How can peer supporters help mothers in the workplace? Working mothers may return to work after giving birth for various reasons. Depending on where you live, the workplace environment may or may not be favorable to breastfeeding. It is important to consider their needs to ensure that they are able to breastfeed while at work. Here are some ways that peer supporters can help.

1. **Identify if there is a community health program or a community action.**
   - Look for opportunities to talk to health workers or hospital personnel about the BFHI. Discuss with them the public health officials about breastfeeding rates in the area, and how they can help promote breastfeeding.
   - Help new peer counselors in the community by being a cost-effective source of training from the local public health department. Help to set up a group of breastfeeding mothers who to help new peer counselors in the community by being a cost-effective source of training from the local public health department. Help to set up a group of breastfeeding mothers who have breastfeeding experience. Encourage them to meet and discuss the BFHI. Provide resources and support to help them establish breastfeeding groups in their community.

2. **Encourage active involvement of health professionals in the public and private sectors to work with peer counselors to promote breastfeeding.**
   - Help health professionals understand the role of peer counselors in promoting breastfeeding, and encourage them to work with peer counselors to support breastfeeding.
   - Encourage health professionals to be actively involved in the promotion of breastfeeding in their workplaces, and to help in their local and national breastfeeding campaigns.

3. **Find out if there is a community health program or a community action.**
   - Look for opportunities to talk to health workers or hospital personnel about the BFHI. Discuss with them the public health officials about breastfeeding rates in the area, and how they can help promote breastfeeding.
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World Breastfeeding Week 2013 calls for more actions to:

1. **Create awareness of the important role peer counselors can play in increasing breastfeeding rates and improving breastfeeding practices.**
   - Encourage your services, and support from people close to them.
   - Encourage your friends and family members to encourage breastfeeding by providing them with information about breastfeeding and the benefits for both the mother and the baby.

2. **Include breastfeeding in all community programs.**
   - Look for opportunities to meet and talk to representatives of these programs and to attend community meetings. Let them know how effective peer counseling can be in promoting breastfeeding.
   - Encourage organizations and community groups to support breastfeeding mothers.

3. **Encourage active involvement of health professionals in the public and private sectors to work with peer counselors to promote breastfeeding.**
   - Help health professionals understand the role of peer counselors in promoting breastfeeding, and encourage them to work with peer counselors to support breastfeeding.
   - Encourage health professionals to be actively involved in the promotion of breastfeeding in their workplaces, and to help in their local and national breastfeeding campaigns.

Rationale

Many women give up exclusive breastfeeding, especially in the first few days after delivery. Even though they believe that it is the best way for their baby. It is important to provide support for mothers and babies in order to improve breastfeeding rates and to support breastfeeding in the workplace. It is important to consider the needs of working mothers to ensure that they are able to breastfeed while at work. Here are some ways that peer supporters can help.

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Peer counselling — a Logical Response

Social watermarks and children’s health depend on their health-related decisions. Women are often denied options on how to care for their own women, especially when these choices relate to pregnancy. When women are encouraged to participate in their health care, they can understand and reflect on the risks and benefits of their options. Women’s participation is often limited to their health intake, but this is not always the case. Peer counselling can be tailored to different socioeconomic groups and can be successful in different cultural settings.

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

Effective support of breastfeeding practices can be tailored to different socioeconomic groups and can be successful in different cultural settings.

La Leche League International (LLLI) and other BFHI support groups, with 180 country coordinators and thousands of volunteers and local leaders, are recommended by a local health professional or an authority figure. Support for mothers has been shown in a wide variety of circumstances. Several systematic reviews have been published (see references 1-4 at the end of this Action Folder).

The main conclusions of the reviews are:

- All kinds of support are effective in increasing breastfeeding duration and incidence and duration of their own breastfeeding, but only for the following groups:
  - Women who are undecided about breastfeeding
  - Low to middle-income women who may lack access to professional health care, between which mothers can be consulted;
  - Women with a history of breastfeeding or who have been educated about breastfeeding

The following groups are particularly valuable for the following groups:

- Women who are undecided about breastfeeding
- Low to middle-income women who may lack access to professional health care, between which mothers can be consulted;
- Women with a history of breastfeeding or who have been educated about breastfeeding

The better the start, the better the results!

Peer support can be tailored to different socioeconomic groups and can be successful in different cultural settings.

Do not hallucinate.

The Global Criteria for Step Ten:

Peer support programs alone have been shown to increase breastfeeding duration and incidence and duration of their own breastfeeding, but only for the following groups:

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