NCT breastfeeding peer support: evidence and rationale

NCT is the UK's largest charity for expectant and new parents. NCT seeks to promote and protect the conditions that make mothers’ aspirations to breastfeed realistic, and as straightforward and positive as possible. The charity works towards a wider culture that is more informed, accepting and supportive of breastfeeding, working in partnership with health professionals, children’s centre staff, and others to provide services and information that help make breastfeeding easier. NCT breastfeeding counsellors train peer supporters from across the UK.

Breastfeeding is associated with health benefits for both the infant and mother. UK rates of breastfeeding have been increasing over recent decades but remain low by international comparison. Continuation rates are considerably higher in Scandinavia, where around 80% of Norwegian mothers and 68% of Swedish mothers are breastfeeding at six months, and also in Canada, Australia and Hungary where survey data indicate that rates are more than double those in the UK. Four out of five British women initiate breastfeeding but there is a steep decline in breastfeeding rates during the early days and weeks. By six weeks after the birth 55% of mothers are still breastfeeding and by six months only 34% per cent of babies are getting any breastmilk. Poorer parents, who were themselves formula fed, are least likely to decide to breastfeed their own babies; a pattern that contributes to a cycle of nutritional deprivation. Numerous studies confirm that attitudes, perceptions and experiences of family and informal social network members in low-income communities (a mother’s lay ‘peers’) have a strong influence on decisions. Peer support interventions seek to ‘extend natural embedded social networks and complement health services’ in these communities.
**Mother-centred and evidence-informed**

NCT is committed to developing models of support that are welcomed by mothers and are effective in enabling more mothers to breastfeed. In other words, NCT aims to be both mother-centred and to enable the conditions for improved public health outcomes. In 2010, NCT undertook an impact evaluation of its infant feeding support. This led to a decision to develop services that are proactive and based on a wealth of evidence about facilitators and barriers to effective peer support.

The NCT model is mother-centred and relational, proactive, prompt, longitudinal with the potential to vary intensity, multi-channel and multi-setting, is designed to be integrated with existing health services provision, and to make use of assets pre-existing within the mother’s family and social network, the health service and the wider community setting (See Figure 1). Evidence to support the components of the model is drawn from a systematic review of randomised controlled trials of peer support interventions, a Cochrane review of international studies of ‘additional’ breastfeeding support, process evaluations of 26 UK-based peer support group interventions, and a meta-synthesis of mothers’ experiences of breastfeeding support, as well as from more recent qualitative evidence relating to UK mothers’ experiences of support.

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Evidence & the NCT model

Mothers prefer responsive and mother-centred support, reflecting the diverse meanings that feeding has for different mothers and within different families, feeding is frequently viewed as a relationship and not merely a means of delivering nutrition. NCT’s OCN accredited peer support training is embedded within a tradition of a person-centred counselling approach. This approach aligns with UNICEF Baby Friendly Standards, which contextualise feeding decisions in terms of maternal well-being and supporting relationship-building between mothers and their babies. The NCT model also emphasises relationship-building between mother and supporter; this begins in the antenatal period and continues for as long as the mother needs, in line with mothers’ preferences for continuity of support.

Reactive support relies on a mother making contact with a supporter when she runs into difficulties. Findings from reactive UK-based peer support trials have been disappointing, and poor take-up of interventions may be a contributory factor to negative findings. Successful proactive peer support interventions have been conducted in other settings, and results from a feasibility trial of proactive telephone support from health professionals suggest proactivity is a helpful component. NCT peer supporters are trained to make sensitive and friendly proactive contact with the women they are assigned to support.

The steepest decline in breastfeeding rates occurs in the first two days following the birth. Negative findings from UK trials of peer support may be partly due to a failure to make early contact with the mother and to ensure that the mother receives the support through the initial feeds. The decision to breastfeed is not a one-off decision. Mothers experience challenges and stop breastfeeding at different points along their feeding journeys, for a range and combination of different reasons (e.g. experiencing problems, a lack of social support, or returning to work). Interventions involving more than five contacts between the peer supporter and the mother have been shown to be more likely to lead to maintenance of breastfeeding. However, the frequency and intensity of support may need to be determined by the mother to align with her own pivotal points along her breastfeeding journey. The NCT model is flexible and provides an on-going relationship. This enables a mother to contact a specific peer supporter and to meet with groups of mothers who are going through similar experiences whenever she requires help or support with a specific problem. This mobilises the various functions of peer support in assessing problems, enabling strategy formation to overcome problems, making use of existing resources, and providing reassurance and calm.

The evidence about the best channel for support – face-to-face, group-based, or telephone – is conflicting. A Cochrane review concluded that face-to-face interventions are more likely to succeed, while telephone only support has also been shown to be effective in some contexts. There is little evidence on the use of text messages. Limited description of the theoretical underpinnings to interventions makes it difficult to draw conclusions about which channel works for whom and why. It may be that different channels meet different sorts of needs (e.g. a text or a telephone call may act as a prompt to seek face-to-face help with positioning, or may prevent a mother undertaking an unnecessary journey by supplying reassurance or information). The NCT model works on the basis that a context which is saturated with support, delivered through multiple channels, is more likely to meet the diverse needs of individual mothers. NCT peer supporters work across a range of settings so as to be alongside a mother from hospital to the community. Part of the NCT role is to introduce mothers to group-based support.

Poor integration with the health service setting and failures of mutual understanding and communication between health professionals and peer supporters can impede effective peer support delivery. The NCT model includes a joint session to explain the role of the peer supporter to health professionals, and to promote mutual understanding of roles and boundaries and effective joint working.

Public health practitioners increasingly recognise that making use of existing community assets is essential; the health service cannot possibly meet all potential needs. Through developing an empowering relationship with a mother, the NCT model helps her to identify ‘assets’ within her own family and social network (e.g. by encouraging her consider contacting friends who have breastfed, or family members who may be able to help with other children whilst breastfeeding a new baby is being established), to negotiate health services (e.g. locate a tongue-tie expert), and to identify and access existing community-based resources including Baby Cafés, mother-and toddler groups, well-baby clinics, Sure Start programmes and Children’s Centres.
References


