NCT breastfeeding peer support in East Lancashire

Vanita Bhavnani, senior research and evaluation officer, and Mary Newburn, head of research and quality, report on how a new service has been made to work with great results.

East Lancashire Primary Care Trust has expressed a strong commitment to improving health and addressing health inequalities, and has set a target to increase breastfeeding continuation rates by 2%. As part of the strategy to achieve this, NCT has been contracted to provide peer support services. In 2010-11, the year the contract started, the breastfeeding initiation rate for East Lancashire was 68%, and the rate at six-to-eight weeks was 38%, considerably lower than the national average. By 2011-12, the initiation rates had increased to 69%. Health visitor records of breastfeeding at four-to-six weeks in particular boroughs are very encouraging. Three areas where NCT has been providing peer support show increases: in Rossendale up from 32% to 39%, with a similar pattern of increase in Pendle and parts of Burnley.

This article describes how the peer support service has become established and discusses the contribution it may be making to improving breastfeeding continuation rates. The data reported come from two sources: peer support activity recorded locally and telephone interviews with local coordinators and trainers.

Background
The contract with East Lancashire involves providing a minimum of five training courses per year with at least one course in each of five areas (Burnley, Pendle, Ribble Valley, Hyndburn and Rossendale), and recruiting mothers with around 12 weeks’ breastfeeding experience to become volunteer peer supporters. Louise Dunn and Alex Severns-Jones are employed on a job-share as volunteer coordinators. They recruit volunteers and ensure they have places to meet mothers after training. Louise and Joanne Diraham-Ruzzy, NCT breastfeeding counsellors, provide the peer supporter training based on the principles of active listening and being mother-centred. This has been described in other reports and articles.

All children’s centres and health care facilities in East Lancashire have signed up to become Baby Friendly accredited and there is a strong commitment and positive attitudes towards it from midwives, health visitors and children’s centre staff.

Volunteers trained and mothers supported
The training and service delivery package has been successful in terms of recruitment, retention and support to mothers. By March 2012, 18 months into the contract, 110 volunteers had been involved in the project, including 70 trained by NCT on eight courses and 40 inherited from other peer support schemes. Some 88 volunteers were registered (59 were actively providing support and 29 were on ‘time out’ for personal reasons, such as maternity leave). Twenty-two volunteers were no longer involved. In the first 18 months, support was provided to mothers at 494 group sessions (breastfeeding and postnatal groups, and antenatal courses). Peer supporters attended 18 out of 27 children’s centres in the five areas, and some NCT groups. In total, 1,599 support interactions took place with mothers (1,372 contacts in group settings; 227 one-to-one meetings). Volunteers are most active in Pendle, Rossendale and Burnley, attending at least four children’s centres in each of the three areas. NCT peer supporters attend three children’s centres, in Hyndburn and one in Ribble Valley. Of the 59 volunteers, 37 (63%) volunteer in Pendle, Rossendale and Burnley.

Peer supporters seem to make a difference by raising awareness of breastfeeding through their presence, and by talking to mothers about breastfeeding as an enjoyable and worthwhile activity, even if it is demanding to begin with. They help to normalise a period of adjustment during the early weeks, providing a listening ear and acknowledging mothers’ feelings.

Operational effectiveness
Analysis of the interviews with coordinators and trainers indicates some key aspects of operational effectiveness.

Participation in the local health community
Both volunteer coordinators have been actively involved in maternity services for many years in East Lancashire. They have a good relationship with the head of midwifery and are active members of their Maternity Services Liaison Committee (MSLC). Engagement with the Infant Feeding Team and the Health Improvement Service has helped establish the peer support service.

Getting established
Initially, there was a mixed reaction to the proposed service from children’s centres. NCT was less well known among children’s centres than the NHS, so a key priority identified early on was to raise awareness of the new service and build new partnerships to deliver it.

Some centres could not see how peer supporters would fit into their existing services whereas others were more able to use peer supporters. Regular positive communication with children’s centre heads and health visitors has been important. The coordinators attend meetings and provide updates about training and volunteer capacity. One of the trainers is also an outreach worker in a Rossendale children’s centre. The emphasis was on assisting professionals and statutory services in their provision of support to mothers and families. One trainer said: ‘Keeping in regular touch with children’s centres and updating the key players has been really important in allowing them to feel that they can really gain value from this project. We have done a lot of the hard work in terms of building the foundations.’

Involvement in key breastfeeding initiatives
As a result of their engagement in the local health community, the team has been able to promote the use of their volunteers in a number of local initiatives.

• The early visiting pilot scheme. Developed by the Infant Feeding Team in response to need, this scheme aims to improve breastfeeding support for women in the very early days after giving birth. Women who have consented while in hospital are contacted by children’s centre staff at home so that they can receive an early visit from a family support or outreach worker. Peer supporters accompany outreach workers on early visits.

• Top tips for breastfeeding. In response to a drop in breastfeeding rates during November and December in some parts of East Lancashire, NCT volunteers got involved in developing a practical tips leaflet to encourage women to continue breastfeeding during the busy festival period. Leaflets were produced and distributed locally in 2012. A coordinator said: ‘In 2012 they haven’t dipped and it would be good to think it was because of the leaflet.’

• Mother-centred conversations booklet. This initiative was developed by the Health Improvement Service as a result of earlier research conducted by the Infant Feeding Team highlighting
women’s needs for more realistic conversations antenatally about what breastfeeding is like in practice. The booklet aims to help mothers to visualise what it will be like to breastfeed, to think about any concerns (such as breastfeeding difficulties) and the available sources of support. In Rossendale, peer supporters are allocated as buddies to pregnant women and, as part of a pilot, have used the new booklet to help them to develop action plans for accessing support.

Volunteer supervision and support
Each year, volunteers all have an update of key breastfeeding skills and information and a one-to-one session with a trainer/ coordinator, either by telephone or in person, during which they are able to talk about their experiences and feelings around providing support. The sessions enable the volunteer to reflect on her activities, and to feel that low-key conversations about daily demands of family life are valuable for mothers. This boosts their confidence and makes them feel valued, particularly when they are unsure whether they have made a difference to a mother’s experience.

‘I explain that this is a benefit because if mums can offload, then they will probably feel better and that will help with breastfeeding. As a volunteer you want people to breastfeed but on the training you learn about listening and helping mum on her road. Support is more subtle and less tangible.’

A weekly email newsletter provides information about volunteering opportunities and breastfeeding topics, including links to evidence-based videos or leaflets, and there is a restricted access Facebook page called ‘Milk it’.

Flexible opportunities for support
Recognising that mothers with young children have lots of demands on their time and need to fit around their families’ needs, NCT trainers have made sure the support for volunteers is as flexible as possible. Monthly support meetings are held in all five areas of East Lancashire, enabling volunteers to choose a date and time that works best for them. They can attend in their own area or a neighbouring one, and come to more than one session if they choose. As well as responding to individual needs, the sessions include a rolling programme of updates. More established volunteers are encouraged to attend support sessions alongside newly qualified volunteers. This enables established volunteers to refresh and update their skills and knowledge and to act as role models to newly qualified volunteers. Core values of peer support centred around empathy and listening are reinforced at each session, something that is especially important for new volunteers when they are about to start practice. Louise said:

‘We get the more experienced peer supporters to come along so they get a chance to refresh their skills, talk about breastfeeding topics and their experience, and debrief. I think it’s quite positive because...new volunteers get to know that it’s not about knowing all the answers, it’s about listening and being there and that’s one of the things they find hard when they first start, as they want to solve problems. It’s not about problem-solving, it’s about listening and being there. When they start volunteering they can be quite on their own...so this can be quite helpful.’

High retention
Retention of volunteers is always a challenge for peer support initiatives.® A lot of resources can be used up on recruitment and training and if these are not then translated into regular hours of peer support a service will not meet its objectives. High retention of volunteers has been a key success factor in East Lancashire where, so far, half the volunteers are registered for at least 12 months.

In summary, interviews with the project team suggest that many factors contribute to the operational effectiveness of the breastfeeding peer support, service being run by the NCT in East Lancashire. They have been proactive, focusing on the perspectives and needs of children’s centre staff, health visitors, peer support volunteers and mothers. Being part of strategic health improvement groups has provided opportunities for joined-up working and demonstrating that NCT practitioners and peer supporters can add value as part of a multi-disciplinary team. Involving the volunteers in a range of local support initiatives and providing them with regular ongoing support seems to have contributed to motivation and retention, which in combination seems to be making a difference to local breastfeeding rates.

References