



MAJOR INDEPENDENT EVALUATION SHOWS EFFECTIVENESS OF LA LECHE LEAGUE GB PEER COUNSELLOR PROGRAMME

First evaluation of its kind

In the first major evaluation of a breastfeeding peer support programme, **La Leche League GB Peer Counsellor Programme** has demonstrated its overall effectiveness at increasing breastfeeding initiation and duration rates in many areas of social deprivation. Dr Sue Battersby, who headed the evaluation team, reports:

“the evaluation was very positive ...[it] has effectively demonstrated that through a multifaceted approach La Leche League GB peer support programmes are creating breastfeeding friendly communities in areas where previously there had been a history and culture of bottle feeding for many decades.”

Why an evaluation was undertaken

The government has set Local Authorities a target of increasing breastfeeding initiation rates by 2% per year (Department of Health 2003). Peer support has been shown to be effective in increasing breastfeeding initiation and duration rates (Wright 1996; Thompson 1998; Battersby 2002). Dyson, Renfrew et al (2006: 27) recommended that voluntary organisations should be utilised as a valuable source of training of, and support for, health professionals and peer or voluntary supporters. They recommended that “peer or volunteer training schemes should be consistent and where possible, based on nationally accredited training programmes. This requires formal evaluation of different training packages and development of best practice models,” (Dyson, Renfrew et al. 2006: 29).

Dr Sue Battersby, Independent Midwifery Lecturer / Researcher suggests that peer supporter training programmes need to be fully evaluated so that the quality of the programmes can be



improved and areas of excellence can be acknowledged. She also observes that the evaluation of programmes will assist health providers to choose a peer support training programme with the full knowledge of its value.

The effectiveness of peer support

Breastfeeding peer support has been increasingly recognised in England (and around the world) as an intervention that is effective in increasing the initiation and continuation of breastfeeding (Sikorski and Renfrew 1999; Fairbank, O'Meara et al. 2000; Department of Health 2004).

Breastfeeding peer support is about sharing information and providing a support network for mothers who wish to breastfeed their infants. This support is given by women who have breastfed their own children and who, with specialised training, act as role models, share information and experiences, and offer support to other women who wish to breastfeed in an atmosphere of trust and respect. Dr Battersby states that breastfeeding peer support is not about giving medical advice but about sharing information, and breastfeeding peer supporters are not intended to replace health professionals but to support and compliment them in their role of promoting and supporting breastfeeding. A major advantage of peer support is that the supporter comes from the same community and will have similar experiences to those whom she supports (Brown 1998).

The effectiveness of La Leche League's approach

La Leche League was the first breastfeeding organisation to provide peer support programmes in the UK. La Leche League International devised their Peer Counsellor Programme in 1988. It was written specifically for low-income minority mothers in the United States, who were clients of the Women, Infant and Children (WIC) Clinics. The first programme in the UK was run as a pilot in Bestwood, Nottingham in 1990. The success of the first programme led to other programmes being initiated and by 2005 La Leche League GB had established 180 programmes nationally of which 145 are still active (La Leche League GB 2005).

More recently other organisations and health professionals have become involved in providing breastfeeding peer support programmes, but La Leche League GB Peer Counsellor Programme is still at the forefront, providing:

- A nationally coordinated programme



- A 'cascade' model where La Leche League GB trains health professionals, who then train mothers.
- A mothering model, which assumes breastfeeding will work, and therefore covers the full course of breastfeeding including bringing breastfeeding to an end
- Opportunities to monitor and evaluate the programmes
- Follow-on support for three years

Aims and standards

There are currently no nationally recognised standards for peer support programmes*, so Dr Battersby's evaluation set out to see if La Leche League GB Peer Counsellor Programme meets the high standards that it sets itself and achieves its aims effectively.

The stated aims of the programme are to:

- 1. To increase the incidence and duration of breastfeeding in targeted communities**
 - The evaluation data was able to demonstrate that **in 26 out of 28 areas** where Peer Counsellor Programmes were introduced there was an **increase in breastfeeding initiation rates, anything from 2 to 32 percentage points.**
 - There were problems with the collection of data for the duration of breastfeeding. Nevertheless **nine of the programmes** were able to **demonstrate an increase in breastfeeding duration**, demonstrating that peer support programmes definitely have the potential to increase duration rates. (The report recommends that the government conduct a properly co-ordinated audit of duration rates as well as initiation rates, for breastfeeding)
- 2. To increase the knowledge of how breastfeeding meets both the nutritional and emotional needs of babies**
 - This was amply demonstrated in the report, with an increase in knowledge amongst programme administrators, peer supporters and, by a ripple effect, an increase in awareness and knowledge in the surrounding community.

** Baby Friendly Initiative Standards and NICE guidelines were used as bench marks for the programme curriculum. This identified that the information given to LLLGB-trained Peer Counsellors was in line with nationally recognised standards. The programme was also shown to be assisting in achieving the five key outcomes laid down in the Every Child Matters initiative (Department for Education and Skills 2004).*



- The report states: “**The course is logical, comprehensive and addresses key breastfeeding issues** that Peer Counsellors will come across within their role. **Importantly it also addresses the issues of communications and attitudes. It is an enabling and empowering programme** which encourages the participants to actively engage within the discussions and for the Peer Counsellors to share their own stories.” (Battersby 2007)
- 3. To increase the support for breastfeeding in targeted communities**
- The report notes that added to the direct support given to breastfeeding mothers, LLLGB-trained **Peer Counsellors worked hard to improve support for breastfeeding within their communities** by the breastfeeding awareness activities they undertook.
 - Importantly the **Peer Counsellors had become role models and advocates for breastfeeding in their communities**. They also addressed issues on a local, national and international basis if the need arose.

The report makes recommendations for minor adjustments to parts of the programme, but overall concludes that La Leche League GB Peer Counsellor Programme does indeed effectively achieved the aims that it sets.

La Leche League GB comments on the evaluation

Sarah Gill, the Director of La Leche League GB Peer Counsellor Programme responds to the evaluation report:

“We are delighted that this independent evaluation of our Peer Counsellor Programme has had such a positive outcome. The programme seems to have had a positive effect on many peoples’ lives, particularly the Peer Counsellors. All the peers in the evaluation believe their training prepared them for their role as Peer Counsellors. They also commented on feeling empowered, more confident and valued. They felt the project raised knowledge and awareness as well as breastfeeding rates with benefits to both individuals and the communities.

We would like to thank the researchers for their work, in particular for evaluating the project as a social model rather than a medical one.”