



Breastfeeding in Ontario

Breastfeeding Peer Support Programs: An Effective Strategy to Reach and Support Populations with Lower Rates of Breastfeeding

Historically women learned how to breastfeed by watching other women feed their babies in a community setting; it was normal and a part of daily life. With the loss of this breastfeeding culture, breastfeeding rates dropped significantly. Peer breastfeeding programs play a crucial role in reclaiming mother to mother breastfeeding support and increasing breastfeeding rates.

Most women in Ontario (91.8%) initiate breastfeeding (Best Start Resource Centre, 2015), but many don't continue or reach their breastfeeding goal. Despite the high initiation rates, only 33.1% of women are exclusively breastfeeding at 6 months postpartum (Best Start Resource Centre, 2015). Many factors contribute to a mother's breastfeeding success. Challenges on a systemic, community and personal level can be linked with lower rates of breastfeeding success.

Who is at risk of not breastfeeding?

Pregnant women and new mothers who are at risk of not breastfeeding:

- Are younger.
- Have lower education levels.
- Have lower socio-economic status.
- Face cultural and societal biases about breastfeeding.
- Have lower physical and mental well-being
- Lack support from partner, family and friends.
- Face barriers to health care.

(Andrew & Harvey, 2011; Best Start Resource Centre, 2015)

What impacts intention to breastfeed?

A woman's intention to breastfeed her baby is strongly influenced by three main factors:

1. **Partner.**
2. **Peers.**
3. **Health care providers.**

(Dennis, 2010)

Peers provide important support and information about breastfeeding to women, especially those who face barriers to accessing services and are less likely to breastfeed.

What is peer breastfeeding support?

Peer breastfeeding support provides:

1. A low-cost, non-medical intervention.
2. Caring, passionate and non-judgemental breastfeeding help from women who have breastfed their own children.
3. Breastfeeding support from diverse groups of women from many different educational, ethno-cultural and socioeconomic backgrounds.
4. Access to experienced breastfeeding mothers who have received extensive peer breastfeeding training to help others and may have overcome personal breastfeeding challenges.
5. A connection with someone who listens to and understands the many breastfeeding challenges mothers face.
6. An informed decision-making model and resource sharing, not advice giving.

(La Leche League, 2010)



What services can peer breastfeeding volunteers offer?

1. One to one matches via telephone or face to face.
2. Community site support at breastfeeding drop-in programs such as breastfeeding cafés, playgroups or Ontario Early Years Centres.
3. Group facilitation and presentations at prenatal breastfeeding workshops, health fairs or Baby-Friendly Initiative (BFI) committees.
4. Incidental breastfeeding support i.e., talking with other mothers while dropping off toddler at daycare, at the bus stop, the park, the grocery store or at other public places.

What do we know about the effectiveness of breastfeeding peer support?



Peer breastfeeding support in conjunction with help from professionals, is an effective strategy in increasing breastfeeding initiation, exclusivity and duration rates, particularly among mothers who face barriers to services (Dennis, 2010; Region of Peel, 2012).

Peer support provides a normal, empathic and safe environment for all women to learn about the art of breastfeeding from each other.

Peer support offers a sense of belonging: Building a strong breastfeeding network through peer support can result in mothers feeling more connected and engaged in their community and parenting journey. Peers with lived experience in facing barriers to services (i.e. teenage parents, new Canadians, Aboriginal families) can connect with mothers in similar life circumstances. Some of these women may not access mainstream breastfeeding support services.

Peer support normalizes breastfeeding: Through mutual identification of breastfeeding successes and challenges, mothers can learn about normal breastfeeding. This validates their experiences and leads to more confident and successful breastfeeding. Breastfeeding mothers looking for help sometimes need empathy rather than solution-focused conversations or interventions (La Leche League Canada, 2010).

Peer support links to community resources: Mother to mother breastfeeding support promotes breastfeeding by connecting mothers to other supports that engage women to initiate breastfeeding and increase the time they choose to breastfeed. Women are more likely to access services that are endorsed by another mother (WHO, 2003).

Peer support creates a strong breastfeeding culture: Learning about breastfeeding from other experienced women reclaims the breastfeeding culture of the past. Women who attend peer support groups like La Leche League and Breastfeeding Buddies peer support tend to breastfeed longer and with higher levels of confidence (Dennis, 2010; Lawrence, 2002).

Peer support complements health care provider support: Peer support is a cost-effective intervention that can improve women’s breastfeeding experiences. It can also reduce the use of other health and social services therefore allowing mothers and babies with medical breastfeeding challenges quicker access to care (INFACT Canada, 2002).

Peer support promotes health equity: Peer breastfeeding support improves access to breastfeeding help and increases the opportunities and outcomes for good health for all members of our society (WHO, 2003).

Why should peer breastfeeding support be important to service providers working with populations with lower rates of breastfeeding?

Peer support addresses inequities of the social determinants of health by:

- Addressing health equity issues around maternal, infant and early childhood development. It ensures food security and safety for infants and children and lessens the impact of poverty (Schroeder, N.D.). “The many benefits of breastfeeding help to offset the negative impacts that poverty imposes on children and their families” (Ontario Public Health Association, 2007).
- Building mothers’ sense of control and resilience. Mothers may have increased confidence in their ability to make decisions, solve problems and find help. This is especially relevant to mothers who may feel disempowered due to their life circumstances.



- Creating the potential for leadership. Peer support offer roles and opportunities to make a meaningful contribution to society.
- Promoting skin-to-skin contact and fostering mother/ infant attachment.
- Using an assets/ strengths-based perspective in supporting mothers (La Leche League Canada, 2010).
- Adhering to and promoting World Health Organization (WHO), BFI and best practice guidelines, thereby lessening the impact of marketing by private corporations (WHO, 2003).

How can we establish effective breastfeeding peer support for women from populations with lower rates of breastfeeding?

1. Recruit and sustain a strong volunteer base by validating lived experience from priority populations.
2. Offer comprehensive peer breastfeeding training that is accessible, i.e. provide transportation, childcare, bus tickets, snacks.
3. Discuss the many types of services peers can offer and the importance of peer breastfeeding support.
4. Collaborate with and engage community partners, Elders and agencies working with at risk populations for ongoing program support, feedback and success.
5. Identify breastfeeding mothers who have lived experience with the social determinants of health. These community leaders are potential breastfeeding peer volunteers and program participants.
6. Provide services within the identified target communities. Host a breastfeeding drop-in at locations that families already visit or where they have an established relationship.
7. Offer culturally-relevant breastfeeding information and peer breastfeeding services in languages used by priority populations and at an appropriate literacy level.
8. Share and advertise the financial benefits of breastfeeding. Use tangible examples such as paying your cell phone bill or creating a savings account for baby with money saved.

References

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