

## How can peers support mothers in the workplace?

Working mothers may return to work early after giving birth for various reasons. Depending on work policies, the nature of their work or for other reasons, mothers may or may not be able to bring their babies to work or have them nearby. This is where co-workers can help.

Co-workers can become peer counsellors within the work place, and can be important supporters of breastfeeding colleagues. Helping a co-worker to find the necessary time to pump or just say something encouraging ensures a positive environment which helps mothers to sustain breastfeeding. Even doctors need support to breastfeed and can support each other as peers in their work!

See also the "Women and Work" subsection of WABA website, for the Maternity Protection Chart. It provides a comprehensive chart which lists maternity protection legislation across the globe. (<http://www.waba.org.my/whatwedo/womenandwork/mpchart.htm>)

## Peer Counselling - a Vital Part of the Protection, Promotion, and Support of Breastfeeding

Breastfeeding is vital for the health and well-being of infants, mothers, families, society and the environment. New mothers are bombarded by misleading information and advice from people around them, and from unethical and aggressive marketing by formula manufacturers, and are led to adopt poor health care practices. Mothers need protection from these influences, and support from people close to them.

Every woman, man or youth can improve the lives of mothers and children around them by learning about breastfeeding and deciding to support the mothers they encounter naturally in their family, community and workplace. Some may want to get more involved and to train formally as peer counsellors.

In these ways everyone can bring breastfeeding support closer to mothers when it is most needed. Step forward to make a difference and together create a better world for all of us!

## World Breastfeeding Week 2013 calls for more actions to:

**1 Create awareness of the important role peer counselling programs play to increase breastfeeding, and to improve the health and development of children, and the health of their mothers.**

### Action:

- Find out about any peer counselling programs in your neighbourhood, town or country.
- Visit them and find out how many counsellors there are, how they are trained, how they work, and how many mothers they help. If possible, learn if they have information about what effect they have had on breastfeeding rates in the locality.
- Write an article about them and their work, and publish it in a newspaper or journal.
- Talk about their work when you have an opportunity to teach or talk to health workers or government officials or charities and other organisations who might be interested.

**2 Promote the training of peer counsellors and their trainers as a cost effective intervention for increasing exclusive and continued breastfeeding rates.**

### Action:

- Find out if there is a community health program or a community nutrition program in the area.

- Visit it and talk to the organisers about breastfeeding, and if they have thought about promoting breastfeeding as part of the program. Explain what a peer counselling program is, and how it can be an appropriate way to help mothers to breastfeed in a community. Suggest that they consider introducing it as part of their program.

**3 Encourage active involvement of health professionals in the public and private sectors to work with peer counselling programs, to refer all mothers to trained peer counsellors at the local level, to accept referrals from them, and to help in their basic and refresher training.**

### Action:

- Look for opportunities to talk to health workers or hospital administrators concerned with the Baby-Friendly Initiative, or public health officials about breastfeeding rates in the area, and what is being done to promote breastfeeding, such as the BFHI.
- Explain how peer counsellors in the community can be a cost effective way to sustain breastfeeding after mothers leave hospital, especially when health professionals do not have enough time to spend with mothers to really support breastfeeding.
- Explain how this is especially effective if the hospital and public health services work together to develop the program, and comply with 'Step 10' of the BFHI.

**4 Advocate with governments, funding agencies, and non-governmental organisations to invest in training community members as peer counsellors, to build a sustainable support system for breastfeeding mothers in every community.**

### Action:

- Look for opportunities to meet and talk to representatives of these organisations about peer counselling programs and how cost effective they are, and ask them for their help with funding the development and support of such programs.

**5 Encourage individuals who are interested in breastfeeding—experienced mothers, grandparents, youths, irrespective of their educational and social background—to be trained as peer counsellors to support breastfeeding mothers and their babies.**

### Action:

- Look for opportunities to attend community meetings, women's groups, religious organisations, any other relevant community groups, and antenatal groups at health facilities. Ask if you may talk to them, and explain about breastfeeding and peer counselling, and ask if anyone might be interested in finding out more and possibly becoming a peer counsellor themselves.

**6 Inform pregnant women and mothers, to understand the value of mother to mother support and the need for sharing breastfeeding experience. Encourage them to form and participate in such a group with other mothers in their community.**

### Action:

- Talk to women's groups, community groups, and mothers at antenatal classes about the helpfulness of mother-to-mother support groups for breastfeeding, and ask if any of them would be interested to form a group.
- Mother-to-mother support groups work better in some kinds of communities than others, so you need to talk to people and find out if they would like to try this. It can be easier in urban areas than in rural areas, or vice versa. Sometimes a group starts up from an antenatal class, brought together by the midwife who runs the class, and then the mothers themselves take over.



Esther Gillett - USA

## Useful Resources:

### References

#### Key studies:

1. Haider R; Effect of community-based peer counsellors on exclusive breastfeeding practices in Dhaka, Bangladesh: a randomised controlled trial. *Lancet* 2000; 356: 1643-47
2. Coutinho; Comparison of the effect of two systems for the promotion of exclusive breastfeeding. *Lancet* 2005; 366: 1094-100
3. Agradada; Postnatal peer counselling on exclusive breastfeeding of low-birth-weight infants: a RCT. *Arch Paediatr* 2005; 94: 1109-1115
4. Balaluka; Community volunteers can improve breastfeeding among children under 6 months of age in the Democratic Republic of Congo Crisis. *International Breastfeeding Journal* 2012; 7:2

#### Reviews:

5. Britton et al; Support for breastfeeding mothers (Review) *The Cochrane Library* 2007 Issue 2
6. Renfrew et al; Support for healthy breastfeeding mothers with healthy term babies (Review). *The Cochrane Library* 2012 Issue 5.
7. Community-based strategies for breastfeeding promotion and support in Developing Countries. *WHO* 2003.
8. Peres-Escamilla. Evidence based breastfeeding promotion: The Baby-Friendly Hospital Initiative. *J.Nutrition* 2007; 137:484-7 Link: <http://jn.nutrition.org/content/137/2/484.full>
9. Chapman et al: Review: Breastfeeding Peer Counselling: From Efficacy Through Scale-Up. *J.Human Lactation* 2010; 26:314 Link: <http://jhl.sagepub.com/content/26/3/314.short>
10. Hannula; A systematic review of professional support interventions for breastfeeding. *J.Clinical Nursing* 2008; 17: 1132-1143

#### Training courses:

1. WHO/UNICEF Breastfeeding Counselling: A Training Course (Revised version 2013).
2. Community Based Infant and Young Child Feeding Counselling Package UNICEF 2010.
3. Training of Trainers for Mother-to-Mother Support Groups. See: <http://www.linkagesproject.org/media/publications/Training%20Modules/MTMSG.pdf>
4. Loving Support; Peer Counselling (WIC materials). The WIC Peer Counsellor Training Curriculum is a single, very large zipped folder containing PowerPoint slide shows, video clips, and other files. (English and Spanish). See: [http://www.nal.usda.gov/wicworks/Learning\\_Center/support\\_peer.html](http://www.nal.usda.gov/wicworks/Learning_Center/support_peer.html)

#### La Leche League International.

See: <http://www.llli.org/>  
See: <http://www.llli.org/search> Peer Counseling or Peer counselling programs  
See: <http://www.lalecheleague.org.nz/resources/peer-counsellor-programme>  
And also: <http://www.llli.org/southafrica.html>

#### The International Lactation Consultant Association (ILCA)

See: <http://www.ilca.org/i4a/pages/index.cfm?pageid=1>

#### World Alliance for Breastfeeding Action (WABA)

See WABA Mother Support webpage subsection:  
<http://www.waba.org.my/whatwedo/gims/index.htm>

See WABA Mothers Support (MS) E-map project: With its global coverage, the E-Map project is an initiative to facilitate and provide mothers and others interested in knowing about MS or needing information, easy access to MS contacts by area/ province/division in any given country and to find information required for MS. With one or two clicks, contacts and locations for MS can be searched, identified and selected, thereby enabling mothers to receive the support they need and deserve. See: <http://www.waba.org.my/whatwedo/gims/emap.htm>

See WABA's Maternity Protection Chart: It provides a comprehensive chart which lists maternity protection legislation across the globe. Developed by WABA to support women's right to breastfeed and work, and advocates for the implementation and monitoring of improved maternity protection entitlements, the chart can be used as a guide to compare the maternity benefits among countries. This chart also serves as an advocacy tool when lobbying for better maternity benefits (e.g. maternity/paternity leave, breastfeeding breaks etc) in all levels ranging from community to national. The information for the chart is updated every two years. Sources of information are obtained from WABA's network partners, ILO reports and databases. See: <http://www.waba.org.my/whatwedo/womenandwork/mpchart.htm>

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WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical position.

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The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion & support of breastfeeding worldwide. WABA action is based on the Innocent Declaration, the Ten Links for Nurturing the Future and the Global Strategy for Infant and Young Child Feeding. WABA's present Core Partners are also all the main international breastfeeding organisations: Academy for Breastfeeding Medicine (ABM), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLL), and Wellstart International (WI). WABA is in consultative status with UNICEF, and is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

# BREASTFEEDING SUPPORT: CLOSE TO MOTHERS



## 21<sup>st</sup> World Breastfeeding Week - 2013

Fifty seven years ago, seven breastfeeding mothers came together and realised that their abilities to breastfeed their own infants came from being provided with information, education and emotional support from each other. They also realised that many other mothers who longed to breastfeed could be enabled to do so if those around them, their peers, had the knowledge and skills to be supportive. La Leche League International (LLL) was launched, spearheading a renewed breastfeeding movement. Mother-to-mother support was born, and this movement would cover the globe.

Many women find that meeting together regularly as a group to share experiences and knowledge, and to support each other through the whole breastfeeding experience is invaluable. However at times women need skilled one-to-one practical help. This is often best given in the woman's own home. So from the mother support groups came the concept of the individual peer counsellor (sometimes called peer supporter), and home visits developed. Now there are a variety of ways in which mothers can get support close to where they are.

# WABA 2013

[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

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## OBJECTIVES OF WBW 2013

- 1** To draw attention to the importance of Peer Support in helping mothers to establish and sustain breastfeeding.
- 2** To inform people of the highly effective benefits of peer counselling, and unite efforts to expand peer counselling programmes.
- 3** To encourage breastfeeding supporters, regardless of their educational background, to step forward and be trained to support mothers and babies.
- 4** To identify local community support contacts for breastfeeding mothers that women can go to for help and support after giving birth.
- 5** To call on governments and maternity facilities globally to actively implement the Ten Steps, in particular Step 10, to improve duration and rates of exclusive breastfeeding.



Helman Nino Berdugo - Colombia



J. Rohith Varma - India



John Musisi - Uganda



Shih, Yue Cheng - Taiwan

## Rationale

Many mothers give up breastfeeding exclusively, or stop breastfeeding completely, in the first few days to six weeks after delivery, even if they delivered in a Baby-Friendly Hospital. This is a time when it may be difficult for mothers to visit a health care provider, so support in the community is vital. Traditionally, support has been provided by older women in the family and community, especially during the first 40-42 days postpartum. However, as societies change, in particular with urbanization, other family members may be far away and pressures to return to work have caused this period of mother/infant care to disappear. Help must now come from health workers, friends, fathers or partners. However, this new support system may not have the experience or skill to give effective breastfeeding support. Even health workers such as doctors, nurses, midwives, doulas and others may not have been trained in breastfeeding support skills; most trainings concentrate on the first few days, emphasizing positioning, rather than the skills needed to cope after leaving the maternity ward. Many health workers are pressured to spend less time per patient, compounding this problem. Professional Lactation Consultants (IBCLCs) have the skills, but they, too, are not available everywhere.

A cost effective way to provide needed support to mothers where professional help is not available is through peer counselling, or peer support. Peer counsellors are usually women from the community who are trained to support breastfeeding, regardless of their educational background. They can be readily available near the mother's home, and they can give day-to-day help. Peer support may be coupled with occasional attendance by a Lactation Consultant, or other skilled professional, to complement the ongoing support. It is also very helpful to have women of various parities meet together both before and after the baby is born to learn from each other.<sup>1</sup>

## THE TEN STEPS TO SUCCESSFUL BREASTFEEDING IN BFHI

### STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The Global Criteria for Step Ten:

The head/director of maternity services reports that:

- mothers are given information on where they can get support if they need help with feeding their babies after returning home, and the head/director can also mention at least one source of information.
- the facility fosters the establishment of and/or coordinates with mother support groups and other community services that provide breastfeeding/infant feeding support to mothers, and this same staff member can describe at least one way this is done.
- the staff encourages mothers and their babies to be seen soon after discharge (preferably 2-4 days after birth and again the second week) at the facility or in the community by a skilled breastfeeding support person who can assess feeding and give any support needed and can describe an appropriate referral system and adequate timing for the visits.

From: UNICEF 2009 BABY-FRIENDLY HOSPITAL INITIATIVE: Revised, Updated and Expanded for Integrated Care

## Peer Counselling – a Logical Response

Women's social networks have a major impact on their health related decisions. Women are often drawn to other women with whom they share life experiences, especially when those experiences relate to parenting. When new mothers have someone who can understand and identify with their experiences, they can better enjoy and cope with motherhood. Peer support can fulfill this role, and can become a lifeline for mothers with breastfeeding questions and issues.

The purpose of peer support is to encourage and support both pregnant women and breastfeeding mothers to help them gain confidence in their ability to breastfeed. Peer counsellors must be trained both in practical aspects of breastfeeding and in counselling skills. Most peer counsellors are themselves mothers with experience of breastfeeding, but in some programmes younger women, fathers and other active members of the community who are interested and willing to help mothers have also proved to be effective.

*“The key to best breastfeeding practices is continued day-to-day support for the breastfeeding mother within her home and community.”*

Peer support can be tailored to different socioeconomic and cultural backgrounds. It can be provided in a mother-to-mother group setting as well as in an individual, one-to-one setting.

Depending on the target group, the methods employed may include peer support groups at a community venue; drop-in sessions in a community or health facility for mothers with problems; home visits; phone, email, surface mail, mobile phone text or internet chat help; antenatal and parenting classes; or services linked to hospitals, health centres and community health services. Coordinating peer support with professional health care, between which mothers can be referred if necessary, is particularly valuable, because it builds a continuum of care from maternity hospital to the community.



Dr. Sushma Malik - India



Delly's Mishu Reyes Alania - Peru

### Effectiveness of peer support

Support for mothers has been shown in a wide variety of settings to be a highly effective way to increase breastfeeding rates (see references 1-4 at the end of this Action Folder). Several systematic reviews have been published (see references 5-10), which also include summaries of many individual studies.

The main conclusions of the reviews are:

- All kinds of support are effective in increasing both exclusive breastfeeding and any breastfeeding
- Lay and professional support are both effective, separately or together
- Face-to-face support is generally more effective than by telephone

Peer support programs alone have been shown to increase both initiation and duration of breastfeeding. They are particularly valuable for the following groups:

- Low to middle-income women who may lack access to professional support
- Women who are undecided about breastfeeding
- Women intending to breastfeed, but needing support

### Characteristics of effective support are:

- Good practical training, including on interpersonal and communication skills, without which counsellors may not be accepted by mothers;
- Grounding in the local culture, and community leaders consulted;

1. Pugin E, Valdés V, Labbok MH, Pérez A, and R Aravena. Does Prenatal Breastfeeding Skills Group Education Increase the Effectiveness of a Comprehensive Breastfeeding Promotion Program? J Hum Lact 1996 12: 15  
2. Reference: Saadeh RJ, editor with Miriam H, Labbok, Kristin A, Cooney, Peggy Koniz-Booher (1993), Breast-feeding: the Technical Basis and Recommendations for Action: Role of Mother Support Groups, Geneva, World Health Organization, 62-74.

## La Leche League International (LLLI) PC program – How it works and why

La Leche League International (LLLI) has led the way in breastfeeding support, training and education. LLLI has used a combination of adult learning skills and communication tools that respect a woman's own personal life experiences, culture and breastfeeding knowledge. LLLI has seen women not only increase the incidence and duration of their own breastfeeding, but has seen them educate and support their peers in both formal group settings and informal settings such as shops, religious institutions, schools and offices. With support, women gain self confidence in their ability to mother, and in other aspects of their lives.

LLLI recognises that although its traditional group meetings are effective, Leaders and groups do not exist in every global community and speak every language. The Peer Counsellor Program was developed in the 1980's to address this reality, and has spread across the globe.

- Guidance and interface with health services, with health professionals playing a background facilitative role, and referral of mothers with problems to personnel/facilities that can manage them;
- On-going education, with up-to-date materials available, and refresher contacts with trainers and supervisors;
- Some form of remuneration for peer counsellors can sustain participation for longer periods—volunteers fade more quickly.

### Effective support also requires:

Frequent postnatal face-to-face contact with mothers – 8-9 times if possible.

- Women should be offered predictable, scheduled, on-going contacts.
- Support that is only offered if it is left for women to seek help is unlikely to be effective.

Contacts need to be, for example:

- on the first day after delivery, and twice more in the first week;
- again by two weeks and four weeks;
- on-going contacts, and extra contacts if there is a difficulty

Contact before or very soon after delivery helps to build a trusting relationship with the mother.

### Different mother support providers – traditional or professional

La Leche League International (LLLI) Leaders are experienced mothers who have been trained and accredited to facilitate support groups for mothers in their communities and who have access to a global network of up to date information when the need arises. International Board Certified Lactation Consultants (IBCLCs) are trained professionals, many of whom are nurses, midwives, doulas and doctors, who add a new and important dimension to the healthcare field.

Peer counselling (PC) training is more flexible, and allows for people to train as peer supporters who may not have the educational or professional background to train as LLLI Leaders or IBCLCs.

Peer counselling programs can be introduced in any setting to support mothers and to increase breastfeeding rates; and governments, health and community services should be urged to start such programs as an important aspect of public health. They have already been introduced in many places as part of the Baby-Friendly Hospital Initiative (BFHI).

## Becoming a Peer Counsellor

A peer counsellor (PC) may be anyone who has had experience with a breastfeeding baby or someone with a willingness and ability to actively work with women to support breastfeeding.

In some situations, it is appropriate that they are recommended by a local health professional or an authority or leader of the community. It would be important for the PC to belong to the community she/he is volunteering or working in.

A PC must successfully complete an approved PC training course usually a minimum of 20-30 hours duration, including practice with mothers and babies. Trainers are often health workers or LLLI Leaders specially trained for this task. Courses are usually developed locally or adapted from generic courses (see Resources section) according to the level of education of trainees, and the local culture and program needs. After training, PCs will be supervised in their role either by their trainer, or another health worker who has been trained for the program.

A peer counselling program provides anyone who is committed to promoting breastfeeding regardless of educational background, the platform to act. Peer counsellors everywhere say that the journey is rewarding and gives them a sense of accomplishment and pride because they are making a difference in the lives of other people. Working as peer counsellors, or peer supporters, has empowered some women previously living in poverty to undertake paid work and other responsibilities, both for themselves and for other groups they are involved with.

### What are the responsibilities of a Peer Counsellor?

Peer counsellors may work from a health centre, their home or in a hospital setting. They should work in a way that respects the dignity of the mother, the healthcare support system and those with whom they work. They encourage mothers to breastfeed by listening and helping them to explore their barriers and discover ways that allow breastfeeding to be part of their daily lives. Their goal is to help mothers get off to a good start and establish exclusive breastfeeding with accurate information that is specific to their needs. They also must know when they are unable to address a problem and when to refer. The better the start, the better the results!

### PC responsibilities include any of the following:

- Contact or visit mothers (ante and post-natal) in the local community, discuss breastfeeding with them, using appropriate counselling skills;
- Teach mothers practical skills for breastfeeding such as positioning and attachment, and breast milk expression, and help them to overcome common basic problems;
- Know local expertise in breastfeeding support and refer mothers to more experienced breastfeeding counsellors when necessary;
- Lead support group meetings when and where appropriate.
- Offer telephone support to mothers if appropriate.
- Be ready to respond to questions about breastfeeding raised within the community, local schools or healthcare system.
- Attend health events, exhibitions, answer questions and distribute information.
- Speak on breastfeeding related issues when invited.
- Report to their supervisor on a regular basis.
- Be close to mothers, especially in the first weeks after birth or when there is any difficulty.



Jose Antonio Araujo Mayorca - Peru

## Stories from PCs around the world

### Cape Town, South Africa

by Sophia Blows and Rosemary Gauld

Rowena Adams works in a clinic in a very underprivileged area, encouraging mothers to breastfeed exclusively for 6 months, and to continue breastfeeding with complementary feeding. She keeps in constant contact with the mothers. In two years there has been a noticeable increase in breastfeeding as opposed to formula feeding. Many mothers are choosing to breastfeed including mothers who are HIV positive. Each mother receives a breastfeeding certificate upon breastfeeding for 6 months.



Rowena hosts a small party for the mothers at the clinic to celebrate the event. Rowena is in the white top and Antonette Jacobs in the black top assists her.

### Philippines: An example of how it works with unexpected results!

by Ines Fernandez

In 2011-2012, WHO Philippines funded Arugaan, an NGO mother support group, to provide peer counselling training on exclusive breastfeeding for 6,000 health workers, health personnel and mother leaders as well as politicians. They were community-based in 20 cities. Every PC had to recruit a pregnant woman and 2 mothers with babies less than 6 months old, and counsel them on exclusive breastfeeding. Every trained PC was expected to support 20 mothers each year. Later it was discovered that six grandmothers were actually lactating. They used the knowledge from the training to re-lactate and were hailed as modern heroines (for supporting their daughters who work in factories, call centres and offices). In some communities, the lactating Grandma-Peer Counsellors became role models in mentoring mothers. One grandmother wet-nursed triplets and it was documented by a top TV show. It shows what can happen when governments support the need for peer counselling programs.

### Sharjah, United Arab Emirates

by Badriyah Riad

Meeting mothers at Primary Health Centres (PHCs) on vaccination days was the main target of the Breastfeeding Friends in Sharjah last year. One-to-one counselling was very successful and provided new PCs a way to gain confidence while mothers learned more about breastfeeding and how PCs can help them be better as a mother.



PC staffed awareness stand in a hospital in the UAE.

16 Peer Counsellors "Madres Consejeras" graduating from their training in Santa Lucía la Reforma, Totonicapán, Guatemala



### Guatemala: A rural area PC program

by Mimi Maza

Located in the highlands of Guatemala, the majority of the population of Totonicapán are indigenous. These communities have one of the highest rates of chronic malnutrition in children under 5 years of age, reaching 82.2 %.

A community based education strategy was developed as an intervention to:

- Train mothers as peer counsellors to educate pregnant women and mothers with children under 3 years through mother-to-mother support groups, home visits and individual counselling.
- Increase exclusive breastfeeding for six months, and provide information on appropriate complementary feeding, using local foods, with continued breastfeeding up to two years or more.
- Provide community-based education with the participation of women (especially pregnant women and mothers with children under 3 years) oriented to changing feeding practices and care of children under 3 years – to contribute to reducing chronic malnutrition in children under 5 years.

200 PCs were trained. They were volunteers chosen from the community in which they live. Each PC:

- Speaks the local language
- Has breastfed her child
- Is willing to give part of her time as a volunteer (12-15 hours per month)
- Is accepted by her community, has the support of her husband and family
- Has a desire to learn and share what she has learned
- Has ease of communication and a willingness to receive comprehensive training
- Ideally, but it is not essential, knows how to read and write



Mother to mother support in rural area Momostenango, Totonicapán.

Activities conducted by the Peer Counsellors:

- Mother-to-mother support groups
- Individual counselling
- Home visits at key moments in the life of the woman and her child. For instance, during pregnancy, after birth, for complementary feeding at the age of six months or when a child is sick or malnourished.

Besides successfully training PCs, at the end of the program in 2012, a mother to mother support network was formed among the 8 municipalities in Totonicapán.