program. Either way, early meetings to establish the role of each organization and to clarify the decision-making process are important. You may wish to write up a formal agreement about how you will work together.

Even when one group or organization is working alone in developing and running the peer-support program, building connections with other organizations is essential. These connections help you find mothers for your group, new peer volunteers, facilities for meetings, or other resources needed. They also help increase your awareness of issues within the community that might affect your program. By building relationships, you can help the other groups better understand and value the role of peer support.

> ***The midwives have been wonderful about referring new mothers to our group. We try to keep them stocked up with our brochures and to let them know we appreciate their support.***
>
> *Nicole Barrette, La Leche League Leader*

4. Risk Management

Volunteer Canada (2012) describes "duty of care" as a "legal principle which identifies the obligations of individuals and organizations to take reasonable measure to care for and to protect their clients to an appropriate level or standard" (p. 11). When volunteers are involved, this generally speaks to ensuring that there has been appropriate screening and training, which covers their responsibilities and limits.

Each organization or program needs to consider the role of the peer volunteers and ensure risk management guidelines are put in place and communicated to each volunteer. Guidelines may be different for volunteers who support mothers in person to those who engage in phone support only. Risk management guidelines for texting, emailing and using other forms of social media are still evolving and need to be addressed if this type of support will be provided.

Is insurance needed for our volunteers or peer-support program?

While Canadian laws generally protect volunteers, Volunteer Canada (2012) says there are a number of situations where insurance might be needed. For example, if someone is injured due to a volunteer's negligence or inappropriate behaviour, the organization could be sued as well as the volunteer. (A real-life example: a peer-support group was meeting in a community room at a municipal recreation centre. Snacks had been set out on a cabinet, and a toddler wanting to get at the snacks attempted to climb on the cabinet, which tipped over on him and injured him. The mother sued the organization, the peer volunteer facilitating the meeting, and the municipality.)

An organization is generally liable for the actions of its volunteers, particularly if they are acting within the scope of their role description. This is one reason why it is important to create a clear role description and provide appropriate training. Ensure that your organization's general liability insurance covers volunteers as it does employees.

In addition, consider your liability if a volunteer is injured. For example, a volunteer attending training to provide peer support might slip on spilled water and break an ankle, and thus have a cause to sue.

5. Types of Peer Support

Breastfeeding peer support can be provided in many different ways. Some examples include:

One-on-one support, which can be:

- Initiated by the peer volunteer, usually according to a planned schedule.
- Initiated by the mother.
- Over the phone.
- In person.
- By email or text.

Group support, which can be:

- Drop-in gatherings, held according to a regular schedule.
- Planned meetings or workshops.
- Online (e.g., Facebook, forums, etc.).
- Led or facilitated by a peer volunteer.
- Led or facilitated by a health professional.

These trained peer volunteers will also be providing informal and incidental support in the community, beyond what they do more formally. Conversations with friends and family, discussions with pregnant women (or new mothers) met in social situations, and other opportunities to share information or offer encouragement will happen naturally.

Some programs offer more than one type of support, and a peer volunteer may interact with the mothers she supports in a variety of ways.

Programs also vary in their use of incentives or other strategies to encourage peer volunteers and mothers to participate. These can include providing transportation to meetings, offering food and beverages, gift cards or other practical gifts to participants, providing child care, and paying the peer volunteers a fee.

Some examples of peer-support models currently in use in Ontario:

La Leche League

La Leche League (LLL) was founded in 1956 by a group of seven mothers who had all successfully breastfed their babies (sometimes after previous unsuccessful experiences) and who wanted to help other women. While LLL was initiated by these mothers, they later added a Medical Advisory Board to help ensure the volunteers were up-to-date on current research. This model was initially based on monthly meetings where pregnant women, new mothers, and experienced breastfeeding mothers met to discuss a rotating series of topics. Meetings are facilitated by one or more volunteers (called Leaders) who have met the requirements and been through a training process. Initially, meetings were often in mothers' homes, but in recent years are often held in Early Years Centres, libraries, community centres, and other facilities. Most La Leche League Groups try to offer both daytime and evening meetings. Some Groups are also now offering drop-in meetings or breastfeeding cafés, some have meetings that include partners, and some have meetings for parents of nursing toddlers.

> ***"Being a LLL Leader is very different. We pay to volunteer, for our training, for the books we use. There's no child care, no snacks other than what we bring. We have to fundraise to keep our group going and to buy supplies. If we could get just a little funding we could expand in huge ways!"***
>
> *Nicole Barrette, La Leche League Leader, WE Breastfeed volunteer*

Leaders will also provide one-on-one help over the phone and, in more recent years, by email. Many Leaders will make home visits if needed, but the volunteers are advised that this is not a requirement. Some Leaders will invite mothers to their homes if an in-person meeting is considered necessary.

This format encourages women to learn both through discussions with others in the Group and by observing the mothers who are present with their babies and toddlers. Getting to know the Leader during pregnancy makes women more comfortable phoning for help afterwards, if needed, and has been shown to improve breastfeeding outcomes.

LLL Leaders enjoy an international support system. Usually several Leaders in a Group support and help each other. Groups belong to local Chapters and are part of an Area. Ontario has two Areas (Central and Southern Ontario, and Eastern Ontario). Western parts of Northern Ontario are included in the Manitoba Area.

> ***"One thing that sets LLL apart is that many Leaders will do home visits. That helps a new mom, who really doesn't want to be packing up her baby and traveling to a clinic to get help. Also, LLL Leaders take calls evenings and weekends, not just 9 to 5."***
>
> *Nicole Barrette, La Leche League Leader, WE Breastfeed volunteer*

The Areas are supported by a Canadian National Office, an Executive Director, and a Board of Directors. They are also supported by La Leche League International (LLLI), which provides training for Leaders and other resources, including a bimonthly magazine (Leaven), information sheets on topics of interest, and regularly-updated books, such as: *The Womanly Art of Breastfeeding* and *Sweet Sleep*. In addition, Professional Liaison Leaders are a resource when a mother has a more complex medical or legal issue. They can help the Leader working with the mother access more information or expertise. Leaders are also insured by the national organization.

The benefits of this model are:

- LLL has been widely studied and shown to increase breastfeeding exclusivity and duration.
- Leaders are well-trained, knowledgeable, and have a strong support system. The emphasis on communication skills is valuable.
- Women can begin attending meetings during pregnancy, helping to prepare for challenging early days.
- Women can access help through several formats, including email and home visits.
- A mother who moves to another community may be able to quickly connect to another LLL Group and will receive consistent information and support.
- Group meetings help form a breastfeeding community around the mother. Many lifelong friendships begin at LLL.
- There are no costs for the mother or for the government.

The challenges of this model are:

- The mother needs to take the initiative to find and attend the meetings and/or make the phone call to get help. There are no material incentives for women attending or participating.
- The requirements for becoming a Leader are more restrictive than for volunteers for many other peer-support groups.
- The training is done at the Leader Applicant's own pace but may take some time. While some are accredited after six months, the average length of time is approximately one year. However, others have taken several years to complete the process.
- The burden on volunteer Leaders is fairly heavy. They have the full responsibility of running the Group, including finding facilities for meetings, doing publicity, fundraising to meet the Group costs, paying annual dues to LLL, recruiting new volunteers, staying up-to-date with breastfeeding information, participating in outreach events, etc., as well as responding to phone calls and emails from mothers needing support. Despite this, retention rates are surprisingly strong and many women are Leaders for several years or even decades.

Peers Matched with Mothers

In this model, peers are selected based on requirements set by the group organizers and attend training sessions (typically, a two or three-day course). Peers can be recruited in various ways. In one community, mothers who call the intake line with a question are asked if they have breastfed a baby previously. If so, the mother is asked if she is interested in volunteering to provide peer support.

The trained peer volunteers are then matched by the organizers with pregnant women or new mothers who have applied to be part of the program or have been referred to the program.

The peer is then expected to call the mother according to a schedule or plan determined by the program. The mother is also free to call the peer when she has questions or needs support.

In some programs, peers and mothers may also communicate by text message or email, and may arrange to meet in person. Others allow phone calls only.

Ongoing support to the peers is generally provided through monthly or less frequent meetings which generally include some educational component. If these are designed to be both fun and informative, the peer volunteers will find them more attractive. In some communities, distance can make it more difficult for the peer volunteers to attend.

A very successful example of this model is the Breastfeeding Buddies Program in Kitchener-Waterloo.

The benefits of this model are:

- Research suggests that peer support increases duration of breastfeeding and that mothers find it helpful. Some mothers comment that even if they never speak with their peer-support person, knowing they have someone to call who is interested in helping them is encouraging.
- The mothers do not need to initiate the phone calls and are contacted on a regular basis. Research suggests that mothers find this more supportive and helpful, especially those in at-risk groups.
- The costs are generally modest.
- Peer support is often available at times when professional support isn't, thus preventing and minimizing many problems before they require professional support.
- Mothers may feel more comfortable sharing issues that they would not share with a health professional.

The challenges of this model are:

- Depending on the community, it may be difficult to find and recruit appropriate peers and encourage mothers to sign up for the program.
- In some communities, attendance by peer volunteers at the follow-up meetings is low.
- Generally, women are not contacted prenatally so may not have the information they need in the challenging early days after their baby is born. Having a sign-up sheet available at prenatal classes can help with this issue.

Informal Breastfeeding Groups run by Peers (Breastfeeding Cafés, Breastfeeding Drop-ins)

The breastfeeding café movement began in the UK. The concept is simple: pregnant or breastfeeding women are welcome to drop in at any time while the café is open, and can stay or leave as they choose. There is no particular format to follow. Partners are usually welcome as well. The mothers can have coffee, tea, and snacks while chatting with each other. There is usually a play area for toddlers as well.

In the UK, the breastfeeding cafés typically are overseen by a health professional with support from peer volunteers. In Canada, similar drop-ins are generally organized and facilitated by peer volunteers. A successful example is the weekly breastfeeding café in Guelph, Ontario, run by Peggy Nickels as part of the WE (Women Everywhere) Breastfeed program.

The benefits of this model are:

- The relaxed, come-when-you-can approach is appealing to many new mothers who find it hard to arrive at meetings on time or who dislike the structured meeting approach. Some mothers are more comfortable dropping in to see what peer support is like, before committing to a one-to-one match.
- In most settings, there are opportunities for more intensive one-to-one support when needed.
- The meetings require little planning by the peer volunteers or health professionals.
- Mothers can hear ideas and suggestions from several other women.

The challenges of this model are:

- Peer volunteers are not able to monitor all conversations and it is possible that misinfor - mation may be passed along from one mother to another, with no opportunity to correct it.
- On a busy day, a mother needing extra one-to-one help may be missed or may find it difficult to get her questions answered. Mothers needing this help can be invited to return on another day or make an appointment.

Peer Groups Facilitated by Health Care Professionals

In these groups, mothers attend with their babies, and the gathering is facilitated by a health care professional, usually a nurse who may also be a lactation consultant. The facilitator, or the group, may choose a breastfeeding-related topic for discussion or mothers may ask about any concerns they have.

The benefits of this model are:

- Mothers can learn from each other's experiences.
- The presence of a health care professional ensures information is consistent with the policies and guidelines of the health unit or other organization she represents.

The challenges of this model are:

- Mothers may not experience this as peer support. They may perceive that the support is provided entirely by the health care professional.
- Mothers may feel hesitant to contribute their experiences, especially if the facilitator is not sensitive to these issues.

> ***We consider our program a one-stop shopping experience for moms. If the mother just needs to talk about general things, she can talk to her peers. If she has bleeding nipples or other big problems, the nurse can take her to another room to help her. The mothers really like it. Moms have told us "I wouldn't be breastfeeding if it wasn't for you guys."***
>
> *Marcia Bicette, Lactation Promotion Specialist, Toronto*

Moderated Facebook Groups or other Online Support Groups

The newest type of peer support is based on creating online connections. Some communities have Facebook breastfeeding groups where mothers are encouraged to "like" and "follow" a designated page and participate in discussions. The questions or comments and responses are visible to everyone in the group.

Another approach is to have an email address where women can send questions to be answered by a peer volunteer.

The benefits of this model are:

- Mothers do not need to travel to meeting sites.
- The Facebook page is accessible 24/7 and mothers can scroll through to see past questions and responses.
- For email questions, peer volunteers can have templates to respond to questions, saving time and ensuring the mother gets complete information.

The challenges of this model are:

- This model requires regular computer and internet access, so may not work for some target populations.
- This model may require regular moderation to respond to inaccurate or inappropriate posts. The 24/7 access means that over a weekend or another period of time when the site is not being moderated, misinformation or abuse can spread quickly. Each group may need to develop policies about how the postings will be moderated.
- Email and online comments are difficult to write with sensitivity, since many of the cues that we rely on to indicate how our statements are being received are absent.

Choosing the Appropriate Model

How do you decide which type of support would be most appropriate for your program?

Consider these questions:

- What is already available in the community? You may want to plan an approach that will offer mothers something different.
- What are the barriers faced by the women you hope to reach? For example, is transportation an issue, making in-person group sessions difficult? Are they unlikely to have regular access to a computer and therefore, will not find online support useful?

- Is there a facility readily available for group gatherings? If facilities are difficult to find or unaffordable, one-on-one support over the phone or online may be preferable.
- Will there be a coordinator available to match peer volunteers with mothers? This can be time-consuming work as the program grows. If not, a group program may be more manageable.
- If possible, focus groups with your target population can provide a better understanding about the type or types of peer support that would be of most interest.

> ***Peer support needs to be initiated by the peer volunteer. If the mother has to make the call, it doesn't feel like real support to her.***
>
> *Cindy-Lee Dennis, Researcher*

6. Developing Role Descriptions for Peer Volunteers

Once you have chosen the type of peer support you will offer, the next step is to develop a role description that will clarify the expectations of the peer volunteer. (See appendix on page 43 for an example of one organization's role description.)

> ***"Don't burn out your volunteers. We are all moms, too, and we are often juggling caring for our children and working as well as our volunteering. So don't expect too much."***
>
> *Holly Brodhagan, Peer Supporter in Bonfield*

Some elements to include in the role description:

1. Qualifications to become a peer volunteer.
2. How and when the peer volunteer will provide support to mothers.
3. Expectations about record-keeping, if any.
4. Outlining boundaries for the peer volunteer to follow in interactions with the mother.

As part of this step, it may be helpful to determine whether or not you wish to offer reimbursement or incentives to the peer volunteers. Chapman et al. (2001) found improved outcomes when the peer volunteers were paid; however, many successful programs have been run with volunteers. If you plan to reimburse volunteers for their expenses for training, transportation, or other costs, it may be helpful to define which expenses are eligible and how they will be accounted for (receipts submitted or through an expense form).

Depending on the type of program you are running, it may be advisable to ask your peer volunteers to obtain a police record check.

> ***"It is sometimes difficult for the peer helpers to know what their boundaries are. They get excited, they have read or learned something about breastfeeding and they don't always know how to share it appropriately. Sometimes they are still living their own story and relating everyone else's experience to their story. That's a huge issue."***
>
> *Nicole Barrette, La Leche League Leader, WE Breastfeed volunteer*

7. Planning for Recruitment of Peer Volunteers

At this point in the planning process, you may want to consider hiring someone to take on the role of program coordinator, whether full-time, part-time, or as part of another role (e.g., public health nurse). If a coordinator is hired, he or she can take on the task of planning for recruitment. Otherwise, the tasks may need to be distributed among several volunteers or people who have this added to their work responsibilities.

> ***I think it is important that the coordinator not be an LC or a nurse. We need to get away from the idea that breastfeeding is something medical.***
>
> *Michelle Buckner, Breastfeeding Buddies, Kitchener-Waterloo*

If you already have some connections within other community organizations, they may be able to help you with recruitment planning and suggest the best way to find peer volunteers.

If you are hoping to support mothers in a particular cultural group or new immigrants to Canada, it will probably be helpful to approach community leaders (such as the Elders in a First Nations community) who may advise you about how to find the peer volunteers you need. They may also be helpful in recruiting mothers to participate in the program later.

> ***"Peer helpers know breastfeeding because they have done it."***
>
> *Kathy Venter, Breastfeeding Educator, Milton*

Other approaches include:

- Advertising in local media (newspapers, websites targeted to new parents, etc.).
- Distributing flyers to local health care providers who work with new mothers (midwives, family doctors who deliver babies, obstetricians, etc.). Ask them to display the flyers in their waiting rooms or share them with women they think would be suitable.
- Contacting other breastfeeding support groups in your community. A mother who might not qualify to be a La Leche League Leader, for example, because she weaned her baby at nine months, might do well in another group where only six months of breastfeeding experience is required.

- Speaking to health care professionals and others working with mothers in the target population and asking them to refer potential peer volunteers.
- Posting a request on your organization's website or Facebook page. You could also ask other organizations if you could put an advertisement on their sites.

During this planning process, you can create flyers, advertisements, or other documents to share with potential recruits.

> *"Language is a barrier for many women and peer support in their own language would be a big help to many."*
>
> *Seema Bhandarkar, Primary Health Care Nurse Practitioner, St. Michael's Hospital, Toronto*

8. Planning Support for Peer Volunteers

Training is the first line of support for peer volunteers. This will be discussed in more detail on page 28. For continuing effectiveness, though, peer volunteers need ongoing support, which can be provided in a variety of ways.

Some examples of ongoing support include:

- La Leche League Leaders receive support through a network organized in various levels. They can connect with other Leaders in their Chapter; they are also part of an Area and the national organization. Within the Area, they are assigned an Advisor who can help them resolve problems, and a Professional Liaison who helps with more complex breastfeeding issues. In addition, there are both national and international newsletters for Leaders as well as workshops organized periodically.
- Michelle Buckner describes the support provided to the Breastfeeding Buddies in Kitchener-Waterloo: "Every month, the Buddies are invited to a staff meeting – we usually have between 40 and 60 in attendance. We provide child care and snacks for these meetings, and will reimburse mileage or provide bus tickets. At these meetings, we discuss aspects of working with mothers. We do a lot of role plays! We talk about how to give information and suggestions rather than advice, how to have hard conversations, how to handle it when the mother makes decisions you disagree with, what your boundaries are as a Buddy." The peer volunteers also have time to talk with each other and discuss their experiences and concerns.

- Anne Smith, Coordinator of the Breastfeeding Peer Support Program in North Bay, found that monthly meetings were poorly attended. Instead, she arranges for the peer volunteers in her program to attend any breastfeeding workshops or seminars held by the public health unit at low cost. She also hosts an annual recognition dinner for the volunteers, which is quite popular. In addition, she is in touch with the peer volunteers by phone or email on a regular basis, and they can call her if they have questions or concerns. Smith says, "I think it is very important to support and appreciate the volunteers and acknowledge that this isn't the only thing they do."
- Breastfeeding educator Kathy Venter suggests that peer volunteers be asked to commit, at the initial training, to participate in monthly follow-up meetings and training sessions.
- Another approach is to offer a basic initial training, followed by a more in-depth training after the peer volunteers have had three months experience in working with mothers. A detailed manual is also helpful.

In the programs developed as part of her research, Dr. Cindy-Lee Dennis set up a system for the peer volunteers to support each other. All were enrolled on a closed online forum and also given each other's phone numbers. A regular newsletter, created by the coordinator, was emailed to the peer volunteers as well. Most of the peer volunteers (93.4%) reported on the evaluations that they felt they had enough support, but about one-third said they would like to have regular in-person support meetings and opportunities for refresher training or more in-depth training (Dennis, 2002).

9. Identifying Funding and Resources: What is Needed, What is Available?

As you have completed the previous steps, you will probably have identified areas where funding will be needed to help the program succeed. Some possible expenses include:

- Payments for facilities for group meetings (e.g., room rentals).
- Payments or incentives to volunteers.
- Payments to trainers.
- Reimbursement to peer volunteers for costs such as transportation and child care.
- Wages for a coordinator.
- Advertising costs or costs to produce flyers or other documents to recruit peer volunteers or mothers.
- Insurance costs.
- Costs for food during training and/or meetings.
- Other recruitment costs (e.g., payment for a booth at an event).
- Brochures, booklets or other documents to be used as handouts at meetings with mothers.
- Translation costs.
- Preparation and printing of a handbook for peer volunteers.

In La Leche League Groups, the volunteers themselves are expected to do the necessary fundraising to cover these costs. Leaders and those applying to become Leaders also pay annual fees in order to be part of LLL and continue their volunteer work. This fee also covers their insurance.

Most other groups will seek out funding from a variety of sources. At any given time, there may be an array of grants and funding opportunities available. The challenge may be to find one where your planned program will meet the grant stipulations or fit with your organization's mandate or ideology. Program funding in the form of grants or sponsorships could come from:

- Provincial or federal government grants.
- Private foundations with an interest in health or children.
- Municipalities.
- Community organizations, with a cultural, religious, or health promotion focus.
- Businesses with a history of sponsoring community-building and health promotion programs.

To qualify for some grants or funding programs, you may need to partner with another organization (such as a non-profit).

> ***When we wanted to start our program, we first went to the National Child Benefit. They gave us some money to get started. Then the region saw our success and was willing to help us keep going. The community health centre was our lead agency.***
>
> *Michelle Buckner, Breastfeeding Buddies, Kitchener-Waterloo*

10. Evaluation Plans

Too often, a program is initiated and only later the organizers begin to think about how to evaluate the program's success. By then, it may be too late to obtain the baseline data that helps to give an accurate perspective.

Your approach to evaluation will depend on the objectives you have set for the program.

The simplest form of evaluation is to simply ask women, who have participated, what they experienced and how they felt. Anne Smith, Coordinator of the Breastfeeding Peer Support Program in North Bay calls each mother who is enrolled in the program (to receive telephone support from a peer volunteer) about six months after her baby is born. She asks if the mother is continuing to breastfeed, and if she wants to continue being part of the program. If the mother is ready to leave the program, Smith mails out an evaluation survey. The data from the returned surveys are analyzed once a year, and the information is used to make adjustments to the program.

Another approach would start by asking the mother to complete a short questionnaire at the time she first joins the program. Questions could include:

- How long do you plan to breastfeed?
- At what age do you expect to start your baby on solid foods?
- How confident do you feel about your ability to breastfeed?
- Why do you feel breastfeeding is important for you and your baby?

At the time the mother leaves the program or weans her baby, a second questionnaire could be given to determine if any of these factors had changed.

- Were you able to meet your breastfeeding goals?
- Did you change your breastfeeding goals as a result of this program (e.g., decide to breastfeed longer)?
- How confident do you feel about your ability to breastfeed?
- How much has your level of confidence changed as a result of the program?

These measures of changes over time provide useful information about the effectiveness of the program.

A third approach involves measuring the outcomes of the program against a control group. The control group could include mothers who are in the target population but who are not part of the program. You may not need to study this group separately if you are able to rely on statistics gathered in other ways. For example, if your program is aimed at first-time mothers, you may be able to get data on breastfeeding rates and duration among first-time mothers in your area from Statistics Canada or data collected by your agency or local public health unit. This could then be compared to the breastfeeding duration among the first-time mothers participating in your peer-volunteer program. To make this more reliable, you may wish to collect additional information about the mothers to see how similar or different they are from the general population.

Initiating the Program

With all that planning under your belt, you are ready to initiate the program. Your hard work is about to pay off!

1. Recruitment of Peer Volunteers

The recruitment of peer volunteers is crucial to the success of your program. Michelle Buckner of Breastfeeding Buddies says that the first peer volunteers were primarily people known to the organizers. "We wanted people who would stick with it and really be committed," she says. This has paid off, as Breastfeeding Buddies now finds people primarily by word of mouth, and the peer volunteers (137 actively engaged in supporting mothers in 2014) tend to stay active in the program for several years. More than half of the current group have been involved in Breastfeeding Buddies for more than four years.

> ***"In our prenatal classes, I look for someone who is vocal and seems comfortable talking to the group. That's who I approach to provide peer support."***
>
> *Seema Bhandarkar, Primary Health Care Nurse Practitioner, St. Michael's Hospital, Toronto*

Buckner spends at least an hour interviewing each potential peer volunteer to assess her suitability for the role. Dr. Cindy-Lee Dennis reports that about 14% of the mothers she initially recruited were rejected after her screening process.

As you begin using the strategies you developed during the planning process, you may find that you have more peer volunteers signing up than you expected. This is generally not a concern, as not all will complete the training.

> ***"Recruitment of the peer helpers is critical. You need not only the breastfeeding experience but some self-awareness and communications skills."***
>
> *Nicole Barrette, La Leche League Leader, WE Breastfeed volunteer*

While you may feel concerned if you are not able to find as many peer volunteers as you planned, you may be able to adjust and start with a smaller initial program. If you had hoped to have 25 peer volunteers to match with mothers, and only get 15, it is very worthwhile to start with the 15 you have. You may find new peer volunteers among the mothers who are helped in the initial year of the program. Be realistic about your population base as well. In a smaller community, you are likely to have fewer potential peer volunteers.

> ***"Out of any group of potential peer helpers who start the training, only about 75% will continue."***
>
> *Kathy Venter, Breastfeeding Educator, Milton*

> ***"I was there once, full of anxiety about my baby and desperate for help with breastfeeding. That's why I became a peer helper, because I want to give back."***
>
> *Michelle Hyatt, Peer Helper from North Bay*

2. Recruiting Mothers

As you near the end of the process of recruiting and training peer volunteers, you should also be recruiting mothers in your target population using the strategies developed during your planning process.

> ***"I think some kind of reward for attending is helpful – a coupon, token, gift."***
>
> *Seema Bhandarkar, Primary Health Care Nurse Practitioner, St. Michael's Hospital, Toronto*

> ***"The way someone contacts you is the way you should respond. If someone texts you, don't call – text her back."***
>
> *Sabrina Hope, La Leche League Leader with London Young Moms Group*

3. Training

Given that peer support can be provided using several different models and approaches, it should not be surprising that training for the peer volunteers also varies. In some cases, no formal training is provided.

Researcher Dr. Cindy-Lee Dennis emphasizes that peers should not be over-trained. This can lead to them seeing themselves as para-professionals rather than peers.

In some models, training also becomes an opportunity for screening the peer volunteers, as the facilitator or coordinator is able to observe them as they interact with each other and during any role-play exercises.

> ***"We do role plays to help the Buddies communicate better – we practice how to give information and suggestions rather than advice. We talk about how to handle it when a mother makes decisions you disagree with."***
>
> *Michelle Buckner, Coordinator of Breastfeeding Buddies, Waterloo Region*

Some examples of approaches currently used in Ontario:

Training Based on the WHO 20-hour Course

The World Health Organization (WHO) course (WHO, 2009) is provided to staff in hospitals and community agencies who provide direct care to breastfeeding mothers as part of the process of becoming Baby-Friendly. The training for peers based on this WHO 20-hour Course is handled in a less medical way, and covers the basics of lactation, the importance of breastfeeding, dispelling myths, getting breastfeeding off to a good start, common challenges, the role of peer support, the limitations of the peer volunteer, listening skills, and community breastfeeding resources.

The training is typically provided over three consecutive days, to a group of up to 20 potential peer volunteers in a classroom setting. Having 20 or fewer volunteers in the group is preferable as this provides more opportunities for interaction and for the organizers to observe the peers. Role-plays and opportunities to practise listening skills are generally rated as very valuable. Most groups permit mothers to bring young nursing babies with them to the training and may provide child-care for toddlers. Lunch and snacks are usually provided and in some communities, the volunteers may receive tokens or tickets for transportation, grocery gift cards, or other incentives. An adapted version that can be taught in six modules is also available (Best Start Resource Centre, 2015). The resources on page 41 provide more information about training based on the WHO 20-hour course.

> ***We had three days of training with an LC and people with a lot of expertise. We learned a lot of physiological stuff about breasts and how they work. If you get good teachers, that makes all the difference.***
>
> *Michelle Hyatt, peer support volunteer*

Some strengths of this approach are:

- If the local hospital is Baby-Friendly or is in the process of becoming Baby-Friendly, this training helps to ensure that peer volunteers are providing information that is consistent with the hospital information.
- The time commitment is fairly brief and limited.
- The incentives can make the training more attractive to volunteers.

Some potential weaknesses of this approach are:

- For some women, this can be a significant amount of new information provided over a short period of time, and they may have difficulty absorbing and processing it.
- The volunteers have very limited opportunity to reflect on their own experiences and how these may influence their approach in helping other women.
- The opportunity to practise communication skills and helping situations is limited.

La Leche League Leader Application Process

La Leche League is an international organization which aims for consistency among its volunteer Leaders. The application process is overseen by a department of LLLI, although some of the actual work with Leader Applicants will be done with local Leaders. Information about the Leader application process and accreditation can be found at www.llli.org under *Become a Leader*.

Each Leader Applicant will proceed at her own pace, but on average, it takes approximately a year for the volunteer to become accredited. Each Leader Applicant is assigned to a member of the Leader Accreditation Department who will correspond with her by email or, in some cases, use the phone or Skype to communicate. A local Leader, if available in the community, also works with the Leader Applicant.

> ***"The biggest part of the accreditation process has always been, and still is, working through the mother's own experiences. It is her experience that qualifies her to be a Leader, but she needs to reflect on how things have gone so she can help other mothers who may have very different experiences."***
>
> *Lesley Robinson, La Leche League Leader, former national head of Leader Accreditation*

The first part of the process is for the Leader Applicant to write what is called her "personal history" which covers her experiences of giving birth (or adopting her children) and breastfeeding. This is considered an essential part of the process, as the Leader Applicant is encouraged to reflect on her own experiences and work through any unresolved issues with the support of her contacts. She will also be asked to discuss each of the 10 LLL concepts, how they are reflected in her experiences and how she sees herself representing them to mothers.

> ***"My LLL Leader training helped me think about how my experiences have shaped me, and why I made the choices I made."***
>
> *Nicole Barrette, La Leche League Leader, WE Breastfeed volunteer*

The Leader Applicant is asked to read and record her thoughts about specific books:

- *The Womanly Art of Breastfeeding* (current edition).
- *Breastfeeding Answers Made Simple* (current edition).
- The LLLI Leader's Handbook.
- A childbirth book of her choice.

Working with her local Leader, she will learn about the Leader's responsibilities, including maintaining confidentiality, keeping a log of helping situations, and leading meetings (including handling difficult situations) as well as providing one-to-one help.

She will also be given a checklist of topics and resources covering the more common questions and concerns that breastfeeding mothers have. The Leader Applicant is introduced to the various LLL resources (such as the Professional Liaison Department) where she can go for additional help and information when needed. This is typically reviewed with the local Leader.

The next step is to work on communications skills and a "bias exercise." The LLL assumption is that everyone has some biases, even though people are not always aware of them. In these activities, the Leader Applicant has a chance to learn to listen and respond in a non-judgmental way, even in situations where she may have strong feelings about the mothers' choices.

Finally, the Leader Applicant will complete the "preview." This usually consists of a series of role-plays with one or more Leaders and the Leader Applicant. These are often done in various formats – over the phone, in person, by email – in order to give the Leader Applicant practise in different situations. She is encouraged to use her resources to find the information she wants to share and to make referrals to health care professionals when appropriate. After these are completed, the Leader Applicant and the Leaders write up evaluations of the experience and share these with each other.

While Leader Applicants have been pre-screened by the local Leader, the application process also provides more in-depth screening by both the local Leader and the representative of the Leader Accreditation Department.

Some strengths of this approach are:

- Leaders completing the process have significant breastfeeding knowledge, communication skills, and have taken time to put their own experiences in context.
- Leaders are prepared to help mothers in a variety of situations (e.g., Group meetings, over the phone, during home visits, and by email).
- The international nature of the training means that a mother moving to another community or even another country can receive a consistent approach and information from another Leader. Also, Leaders who move can begin supporting mothers in their new community right away.
- Leaders work with both local Leaders and those in the Leader Accreditation Department, providing additional perspective on different issues. The local Leader can help to tailor training to the community's needs.

> ***Two things I thought were really valuable were the chance to reflect on my own personal experiences and learning how to provide emotional support. You can know the info, but it's showing kindness, warmth, genuine caring for the mother that is just as important.***
>
> *Nicole, La Leche League Leader for seven years*

Some potential weaknesses of this approach are:

- The process is lengthy and requires significant commitment on the part of the Leader Applicant.
- Much of the training is done through reading and writing, which can be difficult for some potential volunteers. In recent years, alternative approaches have been offered to some Leader Applicants, such as discussing questions by phone, by Skype, or through group sessions at Leader workshops. However, these tend to be exceptions.
- Because LLL Canada has limited funds, Leaders do not receive any incentives or financial support for their training. In fact, they are charged a fee to begin the application process. This can be a financial hardship for some potential volunteers.

Community-Specific Training

Some community groups have designed their own training programs to meet the unique needs within their communities. These may be taught by the program coordinator or organizer, or an outside teacher or trainer may be brought in to teach all or part of the course.

For example, in North Bay an outside trainer was brought in to train peer-support volunteers for the first two years of the program. After that, program coordinator Anne Smith, a public health nurse, asked the trainer to teach her and another local lactation consultant to provide the training. At this point, Smith conducts the training herself and over the past ten years has modified the program. The program now includes:

- More information on the importance of initiating the phone calls to the mother.
- How to talk with a mother on the phone.
- How to be supportive and non-judgmental.
- How to handle situations where the mother does not return calls.

Some strengths of this approach are:

- Training can be tailored to meet the needs of the community and specific cultural traditions or requirements.
- If done by the coordinator, the process gives him or her opportunities to observe the volunteers and be aware of their strengths and limitations.

Some potential weaknesses of this approach are:

- The effectiveness of the training depends on the trainer's ability to keep up-to-date on breastfeeding information and community needs.
- The format, which is generally similar to the training based on the WHO 20-hour course (WHO, 2009), offers limited opportunities for personal reflection and practising communications skills.
- The variability between groups means that a peer volunteer moving to another community will need to redo the training in order to continue helping mothers.

Informal Support without Training

Groups led or facilitated by health care professionals may provide no specific training for the peers who attend the group sessions. In these groups, while the mothers share stories and experiences and provide encouragement and support for each other, there are no peers designated to provide support to other women and so no training is required.

Facebook or other on-line groups also tend to not have any training component. These are typically moderated or monitored by a health care professional or the group coordinator to ensure that misinformation is not given out and that mothers are not attacked or responded to inappropriately.

Some strengths of this approach are:

- No training costs.
- Women in these groups do not run the risk of seeing themselves (as mentioned by Dennis) as experts or para-professionals.

Some potential weaknesses of this approach are:

- The potential for women to share inaccurate and potentially harmful information may be an issue. Group facilitators or professionals monitoring Facebook or on-line groups may miss some discussions or not be able to review content quickly enough to catch inappropriate messages. In practise, these problems are rare.
- In some groups, the women are not able to provide much support to each other, as they are all struggling with their own breastfeeding or parenting issues.

Teaching Communications Skills

Peer volunteers can provide better support if they learn to listen with empathy, ask helpful questions and share information rather than giving advice. These skills are emphasized more in some training programs than others.

One technique that can be useful is to encourage the peer volunteer to practise reflective listening. This involves sharing with the mother what you have heard and how you think she is feeling. For example:

- Mother: “I didn’t know my baby would want to eat so often! I can’t get anything done because I am always feeding her.”

The peer volunteer’s first instinct might be to jump in with information about the normalcy of frequent feedings and how important they are for maintaining milk production. However, this can leave the mother believing that her own feelings have not been heard. Instead, a reflective listening response could be:

- Peer volunteer: “You are feeling really frustrated about your baby wanting to nurse so often – it’s not what you expected.”

> ***“Our model does not use trained volunteer mothers. The mothers are there but the group is facilitated by the health professional. We ask the mothers what they’d like to learn about breastfeeding. Sometimes they just want to talk.”***
>
> *Marcia Bicette, Lactation Promotion Specialist, Toronto*

This gives the mother the chance to expand on her feelings if she wants, or to ask direct questions. She will be more open to suggestions or information because she knows the peer volunteer understands her feelings.

When sharing information or suggestions, phrases like "you should" or "I recommend" or "the best thing to do is" should be avoided. Instead, the following phrases may be helpful:

- "Have you thought about trying... (a different position for latching on, to feed more frequently, to use a breast pump, etc.)?"
- "Research into how breastfeeding works says that frequent feedings are important for building and maintaining milk production. A long break between feedings can decrease your milk supply."
- "Sometimes mothers find it works to... (use a baby carrier to get things done while the baby is awake, use breast compression to help the milk flow faster).
- "How would you feel about... (using a lactation aid at the breast, having someone check your baby for tongue-tie)?"

It can also be helpful to remind peer volunteers about the value of positive comments to encourage the mother and boost her confidence. Some examples are:

- "I can see that you are really sensitive to your baby."
- "Look, your baby really knows your voice. See how he responds to you!"
- "It sounds like you've done lots of reading to prepare for being a mother. That's great!"
- "That was a good idea... (trying another position, undressing your baby to feed, etc.)."

For some peer volunteers, these approaches will come naturally; for others, they may seem awkward at first. By providing opportunities for role-playing and practising effective communication, the trainer or program coordinator can improve the peer volunteers' ability to use these techniques consistently and effectively.

> ***"In our training, we cover how to provide support over the phone and the importance of initiating the calls. I tell the peer helpers that even leaving a phone message is a form of support."***
>
> *Anne Smith, Coordinator of Breastfeeding Peer Support Program, North Bay*

4. Using Social Media

As noted in the previous section, some peer support is provided entirely through social media such as Facebook groups. Other options include on-line forums (used fairly extensively by LLLI), email lists, and meet-up lists.

Many groups set up email lists and invite mothers to sign up. These can be used solely to remind mothers of upcoming meetings and events, and settings can restrict postings to only the group's owners. In other groups, the mothers can use the list to ask questions, respond to questions posted by others, share experiences and photos, etc. In some groups, the mothers use the email lists to organize play dates and gatherings outside the regular group meetings. Generally, a coordinator or peer volunteer will monitor the email list to ensure any information is accurate and to intervene if negative interactions take place.

> ***It is peer-to-peer support on the Facebook page; we just go on the page every day or so to check for misinformation or problems. We don't intervene unless it is really glaring.***
>
> *Rebecca Hill, Administrator of Facebook Buddies, Perth District Health Unit.*

A Facebook page can be set up for similar purposes, even if you have meetings or other peer volunteer-mother contacts as well. Some groups have had good success with advertising through Facebook. It is possible to have your Facebook ads set to appear only in a particular geographic area to women who mention or show interest in pregnancy, breastfeeding or other key words set by the person placing the ad.

Sabrina Hope, an LLL Leader who runs a Group for young mothers in London, Ontario, believes that increased use of social media is essential for reaching younger women and first-time mothers. "Often we are putting up posters in the library or community centres, but the women we want to reach are searching for breastfeeding support on Facebook or other online communities."

In Hope's experience, email lists are no longer popular among younger parents. "I find our Facebook page is the most effective. We post lots of photos and I make sure to add articles at least once a week. Many mothers who find the page on Facebook say that they didn't know there was an LLL Group in our community – they couldn't find us."

> ***"Don't let your fears keep you from using social media. That's where mothers are. Mothers are looking for breastfeeding support in the ways that seem intuitive and natural to them – and that's online."***
>
> *Sabrina Hope, La Leche League Leader with London Young Moms Group*

While her primary goal for the Facebook page is to make mothers aware of her Group meetings, Hope says that mothers will post questions or concerns, and other mothers will respond. While she monitors the page when she has time, in her experience the other mothers usually quickly correct any misinformation or comments that might be negative.

Hope provides her cell phone number on her Group's website page and will sometimes receive text messages from mothers with questions. "The rule of thumb I go by is that you respond to the mother in the same way you were approached. If a mother calls you on the phone, you call her back. If she texts you, you text back. Texting is more like talking than email as it's a back-and-forth conversation." She also likes that she can quickly attach a link to an article or video she wants to share with the mother.

Twitter can be another way to reach out to mothers and inform them about breastfeeding topics in the news or group meetings. Hope has also put together Pinterest pages on various breastfeeding issues and posted links to them; other participants can add their own "pins" to the page.

5. Providing Support to the Peer Volunteers

Despite having recently gone through training, it is often in the first few weeks of a program that peer volunteers need the most support. This experience is new to them, and they may be surprised by the questions mothers ask or by their emotions as they listen to a mother's struggles (which may remind them of challenges they experienced themselves just a few months ago). It is essential to ensure that your support plans are in place, whether you are organizing regular meetings, having peers support each other, or having a coordinator who is available to respond to questions and concerns.

Many groups send surveys to their peer volunteers on a regular basis to confirm that the support provided is meeting their needs. This step will help you to adjust your program if necessary.

> ***"Training can't stand alone. It is just the beginning. The peer helpers need regular, ongoing sessions to build on the skills they've been taught, to talk about what they are experiencing in working with mothers. That follow-up piece is even more important than the initial training."***
>
> *Kathy Venter, Breastfeeding Educator, Milton*

> ***"The Café normalizes breastfeeding. They get together with other mothers who are all breastfeeding and so it just seems normal."***
>
> *Nicole Barrette, La Leche League Leader, WE Breastfeed volunteer*

6. Common Challenges and Solutions

Sometimes more women apply to be part of the program than the peer volunteers can manage. It may be necessary to set up a screening process to determine which women will be eligible for peer volunteer support, especially when using the phone-support model. Overloading the peer volunteers will quickly lead to burnout and should be avoided. In developing a screening process, keep in mind the target population you are planning to reach and have a list of places to refer women to if they are not able to be part of your program. If this is an ongoing problem, you may want to talk with your funders and community partners about options to expand.

> ***"Women feel overwhelmed by getting a lot of different information. I think consistency is what works. That can be a problem with peer support – everyone has their own ideas."***
>
> *Seema Bhandarkar, Primary Health Care Nurse Practitioner, St. Michael's Hospital, Toronto*

Alternatively, you may find you have too few women enrolled, which is disappointing for your peer volunteers. This is generally a sign that you need to increase advertising and recruitment efforts. If this is a continuing problem, you may want to re-evaluate the program and whether its current design is attracting the target population. Sometimes a few changes can make a big difference (e.g., changing meeting times or locations, promoting the program through midwives rather than the hospital, etc.).

Peer volunteers also require support in dealing with challenges. The challenges experienced by peer volunteers will depend upon the type of program offered.

Some examples (and possible solutions) include:

- ***"The mother doesn't answer her phone or return my calls."***

  This is one of the most common frustrations for peer volunteers who have been matched with mothers and asked to make regular calls. Some mothers never pick up the phone and never call the peer volunteer back, and the peer volunteer often worries that she has done something wrong or said the wrong thing when leaving a message. This is rarely the case. When programs are evaluated, the mothers who never actually spoke to a peer volunteer said that just knowing the person was there and willing to help if they needed made them feel supported. Although the mother didn't respond to any of the messages the peer volunteer left, having those phone messages was a significant benefit for them. Peer volunteers can be reassured that they are making a difference simply by making the calls.

- ***"The mother has decided to wean even though I spent a lot of time talking to her. I don't know what I did wrong."***

  During training and any ongoing support sessions, it is important to emphasize that the peer volunteer provides information, suggestions, and encouragement, but the mother makes the decision about what she will do. It is not possible to know all the factors that go into a mother's decision-making. Peer volunteers may need to be reassured that a mother's choice to wean is not a reflection on the support they provided.

- ***"At our meeting, one mother did all the talking and was giving other mothers terrible advice. I didn't know what to do!"***

  Group dynamics can be very challenging at times! It is helpful to have two or more peer volunteers available to deal with these situations when possible. Role-playing this situation with the peer volunteer can give her some insights and ideas about how to deal with this in the future. During training, it can be useful to bring up this possibility and give the peer volunteers some suggestions, such as:

  Say, "Thank you, Ellen. I'd like to give some other mothers a chance to share their ideas. Martha, I think you told me earlier that you had sore nipples – would you like to share how you solved that problem?"

  Say, "It sounds like feeding on a strict four-hour schedule worked really well for you. We generally recommend against scheduled feedings, though, because research shows that it often leads to breastfeeding difficulties. Would anyone like to share how responding to baby's cues worked for them?"

7. Evaluation and Change Management

Evaluation can be done at any time, although most programs will pre-determine a schedule for evaluating how things are working. If the program is struggling or encountering numerous problems, an earlier review may be advisable.

> *"The mothers love coming out. We get good feedback from the clients."*
>
> *Marcia Bicette, Lactation Promotion Specialist, Toronto*

One type of evaluation simply asks for feedback about people's experiences with the program. This ideally would involve:

- The peer volunteers.
- Mothers who have been involved in the program.
- Any mothers who wanted to be in the program but could not take part (perhaps because the program was full, or because they did not meet the criteria).
- The program coordinator, if one is used, or any other staff involved in running the program.
- Community partners.
- Referral sources.

Asking about both strengths and weaknesses of the program is likely to provide the most useful information.

In addition, you may want to include data to evaluate the program's effectiveness in terms of achieving certain goals (longer breastfeeding duration, greater exclusivity, etc.) which would require a more rigorous survey of the mothers involved.

Your evaluation results may suggest that changes to the program are needed. You may need to return to your funding sources and/or community partners before making these changes, and you will want to develop a change-management strategy before presenting the new plans to your peer volunteers and your community. Even if a majority of the people responding in the survey requested a particular change, you may still encounter resistance from some who preferred the previous approach. The more open and transparent you can be about your reasons for making a change and the process you intend to follow, the better.

> *"Supporting and appreciating the volunteers is so important. We need to acknowledge that this isn't the only thing they do."*
>
> *Anne Smith, Coordinator of Breastfeeding Peer Support Program, North Bay*

Maintaining the Program

1. Ongoing Recruitment of Peer Volunteers

In her research, Dr. Cindy-Lee Dennis found that the average peer volunteer assisted two mothers (the range was between one and seven) and stayed in the program less than a year. However, some other programs have greater retention of peer volunteers. Many LLL Leaders continue for more than 10 years and help hundreds of mothers during this period.

Peer volunteer Michelle Hyatt of North Bay has been providing phone support for more than eight years. “It is very rewarding for me. I’ve lost count of the number of mothers I’ve helped. I love hearing all the stories and being part of their breastfeeding journeys.” Her dedication to the program is clear.

> ***“I love being part of their breastfeeding journey.”***
>
> *Michelle Hyatt, Peer Helper from North Bay*

Even when peer volunteers continue with the program for many years, ongoing recruitment is necessary, as people move to other communities or become involved in work or other volunteer commitments.

In addition to the methods described in the section on initial recruitment, you may also be able to:

- Involve local media, asking them to write an article or interview some peer volunteers and mothers to let the community know that more peer volunteers are needed.
- Appear on local cable TV or other television programs, ideally with a peer volunteer and a mother, to talk about the program.
- Ask the peer volunteers to recommend any mothers who seem like potential peer volunteers. This can often become your best source of new peer volunteers. They are part of the target population and will be "true peers." They will understand the benefits of the program because they have experienced it.
- Ask the peer volunteers to recommend any friends or acquaintances they believe might be good peer volunteers, even if they have not been part of the program.

> ***One of the responsibilities of a La Leche League Leader is to find other women who are interested in becoming Leaders and who meet the requirements.***
>
> *Lesley Robinson, LLL Leader, Ottawa*

2. Managing Changes in Funding, Community Needs, etc.

Change is inevitable:

- A funder may shift its focus away from infant feeding to another cause, or may decide to fund only pilot projects and no long-term programs.
- A community population may shift to include more immigrants who don't speak English well or fewer people who have transportation to get to your meetings.
- A change in hospital policies may mean that more newborns are being supplemented with formula, creating additional challenges for breastfeeding mothers and increasing the demand on your peer-support program.

Your peer volunteers can be an excellent source of information about changes within the community, and may be able to suggest ways the program can be modified to meet those needs.

Your community partners may also be helpful in finding creative ways to respond to the changes.

As Anne Smith of North Bay points out, "Our ultimate goal would be to have no need for any peer-support programs because so many women are breastfeeding that women can easily get support from family and friends."

3. Options for Growth

Your group may be able to grow by:

- Expanding the concept to other communities. You may provide some initial training to a facilitator or coordinator who can take the ideas to their community, or set up satellite groups in a nearby community.
- Increasing the number of peer volunteers and therefore, increasing the number of mothers they can help.
- Offering additional types of support, such as Facebook groups, group meetings, or breastfeeding cafés as well as one-to-one phone support, etc. This may allow you to help more mothers without significantly increasing the numbers of peer volunteers.
- Offering support in different languages or in different cultural settings (if peer volunteers are available to provide these services).
- Increasing the frequency of meetings (for a group program).

Any changes should be in response to the needs of the community and the results of your evaluations.

> ***"I was first involved as a mother getting support from a peer helper, then I became a volunteer and now I am on the Board."***
>
> *Holly Brodhagan, Peer Supporter in Bonfield*

> ***"The youngest mother I worked with was 14 years old. She was breastfeeding and she called for help. She was expecting to be talked down to and told what to do, and it was a huge surprise to her to be treated with respect and encouraged to solve her challenges. She was a wonderful success story."***
>
> *Lesley Robinson, La Leche League Leader, former national head of Leader Accreditation*

Conclusion

While breastfeeding mothers do sometimes have problems requiring medical care, most of the issues and challenges that can lead to early weaning or supplementation are not medical. Peer support can be an excellent way to help a mother resolve these issues and develop greater self-efficacy and confidence in her ability to breastfeed. In Ontario, a variety of approaches have proven successful. We encourage you to take this information to develop a program that works in your community.

> ***"My hope is that one day these programs won't be needed. As more and more mothers are breastfeeding, everyone will have informal support from family and friends. Breastfeeding will be normal. Peer support programs are just a stop-gap until we get there."***
>
> *Anne Smith, Coordinator of Breastfeeding Peer Support Program, North Bay*

Resources

Books

La Leche League International (Teresa Pitman, Diana West, Diane Wiessinger)
The Womanly Art of Breastfeeding 8th edition (2010)

Nancy Mohrbacher
Breastfeeding Answers Made Simple: A guide for Helping Mothers (2010)

Thomas Hale
Medications and Mothers' Milk 16th edition (2014)

Virgina Thorley and Melissa Vickers
The 10th Step and Beyond: Mother Support for Breastfeeding (2012)

Education

Breastfeeding Peer Support Training Program: Facilitator's Guide and Participant Workbook (2015)
www.beststart.org/resources/breastfeeding

Best Start Resource Centre
www.beststart.org/resources/breastfeeding

Quintessence Foundation
www.babyfriendly.ca

Kathy Venter (experienced trainer for peer volunteers)
kathy.venter@gmail.com

Videos

International Breastfeeding Centre
Information and Videos (includes information in several different languages)
www.nbci.ca

Websites

La Leche League Canada
www.lllc.ca

Motherisk
www.motherisk.org

Normalfed
www.normalfed.com

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Appendix:

Breastfeeding Buddies – Volunteer Role Description – Sample

This sample volunteer role description was developed by the Breastfeeding Buddies Program in Kitchener Waterloo and can be used or adapted to develop a volunteer role description for your program.

Breastfeeding Buddies is a peer-based program to support breastfeeding moms and promote breastfeeding in Waterloo Region. The program is particularly interested in reaching women who face barriers to breastfeeding support.

Position Title: Breastfeeding Buddy Status: Volunteer

Time Commitment:

- Will vary according to peer's availability and choice of partnership. 1 – 4 hours per week. Duration 1 year.

Qualifications:

- Enthusiastic, positive feelings and attitude about breastfeeding.
- Personal experience and success as a breastfeeding mother. (6 months min.)
- Self-motivated, caring, open and non-judgmental.
- Some awareness of the barriers to breastfeeding – lack of breastfeeding support, young, isolated, low-income, cultural barriers. Lived experience an asset.
- People skills, particularly outreach and communication.
- Ability to work independently and as part of a team.
- Willing and able to attend comprehensive training session prior to placement. (Training is free)

Responsibilities:

- Provide mothers with support and information she needs to help establish and/or maintain a positive breastfeeding experience.
- Initiate contact with pregnant or breastfeeding mother either through referral or informal community contact.
- May provide support at a community site or event.
- Establishes with referred mother a mutually agreeable schedule of contact.
- Encourages mother to participate in existing community supports and resources.
- Maintains a contact log and submits monthly on line data form, including course of action or information shared.
- Knows when and to whom a mother should be referred if difficulties are not within scope of training. (Training is provided)
- Maintains contact with Breastfeeding Buddies Coordinator and regularly attends BFB staff meetings
- May teach breastfeeding workshop.

Boundaries:

- Stays within the limits of this job description, scope of training and her own personal experiences.
- Keeps information about a mother and her family in confidence, unless required by law to report a problem.
- Breastfeeding Buddies is designed to be a telephone and community site program. Home visiting is not within the scope of the Buddy's role.
- Practices self-care: avoids over involvement burnout, both emotionally and time-wise, makes own personal well being and that of her family a priority.

Benefits to Volunteer:

- Increase breastfeeding knowledge.
- Receive in-depth training (20 hr lactation management course).
- Share experiences of mothering and breastfeeding.
- Contribute to outreach project in your community.
- Meet interesting and diverse women who share breastfeeding enthusiasm.
- Expand view of the breastfeeding experience.
- Gain valuable volunteer experience.
- Qualify for CERPS (education credits) toward Lactation Consultant Certification (IBCLC) or other related programs.
- Obtain a letter of reference.
- Receive satisfaction from contributing to individual and community health.

Applications are due by _____

Training will be held _____

Training is free; details will be provided at interview.

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