To study the development of breastfeeding peer counsellor programs for implementation within Australia and ways to increase the breastfeeding rates in Indigenous Australians and mothers from lower socioeconomic backgrounds.

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Queensland Health
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EXECUTIVE SUMMARY

In my employment as a Public Health Nutritionist with the Tropical Public Health Unit of Queensland Health and as an Australian Breastfeeding Association voluntary breastfeeding counsellor, I have been involved in projects to improve maternal and infant nutrition. Breastfeeding promotes health, growth and development from birth and provides short and long term benefits to children, adults and the community. The World Health Organisation recommends exclusive breastfeeding for the first six months of life and continued breastfeeding in the second year of life. A recent survey of urban Indigenous women in north Queensland found less than 7% of infants were exclusively breastfed at six months of age compared with the Australian goal of 50% of infants exclusively breastfed this age. The aim of my trip was to study the development of breastfeeding peer counsellor programs for implementation within Australia and identify ways to increase the breastfeeding rates in Indigenous Australians and mothers from lower socioeconomic backgrounds.

La Leche League of South Africa, has been active in training volunteer Community Health Workers as breastfeeding peer counsellors in Capetown. Jean Ridler, lactation consultant and trainer, coordinated my meetings with League members and health staff in Capetown. I learned that multi-disciplinary Breastfeeding Liaison Groups can provide important support to breastfeeding peer counsellor programs by coordinating activities which promote breastfeeding supportive environments and by providing training for health staff.

The Texas Department of Health has been running a Breastfeeding Peer Counsellor Program since 1991. Jewell Stremler, Peer Counsellor Coordinator for the Texas Department of Health, coordinated my visits with peer counsellors working in hospitals and WIC Clinics and with staff involved in the development and implementation of the program. I learned that staff training is necessary to ensure support for the peer counsellors and so that clients receive consistent information.

Iowa State University Extension program piloted a peer counsellor program in rural communities in Iowa. Professor Elisabeth Schafer gave me access to the program files and arranged for me to meet with program staff. I learned that it can be difficult to recruit sufficient numbers of women from the target group to work as volunteers and that contact with clients during their pregnancy is important to maximise the peer counsellors effectiveness in the early postnatal period.

La Leche League International (LLLI) has been running a Peer Counsellor Program since 1987. Kathy Baker, Peer Counsellor Program Manager, coordinated my visits in Chicago. I attended the LLLI Breastfeeding Peer Counsellor Program Administrator training and the Biennial International Conference. I learned the importance of using participatory methods of training and strategies to provide peer counsellors with continuing education and support.

I am incorporating what I have learned into the development of a Breastfeeding Peer Counsellor Program with the Townsville Aboriginal and Islander Health Service using funding from the National Childhood Nutrition Program. Training of the peer counsellors will commence in October 2001.

I would like to thank Queensland Health for providing my salary and the Winston Churchill Memorial Trust of Australia for providing funding for my travel and living expenses. This trip has provided and will continue to provide benefits for my own and my colleagues’ professional development and for the mothers and babies of Queensland.
INTRODUCTION

In my employment as a Public Health Nutritionist with the Tropical Public Health Unit of Queensland Health and as an Australian Breastfeeding Association voluntary breastfeeding counsellor, I have been involved in projects to improve maternal and infant nutrition. The population of North Queensland is geographically wide spread with only a small numbers of individuals with expertise in nutrition and lactation. Thus many women do not have easy access to nutrition/lactation advice.

Breastmilk promotes health, growth and development from birth and provides short and long term benefits to children, adults and the community. Breastfeeding has been associated with a lower risk of gastro-intestinal disease, respiratory disease and otitis media. The National Aboriginal Health Strategy identified the promotion of breastfeeding as the primary strategy to ensure adequate growth in the first six months of life.

In 1999 I applied, unsuccessfully, for a Churchill Fellowship to study Breastfeeding Peer Counsellor Programs. In 2000 I applied again, this time successfully and was awarded a Churchill Fellowship to travel to South Africa and the USA. The purpose of the Fellowship was to study the development of breastfeeding peer counsellor programs for implementation within Australia and ways to increase the breastfeeding rates among Indigenous Australians and mothers from lower socioeconomic backgrounds.

The itinerary of the trip was developed by reviewing the published literature, searching the web site and gathering suggestions from individuals. I am indebted to Jean Ridler in Capetown, Jewell Stremler in Austin, Elisabeth Schafer in Ames and Kathy Baker in Chicago for three years of emails, wonderful support during my stay and their friendship and inspiration. This report covers brief details of my discussions and visits. For each area visited I have also included the major lessons learned.

ABBREVIATIONS and ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CHC</td>
<td>Chicago Health Connection</td>
</tr>
<tr>
<td>EFNEP</td>
<td>Expanded Food and Nutrition Education Program</td>
</tr>
<tr>
<td>IBCLC</td>
<td>International Board Certified Lactation Consultant</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>KMC</td>
<td>Kangaroo Mother Care</td>
</tr>
<tr>
<td>LLL</td>
<td>La Leche League</td>
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<tr>
<td>LLLI</td>
<td>La Leche League International</td>
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<tr>
<td>MOU</td>
<td>Maternity Obstetric Unit</td>
</tr>
<tr>
<td>NCT</td>
<td>National Childbirth Trust</td>
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<tr>
<td>NICU</td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>PEM</td>
<td>Protein Energy Malnutrition</td>
</tr>
<tr>
<td>TAIHS</td>
<td>Townsville Aboriginal and Islander Health Service</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers Course in Breastfeeding and Complementary Feeding Basics and Mother-to-Mother Support Groups.</td>
</tr>
<tr>
<td>WIC</td>
<td>Special Supplemental Nutrition Program for Women, Infants and Children</td>
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MAIN BODY

CAPE TOWN, SOUTH AFRICA - 14/5/01 to 21/5/01.

Capetown is a multicultural city where wealth and poverty are visible in close proximity. Women living in township and squatter communities deliver their babies at Midwife Obstetric Units (MOU) and are discharged at six hours post-partum. At the time of my visit there were only three International Board Certified Lactation Consultants (IBCLC) in Capetown.

Figure 1: MOU labour ward

Peer counsellors in Capetown are volunteer Community Health Workers who have been trained by La Leche League South Africa. A training program was developed based on that prepared by LLL International. They encourage and support mothers to breastfeed and discourage the use of bottles and formula. Since the peer counsellors started breastfeeding rates have increased and diarrhoea in infants less than six months old has decreased. Peer counsellors also encourage mothers of low birth weight or premature babies to use Kangaroo Mother Care (KMC). In KMC the infant wears only a nappy and a cap and is carried beneath the mothers clothing in skin to skin contact with her, like a joey in a kangaroo’s pouch. The technique was developed in Bogata, Columbia in 1983 as a way of decreasing neonatal mortality in the absence of the humidicrib etc for premature and low birth weight infants. KMC has been associated with increased bonding between mother and infants, earlier initiation of breastfeeding and earlier discharge from hospital.

Male peer counsellors educate and support the fathers. In the Xhosa tradition singing is a way to communicate important messages. The Xhosa peer counsellors have written/adapted songs to encourage breastfeeding and Kangaroo Mother Care.

The Western Capetown Peer Counsellor Trainers were awarded the LLLI Leader Award at the 2001 Conference. This award recognises Leaders who have worked in unique circumstances to support breastfeeding and whose collaborative efforts have made a significant contribution toward helping mothers breastfeed.

Meetings and visits.

I attended an inservice workshop on Kangaroo Mother Care offered by the Metropole Region Baby Friendly Hospital Initiative Task Team. This workshop was offered to MOU staff to inform them about KMC and why it is effective. The workshop also looked at what needed to be done to make it possible for mothers doing KMC to leave the tertiary hospitals earlier than at present and spend time in the MOU where they could be better supported by their local community and family.
Groote Schuur Hospital is a tertiary hospital that has a very large neonatal intensive care unit (NICU). Adjacent to the NICU is a ward for mothers whose infants are stable and are able to be cared for using KMC. The mothers live in while the infant is learning to breastfeed. Mother and baby are discharged once baby weighs over 1800g and is gaining weight and mother is comfortable with the KMC practices.

The Community Dietitians in Capetown are very involved in breastfeeding promotion. Most of them have completed the Training of Trainers (TOT) in Breastfeeding and Complementary Feeding Basics, and Mother-to-Mother Support Groups course.

Aila Meyer, Community Dietitian, took me to visit a community health centre. Staff at these centres manage the Protein Energy Malnutrition (PEM) program. This is a supplementary feeding program that provides extra food/formula for growth faltering infants, pregnant and lactating women and those with chronic disease. We also visited a school garden project and community kitchen where low cost meals are prepared and offered to the public.

Lulama Phillips, Community Dietitian, took me to visit one the MOUs where the studies on maternal transmission of HIV are being carried out. There are huge issues about what is the appropriate recommendation to give an HIV mother about the best way to feed her baby in a setting where being HIV positive is a huge stigma. The clinic manager explained the steps they have developed to ensure confidentiality of HIV status.

We attended a meeting for the peer counsellor coordinators from each community health centre. The coordinators met with Rosemary Gould, the LLL Program Administrator and Shafia a LLL leader who works closely with the peer counsellors. They had recently taken all the peer counsellors on a bus trip to the top of Table Mountain as a celebration and thanks for all their work. A weekend workshop of continuing education is being planned. I spoke to Rosemary about the importance of providing ongoing support, education and appreciation to peer counsellors.

Figure 2: Capetown Peer Counsellor Coordinators

Lulama also took me to visit one of the Philani Nutrition Centres which incorporate nutrition and community development projects. The six Philani Nutrition Centres began as refeeding centres for malnourished children. They now cover a range of programs aimed at protecting the rights of each child to proper nutrition and health care. The centres run three linked programs. The Nutrition Project provides nutrition rehabilitation for severely malnourished children along with a health and nutrition education program for mothers. The Employment Project provides training in
weaving or printing. One of the sites runs a weaving cooperative which aims to be economically independent, another runs the Philani Flagship Printing Project. The Educare Program provides the stimulation children need for their normal intellectual development. The educare workers are mothers attending the centres who receive training to run a creche and to foster preschool education.

Figure 3: Rest time at the Educare Centre

The Capetown Breastfeeding Liaison Group meets monthly to provide a network and support for individuals and groups concerned with the promotion, support and protection of breastfeeding. Guest speakers are invited to the meetings to provide continuing education. I attended a group meeting and showed the group some of the resources produced as part of the National Breastfeeding Strategy. I also showed them the draft of the Growing Strong resource currently being developed by Queensland Health for use by health workers educating Aboriginal and Islander mothers and families about maternal and infant nutrition. All the resources were very well received.

Lessons Learned:

- Peer counsellors need ongoing support, education and appreciation.
- Training programs are adaptable to local conditions, learning styles and needs.
- Messages about breastfeeding can be delivered using a variety of media; song, dance, theatre.
- Male peer counsellors can be an important source of information and support for fathers.
- Breastfeeding Liaison Groups can provide coordination of activities to promote, support and encourage breastfeeding while also providing support to the individuals and groups involved.
- Dietitians can be at the forefront of breastfeeding promotions if this is identified as part of their core business.
- When projects addressing childhood malnutrition work to address upstream issues they can benefit the whole family and wider community.
- Kangaroo Mother Care offers many benefits to mother and infant and should be considered even in situations where there is access to sufficient humidicribs.

Aknowledgements:

My visits and meetings in Capetown were arranged by Jean Ridler IBCLC. Jean is a past La Leche League Leader and Peer Counsellor Program Administrator, she now runs a private lactation consultancy practice. Jean gave up many precious hours to
take me to meetings and on visits of health facilities for which I am very grateful. Thanks also to Rosemary Gould for the visit to Stellenbosch and the butterfly farm.

**LONDON, BRITAIN – 22/5/01 TO 23/5/01**

As my route from South Africa to the USA was via London I choose to have a stop over in an attempt to minimise jet lag. While in London I spoke to Anne Humphries who is a National Childbirth Trust (NCT) Breastfeeding Counsellor and had a stimulating discussion about the similarities between breastfeeding counselling in London and Australia.

The LLL Peer Counsellor Program in Great Britain began in 1991 when the Health Department in Notting Hill asked LLL to train peer counsellors. More than 500 peer counsellors were trained in five years. Now LLL trains Health Visitors and other health staff supporting women in the early postnatal period.

**Lessons learned:**

- It is important that women receive consistent messages about breastfeeding management.
- All individuals working with women in the early postnatal period need to be aware of and reinforce these messages.

**Acknowledgments**

Thanks to Mike and Julie Rankin for their hospitality, including the trip to Brighton Beach.

**AUSTIN, TEXAS – 24/5/01 to 05/06/01**

Austin is the administrative capital of Texas and the headquarters of the Texas Department of Health. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutrition education and food vouchers for low income pregnant women and children under five years of age. Mums who are exclusively breastfeeding are provided with vouchers for extra food, while formula feeding Mums are given vouchers for formula.

**Figure 4: Growth monitoring station at WIC clinic**

Hospitals and WIC clinics are run by local (County) government or private organisations. The Texas Department of Health employs a team of trainers to provide four levels of breastfeeding training to health staff across the state. Another team
develops and produces nutrition and breastfeeding promotion materials and lesson plans for use in WIC clinics.

The Peer Counsellor Program in Texas has been running for ten years. Over 1700 mothers have been trained to be breastfeeding counsellors in Texas. Currently there are approximately 300 peer counsellors working in 55 WIC clinics and about 50 hospitals. Peer counsellors are trained to give information and support to mothers in normal breastfeeding situations. Austin has a large non-English speaking Hispanic population. Many of the peer counsellors are Spanish speaking and so are especially effective in reaching these mothers.

Goals of the breastfeeding peer counsellors program, in Texas, are:

- To increase the number of pregnant WIC mothers who choose to breastfeed their infants.
- To provide follow-up support for mothers when they have their babies and to help them initiate and continue breastfeeding.
- To provide a long-term neighbourhood based network of breastfeeding support for mothers in low-income neighbourhoods.

Meetings and Visits.

Jewell Stremler is the Peer Counsellor Coordinator for the Texas Department of Health. The peer counsellor program has developed to the point that Jewell provides training to local WIC staff who then train their own peer counsellors. Jewell talked me through the training program and I viewed the videos used in training.

I visited South Austin and East Austin WIC clinics and Mom’s Place a referral centre for women with breastfeeding problems beyond the scope of practice of the peer counsellors. Mom’s Place also offers telephone counselling. The peer counsellors and lactation consultants spoke their main challenges:

- teenage mothers returning to school, mums returning to work. WIC clinics in Texas give away hand and electric breast pumps to encourage women to express breastmilk for their babies.
- increasing community acceptance of breastfeeding in public. Texas Department of Health has produced a “Licence to breastfeed in public”. This is a card the size of a drivers licence which states that a mother is entitled by law to breastfeed her baby in any location in which the mother is authorised to be.

![Figure 5: Texan License to Breastfeed in Public](image-url)
• premature and low birth weight babies. WIC clinics have hospital-grade electric breast pumps that are lent to women whose babies are in NICU. Some NICUs have a dedicated lactation consultant or peer counsellor who specialises in working with mums and babies in the ward.

Some of the women originally trained as peer counsellors have moved on to other positions with in the WIC clinics, one even becoming a clinic manager. Others have used their experience as a peer counsellor to enable them to sit the IBLCE exam and become accredited as IBCLCs. I spent the day working at Seton Hospital with Kristine Kovach who was in the first group of peer counsellors trained and is now employed at the hospital as a lactation consultant.

I attended the Texas Healthy Mothers Healthy Babies Breastfeeding Taskforce meeting and presented breastfeeding education and promotion materials developed in Australia. These were very well received. This taskforce is very similar in function to the Capetown Breastfeeding Liaison Group. The “not for profit” status of the taskforce enabled it to apply for grant money offered by the Department of Health.

Birth and postpartum doulas are being used increasingly in Austin. I attended a doula meeting where Barbara Wilson Clay presented a session on assessing and facilitating the infant’s attachment to the breast, emphasising that this is at the heart of good lactation management.

Austin has a breastmilk bank – the Austin Mother’s Milk Bank. After being screened, lactating women can donate expressed breastmilk. The donated breastmilk is pooled and pasteurised before use. All infants in NICUs in Austin below a designated weight are given donated breastmilk if their mothers expressed breastmilk is not available. It was stated that since this has been happening there has been no cases of necrotising enterocolitis. The milk bank has recently been donated a machine used to automatically analyse the milk for protein, fat, and carbohydrate composition. Machines such as this have been developed for the dairy industry and thus this machine has been calibrated for use with cow’s milk and needs to be recalibrated for human milk. Once this is done the milk bank will be able to analyse samples of the pooled milk and inform the neonatologists of the composition of the milk they are providing.

Lessons learned:

• Training and employment as a peer counsellor is an empowering experience and often the first step on a career path.
• It is wise to train twice as many peer counsellors as you think you will need as some will move on to other positions and backups are needed for when family commitments make volunteers temporarily unavailable
• Training of peer counsellors increases community knowledge even if some individuals never take on a formal position.
• It is important to increase the knowledge and skills of all staff working with breastfeeding women so consistent messages are given.
• Staff working with peer counsellors need to be educated about the peer counsellor program and roles and responsibilities of the peer counsellors.
• Involving staff in the peer counsellor training can facilitate communication and ownership of the program by staff.
• Routine collection of WIC data facilitates the evaluation of the peer counsellor program.

Acknowledgments:

My visits and meetings in Austin were arranged by Jewell Stremler. I am very grateful to Jewell for her words of wisdom and for my initiation into Texas BBQ, Tex Mex food, baseball and driving on the right hand side of the road. Thanks also to everyone who met with me and shared their knowledge and experience.

AMES, IOWA - 5/6/01 to 16/7/01

Ames is a small town in rural Iowa and a campus of Iowa State University. Iowa State is a land grant university set up to take tertiary education to rural people. It has a very strong agricultural and home economics base (including nutrition). I was based in the Centre for the Development of Foods to Improve Nutrition.

Iowa State University Extension program ran a project titled: Building a Peer Network of Nutrition and Breastfeeding Support for Rural Iowans. Voluntary peer counsellors were recruited and trained in two locations identified as having poor breastfeeding rates. Peer counsellors presented short lessons on nutrition and breastfeeding, answered questions, addressed concerns and provided information and moral support for breastfeeding women. Professor Elizabeth Schafer gave me access to the program files and permission to make copies of anything I found useful.

Iowa state University Extension also runs the Iowa Expanded Food and Nutrition Education Program (ENFEP). EFNEP targets both youth and low-resource adults with young children under the age of ten. Iowa State University Extension nutrition specialists train community members to offer a series of lessons aimed at the development of practical skills necessary to make positive behaviour changes. Skills gained include increased ability to select and buy food that meets the nutritional needs of their families; food preparation, storage, safety and sanitation skills; budgeting skills. A cost benefit analysis of the program in Iowa showed that for every $1 spent to deliver nutrition education U.S.$10.75 is saved in future health costs.

Meetings and Visits.

Mary Kay Vogel, Project Coordinator and Nancy Henry, Local Site Coordinator for one of the sites travelled to Ames to meet with me and share their experiences. They highlighted difficulties with arranging training times when peer counsellors are volunteers and the importance of encouraging peer counsellors to keep good records of their work. As the project used volunteers, it was difficult to recruit sufficient numbers of women from the target group to be trained. To cover the shortfall some women not from the target group were trained. These women sometimes expressed difficulties in relating to the mothers they worked with and in understanding their situations. Project staff also worked to develop a breastfeeding coalition in each site. These coalitions support and promote breastfeeding in their communities.
I attended the two day Governor’s Conference on Public Health Barn Raising III, Fast Tracking Public Health What Works. The major issues raised at the conference included the need for a discussion about the type of health care system Americans want, addressing problems of inequity and community engagement in health planning.

Lessons Learned:

- To maximise the peer counsellor’s effectiveness it is important that they come from the same group as the mothers they are supporting.
- If at all possible pay the peer counsellors for their work.
- Linking peer counsellors and with clients before the birth allows them to develop a relationship and begin education before the mother has any difficulties.
- Peer counsellors are able to provide education and support about family nutrition as well as breastfeeding.
- The early postnatal period is the time when support is most needed. In this project 70% of women assisted to breastfeed for one month were still breastfeeding at three months.
- Some peer counsellors became discouraged when the mothers they were working with stopped breastfeeding. Encouraging the peer to let the mother verbalise her breastfeeding goals and then support her to achieve this assisted them to stay motivated.
- Peer counsellors need lots of support and encouragement, especially when they are not being paid.
- Community breastfeeding coalitions are essential to develop a network of support for breastfeeding and peer counsellors in the community.

Acknowledgments:

A special “thank you” to Elisabeth Schaefer for lifts to and from Des Moines, arranging desk space and access to a computer and providing me with detailed information about how to get myself around Ames. Thanks also to Elham Springer for trusting me to share her house and keep it tidy whilst up for sale and to Beverlyn Lundy Allen for a lift to the Governors Conference.

CHICAGO, ILLINOIS – 16/6/01 to 12/7/01

La Leche League International headquarters is located in Schaumburg, a suburb of Chicago. Kathy Baker is currently the Peer Counsellor Program Manager. The LLI Peer Counsellor Program commenced in 1987 and developed from the Community Outreach Program where individual Leaders were working with low income mothers. Experience in this Outreach Program showed that educating low-income mothers to support other mothers in their community was the most effective way to provide support and increase community knowledge.

The goals of the program are:
- To increase the incidence and duration of breastfeeding among low-income, resource deprived, minority mothers.
• To increase the awareness of the nutritional and emotional needs of babies and the role breastfeeding can play in meeting these needs.
• To establish a permanent structure to provide ongoing information and support for breastfeeding mothers in the targeted communities.

Meetings and visits

I attended a meeting of the Chicago Region Breastfeeding Taskforce. The taskforce was arranging a day of fun and continuing education for peer counsellors as part of World Breastfeeding Week. I also attended two LLL group meetings and met with Marijane McEwan past Breastfeeding Peer Counsellor Program Director.

I spent time at the LLLI headquarters meeting staff and assisting with preparation for the Peer Counsellor and Program Administrator training to be held before the LLL International Conference.

Figure 6: Chicago Region Breastfeeding Taskforce

The Chicago Health Connection (CHC) has also trained breastfeeding peer counsellors since 1990. I met with Rachel Abramson, Executive Director and Wandy Hernandez, Doula Trainer and former Peer Counsellor Coordinator.

CHC training makes use of concrete representations of familiar issues, usually in the form of stories, pictures or role plays to raise questions for participants to address. This enables participants to project their emotional and social responses on the issue while talking about fictional people. The goal is an active process of learning which results in a change in the way participants view the world. In this type of learning the process of learning is at least as important as the lesson content. The amount of material covered is limited to allow participants to make a personal connection to the message.

Cook County Hospital is a large central hospital providing services to indigent people. (The television program ER is supposedly based on this hospital.) The Perinatal Centre employs peer counsellors trained by CHC. Bertha Condes, Breastfeeding Project Clinician and Brenda Reyes, Breastfeeding Coordinator CHC guided me on a tour through the Perinatal Centre and the Breastfeeding Project. Peer counsellors visit in-patients and then provide telephone follow up.

Figure 7: Brenda Reyes and Bertha Condes
Peer Counsellor Program Administrator Training

This five day training was conducted by LLLI trainers. The training covered all aspects of establishing, running and evaluating a Breastfeeding Peer Counsellor Program. Modules studied included: assessing and adapting to local needs; program budget and funding; peer counsellor recruitment and training; marketing and evaluation.

Training participants came from the USA, Britain, Italy, Paraguay, Lithuania and Australia. The training method allowed much sharing of knowledge among participants. It was very informative to learn about breastfeeding promotion and experience with Breastfeeding Peer Counsellor Programs in other countries. Training of peer counsellors was occurring simultaneously and we were able to facilitate a section of this training and receive feedback from the trainers.

Trainers from Best Start presented the Start Three Step counselling technique. This technique is designed to help WIC staff identify and ease women’s concerns. It has been developed specifically to deal with breastfeeding but is applicable to a wider range of health issues.

The strategy assumes the following:

- You don’t have a lot of time to spend with individual clients to promote breastfeeding.
- Your clients are often reluctant to discuss breastfeeding with you and are slow to share their feelings.
- You need a way to quickly determine the exact nature of the client’s concern and to provide specific, targeted information to address that concern in a way that enhances the clients confidence in her ability to breastfeed.

The three steps of the counselling strategy are:
1. Ask open ended Questions
2. Affirm feelings
3. Educate

LLL International Conference Highlights

Randa Saadeh, Technical Officer with the Department of Nutrition for Health and Development, World Health Organisation spoke of the development of a Global Strategy for Infant and Young Child Feeding. This strategy will build on the existing work on breastfeeding as well as addressing issues of complementary feeding.

Karin Cadwell’s presentation “Using Women’s Ways of Knowing to Improve Breastfeeding Teaching and Counselling” provided new ideas to incorporate in training methods.

In “Breastfeeding Promotion and Adolescent Mothers” Michal Young highlighted points for consideration when working with teenage mothers including issues of control, bonding and reinforcing the responsibility of mothering.
Nancy Krebs (Micronutrient Needs During Infancy: Minerals and Human Milk) highlighted the importance of micronutrient deficiency as a cause of growth failure even in the presence of sufficient energy. Nancy suggested that we need to be promoting red meat as an early complementary food.

Cindy Howard (Breastfeeding Issues in the Early Postpartum Period) identified mothers at highest risk of having breastfeeding problems: Primiparous mothers; women who had a long labour; women who had a difficult delivery and mothers who are breastfeeding for the first time.

Jane Heinig (Risk Factors for Poor Infant Weight Gain in the First Two Weeks Postpartum and Maternal Concerns During Lactation) highlighted the following risk factors for poor infant weight gain: primiparous mother; urgent caesarean section; long labour; IV or IM medication; less than eight feeds on the third day after birth and a poor infant suck.

The Global Initiative on Mother Support

The World Alliance for Breastfeeding Action sponsored a one day meeting to discuss the proposed Global Initiative on Mother Support. It is intended that the initiative will address the issues of post discharge support and labour ward practices that support the initiation of breastfeeding. Breastfeeding advocates from around the world attended and discussed the development of this initiative. This discussion is continuing via an internet discussion group of which I am a member.

Acknowledgments

I am very grateful to Kathy Baker who made time to arrange meetings for me when she was so busy preparing for the LLL International Conference and associated training. Thanks to Kathy Baker and Katie Lebbing for taking me to LLL meetings giving me a glimpse of family life in Chicago. Kathy also raided her attic to give me a spare suitcase in which to bring home all the resources she had given me.

On very short notice, Rachel Abramson, Wandy Hernandez, Bertha Condes and Brenda Reyes welcomed me with open arms. Thanks for your wonderful materials and encouragement. The trainers and participants of the Peer Counsellor Program Administrator training shared years of experience with me in our five days together.

Lessons Learned:

- Breastfeeding peer counsellor programs are adaptable to local conditions, the flexibility of the program can make it useful in a wide range of settings.
- The graduation ceremony is a very important part of peer counsellor training and an opportunity to invite family and local dignitaries to celebrate the peer counsellor’s achievements.
- Training programs need to incorporate a wide range of teaching methods and be as participatory as possible.
• Regular peer counsellor meetings are an avenue to provide support and continuing education.

CONCLUSIONS
Undertaking this Churchill Fellowship has allowed me to gather information and resources not otherwise available to me. I have collected resources designed to facilitate the implementation of peer counsellor programs as well as those dealing more broadly with infant nutrition.

My experiences confirmed the published literature about breastfeeding peer counsellor programs. I found breastfeeding peer counsellor programs are:
• an effective means of providing education and support to mothers.
• a means to increase community awareness and support for breastfeeding, especially when accompanied by the formation of local Breastfeeding Task Forces/Coalitions.
• a means of empowerment for both the women trained as peer counsellors and those to whom they provide a service.
• Flexible and suitable for use in a range of settings.

I plan to disseminate the information gathered on this Churchill Fellowship by:
• the distribution of this report,
• the presentation of information sessions to the staff of the Tropical Public Health Unit in both Cairns and Townsville,
• presentations at the Queensland Health Zonal Public Health Nutritionist meeting,
• articles in the Nutrition North Queensland newsletter and
• presentations at the Far North Queensland Australian Breastfeeding Association Regional Workshop.

In March 2000 I collaborated with the Townsville Aboriginal and Islander Health Service (TAIHS) to prepare an application for funding from the Commonwealth Department of Health and Aged Care’s National Child Nutrition Program to set up a peer counsellor program as part of the Mums and Babies Clinic at TAIHS. We were notified of the success of our application in November 2000. Peer counsellors are currently being recruited in preparation for training in October 2001. I am drawing extensively on information from my trip as we set up the program and prepare the training. This program will be a pilot of the use of peer counsellor programs to support Indigenous mothers and families to make healthy choices about infant feeding. The National Child Nutrition Program also funded a peer education program, Mums the Word, which aims to improve breastfeeding rate on the West and North West Coast of Tasmania.
RECOMMENDATIONS

1. The pilot peer counsellor programs being developed at TAIHS and in Tasmania are supported and evaluated.

2. Where appropriate, the breastfeeding peer counsellor programs developed also include support and education around nutrition during pregnancy and the introduction of complementary foods.

3. Peer counsellor programs be trialed in a range of settings and evaluated to identify success factors in an Australian context.

4. Long term funding be provided for effective breastfeeding/nutrition peer counsellor programs and local coalitions.

5. Neonatal intensive care units investigate the use of peer counsellors/lactation consultants, kangaroo care and human milk banks to increase the proportion of infants receiving their mother’s or donated breastmilk.

6. All health staff working with mothers and infants gain knowledge and skills to support breastfeeding and the appropriate introduction of complementary foods.

7. The implementation of the North Queensland Chronic Disease Strategy investigates the use of peer counsellor programs as a strategy to promote healthy young women and babies.
APPENDIX ONE: RESOURCES COLLECTED

Food For Life
A series of posters and pamphlets with 12 key messages that promote child growth and development. It explains why children need good food to grow strong and healthy and how to best feed and care for children to help them develop their full potential. A Facilitator’s Guidebook is included in the package.

Lesson plans and tools for teaching 5 days on Breastfeeding and Complementary Feeding Basics plus 5 days on Training Facilitators for Mother–to–Mother Support Groups in the community.


Breastfeeding Peer Counsellor Programme, La Leche League of Great Britain.
Thirteen modules for Peer Counsellor Program Administrators to use in training breastfeeding Peer Counsellors.

A guise for training breastfeeding mothers in the WIC Program to help others mothers to breastfeed. Includes a 20 hour training course of five sessions of four hours each.

Texas Breastfeeding Initiative Community Action Kit. Texas Department of Health.
The kit contains materials and resources designed to stimulate imagination and creativity in breastfeeding advocacy in the community.

Participants notes for training courses offered by the Texas Department of Health.
Mini Breastfeeding Management Program
Mini Breastfeeding Management II
Intensive Course in Breastfeeding - Phase I
Intensive Course in Breastfeeding - Phase II.

An action plan for breastfeeding based on education, training, awareness, support and research.

Donor’s Packet. Mother’s Milk Bank Austin.
Information and forms for prospective human milk donors.

The Physician’s Pocket Guide to Breastfeeding. Texas Breastfeeding Initiative, the Texas Department of Health.

Guidelines for Peer Counsellors. Iowa State University Extension
Guidelines for practice plus lesson plans for peer counsellors to use with clients, also collected copies of forms and protocols developed during the project.

Report of project including forms developed.

Iowa Expanded Food and Nutrition Education Program (EFNEP). Iowa State University Extension.
Program train community members to deliver nutrition education in a range of settings in their community. See www.extension.iastate.edu/efnep/homepage.html for further information.


The New Paediatric Growth Charts. A hard copy of a presentation by Connie Betterley adapted from the Centre for Disease Control and Prevention. See www.cdc.gov/growthcharts/ for more information.

Developed to assist health professionals in providing consistent information to all pregnant and breastfeeding women.

Reference guide containing basic concepts and practical advice that can be used to support breastfeeding. Manual contains many graphics.

Community-Based Breastfeeding Support Trilogy. Well start International’s Expanded Promotion of Breastfeeding Program.
1. A Planning Manual is designed to help managers and planners to create new community-based activities in support of breastfeeding, as well as to monitor, expand or improve the breastfeeding support components of existing programs.
2. A Training Curriculum uses a participatory, hands-on approach, to train community-level workers in the fundamentals of breastfeeding management and support, with an integrated approach to maternal and child health and nutrition
3. A Guide for Trainers and Supervisors provides a detailed discussion of interpersonal counselling and facilitation skills, plus sections on implementation of education and promotional activities in community-based breastfeeding programs.

Breastfeeding Mothers Pack. Cook County Hospital
A pack of information used by the Breastfeeding Peer Counsellors at Cook County Hospital.
Breastfeeding Peer Counsellor Program Administrator Curriculum  
La Leche League International  
Includes the Breastfeeding Peer Counsellor Program Curriculum for training Peer Counsellors.  
Includes the Best Start Three Step Counselling Strategy designed to help health care professionals identify women’s concerns about breastfeeding (or other health behaviours) and provide targeted education.

Teaching Tools Manual for the La Leche League International Breastfeeding Peer Counsellor Program Curriculum  
Karen Peters and Susan Aldana, California WIC Branch.  
Provides a tested, successful, step-by-step methodology of how to train with the LLLI Breastfeeding Peer Counsellor Curriculum.

Best Start Three Step Counselling Strategy Training Package  
Best Start  
Contains lessons plans, handouts and overhead transparencies required to teach the Three Step Strategy.

The Illinois Breastfeeding Peer Counsellor Manual - Mothers Helping Mothers.  
The Chicago Breastfeeding Taskforce and The Illinois Department of Public Health.

Manual de Lactancia Materna.  
Training manual for Peer Counsellors used in Honduras. In Spanish.