

Title: Evaluating a Prevention-Focused, Group-Based Model of Prenatal Breastfeeding Peer Counseling

Contact: Julie Reeder, PhD, MPH, CHES, Senior Research Analyst, Oregon WIC program

Background/Introduction: The U.S. Surgeon General recommended peer counseling to support breastfeeding become a core service of the WIC Program. As of 2008, 50 percent of WIC clients receive services from local WIC agencies that offered peer counseling. Little is known as to the effectiveness of these peer counseling programs.

Oregon WIC began its peer counseling program in 2005 through a multi-year randomized control trial to evaluate the impact of a telephone-based peer counseling program on breastfeeding duration and exclusivity. Non-exclusive breastfeeding among Spanish-speakers marginally increased but the program had little to no effect on English-speaking clients. This is a limitation given that 75% of Oregon WIC participants speak English.

With these findings, the Oregon WIC program decided to make a significant shift to an in-person, group based model. All women attending a “new pregnant” appointment are invited to participate in peer counseling. If they accept, they are asked to attend a series of 5, monthly prenatal discussion sessions with women with similar due dates, breastfeeding peer counselors, and an International Board Certified Lactation Consultant (IBCLC). The groups cover much more than breastfeeding basics, as relationship issues and advocacy/empowerment exercises are critical components of the sessions. Postpartum support is offered as well, either through group sessions (such as infant massage or Love and Weigh) or one-on-one.

Project Goals: 1) Determine if breastfeeding outcomes differ for those who participate in peer counseling 2) Explore differences in infant feeding attitudes, breastfeeding self-efficacy and perceived social support.

Methods: Data will be extracted from Oregon WIC data system for all births and expected due dates between July 2010 and June 2014. In addition to quantitative analyses with the WIC data, a subsample of peer counseling participants and non participants will complete the Iowa Infant Feeding Attitude Scale (prenatal), the Breastfeeding Self-efficacy Scale (1 month pp), *or* an additional social support scale.

Results: Initial results available summer 2014.

Summary/Discussion: Oregon is unique in its group-based approach to delivering breastfeeding peer counseling. Determining whether this model positively impacts the factors that influence women’s breastfeeding decision making and whether it leads to an increase in long term, exclusive breastfeeding will allow the Oregon WIC program to further refine its peer counseling program and optimize its breastfeeding support.