Re-thinking our ideas about peers
The role of peer support

Health Challenge Wales Seminar 23
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nct

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A UKCRC Public Health Research Centre of Excellence

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‘Training local women to engage with local mothers in a variety of ways through a range of access points’

Dykes (2005)

When does the support happen?

Is support proactive?

Where? Hospital or community?

Social or problem solving?

Group based, face-to-face or telephone?

Integration with health professionals?

Universal or targeted?

What length & status of training?

Who are the ‘peers’?

How much contact, how often?

Just breastfeeding or formula too?

Supervision arrangements?

We need to know what we mean!

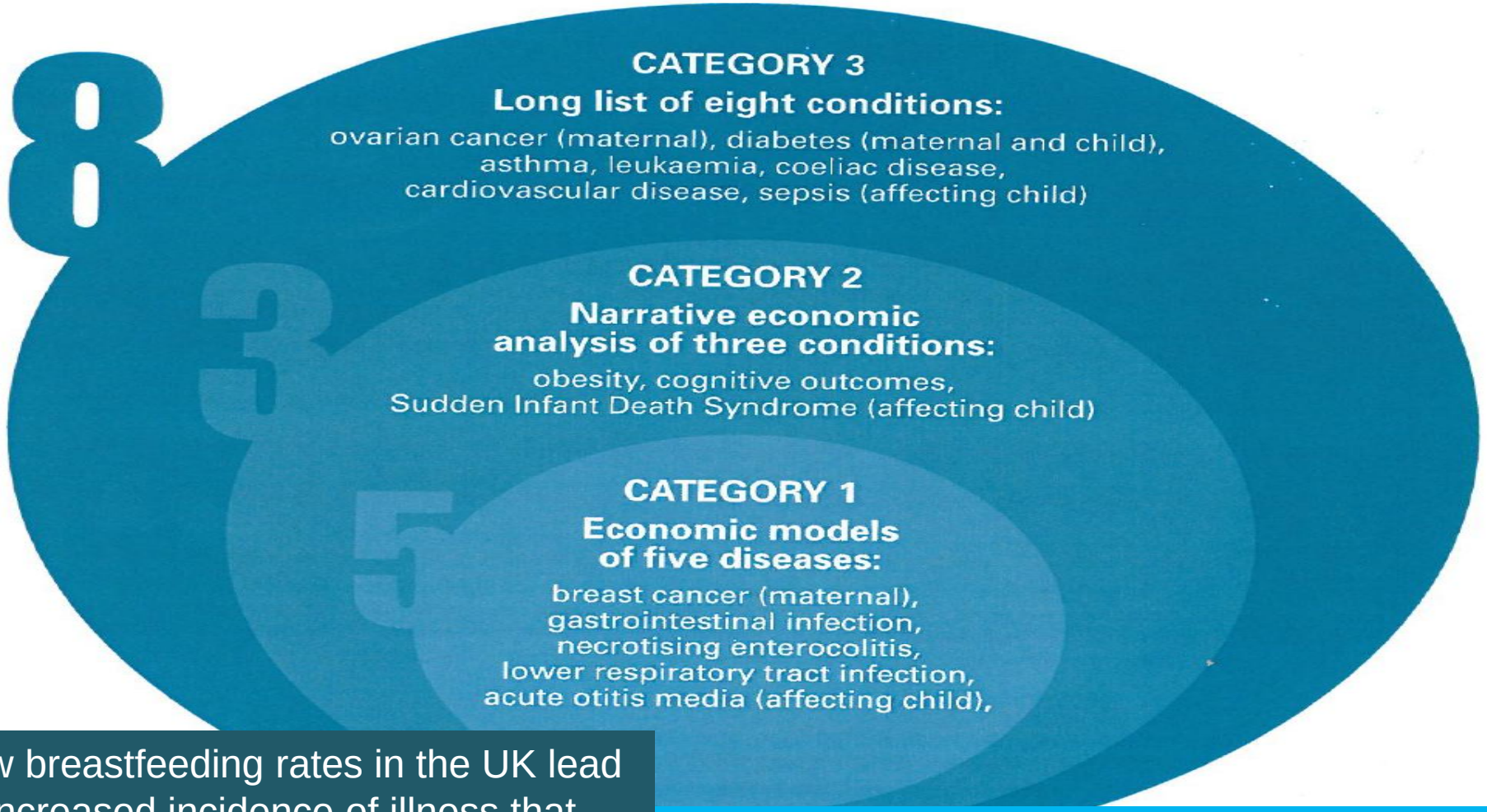
Will cover …

1. The policy challenge
2. Why peer support?
3. The limits of the evidence base
4. How do we think peer support works?
5. Into the workshops

Policy challenge

WHO recommendation:
'exclusive breastfeeding for six months and continued breastfeeding alongside introduction of foods for up to two years and beyond' (2003)

Infant feeding & public health

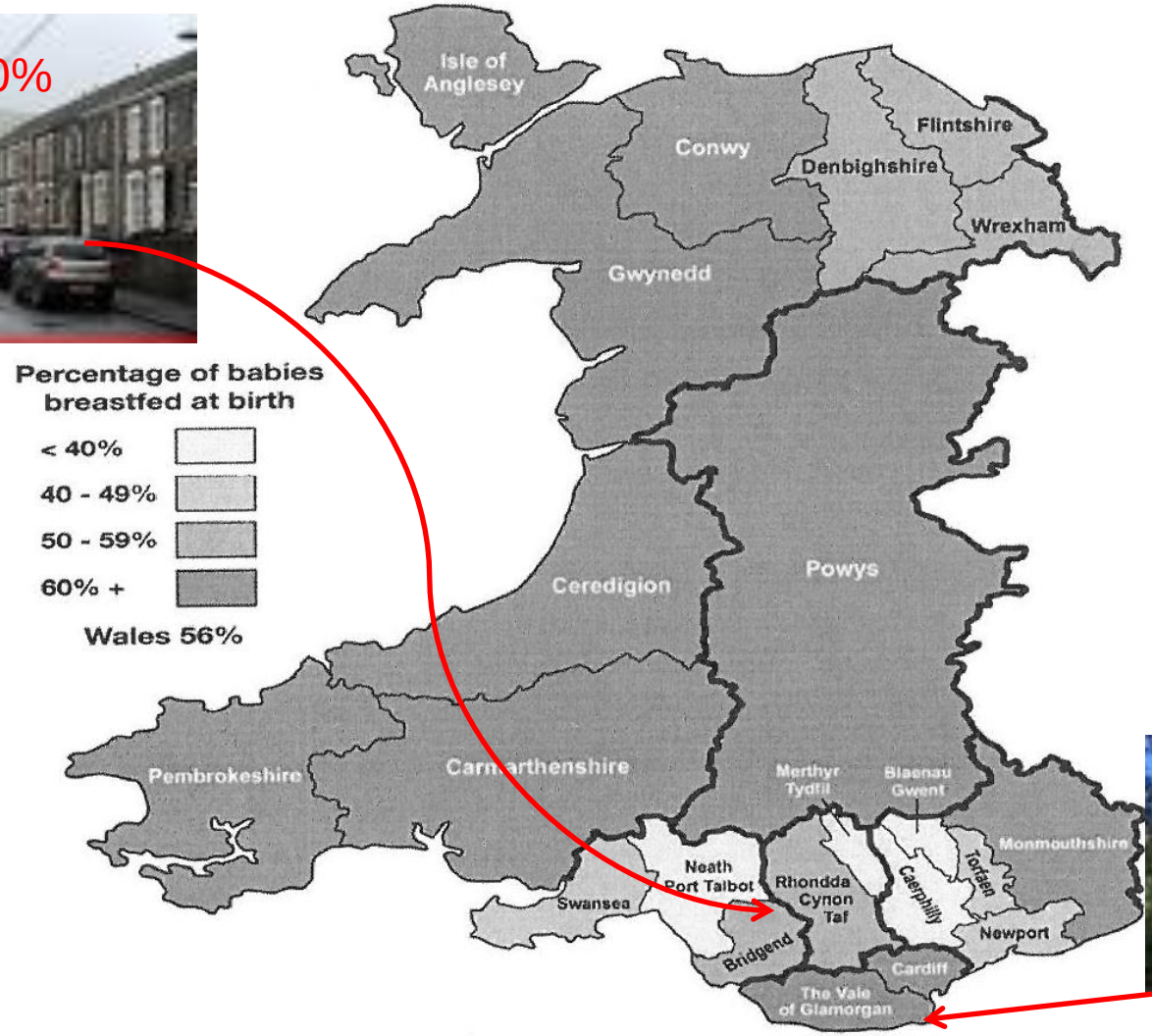


Low breastfeeding rates in the UK lead to increased incidence of illness that has a significant cost to the health service. Renfrew et al (2012) ’

Welsh policy

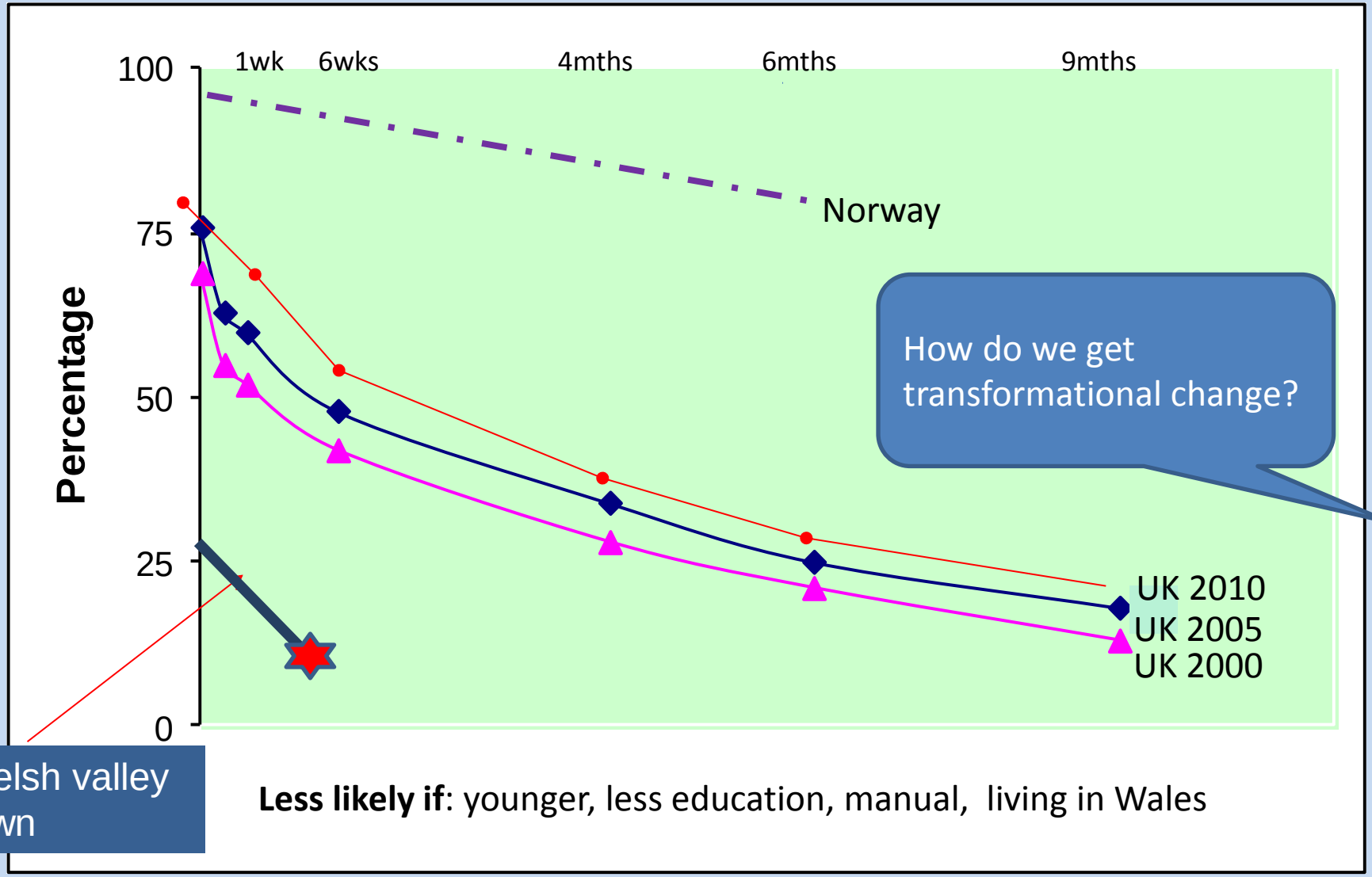
- 2001 – Welsh breastfeeding strategy, ecologically informed, inequalities focus, newly devolved assembly, ‘clear red water’ …
  - Health service – UNICEF Baby Friendly
  - Community based – schools pack, breastfeeding welcome scheme … other bits and pieces
    Funding OCN accredited peer training, and supporting groups

Little impact: geographical and social variation



90%

Incremental increases …



Why peer support?

Because: what we're doing isn't working

- **Persistent issues:**
  - Lower income mothers less likely
  - You don't see a lot of breastfeeding
  - Disappointment and feelings of pressure
  - 'Blue touch paper' issue!
  - **Women feel inadequately supported**
  - **Research shows family and social networks strongly associated**
- **Shifts in policy thinking …**

Initiation		Prevalence (normality & visibility)
Education		Support & enabling
'Ideal' feeding		'Real' feeding
Rates and health		Mother centred goals
Breastfeeding		Feeding a baby
Mother		**Family**
Health service		**Community, family and peers**

Because: why do women breastfeed (really)?

Is it… ?

- Long term health benefits
- Short term health benefits
- Evidence about relationships, parenting, brain development….
- Arguments about cost, environmental reasons…

Its very little to do with the brain and that rational thinking thing, a lot to do with … [HUGS SELF]

Perhaps peer support helps engage with…

- Because its there…
- Because I can…
- Because someone told me I couldn't!
- Magical moments
- Because … 'cwtch'.

Because: evidence

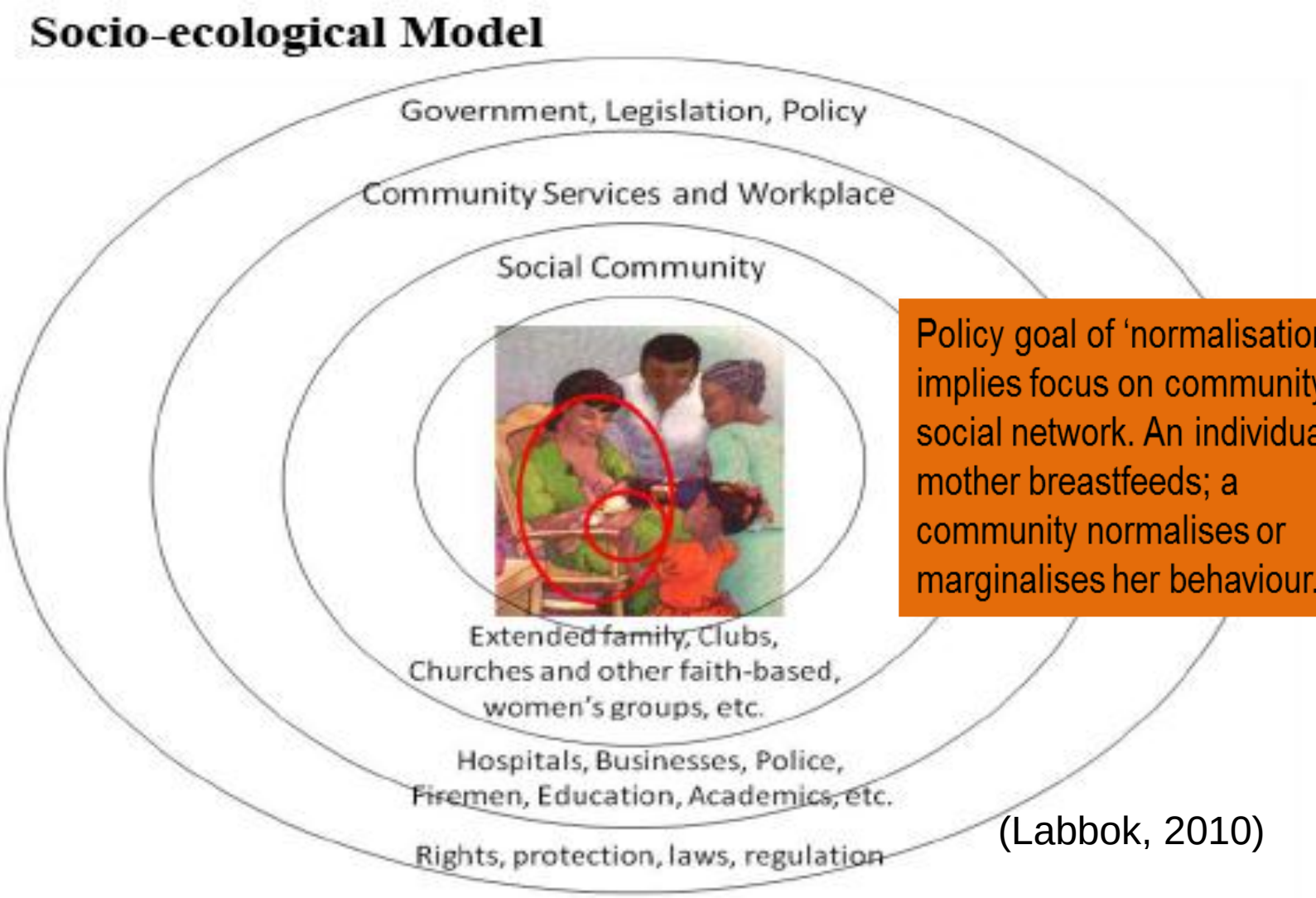
Qualitative research: Women who receive non-heirachical, person-centred, mother-to-mother support value this and believe it is helpful: to challenge advice, discuss ongoing decision-making, manage feeding problems, improve self-efficacy and self-esteem, sense of coherence, provide emotional warmth, enable relationship building, and as a catalyst for activism. Believe it helps prolong breastfeeding.

(Schmied et al, 2011 & many others).

International reviews: Lay and professional support together can help women to exclusively breastfeed for longer.

(*Sikorski et al*, 2002; *Britton et al*, 2007).

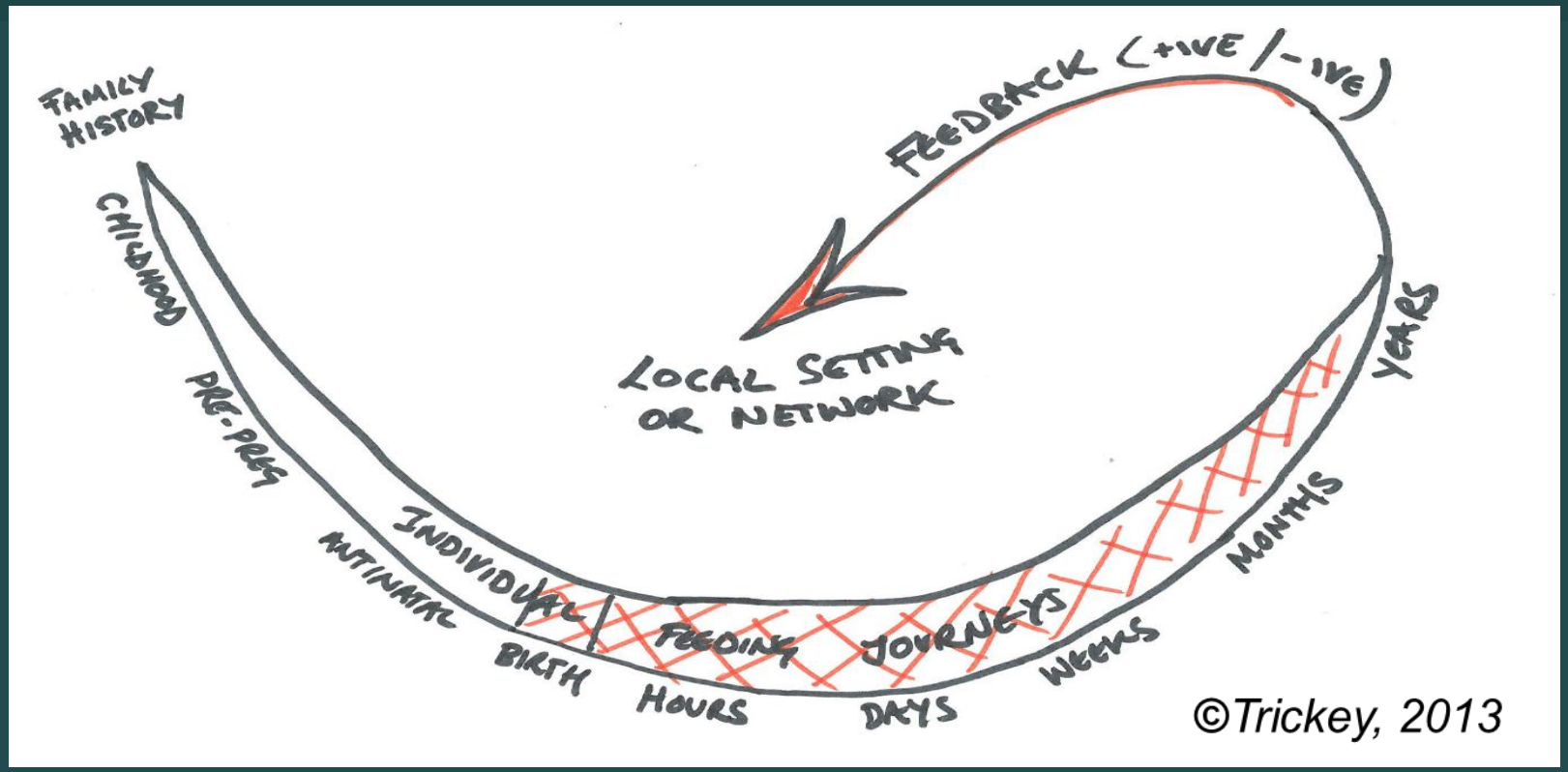
Hunch: Mother-focus a problem?



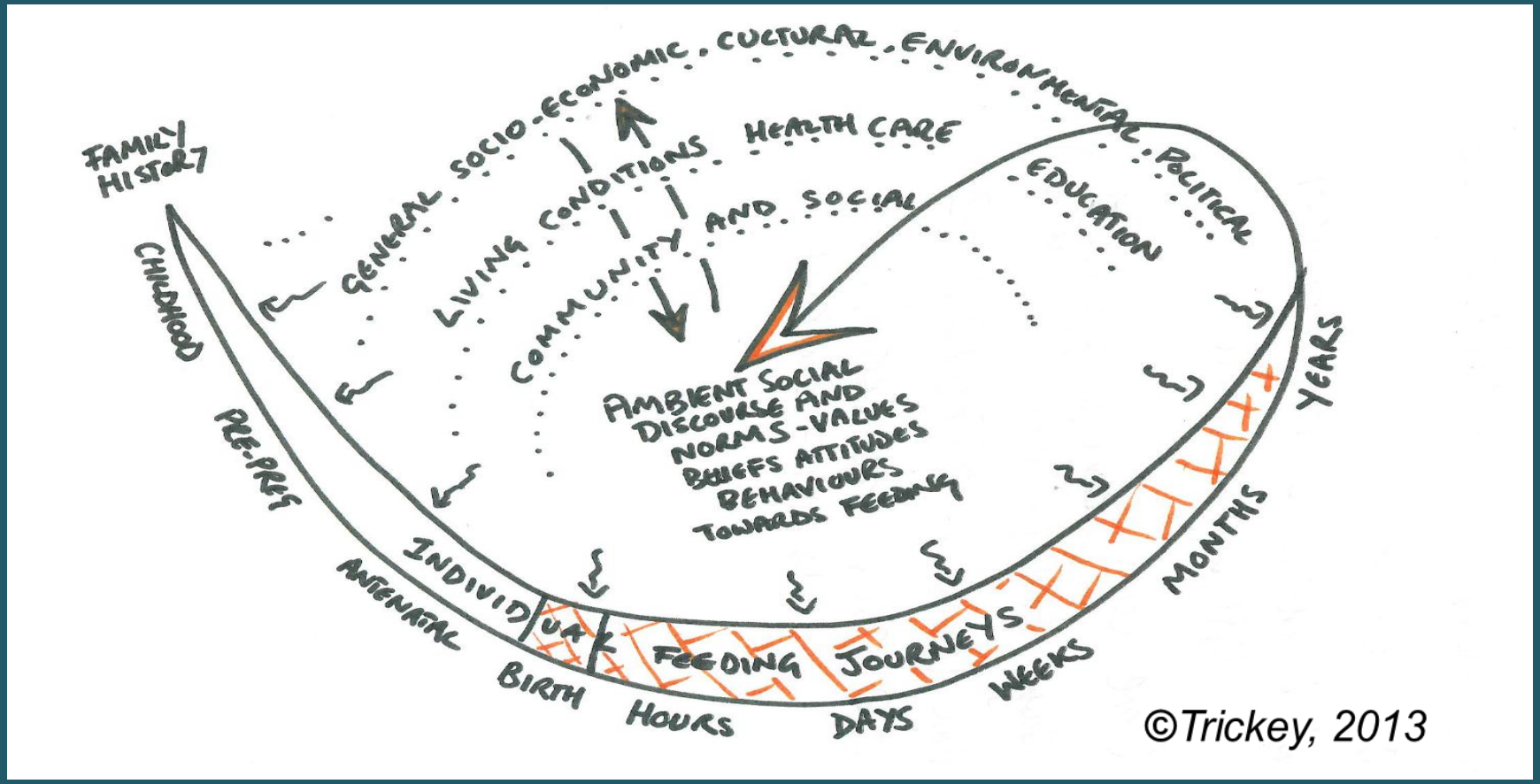
Policy goal of 'normalisation' implies focus on community or social network. An individual mother breastfeeds; a community normalises or marginalises her behaviour.

(Labbok, 2010)

How does a mother's journey feed back into her social network – knowledge, attitudes..



Think about influences on network level beliefs, attitudes and behaviours



But data from UK randomised controlled trials are not encouraging

Systematic review and meta-regression

(Jolly et al, 2012)

- BMJ well conducted review, 17 studies, exclusivity, continuation
- Included 4 UK trials (3 included in meta-regression)

Graffy (2004)	No antenatal, reactive, 1-2-1, mainly telephone, using breastfeeding counsellors, not matched to mother.
Muirhead(2006)	Antenatal contact, no hospital support, proactive up to 28 days, issues with co-operation from health professionals
Jolly (2012)	Two antenatal sessions, proactive visit within 48 hrs, further visits 'as needed'. Low take up of 'reactive' element.
Watt (2009)	Authors did not expect impact on breastfeeding, mothers contacted 3mths postpartum

No significant differences

Conclusion: breastfeeding peer support unlikely to work in the UK

Needs further thought…

(Thomson & Trickey, 2013)

- Problems with study design & implementation & intervention design
- Trials - don't represent real world peer support interventions
- Interventions were different from each other (apples and pears)

Need different approach to evidence

- Get underneath the studies, understand WHY they didn't work
- Draw on qualitative evidence, **develop theories** about how peer support works - what is the thinking behind the intervention?
- We need to **test theories**

('We think it will work like this, here because… ')

testing 'peer support' won't tell us much

How do we think peer support works?

Identifying theories of peer support

My research:

- Literature review
- Key document policy review
- Interviews with Welsh policy advocates and IFLs
- Interviews with Welsh peer supporters
- Seminar workshops here and in N. Wales

Together: developing a framework for thinking about how, where, why and for whom peer support works - ongoing process

What theories do we already have?

- Not much theory in the policy documents
- <u>But</u> plenty of ideas in people's heads!

Three clusters of ideas (theories)

… emerging

- Enhances the care pathway
- Provides 'mothers and sisters'
- Acts as 'ripples in the pond'

NB: Work in progress!

1. Enhancing the care pathway

Direction of change:
Peer → Mother

Expecting:
Mothers breastfeed for longer?

1. Enhancing the care pathway

HOW? (MECHANISMS)	BARRIERS/ FACILITATORS? (CONTEXT)	WHAT MIGHT HAPPEN? (OUTCOMES)
• Mothers believe that there is help • Mothers trust peer 'expertise' • Mothers approach peers for the 'grey area' issues (e.g. leaking breasts) • Mothers feel listened to and come up with their own solutions • Mothers feel comfortable talking with 'someone like me' • Mothers feel encouraged by drawing on peer supporters own experiences	• Integration with HPs • Trust bet. HPs & peers • Quality of the training • Quality of supervision • Training package low income mothers • Matching peers to mothers	• Mother accesses support when she feels she needs it • There are good referral pathways between peer supporters and health professionals • More mothers overcome specific feeding problems **Mothers breastfeed for longer**

Direction of change:
Peer → Mother

NB: Work in progress!

2. ‘Mothers and sisters’

Direction of change:

peers / mothers

peers/ mothers

Expecting:

- **Better experiences?**
- **Longer durations?**

2. ‘Mothers and sisters’

HOW?	BARRIERS/ FACILITATORS?	WHAT MIGHT HAPPEN?
• Mothers in **socially safe** space, breastfeeding is normalised • Mothers **learn vicariously** • **Friendship**s re-enforce decisions • Mothers have alternative beliefs and attitudes to call on, a **challenge to negative feedback** from an existing social network or health professionals	• Group setting may not be appealing • Groups become infiltrated by middle class mums • Unhealthy group dynamics – cliques • Health professionals feel threatened and withdraw support	• Mothers feels less ‘odd’ • Mother feels more confident in overcoming challenges • **Better experiences** • **Longer durations**

NB: Work in progress!

Direction of change:

peers / mothers

peers/ mothers

3. ‘Ripples in the pond’

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Direction of change:

Expecting:

- **Change in beliefs and attitudes of others?**
- **Change in wider context**
- **More women plan to breastfeed?**

3. 'Ripples in the pond'

HOW?	BARRIERS/ FACILITATORS?	WHAT MIGHT HAPPEN?
• Mothers learn about **cultural and commercial and health service barriers** to breastfeeding, become passionate and want to change the world around them • Trained peers take their knowledge out into **every day life** • Mothers want friends and family to have good experiences	• If intervention only reaches a sub-community re-enforcing existing differences between women. • HPs feel threatened and withdraw support	• Mothers who have been supported are inspired to train and support others • Mothers tell **positive stories** about breastfeeding • **HPs feel inspired and 'up their game'** as mothers get more expert • Mothers become radicalised and seek to make changes to community context • Change in **beliefs and attitudes** of others • Change in **wider context** • **More women plan to breastfeed**

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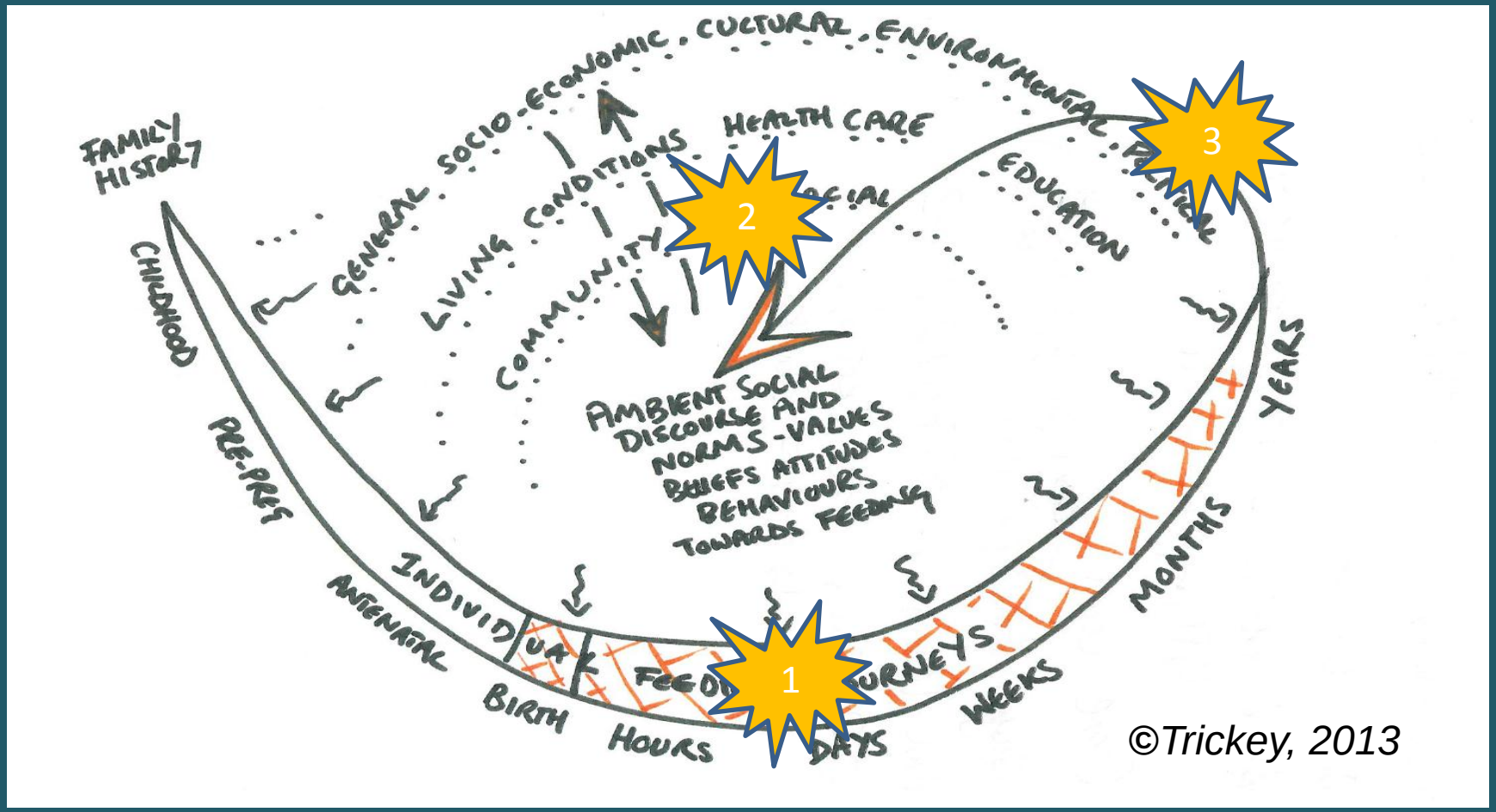
Direction of change:

Hunch: mechanisms & impact



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