NCT Breastfeeding Peer Support Project

Caroline Muller, Mary Newburn, Patricia Wise, Rosemary Dodds and Vanita Bhavnani

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Published by NCT, Alexandra House, Oldham Terrace, London W3 6NH

The authors
Caroline Muller is Research and Evaluation Officer, NCT
Mary Newburn is Head of Research and Information, NCT
Patricia Wise is an NCT Breastfeeding counsellor and Tutor and Chair of the Project Steering Group
Rosemary Dodds is Senior Public Policy Officer, NCT
Vanita Bhavnani is Research and Evaluation Officer, NCT

Design & layout: Samuel Panda
Production manager: Michael Preston

Acknowledgments

The authors are very grateful to the other members of the Peer Support Steering Group both for sharing their insights into peer support but also giving so much time to help the project. The following have been members of the Steering Group for part or all of the three years – Linda Jackson, Liz Ginty, Merrill Knight, Elizabeth Mayo, Sophie Macfadyen, Mary Smale and Marie Timms.

The authors and Peer Support Steering Group are especially grateful to all the women who trained as peer supporters, giving up their time to learn new skills and sharing them with other women in their area. We would like to thank the breastfeeding mothers who provided feedback about the support they had received. The project would not have been possible without the commitment and enthusiasm of the programme coordinators and NCT breastfeeding counsellor peer supporter trainers; the project has been an excellent example of partnership working between the NCT and health professionals.

We are grateful to Linda Jackson, the National Coordinator for the Peer Support Project, who has guided and supported individual trainers and overseen the return of evaluation forms, and also to the facilitators who have run the training weekends which prepare breastfeeding counsellors to work as peer support trainers.

The work of Dr Mary Smale is central to this project and we are grateful to her for giving so generously of her time and expertise, not only as a member of the Steering Group, but also for updating the activities section of the resource pack Training Breastfeeding Peer Supporters: an Enabling Approach just before she retired in December 2008. This pack embodies the NCT approach to supporting breastfeeding and the practical activities set out in the pack were used in the peer supporter training programmes.

The NCT would like to thank the Department of Health for funding the project.

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Executive Summary

Background

Peer support for breastfeeding is defined by the NCT as support offered by women who have themselves breastfed. The NCT local peer support programmes provided a short training for peer supporters. Peer support offered by women with a similar socio-economic background has been shown by several systematic reviews to have a positive effect on the initiation and duration of breastfeeding when provided as part of a multi-faceted programme.

The breastfeeding peer support project

In 2006 the NCT was awarded three-years funding by the Department of Health (England) for a project to train 240 peer supporters. The aim was to set up breastfeeding peer support training programmes that were responsive to local needs. The NCT peer support programme is based on a partnership model in which the NCT works with a local health or social care commissioning body. The model used in the project involved each local programme having a local coordinator, employed by the NHS or local authority, to recruit peer supporters, provide a suitable training venue and facilities, including crèche facilities, liaise with and involve local health professionals, provide opportunities for peer supporters to meet and spend time with breastfeeding mothers, and take over-all responsibility for the peer support service. The NCT provided the peer supporter training programme, training materials, and a session for local health professionals designed to facilitate a positive working relationship between health professionals and peer supporters. The project aimed to involve and work with mothers from diverse socio-demographic backgrounds.

Results

The overall aim of the evaluation was to assess the feasibility of running the local peer support programmes, the strengths and weaknesses of the NCT peer supporter training, and the impact of the peer support on mothers' experience of breastfeeding.

- Altogether, 19 pilot programmes were run, training 175 mothers as peer supporters, an additional programme was funded. Most programmes were commissioned by a primary care trust or children's centre.

The NCT peer support training programme

- The training was evaluated very positively by the peer supporters and all coordinators reported that they had had a very positive relationship with the trainer.
- Nine out of ten peer supporters felt ready to help mothers at the end of their training.
- Women of different ages and ethnic backgrounds were involved as peer supporters. However, more active steps could be taken to reach and

include women from diverse cultural, age and class backgrounds.

- The support of a local coordinator was crucial for the smooth running of the programme. Active coordinators allowed the trainers to focus on the training and provided on-going support of the peer supporters after the training was completed.
- Arranging a reliable crèche was difficult in some programmes, several courses ended up with the children in the same room which was disturbing for trainers and trainees.
- It proved quite difficult to engage large numbers of local health professionals, partly due to their limited time for attending training.

Impact on mothers' experience of breastfeeding

- The pilot evaluation of mothers' experiences of peer support illustrates the value of community breastfeeding support. The mothers very much appreciated being part of a supportive community group and liked the informal non-directive style of the NCT-trained peer supporters.
- Through the support of peers the mothers felt more confident about breastfeeding and less vulnerable to self-doubt and being undermined by other people.

Summary recommendations

- The NCT should roll-out the partnership model of breastfeeding peer support training as a core activity, ensuring peer support schemes are organised as part of a coordinated programme for breastfeeding, with a paid local coordinator in each area.
- Priority should given to setting up programmes in inner-city areas, urban and rural areas where the NCT has traditionally not had a high profile so as to reach a more diverse range of parents and respond to health and social needs.

Part 1

1

Background

From the earliest civilisations, women have relied upon the experience and wisdom of other women around them when they start breastfeeding. In the UK, however, this mother-to-mother connection dwindled with increased employment outside the home. As the embodied knowledge of the community was lost, women found it more difficult to start and continue breastfeeding so that there was a nadir in breastfeeding rates in the late 60s, early 70s.[1] This is one reason why the NCT set up mother-to-mother support groups and then started training breastfeeding counsellors.

Breastfeeding peer support represents a model of mother-to-mother support which emerged as a community resource in the 1980s.[2]

Peer support has been defined as "support offered by women who have themselves breastfed, are usually from similar socio-ec.onomic backgrounds and locality to the women they are supporting and who have received minimal training to support breastfeeding women. Peer supporters may provide breastfeeding support services voluntarily or receive basic remuneration and/or expenses." [3]

The visibility of breastfeeding is often low. Television programmes are much more likely to show bottle feeding images than breastfeeding ones.4 Women who are unfamiliar with breastfeeding can gain a sense of the normality of breastfeeding from contact with experienced breastfeeding mothers, instead of seeing it as a personal challenge and something unusual and different. Studies suggest that it is valuable to provide an opportunity and a mechanism for experienced breastfeeders to provide empathic listening and encouragement to less experienced mothers. [5]

This approach in which women who have personal, practical experience of breastfeeding offer their time to support to other mothers has only recently been more formally set up and evaluated as a way of improving support for breastfeeding women.[6]

1.1

Rationale for the efficacy of peer support

Research indicates that young women from low-income areas are least likely to breastfeed for a number of reasons including embarrassment, lack of role models, fear of pain, misconceptions that their baby will not gain sufficient weight from breastfeeding alone, and exposure to a bottle feeding culture which promotes the use of artificial milk.[7,8] The NCT experience of facilitating local support networks suggests that women form higher income groups are often unfamiliar with the reality of breastfeeding. They feel better informed and more confident when they have contact with other women who are breastfeeding or who have had positive breastfeeding experience.

Positive social experiences of breastfeeding, on the other hand, such as social networks where members regard breastfeeding positively, are significantly associated with mothers' positive attitude towards breastfeeding.[9,10] In line with this, there is good evidence that public health strategies to enable women to breastfeed need to improve support for breastfeeding in families and in the communities in which women live.[10,11]

Peer support schemes have been set up primarily in disadvantaged neighbourhoods and peer supporters are recruited from the same community. These local women tend to be seen as more approachable and are more likely to understand the social and cultural influences in the area. The peer supporters, who have a short period of training (measured in days), are encouraged to refer mothers who have more complex or unresolved conditions to health professionals or other breastfeeding specialists.[6]

1.2

Evidence on breastfeeding rates

There is a significant research base underpinning the current expansion of peer support for breastfeeding. Several systematic reviews[12,13,14] have indicated an overall positive effect of peer support on the initiation and duration of 'any' and 'exclusive' breastfeeding.

Fairbank included two studies, neither of them randomised control trials, and concluded that antenatal peer support offered to women on low-incomes who intended to breastfeed was effective in increasing levels of both breastfeeding initiation and duration. The review also found that the effectiveness of antenatal education sessions in initiating breastfeeding was enhanced by contact with peer supporters.

Renfrew et al concluded that effective peer support interventions were those that were given very soon after birth to women who did not have to request the support in order to receive it.[13] Multiple intervention programmes associated with increased initiation often included peer support.

The most recent Cochrane systematic review[14] found the effect of peer support was greater on 'exclusive' breastfeeding than 'any' breastfeeding, and predominately during the first three months after the birth. Generally, face-to-face support was more effective than telephone support.[14] However, the study with the greatest effect used intensive telephone support in a study of affluent well-educated Canadian women.[15] One of the studies in the review found that breastfeeding-specific support from peers and professionals working together increased breastfeeding rates among women who planned to breastfeed, as long as it was proactively offered to new mothers soon after birth.[16]

NICE evidence states that peer support programmes should be offered to provide information and listening support to women on low incomes in either the antenatal, or both the antenatal and postnatal, period to increase initiation and duration rates.[3] More recently, a review conducted for NICE suggested that all of these studies are likely to be applicable to whole population groups in the UK. It also notes that further research is needed to assess what type of peer support programmes are most effective in increasing the initiation and duration of exclusive breastfeeding in disadvantaged groups in the UK.[17]

1.3

Multifaceted interventions

Multifaceted interventions beginning during pregnancy and continuing into the postnatal period seem to be especially effective, influencing both initiation and continuation. These interventions include peer support in combination with health education, media programmes, and/or interventions in the health service, such as training of health professionals and changes in government and hospital policies.[3] The NICE public health guidance 11: *Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households* therefore recommends the adoption of a 'multifaceted approach' or a 'coordinated programme of interventions' across different settings to increase breastfeeding rates. Among other activities, it should include: breastfeeding peer-support programmes, joint working between health professionals and peer supporters, and education and information for pregnant women on how to breastfeed, followed by proactive support during the postnatal period, which may be provided by a volunteer.[17] These findings emphasise the interconnectedness of interventions involving mothers, peer supporters and health professionals. [18,19]

More recently, the *NICE Commissioning guidance on peer support*[20] stated that peer support programmes should only be commissioned as part of a breastfeeding strategy. This position is also reflected in the recent revision of the UNICEF UK *Baby Friendly Initiative Seven Point Plan for Sustaining Breastfeeding in the Community*, in which Point 7 states:

"One or more interventions should be in existence to support mothers in the local community to sustain breastfeeding. The nature of the intervention(s) should be determined according to local need and using local knowledge, and may consist of peer support, telephone contact, informal groups or long-term one-to-one support (or a combination of any of these)."[21]

1.4

Challenges

It is clear therefore that reviews of good quality evidence in developed countries have had consistently positive conclusions about the potential for peer support in the UK. However, two subsequent randomised controlled trials in the UK have not shown peer support, as practised in their study, to be effective in increasing breastfeeding rates.[22,23]

Muirhead conducted a small study in Scotland evaluating a peer support programme in which the intervention involved one antenatal visit from a peer supporter, postnatal support for breastfeeding mothers by telephone or home visit at least once every two days, and access to support groups with trained peer supporters. In the intervention arm 61/112 women initiated breastfeeding. While first-time mothers appeared to benefit as some breastfed for longer, the results were not statistically significant.[23] Both the intervention and control groups in this study received traditional professional support until discharge from hospital and almost one in four first-time mothers (13/61) had stopped breastfeeding before they had contact with a peer supporter.[23]

In addition, a cluster randomised controlled trial of antenatal peer support for a multi-ethnic deprived population in Birmingham, did not show a significant difference in breastfeeding initiation.[22] The study intervention planned at least two support sessions for each woman, but 43% of women had only one support session, with an average length of 13 (SD 10) minutes, 31% two sessions and 26% of women had none, of whom 6% had declined involvement. Both groups received peer support during their hospital postnatal stay, as the result of a new initiative at the hospital. Both data collection and support for breastfeeding in the area improved during the study, evidenced by a 10% increase in breastfeeding rates in both intervention and control groups. The effect of the additional postnatal support for all women may have outweighed the effect of the limited additional antenatal support offered to women in the intervention arm. It is questionable whether an average of 13 minutes additional contact time from a peer supporter is likely to be efficacious. A non-randomised comparative American study found that peer counsellors spending >45 minutes with each participant was associated with more continued breastfeeding, than those spending less time.[24]

In commenting on these trails, UNICEF UK pointed out that a multifaceted approach to improving support for breastfeeding has been recommended with peer support provided as part of a programme of supportive interventions.[25] It is also vital to recognise that peer support programmes vary considerably in design and delivery, so a particular programme not having a measurable impact does not mean that peer support per se is not effective. Factors likely to have an impact on outcomes include differences in the ethos of peer support training schemes, mothers' experience of their first breastfeeds and timing of the peer support intervention.[19,26,27,28,15] NICE stress that peer support should be proactive and be offered in the first 48 hours after the baby is born.[29] The rapid decline in breastfeeding in the first few weeks in the UK is likely to be a combination of factors including poor information and unrealistic expectations in the antenatal period, and inadequate support in the immediate postnatal period.[30]

Most of the peer support programmes included in published reviews have been developed by the healthcare service. The effectiveness of such programmes may vary according to the ethnicity, age and culture of women recruited by the study as peer supporters, the training provided, relationships with local health professionals, the timing, accessibility and extent of supportive contact, and the acceptability to the local population of the support services being offered.[17]

According to Murphy, discussing peer support in a wider context, non-professional involvement is thought to be especially important in improving health care for 'hard to reach' groups,[31] and has also been credited with extending wider benefits to local communities.[32] Mothers who have used peer support rate it highly.[33,34,5] However, in controlled trials of peer support designed to improve a range of health outcomes positive reports by users have not translated consistently into measurable benefit for intervention groups.[35,34]

Possible explanations for this include programme difficulties, such as poor uptake of the intervention,[34,35] and high turnover among lay-workers.[33,35,36] In addition to offering proactive peer support it is important that women receive high quality information, optimal health professional support, and that there is good communication between volunteers and health professionals.

In a synthesis of mothers' and healthcare professionals' experiences and perceptions of breastfeeding support, McInnes found that mothers tended to rate social support as more important than health service support. Health service support was generally described unfavourably with emphasis on time pressures, lack of availability of healthcare professionals or guidance, and conflicting advice. Several authors have commented on the importance of good working relationships between health professionals and peers, if schemes are to work well.[37,5,38,8]

1.5

Increasing support for disadvantaged women

In a mapping exercise to explore initiatives intended to limit the impact of poverty and disadvantage on the health and well-being of low-income women and their babies, D'Souza and Garcia reached conclusions that reinforce those of the reviews already considered.[14,12,13]They found that support from a mother experienced in breastfeeding, complemented by professional services, is very likely to increase the duration of breastfeeding and that peer volunteers are particularly beneficial in mediating between low income mothers and healthcare professionals.[18]

Hoddinott found that where low-income women had been able to see real-life breastfeeding, they felt more able to breastfeed with confidence.[39] Woman new to breastfeeding valued having support while they learnt the skill. They appreciated being shown what to do, prepared for possible difficulties and having their confidence built-up. This has been described as an apprenticeship model. It enables pregnant women and new mothers to spend time with an experienced breastfeeder from whom they can receive regular emotional support and encouragement. These findings help to uncover why peer support has such potential as an intervention for mothers.[19]

1.6

Qualitative evidence

Systematic reviews of evidence concentrating on breastfeeding rates need to be complemented by more detailed qualitative research to understand women's views and motivations. In contrast to clinical interventions, which may work cross-culturally, peer support programmes should be adapted to fit the beliefs and normative behaviour in different geographical and cultural settings, if they are to meet local needs.

In an evaluation of the evidence from 26 peer support schemes funded by the Department of Health in England, Dykes reports that qualitative evidence suggests that women appreciate peer supporters' help.[5] Women reported that they had continued breastfeeding at critical points because they had help from peer supporters and 'valued the experiential knowledge of peer supporters, role modelling and practical support', feeling they brought 'practical realism'.[5] Dykes concluded, 'The capacity [of these small projects] to empower those living within socially excluded communities should not be underestimated.'[5]

It is now increasingly recognised that for significant change to occur in a particular aspect of social behaviour, such as breastfeeding, numerous other changes are a prerequisite, such as changes in a woman's attitude and motivation. Changes may also be needed to ensure access to reliable information and positive affirmation. It is important to consider these developments in a local community as well as in individuals. The presence of groups of women in the local community with increased confidence in breastfeeding may have an important influence on local women's attitudes and expectations.[19] However, these changes are likely to be slow to take effect and be difficult, though important, to measure.

In addition to the support experienced by new mothers and the potential effects on breastfeeding, the influence on the peer supporters themselves should be considered. Where investigated, it has been found that peer support programmes enhance the personal growth and general confidence of mothers undertaking training and working in their local community supporting pregnant women and new parents.[33,5,15] In fact women who have been unemployed or in low wage occupations have taken up new training, or taken on new paid work following their experience as peer supporters.[28,5]

In summary therefore, peer support is a complex social intervention carried out in different cultural settings and often alongside other interventions that may influence breastfeeding. Evidence suggests that peer support seems to work best when combined with other activities, and may be a key component of the effectiveness of some multifaceted interventions.[3] Peer support can be an effective way of supporting and increasing exclusive breastfeeding in those women least likely to start and to continue breastfeeding, when offered alongside other interventions designed to increase breastfeeding.[3] It is more effective when well integrated with health professional services, provided as soon after the birth as possible and not restricted to those who request support.[13]

Part 2

2

Setting up the peer supporter project

In 2006 the National Childbirth Trust (NCT) was awarded funding by the Department of Health (England) for three years, April 2006 – March 2009, for a project to train 240 peer supporters. This project builds on previous work, also funded by the Department of Health which enabled a training weekend to be developed and then run on a regular basis to prepare breastfeeding counsellors to be peer supporter trainers. A resource pack, For mothers by mothers, was produced and was made available for NCT breastfeeding counsellors and others wanting to know more about breastfeeding peer support and training offered by the NCT.

2.1

Aims and objectives

The aim of the peer support project was to train 240 mothers as breastfeeding peer supporters to meet a specific set of objectives. The training would be provided as part of a number of local programmes. The expectation was that the NCT-trained peer supporters would be able to contribute positively to supporting breastfeeding in their area. The setting up and running of local programmes and the peer supporter training would be evaluated.

2.1.1 Objectives

The NCT's objectives for the project were to:

- Set up breastfeeding peer supporter training programmes in local areas that were responsive to local needs and increased the breastfeeding support services available.
- Use the established NCT approach to supporting breastfeeding, a woman-centred, non-directive listening approach, drawing on the embodied knowledge and the commitment of local mothers to support peers in breastfeeding. By drawing on their embodied knowledge during training, women's personal experiences are valued and their understanding is rooted in those experiences rather than being academic.
- Deliver the majority of local programmes as a partnership between the NCT and a local health or social care commissioning body, such as a primary care trust or children's centre.
- Involve and work with more parents who are economically deprived, younger and from a diverse range of ethnic groups.

2.1.2 Management and coordination

A Steering Group was established, consisted of around six breastfeeding counsellors with experience of training peer supporters and/or working as an NCT breastfeeding counsellor tutor, and an NCT senior manager. Some were also health professionals, thus bringing useful additional viewpoints to discussions. Initially the senior manager was the Director of Parent Services and latterly the Education Manager. The group made the strategic decisions and was reported to by the National Coordinator in years two and three.

Steering Group members:

- Patricia Wise – Chair (NCT tutor and peer support trainer)
- Linda Jackson - National Coordinator (and trainer in a separate Gloucestershire scheme)
- Liz Ginty (health visitor and community infant feeding advisor)
- Merrill Knight (14 years experience as a trainer in the Thurrock peer support programme)

- Sophie Macfadyen (NCT tutor and peer support trainer)
- Elizabeth Mayo (NCT tutor and Gloucestershire trainer); Year one only
- Dr. Mary Smale (former NCT tutor and peer support trainer); retired Dec. 2008
- Marie Timms (peer support trainer and midwife); Year three only
- Kate Williams (Parent Services Director, NCT); 2006-2007
- Graham Cox (Education Manager, NCT); 2008-2009

The National Coordinator was appointed to work one day a week for the second and third years. Her main responsibilities involved:

- recruitment of trainers interested in setting up new local programmes
- keeping the Steering Group informed about the pilot programmes
- provision of information and guidance for trainers and coordinators running the local programmes
- supporting trainers
- promotion of the project within NCT
- arranging training weekends
- collating completed feedback forms.

Each application to run a programme was vetted by a Steering Group sub-group consisting of the National Coordinator, Chair of the Steering Group and Parent Services/Education Manager.

2.1.3 Timeline

The focus of the first year of the project was on developing the training model and training materials and arrangements for running local programmes. The local programmes were set up and run during the second and third years, once the paid National Coordinator was in place, with most of the training in fact taking place in year three (see table 1). Throughout the project, two training weekends were held each year to prepare NCT breastfeeding counsellors for training peer supporters, thus increasing the pool of potential trainers.

2.2

The local programme model

Each local programme was set up according to a number of common practical principles and a shared theoretical approach. Most were commissioned by an NHS or local authority body with the others being linked to an NCT branch. Each programme was expected to have a local coordinator, who was named in the original application to be a pilot. In general the pilot programmes were associated with at least one already established local breastfeeding support drop-in. This was important as it would provide a suitable place for trained peer supporters to meet local breastfeeding mothers. However, the peer supporters might also have contact with local mothers in other settings. The trainer was an NCT breastfeeding counsellor who had also attended the NCT peer supporter training weekend. Other key features were the provision of a breastfeeding peer supporter training session for local health professionals (foundation training), and continuing support and development for the peer supporters after their initial training was completed.

Potential trainers looked for local opportunities for setting up a programme. In a few cases a request was made for a pilot, for example from an NCT branch.

2.2.1 Roles and responsibilities

When an expression of interest was made, the applicants were sent written information setting out what was expected of local programmes: Requirements for a pilot and Time line for responsibilities of a trainer.

These made it clear that the commissioning organisation would be responsible for providing a local programme coordinator, plus insurance and Criminal Records Bureau (CRB) checks for the peer supporters.

The peer supporters would offer psychosocial support to mothers via the programme, overseen by the local coordinator. Where the coordinator was a health professional, she could respond to health issues which the mothers raised. Where the coordinator had a social care background, mothers would be encouraged to contact their health visitor or GP for help with health issues.

2.2.2 The local coordinator

Each area pilot programme was required in its application to have a coordinator, separate from the trainer. It was expected to be particularly effective if a staff member from the commissioning organisation, such as a health visitor, midwife, nursery nurse or children's centre worker held this role. The coordinator took responsibility for the administration of the project, including the initial recruitment, arranging the venue, and crèche if used, dealing with expenses, deploying the peer supporters in the programme once trained, and liaising regularly with local health professionals about the programme. The coordinators were expected to be enthusiastic about supporting breastfeeding and to attend the peer supporter training sessions, as participant observers. This would enable them to get to know the peer supporters and how they were being trained to work with women and families; in particular, this would help them understand how the NCT approach works in practice. As participants they would have the same

opportunities as peer supporters to explore and understand their own breastfeeding experiences. The coordinator continued to be responsible for the programme once the six follow-up support sessions, held approximately once a month, have been completed, when the trainer stepped back. The coordinator was then expected to assume responsibility for maintaining the quality of the peer support service provided. It was an oversight that this responsibility was not made explicit in the Requirements for a pilot document.

2.2.3 NCT-accredited trainer

All the pilot sites had an NCT-accredited breastfeeding counsellor trainer. To become accredited as a peer supporter trainer, NCT breastfeeding counsellors were required to attend an NCT peer support training weekend to prepare them for the realities of training peer supporters. The weekends were run by peer support facilitators; initially, these were existing NCT tutors but some very experienced peer support trainers also became facilitators by observing a training weekend and then working with an existing facilitator.

Although NCT breastfeeding counsellors receive a thorough training in group facilitation during their initial training, training peer supporters involves particular challenges. The practical challenges include coping with babies and toddlers in the room as well as trainees and handling lateness. In addition, there are the emotional challenges of supporting trainees who may become angry about the lack of support they received with breastfeeding or upset when they become aware of information that could have improved their own breastfeeding experiences. Counselling supervision was provided for most trainers, according to availability and experience. All the trainers who were relatively inexperienced breastfeeding counsellors had access to supervision to help them reflect on their practice as trainers.

2.3 Theoretical underpinning

The foundation of the NCT breastfeeding counsellor approach to working with expectant parents, breastfeeding mothers and their families is effective listening. This requires self-awareness, a non-judgmental attitude and empathy. Mother-centeredness is paramount, rather than a problem-focussed advice-giving approach.[40] Although peer supporters, whose training is considerably shorter, could not be expected to develop the same level of competency, the aim was to train them to use a similar approach and develop non-directive communication skills. The trainer models this approach and these skills throughout the training; the training provides learning opportunities and the trainees are encouraged to develop their communication skills through role-play and other kinds of practice. The trainer needs to be knowledgeable about the theory and have considerable practical experience of working this way, so it is regarded as essential that the NCT training is delivered by a qualified NCT breastfeeding counsellor.

2.3.1 Training for local health professionals

Research has shown that the aspect of peer support most likely to cause difficulty is the relationship between peer supporters and local health professionals.[37] An essential part of the NCT peer support training, therefore, is a session for local health professionals (midwives and health visitors) who might have contact with the peer supporters or refer mothers to the programme, and might therefore take on a 'gate-keeping' role. The minimum length of the training session is preferably 2 hours, facilitated by the trainer. Such a session aims to help the local health professionals to have realistic expectations of what peer supporters can provide, to minimise the likelihood of either too little use being made of them or too much being expected. The trainer explains that NCT peer supporters primarily offer psychosocial support rather than guidance or advice and are complementary to NHS services. Hopes and worries that the health professionals may have around peer supporters can be addressed in the session and the trainer can provide a flavour of the experiential nature of the training.

A 24-page document, *Health professionals and breastfeeding peer support*, was produced to be e-mailed to the local health professionals prior to the session, to be used as background reading. The document includes evidence for peer support, government recommendations, the NCT approach, ways in which health professionals can best support a local programme, potential challenges in both training peer supporters and implementing a programme, and guidance on running a drop-in group. Ideas for structuring the training session were produced by the Steering Group.

2.4

Peer supporters

A peer is normally defined as someone of equal standing. The NCT believes it is important that breastfeeding peer supporters have personal experience of breastfeeding. While sharing the experience of breastfeeding may create a bond in itself, if the women have more in common such as being of similar age or educational level the more likely they are to identify with each other, and have other interests and aspirations in common. They are more likely to want to spend time together, whether already in an informal social network or if introduced for the first time as part of a peer support initiative. '(M)other-to-mother support can happen informally but most of the evidence is from evaluations of peer support schemes arranged within a healthcare setting' [19]

The NCT is committed to mothers being helped to have a positive breastfeeding experience, regardless of duration. The NCT believes that by offering listening support to mothers, breastfeeding counsellors and peer supporters are respecting and valuing their experiences of breastfeeding, building their self-confidence. They also have opportunities to raise awareness of the better health outcomes associated with breastfeeding through sharing evidence-based information. The charity and its workers seek to achieve a positive change in attitudes about breastfeeding throughout society by helping mothers to have positive experiences of breastfeeding and increasing awareness of breastfeeding as a normal, straightforward, enjoyable activity, so that it becomes more valued in the local communities.

2.4.1 Recruitment to the peer supporter training

The Steering Group set the criteria for eligibility to be recruited as a peer supporter. They wanted the peer supporters to have sufficient experience of breastfeeding to be able to talk positively and to inspire confidence in other women from a basis of understanding rooted in personal experience. They also wanted the peer supporters to be familiar with and understand the local culture of the women they were going to be supporting. So, they decided that to be recruited to the NCT training, potential peer supporters would be expected:

- to have had a minimum of three months breastfeeding experience, and
- to live in the same local area where they will be offering support.

2.4.2 Training

A large part of the support NCT peer supporters offer is psychosocial – normalising breastfeeding, being encouraging and building mothers' confidence, thus helping to counteract negative social influences.

Important aspects of the NCT training involve women exploring and reflecting on their own experiences, listening to the experiences of other trainees, improving their listening skills through practice, widening their knowledge and understanding of breastfeeding, and recognising both the importance of boundaries in the role and what their personal boundaries are.

The Steering Group believed it was important for each local programme to be tailored to the particular needs of the trainee peer supporters recruited and the local community. In addition, the trainers, as NCT breastfeeding counsellors, are skilled at devising their own training materials and facilitating groups. As a result, there is not a set training programme to be followed but the document Course details encourages consistency between pilots by listing possible syllabus topics, learning outcomes and guidance on the sequence of key topics.

Rather than having a set of discrete, sequential topics, key threads run through the training – exploration of personal experiences, effective listening-based communication, breastfeeding knowledge and understanding, social aspects of breastfeeding and the requirements of the peer supporter role, such as maintaining confidentiality and having clear boundaries.

During the project a number of documents were developed to support the administration of the local programmes and the training courses. Some of these were written in preparation during year one. Several of these documents were revised in response to feedback from the trainers and coordinators working for the local programmes, and new materials were also developed.

The following documents were made available in a template format so that they could be edited by each local programme:

- Welcoming letter to potential peer supporters
- Sample code of conduct for peer supporters
- Interview record form.

The booklet Health professionals and breastfeeding peer support was updated and an Executive Summary added during Year 3. An additional trigger for this process was that NCT peer support was to be given a higher profile on the NCT information stand at the Baby Friendly Initiative Annual conference in November 2008.

2.4.3 Support provided

A requirement of the NCT's local programme model was that the programme would continue beyond the training period, providing a formal integrated structure within which the peer supporters could provide psychosocial support for breastfeeding often alongside a midwife or health visitor who would be responsible for any health issues. It is important that peer supporters are not lone workers but part of a network where they can also receive support. The training period was relatively brief, based on eight, approximately weekly, sessions of two-hour duration. After this there were six on-going reflective support sessions provided by the trainer, at approximately monthly intervals.

NCT-trained peer supporters make most of their contacts with breastfeeding mothers at drop-in groups run as part of the local programme, or may be allocated to mothers by the coordinator. Other opportunities for the peer supporters to offer support include visiting new mothers in the local maternity unit, attending antenatal classes run by local midwives and providing telephone support.

Contact record forms were printed to record the contacts the peer supporters had with parents. The sheets are in triplicate, one copy to help the peer supporter reflect on the contact, one copy for the coordinator's records and one copy for the project evaluator.

2.5

Key features of NCT training of peer supporters

As a result of the training the peer supporters are expected to:

- offer support that is based on effective active listening
- view breastfeeding as the normal way for a baby to be fed
- have shared and explored their personal experiences so that they are understood better and do not intrude on helping others
- respect confidentiality
- know both the limits of their role and their personal limits to helping others
- value and respect personal experiences as well as research-based information
- offer appropriate information, mainly in written form (e.g. leaflets or websites), and strategies for coping
- not give advice
- understand the basics of how breastfeeding works and common problems that may arise
- accept the views and choices of others, without compromising their own beliefs
- be aware of international agreements and initiatives to protect and support breastfeeding such as the WHO International Code of Marketing of Breastmilk Substitutes, plus subsequent resolutions, and the Baby Friendly Initiative.

Part 3

3

Evaluation

3.1 Methods and design

Feedback from the programmes was obtained, as they finished, during years two and three of the project. The overall aim of the evaluation was to assess the feasibility of running the local peer support programmes, the strengths and weaknesses of the NCT peer supporter training, and the impact of the peer support on mothers' experience of breastfeeding.

The evaluation addresses six questions regarding the feasibility of running the local programmes:

- How many peer supporters were trained in the NCT Breastfeeding Peer Support Project up to 31 May 2009?
- How did the trainers and coordinators experience the organisational aspects of the local programmes?
- What factors helped or hindered organising the programmes?
- Is the NCT/statutory service partnership model for training and delivering breastfeeding peer support a suitable model to roll out after the project is completed?
- How effective was the involvement of health professionals?
- Were the local programmes successful in meeting the NCT's objective of working with a more diverse range of parents, including those who are economically deprived, younger and from a diverse range of ethnic groups?

The evaluation questions related to the peer support programmes were:

- How useful did the trainers find their preparation for providing training, and the resources for delivering the training programme?
- How did the trainers and peer supporter trainees experience the peer support training?
- How well prepared did the peer supporters feel for providing peer support at the end of their training and how had they benefited personally?

A pilot to collect feedback from women who had had contact with peer supporters was carried out in five of the local programmes. The questions addressed were:

- How did the mothers experience contact with a peer supporter?
- To what extent had the contact impacted on the mothers' confidence related to breastfeeding and their experience of breastfeeding?

All peer support programmes which were running or had finished their training by 31 May 2009 were included in the evaluation (19 out of 20 funded). The evaluation covered the perspectives of:

- NCT-accredited trainers
- coordinators

- NCT trained peer supporters
- mothers who received support from a NCT trained peer supporter

Standardised forms were developed to collect the feedback from each of these groups (see Appendix B). The project coordinator distributed forms for trainers, coordinators and peer supporters over the whole duration of the project. The feedback form for breastfeeding mothers to complete was sent to local programmes by the evaluation team in February 2009.

In addition to the data collected using feedback forms some qualitative data were collected. One focus group was held with five mothers using a breastfeeding support group in a children's centre where one of the trained peer supporters provided support, and one individual interview was conducted with a mother receiving peer support.

3.2 Feasibility of the programmes

The peer supporter training programme was designed to provide training free of charge to eligible women (see chapter 2.4) who would be enabled to offer one-to-one help to other mothers in their local area. The project was planned to make NCT peer breastfeeding supporter training available primarily through partnerships with children's centres and the NHS. It was also to be available to volunteers in NCT branches in England. For some time, there had been a demand for 'something different' within the NCT among women who wanted to support other women and 'give something back' but did not feel able to undertake the extensive 2-3 year NCT breastfeeding counsellor training.

The aim of the project was to train around 240 breastfeeding peer supporters. By 31 May 2009, 175 peer supporters had been trained. The training was provided by 15 trainers in 19 programmes (two trainers each delivered two training programmes in different areas, one trainer delivered three training programmes) (see table 1). The original intention had been to run 20 programmes; in fact, 20 could be funded but one started too late to be included in the evaluation. It was hoped that each programme would train 12 peer supporters as from prior experience this is the maximum number that can be satisfactorily accommodated in a group trained using experiential methods. Some programmes were unable to recruit as many as 12 mothers; on average 9 peer supporters were trained per training programme. Around 11% of the trainees dropped out during training. The dropout rate of 11% seems low for women who had babies and small children to care for and would work as volunteers. Generally, therefore the drop out rate indicates a considerable commitment to helping other women.

The 19 local programmes were varied. In terms of geographical location they ranged from Durham in the North to Worthing in the South. One programme was set up to provide for the needs of a particular community group - Polish families. Most of the programmes were initiated by an NCT breastfeeding counsellor but some, particularly later on, resulted from requests from NCT Branches which had no breastfeeding counsellor.

Some 14 programmes involved a children's centre or a PCT commissioning the training from NCT and one programme was associated with a local

community group. The expectation was that this would give a sense of local ownership of the programme by the local community. The peer supporters were trained by the NCT but insured by, working for and supported by the health service or local authority. About four local programmes were based in NCT branches, with the primary aim of providing an NCT-led support group. These schemes produce "NCT peer supporters", insured by and working for the NCT.

Table 1: NCT breastfeeding peer support programmes by the end of March 2009

Area	Commissioning body	Date of pilot application	Source of peer supporters	No. of supporters trained	Date initial training completed
Worthing, Sussex	NCT Branch	06/07	NCT members	9	09/07
Sheffield, Yorks	NCT Branch	04/07	NCT members	12	01/08
Chatteris, Cambs	Sure Start	07/07	Local mothers/ CC	10	03/08
Skipton, Yorks	CC*	02/08	Local mothers	11	06/08
Willington, Durham	Sure Start	12/07	Local mothers/ CC	10	07/08
Blackburn, Lancs	Social enterprise (Little Angels)	03/08	Polish community	8	07/08
Long Eaton, Notts	PCT	01/08	Local mothers from established group	9	09/08
Malmesbury, Wilts	NCT/CC**	02/08	NCT drop-in/CC	7	11/08
Maldon, Essex	PCT	03/08	Local mothers at breastfeeding group	8	12/08
Brighton, Sussex	Children's Trust	09/08	Local mothers at breastfeeding group	9	12/08
Peterborough, Cambs	PCT	09/07	Local mothers	10	12/08
Andover, Hants	Local grant to pay 2 coordinators	02/08	Local mothers	11	01/09
Derwentside, Durham	CC	06/08	Local mothers/ CC	8	01/09
East Grinstead, Sussex	CC	09/08	NCT/mothers attending CC	10	02/09
Leyton, E.London	CC	09/08	Local breastfeeding support groups	8	03/09
Derwentside, Durham	CC	02/09	Local mothers	8	04/09
Lewisham, S.London	CC	09/08	Local mothers	10	05/09
Croydon, outer London	For Baby Café supported by NCT Branch	01/09	NCT members; mothers who attend the Baby Cafe	6	05/09
Waltham Cross, Hertfordshire	CC	01/09	Local mothers/ CC users	11	05/09

* CC = Children's centre, ** Children's centre adopted the programme

Funding had been agreed for a further project in Derbyshire but it had not started as of May 2009.

All 15 trainers were asked to fill in a feedback form after they had finished delivering the training programme. The feedback form included questions about their experience of organising the training and the working relationship with the coordinator. All trainers completed forms, providing information about 19 programmes.

All the programmes, with the exception of one early programme, were required to have a named coordinator on the application form therefore, 18 of the 19 programmes were set up with a coordinator. However, only 14 of 19 programmes had a coordinator separate from the NCT breastfeeding counsellor trainer by the end of training. When coordinators moved posts the commissioning body did not always replace them. In one case where the coordinator left the project as the training programme began, employees of the Primary Care Trust took over part of the role and responsibilities. In three other programmes when the coordinator left the coordinator role was taken on by the trainers themselves. The coordinators, including trainers acting in a dual role of trainer/coordinator, were asked to report on their experiences of working with the NCT to run the local programmes offering peer supporter training and facilitating opportunities for trained supporters to meet breastfeeding mothers. Out of 19 programmes, feedback from 15 programmes was collected, 12 from coordinators and three from NCT trainer/coordinators.

3.2.1 Working relationship between trainer and coordinator

Overall, 18 of the 19 programmes were set up with a coordinator; 14 of the 19 were continuously supported by a coordinator. The role of the coordinator in the programmes was held at the start by:

- children's centre staff (n=8, one of them being a midwife),
- employees of the primary care trust (n=2),
- other NHS trust (n=1) (the coordinator was an employee of the trust as well as an NCT antenatal teacher)
- an NCT volunteer/member (n=4)
- other local mother volunteer (n=1)
- NCT breastfeeding counsellor trainer (n=1)
- unknown (n=1).

Responding to an open-ended question, all coordinators reported that they had had a very positive relationship with the trainer. For their part, the trainers reported a range of experiences. The majority of trainers said that their coordinator provided valuable practical support to the programme, allowing them to focus on the training:

'The local coordinator was invaluable, being able to spend time organising, advertising, collecting the keys, helping set up etc.'
'I became much less involved what the admin side of the group, focusing entirely on the training, thanks to a very efficient coordinator, which made me

much happier that I could focus on my tasks. I feel it also contributed to the group working more with the coordinator which has resulted in a much more cohesive and self-supporting group. Whilst only time will tell if they remain committed for longer because of this, I believe they will.'

'Brilliant - we worked really well together, and felt we were a team, learning a lot from one another. It felt like the whole project of training peer supporters and offering peer support at city-wide drop-ins was changing from dream to reality.'

One trainer also felt that the working relationship with the coordinator led to a wider understanding of the NCT approach and therefore a higher chance of the commissioning body using the training in the future:

'Creating the pilot programme; working with local peer support coordinators and feeding back to one another. It was a great experience for us all, exchanging knowledge about breastfeeding and ways of approaching the development of peer supporters. It really helped them to understand and value the NCT approach, which will now be adopted in future peer supporter training programmes locally.'

At one children's centre, the tasks of a coordinator were shared between several people (e.g. one person was responsible for the booking the training rooms, another person for developing the press release), which seemed to work well for them.

In one case a peer supporter trainee took over the role as coordinator, because funding for post of the original coordinator (local Sure Start midwife) was lost before the training could start. This seemed to work well in terms of providing administrative support. However, the trainer reported that the guidance and support which might otherwise have been provided by a commissioning body left a noticeable gap.

One trainer who acted as a trainer/coordinator felt it was 'challenging' to take on the combined role, which involved both recruitment and maintaining the programme after the training had finished.

A different problem showed up in one programme where a midwife acted as coordinator. The trainer reported difficulties arising from a peer supporter's previous experiences with the midwife:

'I realised that in one area the midwife coordinating the scheme was not getting on well with a peer supporter who was also, privately, not very complimentary about her [the midwife's] advice to her as a breastfeeding mother.'

Also, other coordinators were not able to give the support needed. Two trainers report difficulties:

'The coordinator I worked with was an NCT volunteer and, in retrospect, I don't think that worked very well. I found that I was having to take on a large part of her role and I feel that the peer supporters would have been more effective with more input and encouragement from the coordinator. I think we had

underestimated the hours the role required and so as a volunteer her input was too limited.'

'The partnership between the co-ordinator and trainer I believe is integral to the success of the project. Unfortunately due to personal circumstances the co-ordinator had difficulty taking the project forward after training was completed. Also as a volunteer I found it difficult to ask her to do things.'

The reasons for the coordinator role working less well from the trainers' point of view therefore seems to have included the coordinator being moved to another role and not being replaced and also a coordinator having too little time or not being clear about the expectations of the role.

3.2.2 Socio-demographic characteristics of peer supporters

Information given by local coordinators provided information about the age of 96 peer supporters in 11 different programmes. One third of peer supporters were between 25 and 29 years old. Another third was between 30 and 34, and a quarter aged between 35 and 39. There were no peer supporters younger than 20 recruited to the programme (see figure 1).

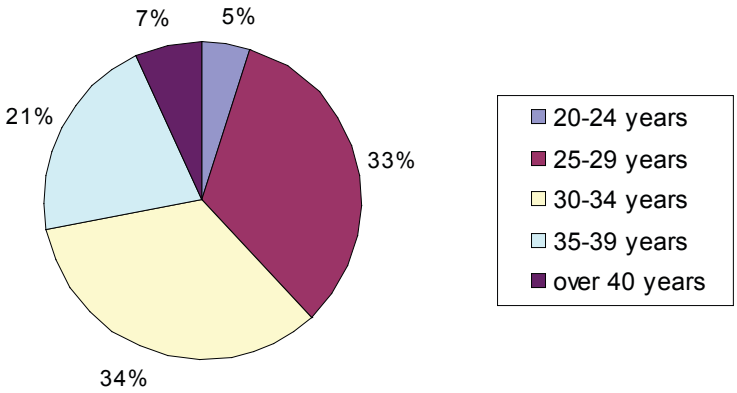

Figure 1: Age of the peer supporters (n=96)

Information given by local coordinators provided the ethnic background of 126 peer supporters in 14 different programmes. Eleven of the 14 programmes trained mainly mothers with a White British background. One programme aimed to train mothers from the Polish community as well as from the British community. Another two programmes trained mainly mothers from ethnic origins other than White British. Overall, most of the peer supporters were White British (80%), some with other White ethnic origin (9%). Others were mixed race (5%), Black (5%), Indian (2%) and of other (1%) ethnic background.

3.2.3 Activity after training and supported mothers

Coordinators of 15 programmes provided information about the numbers of peer supporters who were active after finishing their training. In May 2009, around one to six months after finishing their training, 72 out of 126 (57%) of the trained peer supporters in these 15 programmes were active. About 26 peer supporters (21%) were not active because they recently finished their training and hadn't started offering peer support at the time. One group of ten peer supporters were not active because the funding for the Baby Café where they had expected to work was not realised. The most common reasons why the other trained peer supporters were not active included other (paid) work and family commitments. One coordinator mentioned a structural problem with there being no easy way for the peer supporter to work once her training was completed. However, in this case one or more of the peer supporters had gone on to gain related employment.

'There is no volunteer structure for them to fit into, [however, peer supporters] have gained employment in breastfeeding support.'

Through contact record forms the numbers of supported mothers were known for eight programmes for parts of the project timeline. Because the contact forms were not used constantly the numbers give only an indication of how many mothers were supported not definite figures. Around 8-12 supporters had been trained in each of eight programmes, but only some of them had been active. The average number of supported mothers in these eight programmes ranged from about 2-8 women per month. This was mainly by making contact in drop-ins at children's centres and making visits to postnatal wards, but also through private and work related contacts.

3.2.4 Training of health professionals

A core feature of the NCT peer support local programmes was foundation training for local health professionals (health visitors and/or midwives), facilitated by the trainer. The training provided local health professionals with information about NCT peer support and helped them to understand its possibilities and boundaries. The coordinators and trainers were asked for their feedback about the training for health professionals and what it had been like working with health professionals in the peer supporter programme.

The coordinators for nine different programmes reported that a total of 60 local health professionals, and in one programme also children centre staff, had attended the foundation training (range 2-20 health professionals, median=5). Several coordinators mentioned that it would have been useful if more health professionals had attended the training.

Three coordinators reported very positive feedback:

'The foundation training was informative and positive and I feel that the trainer's knowledge and understanding of children's centres and integrated

working will have enabled health professionals to feel confident in promoting the support that the peer supporters can offer to breastfeeding mothers.'
'Many health professionals enjoyed session and liked meeting an experienced peer supporter.'

Five trainers, including one trainer/coordinator, and one coordinator reported problems getting local health professionals to attend. One reported:

'The relevant people, such as the Head of Midwifery at the hospital, were very enthusiastic about it but when it came to actually arranging a time to do it, there was always an excuse why they couldn't do it at the moment, which I'm guessing came down to lack of staff and other pressures.'

The trainer/coordinator said:

'Setting it up in the suggested format proved impossible to do as whilst they liked the idea of it, the local health professionals didn't have the time to commit so we had to make much more informal arrangements and this was with the health professionals that we already have good links with so we were unable to reach the ones we feel would really have benefited from the foundation training.'

Another trainer suggested another approach:

'Maybe a PowerPoint Presentation would be more useful to present to health professionals.'

One coordinator recommended more input from a midwife to improve the training. Another emphasised the importance of a more sensitive approach:

'I think it [the foundation training for health professionals] is a great idea but needs to be approached very carefully in order to get health professionals on board rather than alienating them.'

The main issues to emerge, therefore, were the difficulty of arranging for professionals to have time off from other duties to attend the training, and the difficult of planning a session in advance that staff could attend. While in some cases the presentation was very well received, there was a sense that in one instance greater diplomacy would have been more effective in terms of gaining professionals' support.

3.2.5 Challenging organisational aspects of the programmes

In an open-ended question the trainers and coordinators were asked what the more challenging aspects of organising the pilot schemes had been. The topics reported most frequently were administration, organisation of the crèche and time constraints.

The administration was a time-consuming part of the programme from

the trainers' and coordinators' point of view, especially in the beginning. In addition, some materials, such as the interview sheets and peer supporter certificates, had not been developed in time for use in the first few local programmes. In the early days at least one trainer produced materials herself that were later provided by the project coordinator. Obtaining CRB checks for trainees was also mentioned as a time-consuming task, particularly for trainees who were not UK citizens.

Also demanding and sometimes not satisfactory was the question of childcare. Six trainers reported problems with childcare such as lack of an available crèche, inflexible rules, and lack of enough places in the crèche. One coordinator reported that it was difficult to find a crèche company which met the rules of the children's centre:

'I had difficulty in organising a crèche to look after the trainees' children whilst trying to fit it with the rules of the children centre and not make it prohibitively expensive. However, it worked out OK in the end.'

The absence of staff led to several sessions with the babies in the room.

'Organising the crèche [was difficult]. Each week there were staff absences which led to a lot of children and babies in the room and some frustrated mums.'

Time constraints were difficult for one trainer, one trainer/coordinator and one coordinator. The trainer/coordinator reported that she needed to put a lot of extra unpaid time and effort into setting up the local programme and the training. Whereas the coordinators employed by the health service or local authority were salaried, there was no paid time budgeted for in the project for administrative work for trainers or trainer/coordinators. They were paid only for their training hours.

3.2.6 Improving the organisation of the programmes

In an open-ended question the trainers and coordinators were asked what they would do differently if they were involved with another programme in the future. The following suggestions were made.

Organisation in advance

Two coordinators said that they would try to do more work in advance, including the official paper work, such as CRB checks. Three trainers would put more effort into planning the whole programme, including recruiting an active coordinator with a health professional or children's centre background. Also, organising to work with a children's centre was recommended by one trainer. The involvement of a children's centre was expected to 'lead to better management of the peer supporters and their drop-in so that ultimately they will remain more motivated and reach more parents'. One trainer suggested increasing the number of meetings with health professionals to involve them more actively

Organisation of the childcare

Two trainers and two coordinators said they would improve the childcare arrangements to make sure that a good crèche is available for all sessions.

Recruitment of and getting feedback from peer supporters

Three trainers mentioned that they would give more attention to the interview stage. They suggested conducting interviews with the trainees before and after training and getting feedback from the trainees on a regular basis to make sure the training addressed their needs, but also to communicate the commitment needed clearer.

3.2.7 Summary

Overall, setting up local programmes using the planned model proved to be feasible. By May 2009 20 projects had been funded. Of these training in 19 programmes was completed and 175 breastfeeding peer supporters were trained. On average nine peer supporters were trained per training programme. The low drop out rate (11%) and the proportion of trained peer supporters who had not provided support (around 22%) seems acceptable. There appeared to be a high level of satisfaction with the training and activity as a peer supporter among those recruited.

Socio-demographic characteristics of the trained peer supporters showed reasonable diversity. One third of the trainees were in their twenties, one third between 30 and 35 and another third over 35 years old. A majority of the peer supporters has a White British background (80%). One programme involved a mixed group of Polish and British mothers and in two programmes White British mothers were the minority.

Some 14 programmes were set up in partnership with a primary care trust or children centre.

The NCT model for peer supporter programmes generally worked well. This positive picture is added to in the sections that follow. The project has provided valuable lessons in how long it can take to set up local programmes and the importance of having a named coordinator from the local health community. It is important that this person is replaced if she moves to another role. There must be a clear agreement about the coordinator's role and responsibilities. It has highlighted the difficulty of arranging for local health professionals (health visitors and midwives) to attend the foundation training session, the practical problems of trying to arrange a reliable crèche and delays caused by administrative matters such as arranging CRB checks.

3.3

Evaluation of the peer support training

3.3.1 Trainers' perspective

All trainers provided information about their preparation for delivering peer supporter training, the resources provided to assist them in delivering the training, and their experiences of delivering the training. The information was provided on a self-complete feedback form, including a combination of closed and open questions.

Train the trainer workshops and resources for trainers

The trainers who were recruited to train peer supporters were all expected to attend a train the trainer workshop prior to training peer supporters, and they were also all given a copy of Mary Smale's resource pack Training breastfeeding peer supporters: an enabling approach (2004, 2008) (written document and a CD) to help them in preparing activities for the peer supporter training courses (see Appendix A). They were asked for their feedback on the train the trainers' workshop and the documents and ideas provided for delivering the training.

Seven out of twelve trainers who responded felt the train the trainers' workshop prepared them very well for providing the peer supporter training programme; five trainers felt adequately prepared. One trainer described the workshop as 'very inspiring'. The chance to ask questions, meet other trainers and try out ideas for teaching was particularly valued. One trainer who felt adequately prepared reported:

'I think my expectations were different to the actual course content. Initially I thought I would receive a prescriptive "how to run a course". In reality it was more acknowledging and developing skills we already have as breastfeeding counsellors.'

They were asked to rate the resources provided. Mary Smale's resource pack was evaluated as 'invaluable' by several trainers. The provided curriculum (list of topics) was mostly rated as excellent; two trainers felt it was good; one trainer rated it as adequate. The trainers mentioned that they found it 'very helpful to have this starting point' and felt that it was 'very comprehensive', 'appropriate' and 'invaluable' for covering all topics and finding the correct balance between the different topic areas.

Other materials that were valued highly were the course details document, which included a suggested list of topics to cover during the course, training guidance and learning outcomes; the Health professionals and peer support booklet designed for health professionals and the document describing the responsibilities of a trainer.

In contrast, the interview and contact record forms were rated 'of some use' or were not used by the majority. Some trainers said the peer supporters resisted using the contact record forms, and some trainers were not aware that every conversation a peer supporter held which included breastfeeding support should be recorded. Therefore, only formal contacts such as those taking place at drop-in groups were recorded. The 'Sample code for supporters' seemed to be very useful for half of the trainers. Two trainers who hadn't used the sample code at the time of the evaluation intended to use it in the future (see table 2).

Table 2: Rating of resources for trainers (n = 15)

	Very useful	Of some use	Did not use
Course details	12	1	2
Health professionals and peer support booklet*	10	3	1
Responsibilities of a trainer	11	3	1
Ideas for health professionals' training*	8	3	3
Sample code for supporters*	8	1	4
Interview record form	6	4	5
Contact record form	6	5	3

* One or two trainer(s) respectively didn't answer this question

Delivering the training programmes

The trainers were asked to provide feedback about the training they had provided. The trainers particularly enjoyed working with the trainee peer supporters and seeing them grow in their confidence. One trainer commented on how she enjoyed working with the peer supporters:

'I loved working with the group of peer supporters on the activities which worked well - a good many of them. It was great seeing their skills, understanding and confidence grow.'

One trainer emphasised the importance of the NCT approach to training peer supporters:

'I very much enjoy training and working with peer supporters and believe they have a significant role to play in breastfeeding support. I am also aware of other schemes where the people doing the training have very limited breastfeeding knowledge, little or no experience of mother centred parent-to-parent support and little or no experience in training, so I believe that the NCT model is very much needed.'

The trainers were asked which areas of the curriculum were most challenging to deliver. The topic mentioned most frequently was the listening skills. They emphasised the importance of supporters developing good listening skills, and the difficulties posed, particularly when training peer supporters who did not have English as their first language. Also, the complexity of the topic made it challenging to teach:

'Listening skills - especially helping peer supporters to understand the difference between sympathy and empathy. Roles and boundaries - I felt there was some lack of clarity between the comfort zones felt by the trainees

and what was in the remit of a peer supporter, which needs to be clarified at follow-up sessions.'

Other challenging topics to teach were weaning and physiology.

Two trainers felt it was challenging to find the right balance between letting the mothers talk about their own experiences and covering other important aspects of the curriculum. One said:

'It was challenging to get the balance right with regards to answering the needs of everyone in the group, and also when letting the mothers debrief and tell their story without it taking up too much of the session.'

Similar concerns were mentioned for the follow-up sessions. The large number of topics that needed to be covered and the time available made it necessary to plan carefully and manage the time effectively.

Group cohesion was another issue that was challenging for trainers. Three trainers said there were challenging group dynamics due to differences in nationality, geographical area, experiences in volunteering and other individual differences. It was tricky to maintain group cohesion and find a balance between developing the skills of newcomers and training people with previous experiences in volunteering.

Suggested improvements to the training programme

All trainers except the trainer who had retired would like to be involved on another peer supporter training programme. Three respondents had already trained two/three groups of peer supporters. They felt more prepared for leading the second course. One said:

'I felt much more prepared second time around since I have my activities prepared and although I changed the format around, it was helpful to know which topics had taken longer than I expected and which were shorter. I had a more realistic expectation about how much to fit in each session and how to structure them around the children that were present.'

In an open-ended question the trainers were asked what they would do differently if they were involved with another training programme. Two trainers would put less into each session and slow the pace down so there would be more time for in-depth exploration, and at the same time readjust some activities to allow a more effective presentation. In contrast, another trainer emphasised that she wouldn't rely so much on the follow-up sessions to deliver a lot of the key information, because not every trainee will be able to attend.

3.3.2 Trainees' perspective

Rating of the training

The peer supporters were asked to provide feedback immediately after or during their last training session on the training. This covered teaching style, delivering of the training and childcare facilities. Of the 175 trained peer

supporters, 116 responded, which is equivalent to a response rate of 66%. The 116 peer supporters were part of 17 different programmes.

The trainees were asked if the programme was described accurately by the person who referred them. The result showed that not everyone was informed adequately about the training: 82% agreed or strongly agreed that the programme was described accurately, 12% had a neutral opinion, and 6% didn't agree.

In terms of providing feedback on the teaching style of their trainer, peer supporters were asked to comment on four different aspects of teaching: the usefulness of examples given, the usefulness of the feedback received, the involvement in activities and discussions, and the support with learning. Almost all the trainees (97%) said that the trainer gave 'useful real-world examples' in the training (63% strongly agreed and 34% agreed), helped them to learn (60% strongly agreed and 37% agreed), and involved them in activities and discussions (68% strongly agreed and 29% agreed). Also a vast majority (91%) reported that they were given useful feedback during the training sessions (50% strongly agree, and 41% agree). However 7% (eight peer supporters) had a neutral opinion and two peer supporters disagreed with this statement (see figure 2). The neutral and negative ratings were not related to one particular training course or trainer.

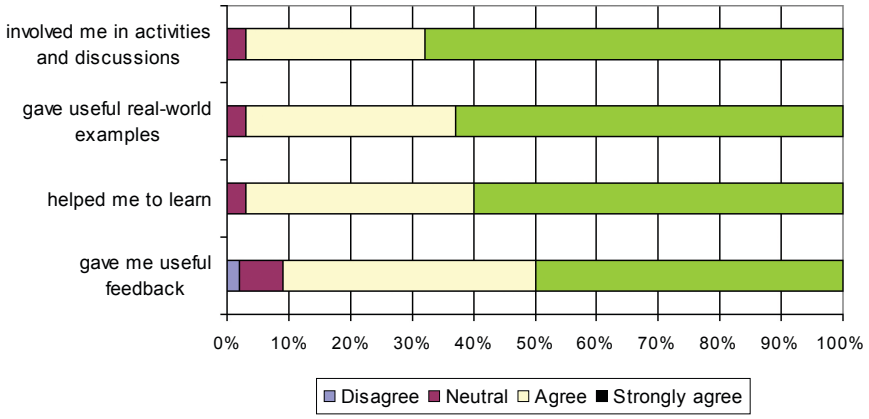

Figure 2: Rating of the trainer (n=105-108)

The peer supporters' overall feedback was positive. About 93% rated the training as 'good' or 'very good'. Of the respondents, 6% felt it was 'fair' and another 1% assessed the training as 'poor'. Almost all (96%) agreed that the training improved both their skills and their knowledge for supporting breastfeeding mothers.

One fifth of the peer supporters wished the training had lasted longer, most of the other respondents felt it was just right in length. Also the pace was suitable for most of the peer supporters: it was just right for 89%, too slow for 8% and too fast for 3% of the respondents.

The findings referring to the childcare arrangements show more divided opinions: 4% rated the crèche facilities 'poor', 21% 'fair', 37% 'good' and 38% 'very good'. The peer supporters who rated the crèche poor or fair were in ten

different programmes. This feedback may reflect the difficulties with crèche facilities reported by some of the trainers. This is clearly an aspect of the training that was evaluated less well than the course content and the trainer's teaching style.

The peer supporters were asked to rate the delivery of training in detail. All respondents with the exception of one agreed that the training programme was interesting, clear and easy to follow. It was also relevant for the vast majority (96%). Similar results were found for the areas the programme covered: 89% strongly agreed or agreed that it covered areas they hoped to learn about, 8% had a neutral opinion on the covered areas, and 3% disagreed (see figure 3).

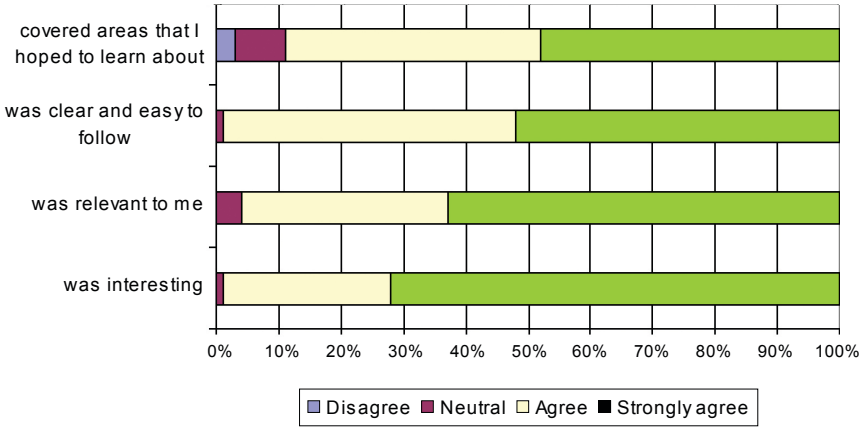

Figure 3: Rating of the training delivered (n=108-114)

In addition to the rating, the peer supporters were asked for the three most enjoyable aspects of the training, the part of the training they liked least and suggestions for improvement. The respondents reported a wide range of aspects they liked. In particular, the training atmosphere and learning style were enjoyable for the attendees as they were mentioned about 100 times (multiple answers possible):

'The relaxed atmosphere made it easier to learn and take things.'

'Mix of 'lecturing' and interactive approach.'

'Felt a very nurturing environment.'

Others highly appreciated parts of the training were:

- the possibility of meeting other mothers (mentioned about 50 times)
- improving the knowledge of breastfeeding, learning new things and receiving a useful handout (mentioned about 50 times)
- specific topics and visits during the training such as the listening skills, anatomy and medical background, the child protection officer's visit and women's refuge visit (mentioned about 42 times)
- the feeling of fulfilment, confidence and being able to offer support to

other mums (mentioned nine times)
- the venue, especially the possibility of bringing the baby (mentioned eight times)

The most negative feedback concerned childcare arrangements. About 15 peer supporters from seven different training programmes mentioned that the crèche wasn't available some days or for all children needing care, so some children were looked after in the same room as the training, which was distracting:

'I found it hard to listen to everything with children crying.'

Other peer supporters mentioned the following negative points:

- six felt the training needed better management to prevent running out off time or getting side tracked on less important topics
- five were not satisfied with the pace of the training; most of them felt it was too slow, one mother felt rushed
- the location of the training was too far away for five of the peer supporters
- four were not happy with the time of day that the training was provided
- four mentioned difficulties with other participants; one mother didn't like 'being put on the spot!', while others reported that some fellow students were 'a bit opinionated' or 'intimidating'
- four felt the training course was too short
- four trainees from the same programme were disappointed that their coordinator, who is a vital person for promoting breastfeeding in the local area, was not able to stay in her position because of lack of funding
- two wished to receive support after training 'in finding a useful way to use my new skills and develop them further'
- two would have preferred more information on attachment and latching
- single mentions included a too low level of the training, a too long break for half term, a too rigid structure and a misleading leaflet in terms of length of the training.

The peer supporters were also asked to suggest improvements. Nine peer supporters made suggestions about topics to include, or increase the focus on. They suggested adding or emphasising:

- role play
- drug addiction and alcohol abuse
- practical / health issues
- real-life examples
- aspects of how formula milk may be unsafe

'All supporters have a duty to know about risks of formula and intrinsic contamination issues.'

Other peer supporters suggested the following improvements:

- extend the length of the courses / sessions (n=9)
- make the training structure clearer and keep to the structure (n=7)
- improve the childcare arrangements (n=6)
- more contact with trained peer supporters and start to support under their supervision (n=5)
- involve other health professionals (n=2)
- give more information to take home and study (n=3)
- use another venue (n=2)
- receive information about the training content and length in advance (n=3)
- personal feedback or a way to monitor personal progress (n=1)

Trainees' self evaluation

From June 2008 onwards, the peer supporters completed a self-evaluation form, at or after the end of the training. This excluded the 41 peer supporters who had finished their training before June 2008. This second questionnaire focused in more depth on their perception of their skills, knowledge and readiness for giving support. In total, 42 out of 134 trained peer supporters who finished their training after June 2008 from five different programmes completed the form. The response rate was 31%.

About 90% of the peer supporters felt ready to support a breastfeeding mother; 10% felt that they were 'not ready [now] but soon'. Some peer supporters who were ready emphasised that, despite being ready, they wanted to continue to improve by updating their knowledge and skills.

The peer supporters were asked to consider six different skills in terms of whether they were 'usually' able to practise the skill effectively, or 'I need to work on this', or 'I really struggle with this'. A vast majority (91%) of the respondents said they were able to ask for help and to maintain confidentiality. Over 80% of the peer supporters felt they were usually able to respect a mother's decision and listen carefully without interrupting. Three quarter felt they know their limits when helping mothers. The peer supporters reported more difficulties in giving encouragement and information rather than advice: Overall, 44% felt that they needed to work on this (see figure 4).

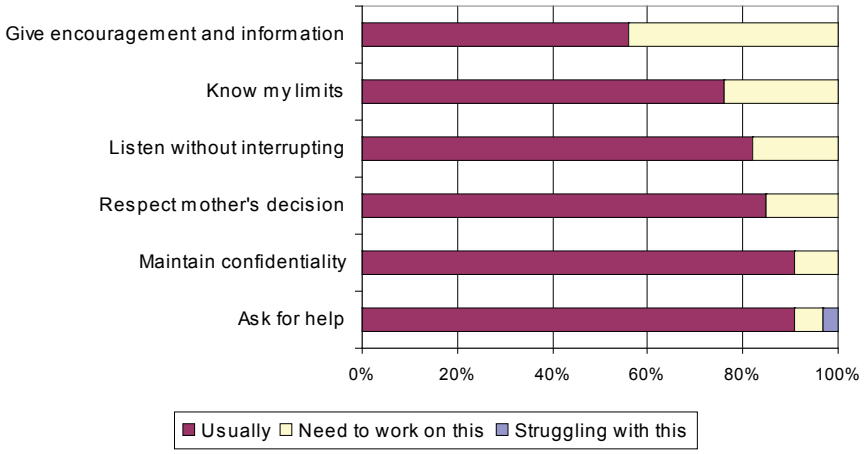

Figure 4: Rating of the skills gained in the training (n=32-33)

In addition to their skills, the peer supporters were also asked to assess their level of knowledge. After attending the training, all peer supporters who answered this question reported that they knew three or more health benefits of breastfeeding. Furthermore, 91% said that they usually knew where to find relevant information (e.g. books, leaflets, internet), but 9% felt that they needed to work on this. Understanding the signs that breastfeeding is going well or that a mother may need to talk to a health visitor, midwife or a qualified breastfeeding counsellor is an important aspect of peer support. Therefore the peer supporters were asked if they were able to help a mother decide if breastfeeding was going well for her and her baby. About 70% of the peer supporters said they could usually do it, but 30% needed to work on this.

3.3.3 Summary

In summary, the trainers gave positive feedback about their preparation for providing training and found the resources for delivering the training programme very useful. There were fewer resources available for trainers delivering the first local programmes and these trainers felt less well supported than those who had access to the full range of resources made available later.

The trainers enjoyed delivering the training and felt that the NCT approach and style of training was a real strength that would equip peer supporters to deliver woman-centred, empathic support. However, it was a challenge to prepare the peer supporters well in the time available.

The peer supporters clearly valued many aspects of the training highly. Responses to the first feedback questionnaire showed that of the (175; 66%) who responded:

- nearly all peer supporters found the training programme 'interesting', 'clear' and 'easy to follow'
- almost all (96%) said it was 'relevant' for them and had covered issues that they 'had hoped to learn about' (89%)
- most considered the training to be 'good' or 'very good' (93%)

- a fifth of peer supporters would have liked the training to be longer but the other peer supporters were happy with the length of training

Those who had the opportunity to complete the second, self-evaluation form, developed in June 2008 (42; 31% response rate), were also able to demonstrate their ability to reflect on their own skills, knowledge and preparedness for working with breastfeeding mothers. Most of these peer supporters felt well prepared to provide peer support at the end of their training and felt that they had an adequate knowledge of the benefits of breastfeeding. Some of the trainees needed further support to learn how to give encouragement and information rather than advice.

Trainees from ten programmes reported problems with crèche provision, which also reflects the problems of organising a childcare reported by trainers and coordinators. Other recommendations for improvements included an extension of the course length and a better management during the lessons to prevented getting side tracked and running out of time.

3.4

Mothers' experiences of breastfeeding peer support

A small pilot study was conducted to explore the mothers' experiences of contact with the peer supporters, using a mixed methods approach. Quantitative evidence was collected using a one-page, easy to complete, feedback form and qualitative data were collected through a focus group discussion and a one-to-one interview. The number of participants was small as these data were gathered only during two months (February and March 2009).

3.4.1 Results from the feedback forms

Local programmes eligible to participate were those in which the training was completed. Of the 19 programmes, training had been completed by the end of March 2009 in 15 programmes. Of these, three programmes were not actively offering peer support to mothers between 1 February 2009 and 31 March 2009, so 12 were eligible and therefore invited to participate.

Peer supporters and coordinators were asked to help in the collection of feedback from breastfeeding mothers about support they had received. Feedback forms were sent by email to either the coordinator or the trainer of the 12 programmes. The trainer or coordinator distributed the forms to the peer supporters who asked mothers they had contact with to fill one in. The feedback form contained questions about the mother's experience of contact with a peer supporter and asked about her socio-economic background. The forms were collected in a box to assure confidentiality. Five of the 12 eligible local programmes agreed to participate in the pilot study of mothers' experiences.

Overall, 25 mothers from the five participating programmes completed and submitted a feedback form during February and March 2009. With such a small sample there is limited value in analysing the data in detail, but an overview provides a possible snapshot of the profile of women using the programmes' support services.

Half of the respondents were first-time mothers. The women who already had children had all breastfed before.

The range of the babies' ages was very wide. Babies were aged between three days and 16 months. The average age of the babies was around 16 weeks.

Around half of the 25 mothers were under 30 years old (n=12). About 11 mothers were in their thirties and two mothers over 40 years old. The majority of the mothers had a White British background (n=20), two had another White background. The other three mothers had a Mixed, Pakistani and Black African ethnic origin respectively.

The 25 mothers who completed the feedback form had positive things to say. All respondents agreed that the peer supporters listened well and were easy to understand. They also said that their peer supporter had helped them know when breastfeeding was going well. Around 23 mothers also felt that

the peer supporter had increased their confidence about breastfeeding. One mother had a neutral opinion about the increase of confidence.

The mothers were invited to add some comments in an open-ended question. They described the peer supporters as 'welcoming' and 'friendly'. Two first time mothers in their 30s from two different programmes mentioned that they would have given up without the help of a peer supporter:

'I found breastfeeding very difficult to pick up to start with and the help I received meant I was able to continue feeding my daughter and after a few weeks I was able to feed her successfully.'
'The support group and the counsellors were a life-saver. I think I would have given up breastfeeding without it.'

One mother, also a first-time mother, White and between 30 and 34 years old, was very thankful for the help and therefore was thinking about becoming a peer supporter herself:

'I found the help I got from my peer supporter invaluable. She was excellent and as a result I am considering doing the training myself. The information and advice I was given was superb. Thank you.'

3.4.2 Results from the focus group

In addition to the self-complete feedback forms, data were collected at a focus group discussion conducted with five women attending a breastfeeding support group in a children's centre in the North East of England. This programme was selected as it represented a rural area and because NCT peer support was well established. Support within the group was available from one NCT trained peer supporter, and a health visitor, as well as from other women within the group. It is therefore difficult to separate out the effect of support from the peer supporter from other sources of support.

The breastfeeding coordinator informed women attending the group the week before about the aims of the research. Written information was provided on the day prior to the start of the focus group and signed consent was obtained. The session was tape recorded with the participants' consent.

The women were asked about their reasons for attending the breastfeeding support group, and their views about the contribution made by the peer supporter. All five women attending the group on the day took part in the discussion. They were aged between 19 and 32 years. Two women were first-time mothers. The other three women had breastfed before. Four out of five women who attended the group had joined the group shortly after having their first child. One woman joined the group after having her third child. All women were White British.

The main motivation of the five mothers in attending the breastfeeding group was to obtain information and support about whether their feeding

experiences were 'right' or 'normal'. In this context, women talked about having concerns and worries at the start of breastfeeding and joined the group so that they could talk to others including the peer supporter about these concerns. Another key motivation for seeking support concerned the context in which it was being delivered. Women linked the experience of seeking out support with the opportunity to meet other mums in the area, share stories of breastfeeding, get out of the home and share a cup of tea with others. The informality of the support was a big attraction:

'You can ask things in an informal way...it's a friendly atmosphere'.

Peer support was often compared to other contexts where support might be obtained. Women felt that the peer support environment offered them the opportunity to ask questions and gain reassurance:

'Peer support is a different kind of support, it's a bit like when you come here and talk to other mums because you feel you can ask a daft question and they are about stupid things but you feel you need the reassurance and you get it...whereas when you're to your GP surgery, you are queuing up and you're stood there waiting your turn and when you get your baby weighed you forget the questions and you just can't stand there chatting as there are others waiting'.

'The peer supporters have children as well so you get ready support and I always get my questions answered and....even if she (the peer supporter) can't answer my question she might bring in someone else who can like the health visitor'.

Women also talked about being able to access the support outside the group setting. One mother mentioned that she could ring the peer supporter and ask for support.

The women also talked about how they were also able to give something useful to the peer supporter. They talked of making their own suggestions about supporting breastfeeding. This therefore was a reciprocal relationship from their perspective; in which information was exchanged and the benefit of their experiences could also be passed on to benefit other women in the future:

'You go home with the information and come back and say well that worked or didn't work and if it does, you can tell them about it and they can pass that information on to someone else.'

Since receiving support, women talked about feeling confident to feed in public. Whereas they were previously uncomfortable about public feeding, they talked in detail about the different places they would feed compared to before:

'I used to feed in the car but now I just sit down anywhere and do it.'
'I remembered our discussions about where we feed and so one day I sat on a tree stump in the park and fed my baby.'

In summary, women were motivated to attend the support group to allay concerns they had about how they were breastfeeding and to meet with other mothers. The informal nature in which the support was delivered was key to continued attendance. Overall, women were very positive about the support they had received from their peer supporter. In particular, they felt at ease asking questions which they perceived as sometimes 'daft'. They valued being able to phone the peer supporter when necessary. Women overall felt more reassured about breastfeeding and more confident to breastfeed in public.

3.4.3 Results from the individual interview

An individual interview was also conducted with a first time mother using a different local programme, in an urban area in the East of England. A focus group had been planned with mothers in this area to serve as comparison with the focus group in the rural area; however, there was very low attendance at the drop-in the day the interviewer attended and hoped to run the focus group. The one-to-one interview provides an opportunity to explore one woman's experience of peer support in more detail.

The woman was initially contacted by the breastfeeding coordinator for the region and asked to participate. She agreed to a telephone interview. The researcher contacted the woman by phone and explained the aims of the research and obtained verbal consent. The interview lasted approximately 15 minutes and focused on how peer support was accessed, reasons for seeking support, views about the peer support received and its impact. The woman was Asian, aged 27 and spoke English as her first language. Her peer supporter was also of Asian.

The woman sought support for breastfeeding a week after giving birth and was continuing with accessing support. Her baby was currently 3 months old. Most of the support she received was via the telephone or home visits.

She had heard about the service through a friend who was training to be a peer supporter. She sought support after experiencing difficulties with initiating breastfeeding shortly after birth and anxiety that she was not producing enough milk. She compared her experience of gaining support for breastfeeding from the NCT trained peer supporter and support from the hospital shortly after birth:

'The hospital wasn't helpful, they physically got my baby to latch on rather than allow me to do it'.

She talked in detail about the different aspects of support she had received to help with particular problems. Her first problem concerned not being able to produce much milk in the early days. She spoke of the helpful suggestions she received:

'I was encouraged by the peer supporter to have skin to skin contact with my baby. I spent a whole day in bed and this helped stimulate me to produce

milk'

Another problem concerned the use of the nipple shield:

'I was using a nipple shield and felt pressured to come off it. I spoke to a peer supporter about it and I was informed that my experiences were normal and that made me feel better'

The woman interviewed liked the approach adopted by the peer supporters. She particularly liked the balance of being professional, informal and supportive:

'I didn't feel uncomfortable...its was almost like talking to a friend'
'It's not too formalised and the peer supporter seemed genuinely interested in what you were going through. I felt listened to...its almost like they are counsellors.'

During the discussion, she made particular reference to cultural constraints and views about breastfeeding from within her community. She had frequently faced opposition from other women within the community who questioned whether her baby was fed sufficiently by breastfeeding. These women promoted the use of formula milk to supplement or even replace breastfeeding. In this context, the woman welcomed the opportunity to gain support from an Asian peer supporter whom she felt had a shared understanding of cultural opposition. With the support of the peer she felt better able to deal with the pressure:

'If I hadn't got the support, I might have given up. I feel confident now and when others question me about breastfeeding, I just smile at them rather than respond by defending myself. I don't now feel the need to justify myself.'

3.4.4 Summary

In summary, the mixed method pilot evaluation of breastfeeding mothers' experiences of community-based support, and NCT-trained peer supporters suggests that access to these kinds of support are valued by women. The women described how contact with a peer supporter can make a difference to how they feel about breastfeeding and how long they continue. Most of the mothers who completed feedback forms felt that contact with the peer supporter had increased their confidence about breastfeeding. Several emphasised how being in touch with other supportive and well-informed people was a 'make or break' factor.

The first-time Asian mother who was interviewed by telephone was positive about the support she had received from an Asian peer supporter, who she felt understood the pressure she faced. In particular, support obtained enabled her to overcome the opposition to exclusive breastfeeding she experienced from within her community.

During both the group interview and the individual interview the mothers

emphasised the importance of being part of a supportive community network of mothers and health workers. Some of the time it was sufficient to simply have contact with other breastfeeding mothers, sometimes women had questions or concerns and the peer supporter's listening, empathy, breastfeeding knowledge and encouragement made a positive difference. These women felt supported and several of them commented that their confidence and commitment to continue breastfeeding was greater as a result of being involved with the support network and / or the NCT peer supporter. They also appreciated there being an opportunity to talk to the health visitor, when a health professional was needed.

Part 4

4.1 Discussion

4.1.1 Feasibility

Programmes and trained peer supporters

It proved feasible to set up 19 pilot programmes in different geographical areas in England, 14 as a programme commissioned by a primary care trust/ children's centre, four on behalf of or linked to a local branch of the NCT and one associated with a social enterprise. An additional pilot programme was funded to start after May 2009; therefore the aim of 20 pilot programmes was achieved.

In total 175 mothers were trained as peer supporter. Not all programmes were able to recruit and retain the anticipated 12 peer supporters. On average nine trainees finalised the training in each programme. Around 11% of the trainees who started the training were unable to complete it. Considering the circumstance that the participants were new mothers with babies and/or children to look after, this seems to be a reasonable drop-out rate.

Unfortunately an accurate number of mothers supported by the programmes is not available due to the irregular use of the contact form. However, the contact forms provided by eight programmes showed a range of 2-8 mothers were supported each month by trained peer supporters per programme. Contacts happened in children's centres' drop-ins and on the postnatal ward, but also through private and work related relationships.

Organisational aspects

The project demonstrated that the support from a coordinator was crucial for the smooth running of the programme. An active coordinator allowed the trainers to focus on the training and provided on-going support and supervision of the peer supporters after the training and follow-up sessions were completed.

It seems important therefore that there is a named coordinator; that the post is funded, the person undertaking the role has a clear understanding in advance of the responsibilities involved, and is able to commit sufficient time to work for the programme. If a staff member from a children centre or primary care trust holds the role the coordinator can serve as a link between the programme and the health and social care services.

Arranging a reliable crèche was difficult in some programmes. Some trainers and coordinators reported that there was no crèche or not enough places available or the rules of the crèche didn't suit the needs of the mothers attending training. Several courses ended up with the children in the same room which was disturbing for trainers and trainees. Good crèche facilities or other childcare arrangements make it much easier for mothers to take part in the training without distraction.

Involvement of health professionals

It proved quite difficult to engage large numbers of local health professionals, partly due to their limited time for attending training. Several coordinators reported that more local health professionals could usefully have attended the training and there was a wide range (2-20) in the number actually attending.

Diversity

Of the mothers who trained as peer supporters, around 5% were younger than 25, two thirds between 25 and 35, and a quarter older than 35 years old.

Overall, the majority of the peer supporters (80%) were White British. However, one programme aimed to train women from the Polish community as well as from the British community. In two other schemes White British mothers were the minority; most of the trainees had another White background or a Black ethnic background.

Women of different ages and ethnic backgrounds were involved as peer supporters or as part of a community of mothers receiving support. The extent of diversity could usefully be measured in more detail and more active steps could be taken to reach and include women from diverse cultural, age and class backgrounds. The NCT has put plans in place to monitor diversity of NCT workers and service users in future and positive efforts will be made to increase the range of parents who feel able to participate in NCT activities.

The one-to-one interview with the Asian mother emphasised the advantage of having a peer supporter from the same ethnic background. It is highly likely that recruiting peer supporters from a diverse range of ethnic backgrounds would increase the reach of the programmes. In order to recruit from specific communities it is important to seek partnerships with NHS trusts and children's centres with an appropriate population base.

4.1.2 Evaluation of the NCT peer supporter training

Preparation and resources for trainers

The train the trainers workshop prepared the trainers very well for delivering the peer support training. A wide range of resources was available for trainers to help them to prepare activities for the training courses. The resources were mostly highly valued by the trainer, particularly Mary Smale's resource pack. The interview record form and contact record form, which had a mixed response, needs to be reviewed.

Delivering the peer supporter trainings

The trainers particularly enjoyed working with the trainee peer supporters. The most challenging aspect of the training was developing trainees' listening skills. Careful planning was needed to cover the material in the time available coupled with achieving an appropriate balance in practice, for example between letting the trainees explore their personal experiences, so that they would not intrude on helping, and covering other aspects of the curriculum.

The training was experienced very positively by the trainees on all aspects evaluated, although there is some scope for increasing the amount of useful feedback given by the trainer. The relaxed atmosphere and interactive style of the training were very much appreciated. In addition the trainees valued the opportunity to meet other local mothers. The course provided the opportunity to become more involved in local community networks and to support breastfeeding through normal day-to-day social activities with other mothers.

Preparation of the peer supporters

From the trainees' self-evaluation, nine out of ten felt ready to help mothers at the end of the initial training. Nearly all of the trainees felt they could improve their skills and knowledge. The aspect with the lowest level of readiness was in giving information and support rather than advice, with 40% of trainees stating that they still needed to work on that. The trainers might consider working on this aspect further in follow up sessions.

4.1.3 Mothers' experiences of breastfeeding peer support

The pilot evaluation of mothers' experiences of peer support illustrates the value of community breastfeeding support, discussed in chapter 1. The mothers very much appreciated being part of a supportive community group and liked the informal non-directive style of the NCT-trained peer supporters. Through the support of peers the mothers felt more confident about breastfeeding and less vulnerable to self-doubt and being undermined by other people.

4.1.4 Discussion of the evaluation design

Feedback from peer supporters was mostly obtained soon after the end of the training period as the focus was on evaluating the training and establishment of programmes. Generally this worked well. However, it would have been valuable to collect data at a later point from all peer supporters about their experiences of working with mothers.

The feedback from trainers about use of the contact record form, which was intended to record the peer supporters' contacts with mothers, was mixed. However, it was useful for the evaluation as an indicator of the number of contacts peer supporters were having with mothers. Some trainers reported that peer supporters were reluctant to use it. The reasons need for this to be explored further and use of the form therefore needs to be reviewed.

The pilot evaluation of mothers' experiences provided an indication of what peer support meant to them, and its potential impact on their feelings about breastfeeding and feeding decisions. However, because of the small samples for both the qualitative and quantitative elements the results must be treated with caution.

4.2

Recommendations

A number of learning points emerged from the project. We would recommend the following.

- The NCT should roll-out breastfeeding peer support training as a core activity, ensuring peer support schemes are organised as part of a coordinated programme for breastfeeding.

- Local programmes developed in partnership with the NHS or children's centres all have a paid coordinator, with a clear job description, whose role includes administration of the programme, and on-going supervision after the training has been completed. Coordinators also provide a link with other health and social care professionals in the local health community.

- Sufficient funding is secured to provide a suitable crèche facilities and time is allowed to research reliable local crèche providers.

- The NCT markets the peer support training to the NHS and children's centres where there is capacity to offer training as part of partnership programmes.

- Priority should given to setting up programmes in inner-city areas, urban and rural areas where the NCT has traditionally not had a high profile so as to reach a more diverse range of parents and respond to health and social needs.

- NCT service development projects should include funding and time for an updated review of the relevant literature at the outset to inform the project design.

- Complex, multi-centre, development projects require considerable management time and expertise. Project management roles should be adequately funded and supported by an agreed, realistic, job description and work plan.

5

Future developments

The success of the area pilot programmes led the NCT to take a strategic decision to prioritise rolling out the breastfeeding peer support model throughout the UK. Costs have been calculated for two different schemes.

The first scheme follows the model developed as part of the project. The NCT will seek contracts with children's centres and primary care trusts to deliver peer support training as part of local partnership programmes on a similar basis to that developed during the development project. The cost of the NCT providing the training, including the training materials, will need to be covered by the local commissioning body. The health or social care partner will be expected to provide a named local coordinator. Their responsibility will include recruitment of peer supporters, administration of the training (provision of venue, crèche, etc.), placement of peer supporters in a suitable breastfeeding support facility (drop-in, postnatal group, breastfeeding café, etc.) and maintenance of quality once the training and follow-up supervision period are complete. Within this model the peer supporters will work on behalf of the commissioning body.

The second scheme is an NCT-managed peer supporter service. As well as providing training, the NCT will continue to be responsible for quality assurance once training is completed. Four primary care trusts have already expressed interest in commissioning the NCT using one or other of these schemes.

The NCT is currently working towards having the breastfeeding peer supporter training accredited, in line with NICE guidelines, by the London Open College Network. This work is well advanced.

6

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Appendix A – NCT Peer Supporter Project documents

The following documents were produced for the NCT Peer Supporter Project or used as key resources having been produced to support NCT peer breastfeeding supporter training prior to the current project by the local programmes. Some of these documents were designed to support the administration of the project, others were directly related to running training courses for peer supporters, and some were for work with health professionals.

Application process

- Requirements for a pilot
- Time line for responsibilities of a trainer
- Application form for running a pilot.

Preparing the course

- Course details – a syllabus, learning outcomes and general guidance for delivering the training are given but the training is flexible with each trainer devising her own lesson plans so that the training is tailored to local needs.
- Training breastfeeding peer supporters: an enabling approach.41 This resource pack, developed by Dr. Mary Smale, an NCT breastfeeding counsellor tutor and pioneer of NCT peer supporter training, for the University of Sheffield, provides both guidance on facilitating and specific ideas for activities; it was first published in 2004 and the activities section was updated in December 2008 for use by NCT trainers.
- List of suggested resources for pilot projects

Training session for health professionals

- Booklet Health professionals and peer support – this was e-mailed to local health professionals as background reading prior to their training session.
- Ideas for project foundation training for health professionals
- Specific resource ideas

Training peer supporters

- Welcoming letter to potential peer supporters
- Sample code of conduct for peer supporters
- Interview record form

Assessment and evaluation

- Evaluation of breastfeeding peer support training form – for the peer supporters
- Assessment of peer supporters form – for peer supporter self-assessment, then used as a basis for discussion
- Trainer's feedback form
- Coordinator's feedback form

Peer supporters helping mothers

- Contact record form – used by the peer supporters to record contacts with mothers.
- Mothers' feedback form

A yahoo discussion group was also set up for breastfeeding counsellors interested in peer support. The various documents were made available in electronic form on shared files of the yahoo group, rather than being printed. The exception was the contact record form, which was printed in triplicate, as it was used by the peer supporters for their contacts with mothers.

Appendix B – Feedback forms

Breastfeeding Peer Support Training

Trainer's feedback

Please let us have your views on the NCT Breastfeeding peer supporter training course you have recently provided. Your comments and suggestions will help us improve the content of the courses and, ultimately, the support NCT can provide to breastfeeding mothers. Your answers will remain confidential.

Date of completion of this form:

Preparation for and delivery of the training

1. How many Breastfeeding peer supporter training courses have you run for the NCT project? .....

2. On reflection, how do you feel the "Train the Trainer" weekends prepared you for providing the Peer Supporter training courses?

Very well ☐ Adequately ☐ Poorly ☐

Please comment:

3. How helpful did you find the curriculum (list of topics)?

Excellent ☐ Good ☐ Adequate ☐ Poor ☐

Please comment:

4. Which aspects of providing the training did you most enjoy?

5. Which areas of the curriculum were most challenging to deliver?

6. If you provided more than one course, how do you feel the training has gone over time, e.g. comparing the first training course with the last one?

7. How did you find the experience of working with a local co-ordinator for the Peer Supporter training?

8. Did you find any aspect of the Peer supporter training particularly challenging or frustrating? Please describe.

9. If you were involved with another project in the future, what would you do differently, and why?

10. Would you like to be involved on another Peer supporter training?

yes ☐ no ☐ undecided ☐

11. Please explain your answer to Q10.

12. Any other comments?

B. Pilot documents

Please provide feedback on the documents used during the pilot.

	Very useful	Of some use	Did not use	Comments
Responsibilities of a trainer				
Course details				
Ideas for hp training				
Health professionals and peer support booklet				
Interview record form				
Sample code for supporters				
Contact record form (printed pad of forms)				

C. Specific ideas for training

Please provide feedback on specific ideas for training provided (CD,shared files,training)

	Very useful	Of some use	Did not use	Comments
For health professionals				
For trainee peer supporters				

Thank you for completing this evaluation form.

Breastfeeding Peer Support Training

Coordinator's feedback

Please let us have your views on the NCT Breastfeeding peer supporter training courses you have been coordinating. Your comments and suggestions will help us improve the organisation of the courses and, ultimately, the support NCT can provide to breastfeeding mothers.

Date of completion of this form: .....

A. NCT peer supporters

1. How many mothers enrolled to train as Breastfeeding peer supporters? .....

2. How many mothers completed the initial training? .....

3. How many of these trained peer supporters have been helping mothers? (Some may not be ready yet.) .....

4. Please indicate, if you can, the reasons for any peer supporters not being able to help mothers (a

a) not ready to help
b) personal circumstances
c) other-please explain

5. How many peer supporters are in each of the following age categories:

19 or younger ☐	30-34 ☐
20-24 ☐	35-39 ☐
25-29 ☐	40 or more ☐

6. How many peer supporters are in each of the following ethnic groups:

A White	**B Mixed**	**C Asian or Asian British**
British ☐	1. White and Black Caribbean ☐	Indian ☐
Irish ☐	White and Black African ☐	Pakistani ☐
Any other White background ☐	White and Asian ☐	Bangladeshi ☐
	Any other Mixed background ☐	Any other Asian background ☐
D Black or Black British	**E Chinese or other ethnic group**	
Caribbean ☐	Chinese ☐	
African ☐	Any other ☐	
Any other Black background ☐		

B. The foundation training for health professionals

7. Approximately how many local health professionals attended the foundation training? .....

8. Approximately how many local health professionals do you think could usefully have attended the foundation training?.....

9. Do you have any comments about the foundation training?

C. Your experiences as project coordinator

10. Which aspects of your job did you most enjoy?

11. How did you find the experience of working with the NCT Peer Supporter trainer(s)?

12. Did you find any aspect of the course coordination challenging or frustrating? Please describe.

13. If you have coordinated more than one course, how do the experiences compare?

14. What would you do differently in the future, and why?

15. Any other comments?

Thank you for completing this evaluation form.

Breastfeeding Peer Support Training

Final evaluation of the training by peer supporters

Please fill in this evaluation form for the NCT Breastfeeding Peer Support training you attended. Your responses will help us evaluate the training and will remain confidential.

A. The training	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. was clear and easy to follow	1	2	3	4	5
2. was interesting	1	2	3	4	5
3. was relevant to me	1	2	3	4	5
4. was described accurately by the person who referred me	1	2	3	4	5
5. improved my knowledge for supporting breastfeeding mothers	1	2	3	4	5
6. improved my skills in supporting breastfeeding mothers	1	2	3	4	5
7. covered areas that I had hoped to learn about	1	2	3	4	5
B. The facilitator					
1. gave useful, real-world examples	1	2	3	4	5
2. gave me useful feedback	1	2	3	4	5
3. involved me in activities and discussions	1	2	3	4	5
4. helped me to learn	1	2	3	4	5

C. Overall reaction				
1. The pace of the training was	Too Slow	Just Right	Too Fast	
2. The length of the training was	Too Short	Just Right	Too Long	
3. My rating of the training is	Poor	Fair	Good	Very good
4. Childcare arrangements were	Poor	Fair	Good	Very good

D. What 3 things did you like most about the training?
E. What did you like least about it?
F. Is there anything you would suggest doing differently?

Thank You

Breastfeeding Peer Support Training

Now you have completed the training....

Skills

I am able to listen carefully without interrupting.

Usually / I need to work on this / I really struggle with this

I am able to respect a mother's decision that is different from the decision I would make in that situation.

Usually / I need to work on this /I really struggle with this

I know my limits when helping others.

Usually/ I need to work on this/ I really struggle with this

I am able to ask for help.

Usually / I need to work on this / I really struggle with this

I am able to maintain confidentiality.

Always / I need to work on this/I really struggle with this

I am able to give encouragement and information rather than advice.

Usually / I need to work on this / I really struggle with this

Knowledge

I know where to find relevant information (e.g. books, leaflets, internet).

Usually / I need to work on this / I really struggle with this

I can say three or more health benefits of breastfeeding.

Yes/No

I can help a mother decide if breastfeeding is going well for her and her baby.

Usually/I need to work on this/I really struggle with this

Readiness

I feel ready to support a breastfeeding mother.

Yes, now/ Not now but soon/ Don't know/ No

If you feel you are not ready now, what else do you feel you need so that you can support mothers?

Mother's feedback

The NCT is always trying to improve its support for all parents. As part of this we train volunteer mothers from the community to give other mothers breastfeeding information and support.

We would be grateful if you could take out a few minutes to fill in this feedback form. Your answers will help us know who receives breastfeeding peer support and what you think of it. If you do not want to answer some of the questions, you do not need to give us a reason. Please answer as many or as few questions as you want. Your answers will remain confidential.

Please mark with a tick the smiley face answer that best matches your opinion or experience.

A. The peer supporter:

	Disagree	Neutral	Agree
1.helped me know when breastfeeding was going well	☹	😐	☺
2.helped me be more confident about breastfeeding	☹	😐	☺
3.listened well to me	☹	😐	☺
4.was easy to understand	☹	😐	☺

Any other comments?

B. About you and your baby

1. How old is your baby? ..... months
2. Is this your first baby? Yes / no
3. If this is not your first baby, did you breastfeed before? Yes / no
4. How old are you?

19 or younger ☐	30-34 ☐
20-24 ☐	35-39 ☐
25-29 ☐	40 or more ☐

5. **What is your ethnic group?** Choose ONE section from A to E, then tick the appropriate box to indicate your ethnic background.

A White	**B Mixed**	**C Asian or Asian British**
British ☐	White and Black Caribbean ☐	Indian ☐
Irish ☐	White and Black African ☐	Pakistani ☐
Any other White background ☐	White and Asian ☐	Bangladeshi ☐
	Any other Mixed background ☐	Any other Asian background ☐
D Black or Black British	**E Chinese or other ethnic group**	
Caribbean ☐	Chinese ☐	
African ☐	Any other ☐	
Any other Black background ☐		

THANK YOU

If you need further help around breastfeeding, you can call the NCT Breastfeeding Line on 0300 330 0771. The line is separate from the peer support project.

ISBN: 978-0-9550328-8-1