Evaluation of breastfeeding peer support in a rural area

Dr Sally Dowling

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

• Background
• The evaluation
• Methods
• Findings
• Discussion
Background – peer support

• What is peer support?
  – ‘An approach in which women who have personal, practical experience of breastfeeding offer support to other mothers’ (Phipps, 2006:166).
  – ‘Systematic support between two persons or in a group’ (Kaunonen et al., 2012)
  – Recommended by the WHO and (in the UK) by NICE (Dyson et al., 2006; NICE, 2008)

• Different models of peer support
  – One-to-one (face to face and/or telephone)
  – Groups (run by/overseen by NHS and/or charities)
  – Volunteers and/or paid supporters
Background – peer support

What do we know about how and why it works?

Qualitative research – women value:

- Support from those who have similar experiences
- Social support
- Opportunity to question
- Opportunity to overcome problems

(Thomson et al., 2012)

Systematic reviews highlight

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

(Kaunonen et al, 2012; Renfrew et al., 2012)
Background – peer support

What are the policy drivers for setting up peer support projects?

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

- 81% of mothers in the UK initiate breastfeeding
  - Falls to 65% at 1 week, 55% at 6 weeks
  - 34% of mothers are still breastfeeding at 6 months

- Women who are not offered support for breastfeeding problems are more likely to stop in the early weeks

- Breastfeeding initiation rates are lowest amongst women under 20 (58%) and highest amongst women over 30 (87%).

National figures from McAndrew et al., 2012.
Wiltshire

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

• In Wiltshire (2012/13) 81.7% of women initiated breastfeeding; in Q1 2012/13 49% were breastfeeding at 6 weeks

• Difference across and between different areas in Wiltshire
  – At 6 weeks 39% of babies breastfed in the most deprived area (population quintile); 53.5% in the least deprived
  – At 6 weeks rate is lowest amongst mothers aged 15-19 (19%) and mothers aged 20-24 (23%)

Wiltshire figures from NHS Wiltshire Breastfeeding Dataset, September 2012 (draft)
Wiltshire Breastfeeding Strategy 
2011 - 2014

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

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

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

• Used the framework of Realist Evaluation (Pawson and Tilley, 1997; Pawson, 2006)
  – Social programmes driven by an underlying vision of change
  – Evaluator compares the theory and practice
  – “What works for whom in what circumstances and what respects, and how?”

• In this evaluation, asking specific questions about the delivery of breastfeeding peer support
Peer support in Wiltshire

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

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

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

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

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

• Groups are not for everyone/are middle class
• Groups are for problems
Reaching the women least likely to breastfeed

• Young women
• Women in areas with low breastfeeding rates/disadvantaged areas
The provision of peer support

- The location and timing of groups
- Leadership issues
- The peer supporters
- Retention of peer supporters
- Should peer supporters be paid?
- The role of health professionals
- ‘Mixed’ groups?
Ante- and post-natal support

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

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

• Recommendations
References


References


Please contact me for further information/copies of the report

sally.dowling@uwe.ac.uk

+44 (0)117 328 8874