

 ${
m BfN}$ The Breastfeeding Network

Peer Support – meeting local needs

Mary Whitmore

PEER SUPPORT -PASSION INTO PRACTICE



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WHERE THE STORY OF INTEGRATED PEER SUPPORT IN BLACKPOOL AND NORTH LANCASHIRE BEGAN



Breastfeeding Groups

- Uncategorised queries
- Making sense of breastfeeding
- Lack of social support
- •Wanted someone with time on postnatal ward



Maternity Services Liaison Committee -Breastfeeding Subgroup called for BFI in hospital and community and integrated peer support

PILOTED HOSPITAL PEER SUPPORT

- Opportunist
- Women highly valued it
- Midwives wanted more
- Funds used to employ a Breastfeeding Network peer supporter to be a coordinator at the hospital
- Volunteer service... Pros and cons
- Funds from council allowed employment of peer supporters on ward with regular shifts
- Midwifery support absolutely essential
 - Dawn Burrows at Blackpool Teaching Hospital
 - Liz Schofield at Royal Lancaster Infirmary





SO WHAT IS A BREASTFEEDING NETWORK PEER SUPPORTER?

- OCN 9 credits at level 2
- 12 13 sessions
- Assessed skills
 - Teaching hand expressing
 - Helping with positioning and attachment
 - Using active listening skills



- References, DBS, code of conduct signature, NHS information governance training, safeguarding training, hand hygiene, personal safety
- Compulsory supervision every month from Breastfeeding Network supervisor
- Re-registered every 6 months with new ID badges
- Member of national breastfeeding organisation

THEY MAY BE ...

- Employed or volunteer
- May have completed additional full supporter training
- Or be a tutor or supervisor
- New granny peer supporters in Lancaster and Morecambe
- All are local women who have breastfed





AS WELL AS SUPPORTING MOTHERS...

- Work closely with midwives and health visitors
- Support Baby Friendly accreditation
 - Attend the BFI training alongside health professionals
 - Included in team for audit
 - Have own key workers to complete in-house audits of peer supporters
 - Help with audit of women and premises
- Sit on local Infant Feeding Project Board
- Support Welcome to Breastfeed scheme
- Help cascade info about sterilisation and preparation of formula to women who stop breastfeeding
- Enthusiasm and passion to improve things for breastfeeding women
- Innovate!

NORMALISING BREASTFEEDING



BLACKPOOL UNIVERSAL PEER SUPPORT

 Infant feeding workshops in hospital and in children centres



- 1:1 *ad hoc* meaningful conversations at clinics
- 7 day a week coverage on postnatal ward (2 shifts a day, one on Sunday) from hospital team including volunteers
- Dedicated neonatal peer supporter
- Team of community peer supporters contacting mums within 48 hours (aiming for within 24hours), service provided 7 days a week
- Home visits, phone, text for 8+ weeks
- Groups run by volunteers
- Donor milk collection service run by volunteers
- National helpline manned by volunteers



NAPPY CAKE PRIZE DRAW

A way of engaging in conversations with pregnant women awaiting antenatal appointments at GP clinics and children centres

Competition to enter with monthly prize of a Nappy Cake

More info sent via email to entrants including invite to workshop

WIGAN BREASTFEEDING NETWORK PEER SUPPORT SCHEME - SYSTEMATIC OFFER OF WORKSHOPS

All pregnant women contacted after 12 week scan and invited to 'infant feeding' choices workshop and 'starting breastfeeding' workshop
4 of each workshop run each month across patch
Recruitment to workshops backed up at antenatal clinics
Teen antenatal women contacted by teen peer supporter

REPORTING, PERFORMANCE MANAGEMENT AND EVALUATION

- Clear, meaningful, agreed, performance measures
- Monthly detailed data report: successes in meeting targets, any challenges and plans to address
- Details of new developments to better meet local needs
- Reports presented to steering group for discussion
- And to commissioners and to Infant Feeding Project Board

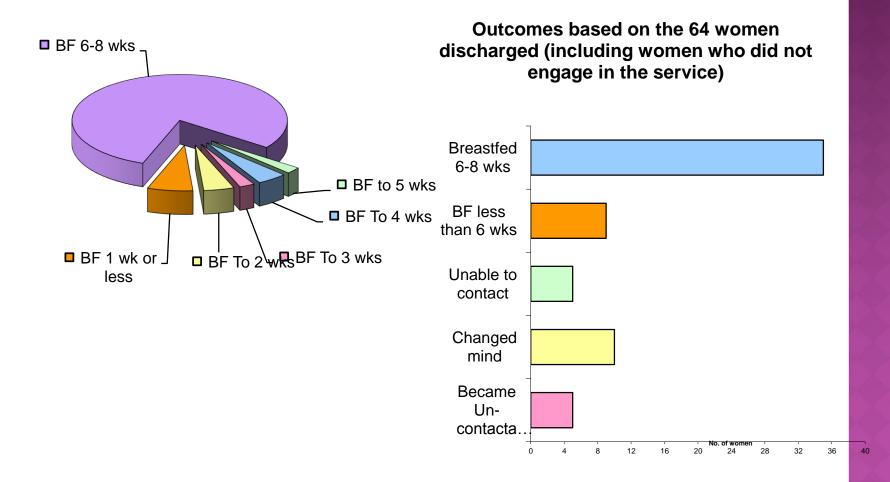
EXTERNAL EVALUATION BY UNIVERSITY OF CENTRAL LANCASHIRE

Aiken, A. & Thomson, G. (2012). Professionalization of a Breastfeeding Peer Support Service: Views and Experiences of Peer Supporters. *Midwifery* (in press)

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 P. (2012). Incentives as Connectors': perceptions of women and peer supporters participating in a Breastfeeding Incentive Intervention in a disadvantaged area of North West England. *BMC Pregnancy and Childbirth*, **12** (22), doi:10.1186/1471-2393-12-22
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BLACKPOOL MAY 2013

Breastfeeding rates of the 44 women who engaged in the service



FEEDBACK

Proactive seeking of feedback using different methods to ensure accessibility



Cards, verbal, phoned, postal, mobile, email

I think it's a fantastic service. It would have been the easiest thing in the world [to stop breastfeeding] and nobody would have thought twice about it or judged me in any way for it . . . but when you've got that support there, it actually makes you stop and think twice and think, oh actually no, I can do this, they've done it, I can do it.

She [Star Buddy] never made me feel once like I was letting him down or anything . . . I know next time round, if there was a next time, that one hundred million percent I would be breastfeeding and I will carry it on, because I would be in a better place and obviously I know . . . because I have done it before. . .

GIVING ME HOPE: women's REFLECTIONS ON A BREASTFEEDING PEER SUPPORT SERVICE

Described ways the service gave women hope in achieving breastfeeding goals and infant feeding expectations

- Realistic assessments of situation
- Helped women form strategies and plans
- Raised awareness of potential negative outcomes
- Helped women mobilise their own resources
- Provided feedback on women's progress
- Praised, reassured and instilled calm
- Women repeatedly described the holistic, emotional-based care from peer supporters

BARRIERS WHEN SETTING UP

- Lack of identity of service
- Restricted time with women
- Pressures and anxieties of meeting targets and accountability of case recording
- Hostility and gate keeping practices experienced
 These were overcome by
- Communication and collaboration opportunities
- On-going support and mentoring
- Flexible models of working
- Streamlining bureaucracy and contextual changes

SETTING UP A PEER SUPPORT SERVICE

- NICE clinical guidelines 37 2006
- NICE PH 11 Maternal and child health 2008

Commissioning local breastfeeding support services 2009

- NICE Commissioning a peer support programme for women who breastfeed 2008, updated 2012
- engaging communities and recruiting peer supporters
- training and supervision
- developing a high quality programme
- Cochrane review Support for Breastfeeding Mothers 2012
- Face to face more effective than phone
- Predictable, scheduled, ongoing support
- Impact less in areas with low breastfeeding





3A BY 800

Mums are bringing a whole new meaning to the phrase 'bosom buddies'. Emma Harris reports

WITH their highly-visible bright green T-shirts, this new team of supermums is easily recognisable on maternity wards.

wards. They are on hand at Blackpool Victoria Hospital to help new mums get into the swing of breastfeeding before they take their new-born baby home. The breastfeeding buddies aim to offer a triendly face, listening ear and help and advice, drawing on their own presonal experience as they each breastfed their own children.

children. The project, funded by Blackpool Council and the Primary Care Trust, aims to help tackle the problem in the resort of low breastfeeding

rates In Blackpool, only 42.3 per cent of mums breastfeed compared to a national average of 78 per cent. While new muns already get support from health professionals, midwives do not always have time to spend long with the new mums because of the pressure of work on the wards and emergencies. The scheme was piloted at Victoria having been successful in other parts of the country - and was so successful it has now been officially launched.

It aims to complement existing services offered by the health service and to fill the gap between birth and when women go home and can join breastfeeding

and can join breastleeding support groups. Jo Hankinson, from The Breastleeding Network, said: "Each star buddy has taken a breastleed-ing course with the Breastleeding Network. They are all mums who have breastled themselves, so they know what it's like and can really empathise with new mums. "They provide support and a listen-ing ear and give mums the oppor-tunity to talk about breastleeding. "They can bele with advice about "They can help with advice about positioning the baby, attaching and information on expressing and so on. They can demonstrate and



HELP AT HAND: Star Buddles, who will offer support for breastfeeding mums Picture: ROB LOCK



BEST BUDDIES: Liz Nunez, mum Sony George with baby Anvin, Dawn Burrows and Sukie Woodhouse



GIFTS AS CONNECTORS

Face to face contact limited

Gifts designed to enable more face to face contact

Gifts were linked to discussion themes, and backed up with information sheets

Facilitated proactive weekly visits

Regular face to face contacts enabled meaningful relationships and new connections with women and their families Participants in the incentive scheme were more likely to engage with the peer support service (fully and/or partially) They received more home visits and substantially more total

contact time (50% increase)

During 2012/13 6-8 week rates increased by 2%, but hard to know if this was incentive or other changes

Feedback from women about the gifts was highly positive with women feeling their efforts to breastfeed were acknowledged Mothers reported gifts would not have made them breastfeed or continue to breastfeed









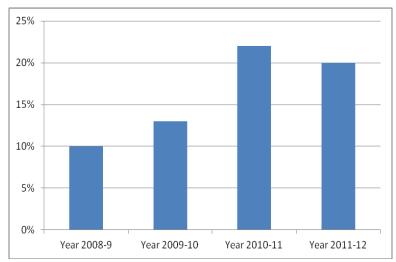


Initiation 6-8 weeks Drop off rates



NORTH LANCASHIRE - PARTLY TARGETED AND SYSTEMATIC, REMAINDER IS VOLUNTEER SERVICE

- Two target areas with poorest breastfeeding rates have systematic peer support
- Across rest of patch a network of part time Volunteer Coordinators ensure that volunteering meets the needs of the area AND that volunteers are really well supported
- Up to 60 active volunteers in any month out of a pool of 100+



Fleetwood 6-8 week Breastfeeding Rates

VOLUNTEERS

- 3,430 supportive contacts by volunteers Jan-Dec 12
- 4,358 hours volunteering time
- Additional hours on monthly supervision, mandatory training (IG, safeguarding, hand hygiene, mental capacity act, personal safety)
- Volunteer coordinators
 - Work with localities to tailor support offered by volunteers
 - Log all volunteer activity in detail every month
 - Arrange prompt payment of expenses
 - Help coordinate training events
 - And arrange social and networking events
 - Thank the volunteers!

MAGIC OF VOLUNTEERS - AD HOC CONTACTS

- In swimming pool
- Preschool opening new baby unit
- Support to granny in supermarket
- At the school gates
- EBay purchaser
- Chip shop conversation
- Support across the veg counter
- Supermarket manager
- Taking mums on neonatal unit for coffee
- Toddler group

IMPACT ON VOLUNTEERS - AYR

- 95% reported positive impact on confidence in their ability to learn new skills
- 76% reported positive impact on confidence around working or getting a job
- Volunteers commented that they 'Felt valued by the Breastfeeding Network' and 'gained a sense of achievement from helping mums to help themselves'
- I feel that I have become part of an extended support network. This has given me confidence to become a better mother and it is reassuring to know that I have a wealth of experience to hand in fellow volunteers

EVALUATION AS A MODEL OF BUILDING SOCIAL CAPITAL

- Trust
- Tolerance
- Connectedness
- Solidarity



- A web of cooperative relationships facilitated by trust and connectedness that can facilitate collective action, with suggested economic, emotional, health, social and political based values
- Helping to change local cultural attitudes towards breastfeeding

ASSET BASED COMMUNITY APPROACH

- Every area runs differently responding to local need with input from local women, health care professionals, and community
- Innovation and creativity valued
- Women supported then volunteer themselves

Nothing for me without me!



WHAT HELPS BUILD EFFECTIVE PEER SUPPORT?

- Working in partnership
- Full integration with NHS and children centres
- Autonomy of Peer Support
- Mutual respect and understanding
- Excellent communication
- Rigorous reporting against well thought out performance targets
- Encouragement of innovation to meet local needs and changing needs
- Valuing volunteers

THANK YOU TO ALL THE HEALTH PROFESSIONALS, PUBLIC HEALTH TEAMS, CHILDREN CENTRES, PEER SUPPORTERS, BOTH VOLUNTEER AND EMPLOYED, AND WOMEN AND THEIR FAMILIES WHO DEVELOPED AND SHAPED THE PEER SUPPORT PROGRAMMES IN BLACKPOOL AND NORTH LANCASHIRE



