Learning from breastfeeding peer support programmes in Sheffield

From 2009 to 2011, NCT provided training for breastfeeding peer supporters in Sheffield. Mary Newburn, head of research and information, and Angela Sherridan, freelance researcher, report.

Following a call for tenders from Sheffield PCT to provide breastfeeding peer support for the whole of Sheffield, Action for Children submitted a successful bid in collaboration with two NCT breastfeeding counsellors, Sophie Macfadyen and Ruth Oscroft, drawing on NCT’s national pilot study of peer supporter training and growing understanding of the value of community-based breastfeeding support.

NCT’s breastfeeding counsellors provided training and supervision for ten groups of local mothers at children’s centres in Sheffield, building on the approach developed by NCT as part of the Department of Health-funded pilot project. An eleventh group of volunteer mothers was recruited via NCT.

Why support for breastfeeding matters
Breastfeeding can make a major contribution to public health, contributing to a range of government health targets. It is considered one of the most effective ways of reducing health inequalities between more privileged and more disadvantaged families. Yet many women in the UK find breastfeeding more difficult than might be expected of a physiologically normal activity. Although 80% of UK mothers initiate breastfeeding, there is a steep decline during the first few days and rates continue to fall sharply. The training of peer supporters to work alongside midwives, health visitors and breastfeeding counsellors is designed to extend access to emotional support and reliable information, and to offer access to skilled practitioners who can address a mother’s concerns early.

The NCT model of peer support training
In the NCT model, each local programme has a coordinator who recruits volunteers to train as peer supporters and provides a training venue and preferably crèche facilities. They take responsibility for the peer support service, liaise with local health professionals and provide opportunities for peer supporters to spend time with breastfeeding mothers. NCT provides the peer supporter training and training materials. Unfortunately, the Sheffield contract did not include provision for crèche facilities.

NCT peer supporter training is informed by Rogers’ theory of person-centred counselling, used to train NCT breastfeeding counsellors, which emphasises the importance of protecting the mother’s sense of agency and respecting her autonomy. The approach promotes a sense of control for the mother over her own experience of feeding and feeding support.

The course, which includes about 16 trainer contact hours over eight weeks, is designed to be accessible for women with a range of literacy and English language skills and has been validated by the Open College Network (OCN). Learning outcomes include:

- Basic understanding of how breastfeeding works and common problems
- Attachment and positioning of the baby, and times when growth spurts occur
- Acceptance of the views and choices of others without compromising ones’ own beliefs
- Readiness to offer support and encouragement (not advice) based on effective and active listening
- Understanding of the importance of respecting confidentiality
- Understanding the limits of the role and where to suggest mothers seek further support

Recruiting volunteers
The Sheffield students came from different backgrounds, including professional people with spare time, women with no qualifications who were the only person where they lived who breastfed their baby and those from a particular minority language group.

Peer supporters’ trained
A total of 101 women registered for training, made up of 54 volunteers and 47 who were paid to provide peer support in children’s centres. Altogether, 92 completed the training, 73 completed the workbook and received OCN accreditation.

The trainers collected feedback from trainees at the end of each course, using different feedback tools. Out of the 101 who started training, 42 trainees provided some feedback (42%).

The feedback included an assessment of their own knowledge and skills. They were also asked to assess themselves on understanding their own limits, feeling able to ask for help, maintaining confidentiality, and their ability to give encouragement and information rather than advice. Due to limited space here, we present only the statistics on self-reported listening skills and some of the responses to open-ended questions on the feedback forms.

Asked to assess to what extent they could listen without interrupting, the first four groups were given the options of 'usually’, ‘I need to work on this’ and ‘I really struggle with this’. For group 5 the categories were changed to ‘always’, ‘most of the time’ and ‘some of the time’. For groups 6-11 the categories were replaced with a 0-10 point scale (0 = none of the time, 10 = all of the time). The change of design means that it is not possible to group all of the data for reporting. We have grouped the responses in tables 1.1 (n=45/52) and 1.2 (n=39/52) below.

Although these data are difficult to report because of the design changes, the results from the different data collection tools indicate how much the categories offered for closed responses can influence the results. While about half of the respondents felt they could usually listen without interrupting, only a minority claimed that they were always able to do this (14-18%). When offered the option, approximately half of the trainees felt that they still needed to work on this. Being able to reflect and consider their own skills and characteristics critically is itself a skill that the course had enabled the trainees to learn and practise.

Valued aspects of the course
Overall 75% of the respondents felt the balance of the training was right and that it had improved their listening and communication skills. Trainees valued both the knowledge base that they developed or extended as well as the practical skills focus. Learning about listening skills was often singled out as a valued aspect of the course:

'(Understanding) the benefits of just listening.'

However, comments also commonly included varied lists of topics and skills, in which some
items recurred frequently, such as:

- ‘Positioning and attachment, hand expressing, listening skills, understanding boundaries.’
- ‘Positioning and attachment, the session on mastitis and thrush.’
- ‘The listening skills and also understanding more about confidentiality.’

Trainees valued the opportunity to explore specific knowledge and practical approaches to care, such as ‘troubleshooting nipple problems’.

**Readiness to support mothers**

Forty of 42 respondents said that they felt prepared to support mothers as a peer supporter once their training was completed, and the other two indicated that they were ‘nearly’ ready. They were also asked to explain what if anything else they needed. Comments included:

- ‘After doing this course, yes, as (I) know what to do and why. Anything else can be learnt through experience and confidence.’
- ‘Very much so, and with more experience the skills that I have learnt will be well used effectively.’

One peer supporter summed up her training as: ‘Brilliant! The tutor is a marvellous teacher! (She has) got so much patience and is so very knowledgeable. Very inspirational.’

These comments reflect the tone and content of most of the comments. There was very little negative feedback. Some trainees did, however, say they would have liked the training to last for longer and that they had not been able to cover everything that they wanted. Some, particularly those with lower levels of formal education or less study time felt the completion of OCN workbooks was burdensome:

- ‘Fast in parts, a lot of information to take in and lots of paperwork.’
- ‘We were working with very diverse groups and some participants had not encountered any education since leaving school, some were working in their second or third language and others had learning difficulties,’ says Sophie MacFadyean.

Peer supporters brought with them a wealth of experience and personal resilience. Though they brought many (often unrecognised) strengths, they felt they gained in confidence, through acquiring new knowledge and working on practical skills. One mother said:

- ‘Before doing this course what I knew was only self-taught as I had no real support while breastfeeding my children. [Strengths for me are] knowing the reasoning behind how I show these techniques so I can explain to mums why doing it in the correct manner benefits both them and the baby.’

**Lessons learned**

The two trainers taught the first peer supporter course together, then took alternate courses or occasionally working together, particularly at the final sessions when OCN workbooks were completed and course feedback was requested. Many of the peer supporter trainees needed support to be able to complete their assignments.

After the first few courses, NCT approached OCN to scale back the level of accreditation from 5 to 3 credits, so that the course was more manageable. It was agreed that the work required in order to achieve 5 credits was excessive for a short course designed to include people with limited educational qualifications and in some cases literacy difficulties. The extra two credits left less time for important aspects of the training, says Sophie MacFadyean, without adding to the quality of the course. The new, three-credit version of the workbook was easier to incorporate into the training.

Some of the volunteers had to bring a baby or toddler with them. It was challenging working with young children in the training sessions. NCT would strongly recommend that peer supporter training contracts include provision of crèche facilities.

Disappointingly, in 20011, the PCT contract came to an end in Sheffield, due to economic cutbacks, despite the huge achievements. However, NCT continues to train breastfeeding peer supporters in many areas.

### Table 1.1

<table>
<thead>
<tr>
<th>Groups</th>
<th>Usually</th>
<th>I need to work on this</th>
<th>I really struggle with this</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to listen carefully without interrupting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4</td>
<td>46%</td>
<td>54%</td>
<td>0%</td>
<td>100% n=13</td>
</tr>
<tr>
<td>Score 8-10</td>
<td>Score 5-7</td>
<td>Score 0-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-11</td>
<td>83%</td>
<td>17%</td>
<td>0%</td>
<td>100% n=32</td>
</tr>
</tbody>
</table>

n=45

### Table 1.2

<table>
<thead>
<tr>
<th>Groups</th>
<th>Always</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to listen carefully without interrupting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>14%</td>
<td>86%</td>
<td>0%</td>
<td>100% n=7</td>
</tr>
<tr>
<td>Score 10</td>
<td>Score 5-9</td>
<td>Score 0-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-11</td>
<td>18%</td>
<td>83%</td>
<td>0%</td>
<td>100% n=32</td>
</tr>
</tbody>
</table>

n=39

**More about breastfeeding peer support**

If you would be interested in finding out more about NCT breastfeeding peer supporter training, please contact Helen Hunter, breastfeeding support services manager, at helen.hunter@nct.org.uk

**References**