



**The Special Supplemental Nutrition Program for Women, Infants, and  
Children**

**Breastfeeding Peer Counselor Evaluation Report**

**August 2011**

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## Acknowledgments

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SUMA/Orchard Social Marketing, Inc. prepared this report for the Texas Department  
of State Health Services  
for  
The Special Supplemental Nutrition Program for Women, Infants, and Children

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## Executive Summary

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The WIC Peer Counselor program is an important resource that is used to encourage and support breastfeeding mothers in the community. In the summer of 2011, on behalf of the Texas Department of State Health Services (DSHS), SUMA/Orchard Social Marketing, Inc. (SOSM) conducted a qualitative research endeavor including a series of focus groups and in-depth interviews with 198 key stakeholders across Texas to evaluate the Peer Counselor program.

Participants included a diverse sample of mothers who had received peer counseling services, female peer counselors, peer dads (male peer counselors) and their supervisors, peer dad clients, and representatives of hospitals hosting peer counselors. The feedback about the Peer Counselor program was overwhelmingly positive, but also included specific ideas for program improvement and expansion.

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### Findings from Mothers

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WIC peer counselors play an important role in increasing breastfeeding initiation and duration. Seventy-eight percent (78%) of the women in the qualitative sample reported that peer counselors had a positive impact on their breastfeeding experience, and 66% reported that the peer counselors specifically helped them decide to breastfeed or to breastfeed longer than they would have otherwise. It is notable that the majority of women first came into contact with peer counselors after making the decision to breastfeed or after their children were born. These contacts took place mainly in WIC clinics or by telephone, and rarely in hospitals or in the community.

Peer counselors helped mothers resolve a number of common breastfeeding difficulties and sometimes provided critical support to women who were having an especially hard time. However, approximately 18% of women reported unresolved breastfeeding problems in their first few weeks of breastfeeding, and 16% reported ongoing unresolved difficulties over the course of their breastfeeding. This is explained in part by the finding that not all mothers were aware of the peer counselor's role, credentials, and services. They were especially unaware that they could see her without an appointment and could receive help 24 hours a day, seven days a week. Women preferred in-person and telephone contact with peer counselors, supplemented by electronic communication options such as text messages and e-mail. While many women were well served by hospital staff, the majority also wished a peer counselor had been available to them in the hospital to meet early breastfeeding needs.

Women appreciated the WIC breastfeeding resources available to them, including information and brochures, breast pumps, and lactation centers (in certain cities). Notably, very few women knew about or visited [www.breastmilkcounts.com](http://www.breastmilkcounts.com). Pumps were especially valued by mothers, as was the WIC tote bag, particularly if the peer counselor reviewed its contents with the client. Mothers did point out some inconsistencies in how peer counselors followed up with them after the first meeting and in the specific brochures and materials they received. Women were especially impressed with the lactation centers.

Overall, women were grateful for the Peer Counselor program because peer counselors were “just like me,” able to normalize their breastfeeding experiences and provide concrete support in overcoming difficulties. Women who interacted with friendly, well-informed, easily accessible peer counselors reported the best experiences. They hope to see the program expanded so that peer counselors can be available for more one-on-one support, consistently and around the clock.



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## Findings from Peer Counselors

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Peer counselors are busy and passionate individuals who love what they do, especially when they can observe the impact of their work. With the exception of some participants in one focus group, the peer counselors in the sample are committed to and take pride in their jobs; nearly all believe that they make a difference daily in the lives of the mothers they serve and in their communities. Each participant had become a peer counselor after personal outreach or encouragement from an established peer counselor. The peer counselors tend to take their role seriously, and several go above and beyond the requirements of their positions on a regular basis.

Peer counselors in the focus groups offered positive feedback on the orientation training they received, especially the parts that were presented interactively. They appreciated the detailed information included in the training because it prepared them to answer all types of breastfeeding questions. To enhance their initial training, several individuals expressed an interest in more shadowing opportunities with experienced peer counselors, lactation consultants, and at hospitals and lactation centers. They also requested more training on psychological counseling, since they often encounter clients who are facing emotional difficulties. Additionally, peer counselors would like to be better prepared to provide hands-on support (e.g., touching a client's breast to help with latching). Finally, peer counselors value their monthly trainings and the opportunities to attend workshops and conferences.

Respondents have good working knowledge of how to make referrals when they encounter breastfeeding situations beyond the scope of their expertise. They follow clear guidelines and typically consult with their supervisors and other experienced peer counselors, and/or they refer clients to lactation consultants or to the clients' own doctors. Participants who work in cities where lactation centers are available spoke glowingly of this resource and readily refer clients to them as appropriate.

Brochures and other materials are useful supplements to peer counselor support and education. While peer counselors generally like the educational materials, some found the re-ordering process at their clinics inconsistent or confusing. Furthermore, some respondents expressed a desire for better models and information on additional topics (e.g., sore nipples, how mothers can talk to doctors about breastfeeding, breast pump protocols).

Peer counselors did see some room for improvement in the program, mainly in terms of reaching more clients and having an even greater impact. They struggle to find time to give clients adequate individual attention and follow-up contact, especially since they frequently travel between clinics and do not have a “home” clinic. While peer counselors in the sample believe that additional WIC clients – as well as other mothers in the larger community – could benefit from a peer counselor’s support, they also would like to see their caseloads reduced to allow them to provide higher quality services to each mother. Greater support from and collaboration with other WIC staff is desired to improve service delivery.

Peer counselors were interested in seeing the program’s hours expanded and conducting additional outreach to mothers in the community. They saw the proposed evening and weekend peer counselor positions as attractive. They also saw a great need to conduct outreach to hospitals, doctors’ offices, and other community venues; many participants expressed an interest in doing this themselves if WIC can provide them with coaching and support. It is especially important for peer counselors to reach new mothers in hospitals, during the critical first days and hours of breastfeeding, because they would then have the opportunity to resolve breastfeeding difficulties (e.g., with latching) and thus prevent subsequent problems.

From the perspective of peer counselors, the WIC Peer Counselor program is important and impacts breastfeeding initiation and duration. In addition to its primary function of increasing breastfeeding rates, the program fulfills an important secondary function: the creation of an empowering career path for former WIC participants. For the most part, peer counselors derive a great deal of satisfaction from their jobs.

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## Findings from the Dallas Peer Dad Program

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The Peer Dad program in Dallas is a unique and promising program that enlists male peer counselors to work with WIC fathers and their partners for the ultimate purpose of increasing breastfeeding initiation and duration, as well as to foster parenting skills and family stability. Researchers interviewed the two program supervisors (including the program's founder), all eight peer dads, and seven client couples who had recently received peer dad services.

The program supervisors are passionate, visionary, and deeply committed to improving breastfeeding rates and empowering men in their community. They see the Peer Dad program as changing lives by giving fathers much-needed support, attention, and education (e.g., on the importance of breastfeeding and on how to soothe a fussy baby). The program supervisors recruited and provide ongoing support to all current members of a diverse staff of peer dads; thus, it comes as no surprise that the peer dads share the supervisors' vision and commitment to their work. Peer dads find their work both humbling and rewarding.

The peer dads prioritize being professional, respectful, and easy to relate to in their work with clients and in the community. While there is no specific "peer dad approach," both peer dads and their supervisors emphasized that the program's success depends largely on the dedication and knowledgeability of the peer dads. In addition, peer dads have had to be creative in building relationships with fathers, sometimes striking up conversations in WIC waiting rooms, during presentations in hospitals or schools, or out in the community. They must also be especially good at building rapport with clients and be ready with information about breastfeeding topics and community resources, because they often see their male clients a total of only once or twice.

Peer dads are satisfied with the training they have received. They follow a comparable course of training as the female peer counselors so that they understand breastfeeding and are able to counsel women as well as men. They also receive training from the two supervisors about the Peer Dad program specifically. In addition, they have monthly training sessions and ongoing contact with the Peer Dad program supervisors. The supervisors would like WIC to expand the Peer Dad program into other cities, but first they would like to have solid data to evaluate the impact of the current program. It should be noted that the current program supervisor/founder is an extremely charismatic leader, and any program expansions would likely need a leader with similar strengths in order to be successful.

The peer dads reported that they make a significant impact on the men they counsel, and the findings from interviews with client couples corroborate this claim. While some mothers and fathers at first found it odd to be approached by a male counselor, they ultimately appreciated his support and perspectives. Fathers described how the peer dads helped them to better support their breastfeeding partners and know what to expect during pregnancy, childbirth, and early child development. In addition, peer dads acted as role models, helped fathers with specific needs (e.g., parenting issues, depression, employment, and resources to cover basic needs), and often made a lasting impact on their clients' lives. Clients had no suggestions for program improvements other than to promote it among male partners of WIC participants and within the community at large.

Peer dads are working toward the ultimate goal of increasing breastfeeding exclusivity and duration while empowering fathers and supporting families. While the peer dads already feel effective, they stated that they would be better equipped to meet these goals if they had more training on psychological counseling, more dad-centered WIC materials, more community outreach opportunities, and more support and buy-in from other WIC staff in order to allow them to have more time with clients and to receive more referrals.

The Peer Dad program is an effective and well-received program that should be expanded and methodically evaluated. It provides a vital service by creating a connection between fathers and WIC, their babies, and their partners. In addition, it provides fathers with needed parenting tools and breastfeeding information. All involved with the program believe it to be a valuable addition to WIC services, not only in supporting breastfeeding but also in engaging fathers in the breastfeeding process.

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## Findings from Hospitals

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Hospital representatives in the sample found the Peer Counselor program to be an extremely valuable addition to their lactation and maternity care services. All eight were familiar with WIC in general and had eagerly sought out or agreed to peer counseling services once they became available to them. It is notable that there was no clear protocol for initiating the hospital's relationship with WIC. Some interviewees mentioned that contracts took up to a year to complete, delaying services. However, this was not the case in all settings, and once the peer counselors did start, hospitals were able to smoothly integrate them into their routines.

The Peer Counselor program appealed to hospital representatives in the sample because it complements hospital services, provides women with peer support, and provides a vital connection to a community resource (WIC) that hospital staff and patients sometimes find difficult to navigate. However, peer counselors' hours can be a challenge. While some are available at the hospital on a full-time weekday schedule, others have much more limited hours. In all but one case, evenings and weekends continue to be times when mothers receive no lactation services from either the hospital or peer counselors. These can be especially challenging gaps in services for new mothers struggling in the key early hours and days of breastfeeding.

Peer counselors work in hospitals in various ways. Some meet with all women, while others prioritize patients who receive WIC benefits or are WIC-eligible. According to respondents, peer counselors enjoy good working relationships with hospital nursing staff, doctors, lactation consultants, and social workers; they readily make referrals back and forth as appropriate. However, the peer counselor focus group findings point out that not all peer counselors working in hospitals feel welcome there. This is an area for further exploration.

Since hospital representatives and hospital staff have varying degrees of familiarity with WIC's Pump program and WIC breast pumps, they often defer to the peer counselors to ensure that patients receive the correct information. Although peer counselors are generally occupied with patient care throughout their entire shifts, they do assist hospital staff with organizing resources and trainings. Most hospitals generally collaborate with WIC on trainings, and sometimes on community coalitions or events as well.

Hospitals find the Peer Counselor program valuable and well worth expanding so that peer counselors will be available to patients at all hours, including evenings and weekends. All eight respondents would gladly recommend the program to other hospitals, especially those struggling to meet patient breastfeeding needs. Hospital representatives perceive that by hosting peer counselors, they can give mothers better quality of care and dedicated breastfeeding support. It is seen as a win-win situation for all.

The WIC Peer Counselor program is a critical community service for breastfeeding promotion and for creating healthier children and mothers. The following recommendations offer ideas for making the program even stronger; the subsequent comprehensive report elaborates on the qualitative research findings and rationale for these recommendations.



## Recommendations

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The following recommendations are organized thematically and derived from a detailed analysis of focus group and interview findings with a range of program stakeholders. They offer practical and evidence-based strategies for program improvement. The comprehensive report that follows these recommendations presents an in-depth analysis of the qualitative research and provides a rationale for recommendations.

### Program Expansions

- 1) Expand the Peer Dad program to other cities and within the Dallas area.
- 2) Expand the availability of peer counselors at hospitals, with particular emphasis on evenings, weekends, and other times when hospital lactation staff is not available to patients.
- 3) Continue to expand and develop the traditional clinic-based Peer Counselor program.
- 4) Create after-hours peer counselor community outreach positions and aggressively market these positions to WIC participants or peer counselors who show the potential to fill them. This is one way to create professional advancement opportunities for peer counselors.
- 5) Consistently provide walk-in peer counselor services to support breastfeeding mothers throughout the state. Promote these services so that WIC clients know they are available. In addition to existing program promotional materials, develop the following:
  - a) A simple flyer for WIC clinic waiting rooms and peer counselor offices to identify the clinic peer counselor(s) (by name and by photo), specify his/her role and training, and describe the services she can offer. The flyer should emphasize that peer counselors can be reached 24 hours a day, seven days a week and without an appointment.
  - b) A simple postcard handout that clerks can provide to WIC clients, stating when breastfeeding support is available from the peer counselor, as well as whom to contact when she is not available.
- 6) Establish a clinic “home” for each WIC peer counselor.
- 7) Establish lactation centers in more locations.

### Hospitals

- 8) Develop relationships with more hospitals so that more WIC peer counselors can office at hospitals and provide breastfeeding support at the earliest stages after birth.
- 9) Create a simple standard policy, protocol, and contract format with guidelines to initiate and structure the relationship between the hospital and the Peer Counselor program and to expedite the contractual process.



- 10) Promote the hospital-based peer counseling services at the statewide training that WIC provides to hospital nurses.
- 11) Dedicate a WIC administrative staff member to facilitate and manage contractual relationships with hospitals throughout the state.
- 12) Promote the hospital-based peer counseling services through evaluation data and with anecdotes/quotes from this formative research, leveraging current collaborations and successes.
- 13) Differentiate the hospital peer counselor from hospital staff through a uniform or badge that clearly indicates that the peer counselor works for WIC.

### **Materials**

- 14) Create a peer counselor training graduation certificate for peer counselors to display after they graduate from the training. Certification provides additional accountability by ensuring that peer counselors have completed their training, and assures WIC clients of the credentials of peer counselors.
- 15) Differentiate more between peer counselors and other WIC staff through a uniform or badge.
- 16) Create male-centered educational materials for the peer dads to use when working with fathers.
- 17) Continue to promote [www.breastmilkcounts.com](http://www.breastmilkcounts.com) as a resource.
- 18) Create materials and website content aimed at empowering women to initiate conversations with their health care providers and hospital staff so that they can successfully breastfeed. Have peer counselors hold targeted conversations with their clients to encourage them to talk with their providers about breastfeeding.

### **Expansion of Community Partnerships**

- 19) Develop an outreach program to build peer counselors' relationships with health care providers and hospital labor and delivery staff in order to increase familiarity, communication, and referrals.
- 20) Develop a program/protocol for peer counselors to deliver breast pumps to women while they are in the hospital.
- 21) Train WIC staff on outreach communication techniques to help them build relationships with health care providers and hospitals.

### **Evaluation**

- 22) Develop an evaluation tool to assess the impact of hospital-based peer counselors.
- 23) Create a simple evaluation to be used at the required WIC recertification appointment when babies are one-year old to assess the impact of peer counseling on breastfeeding initiation and duration. This evaluation should be segmented to assess the impact of hospital peer counselors and WIC office peer counselors separately. Suggested questions include the following.



- Where did you first see a WIC peer counselor?
- When did you first see a WIC peer counselor?
- How many times did you see a WIC peer counselor?
- Did you receive help with breastfeeding when you needed it?
- How did the peer counselor influence your decision to breastfeed your child?
- How did the peer counselor influence the length of time your child was breastfed?

Administer the evaluation at a pilot site for one month to several months.

- 24) Create a specific evaluation for peer dads by conducting follow-up with the men who were counseled by them, and administer a short survey to ascertain the impact of their counseling sessions. Suggested questions include the following.
- How did you learn about the Peer Dad program?
  - How many times did you speak to a peer dad?
  - Did the peer dad influence your decision to breastfeed your child?
  - Did the peer dad influence the length of time your child was breastfed?
  - What other parenting or relationship skills did you learn?

### **Improving Efficiency**

- 25) Evaluate the current paperwork requirements to ensure that only forms that are truly needed are being filled out. Standardize the required paperwork to maximize efficiency.
- 26) Computerize paperwork.
- 27) Each clinic should discuss the flow of appointments (e.g., when a woman sees the peer counselor vs. when she sees other WIC staff), and have a strategy for optimally integrating peer counselor appointments.

### **Training**

- 28) Expand opportunities for peer counselors to shadow and observe experienced peer counselors and lactation consultants while in training so that each graduating peer counselor has observed at least one latching session.
- 29) Use lactation center staff as trainers on how to touch clients' breasts and how to help with latching. Have the trainees shadow the lactation center staff to expose them to a wider variety of issues.
- 30) Provide both male and female peer counselors with more training on psychological counseling and on building relationships with sensitive new mothers and fathers.
- 31) Prioritize reviewing tote bags and materials/brochures when giving them to mothers.
- 32) Educate peer counselors to use the *How do I know if breastfeeding is going well?* quiz as a teaching mechanism instead of solely as a data collection tool.



## Introduction

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On behalf of the Texas Department of State Health Services (DSHS), and for the purpose of evaluating the WIC Peer Counselor program, SUMA/Orchard Social Marketing, Inc. (SOSM) conducted a series of in-depth interviews and focus groups throughout Texas.

This research was intended to gauge the program's impact and the experiences of those who work for or participate in the program, as well as to gather feedback on program elements that can be improved upon so that more women in Texas will be able to breastfeed successfully. To gain insights from the perspectives of multiple stakeholders, research was conducted with five target audiences: mothers and pregnant women who had received peer counseling services; female WIC peer counselors; WIC peer dads (i.e., fathers of breastfed infants who counsel WIC fathers and families); couples who have received services from peer dads; and representatives from hospitals that participate in the Peer Counselor program. An initial ethnographic observation of one of the clinics was made, and the head researcher participated in a two-day training workshop to gain insight into how peer counselors are trained and how they work within a clinic.

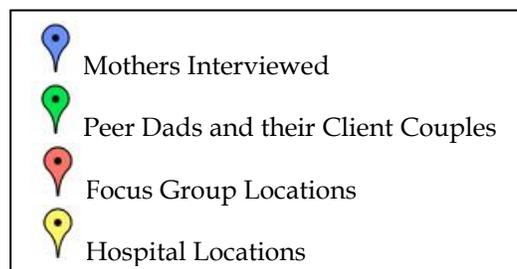
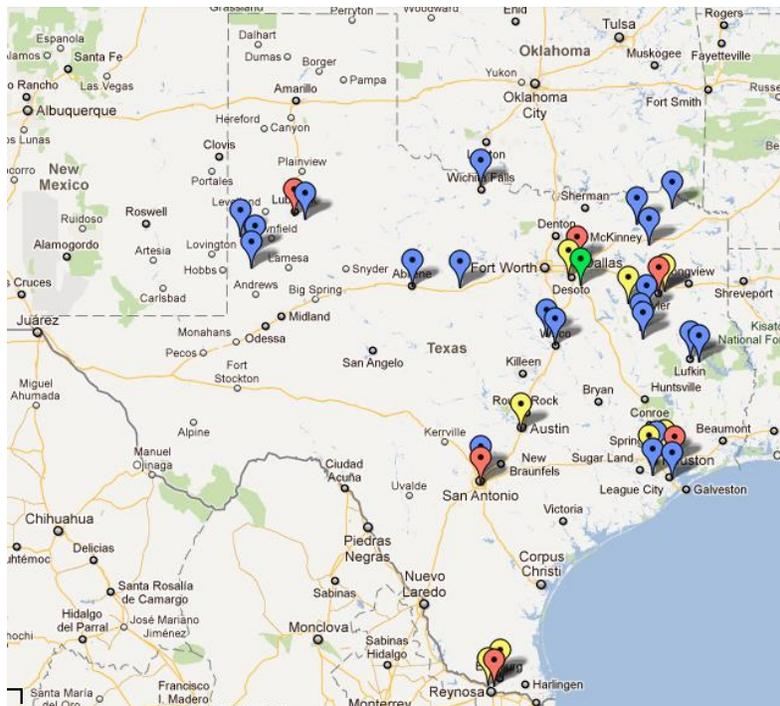
Taken together, the findings and recommendations from the various research endeavors will inform program enhancements. A research analysis and detailed findings from each population are presented in this report.



# Methodology

In the summer of 2011, SOSM conducted a total of 13 focus groups with peer counselors ( $N = 70$ ), peer dads ( $N = 8$ ), and mothers and pregnant women ( $N = 52$ ); in-depth telephone and in-person interviews with mothers ( $N = 44$ ); and in-depth telephone interviews with hospital representatives ( $N = 8$ ). Seven in-person interviews were also conducted in Dallas with couples who had received services through the Peer Dad program ( $N = 14$ ), and telephone interviews were conducted with the two Peer Dad program supervisors ( $N = 2$ ). In sum, SOSM researchers spoke to 198 individuals in the course of this research endeavor. Researchers traveled to San Antonio, Tyler, Dallas, Houston, McAllen, and Lubbock to hold the focus groups. The in-depth, face-to-face interviews were conducted in Dallas and San Antonio, and individuals in various other Texas cities and towns were interviewed over the telephone. The map below indicates the approximate locations of the focus groups and interviewees.

**Focus Group and Interview Makeup and Locations**



The focus group discussions and in-person interviews were led by a trained moderator and held in research facilities and hotel meeting rooms. All focus group sessions were videotaped and/or audiotaped. In addition to participating in the group discussions, focus group participants were asked to fill out a handout on demographic information and to complete worksheet activities, which varied by participant population.

All interviews were conducted by trained researchers, the majority by telephone. The findings from these sessions were transcribed verbatim and then analyzed with an eye toward common themes and response patterns.

The focus group and interview findings offer purely qualitative data. Quantitative research seeks to understand “how many” and yields statistical information, while qualitative research such as this seeks to understand “what,” “why,” and “how.” Although some findings are presented in terms of numbers and percentages, they should be considered indicative of a direction or trend rather than statistically definitive.

In this report, italicized, indented text indicates participants’ quotes. They are included to illustrate the findings and enhance their credibility. Focus group guides, including all supplemental participant worksheets and materials, are presented in Appendix A. Please note that the telephone interview guides for mothers and hospitals were slightly revised after the first day of interviews. The final revised versions are included in the appendix.

**Selection Criteria.** Potential respondents were recruited and screened by a professional recruiter through targeted dialing. Texas DSHS provided lists of WIC participants who had met with peer counselors; female peer counselors and peer dads on staff; and participating hospitals. With the approval of Texas DSHS, peer dads provided lists of couples they had recently counseled. All of the peer dads and the couples they had counseled were located in Dallas, as that is the only Peer Dad program location in the state. Individuals were asked to participate in a one-hour interview or a two-hour focus group on “Breastfeeding and the WIC Peer Counselor Program.” Individual recruitment was carried out in such a way as to reflect the geographic diversity of Texas. Other selection criteria varied by target population, as presented below.



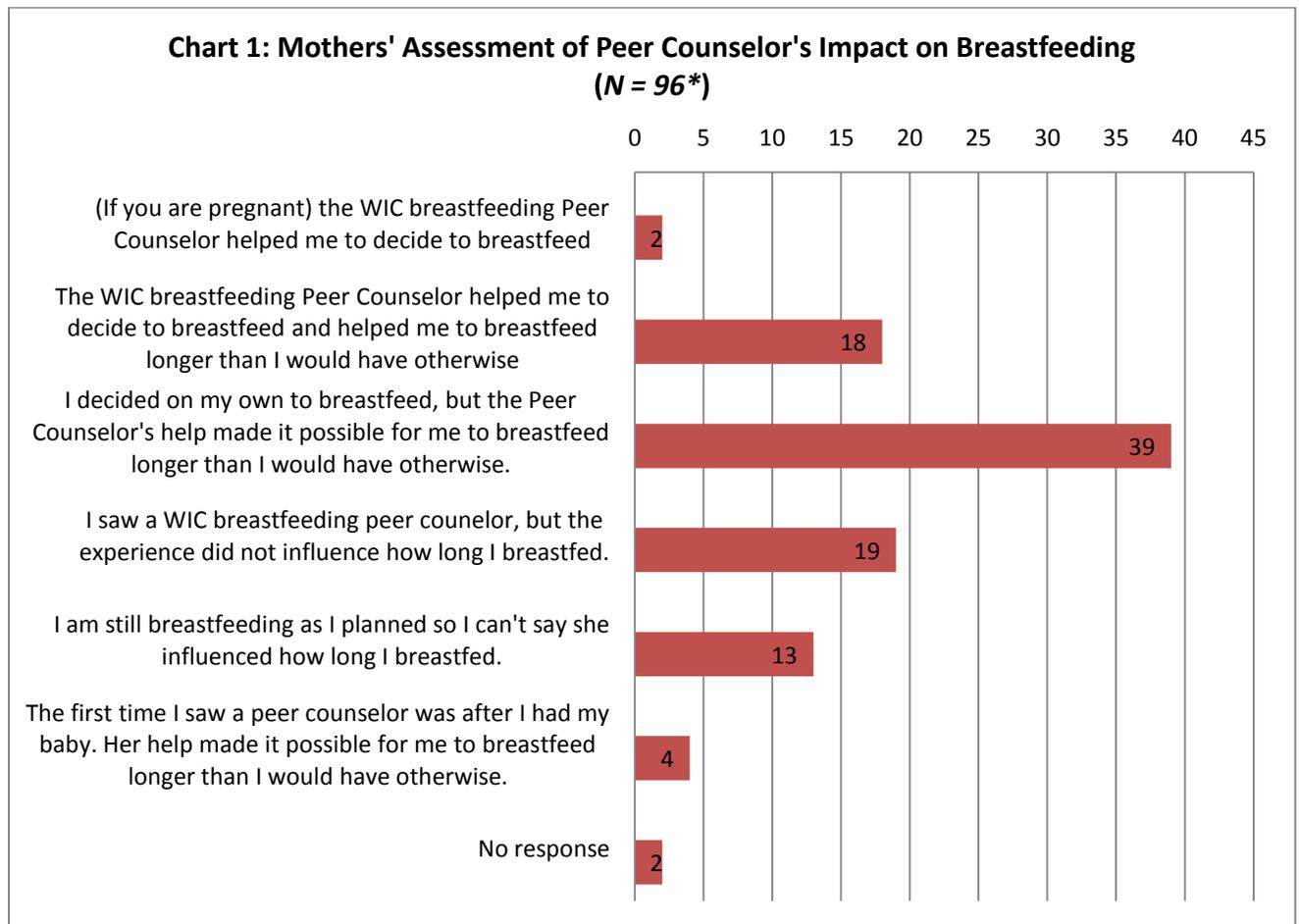
- **Mothers and pregnant women.** Mothers who had breastfed for at least one month in the past year and had some type of contact with a peer counselor in the past year were eligible to participate. A limited number of pregnant women who had met with WIC peer counselors to discuss breastfeeding were also included in the sample.
- **Peer dads.** There is one WIC Peer Dad pilot program, operating in Dallas. All program counselors were invited to a focus group, and all attended. Telephone interviews were conducted with the two program supervisors.
- **Hospitals.** Hospitals that regularly host WIC peer counselors were eligible to participate. Respondents were hospital staff members who work with the peer counselors or are knowledgeable about their work.

The following findings and research analysis are presented separately for each population. Recommendations are based on a compilation of findings from all modes of research and populations.



## Analysis of Focus Groups & In-Depth Interviews with Mothers

According to mothers who participated in the current research endeavor, WIC peer counselors can play an important role in increasing breastfeeding initiation and, especially, duration among mothers. As Chart 1 clearly indicates, their patience, support, encouragement and tips have been essential to many of the mothers in the sample, and there are opportunities for the Peer Counselor program to expand its impact. This section analyzes the feedback focus group and interview participants gave on the Peer Counselor program, including its many successes and ideas for improvements.



\*One participant gave more than one response.

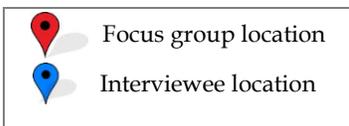
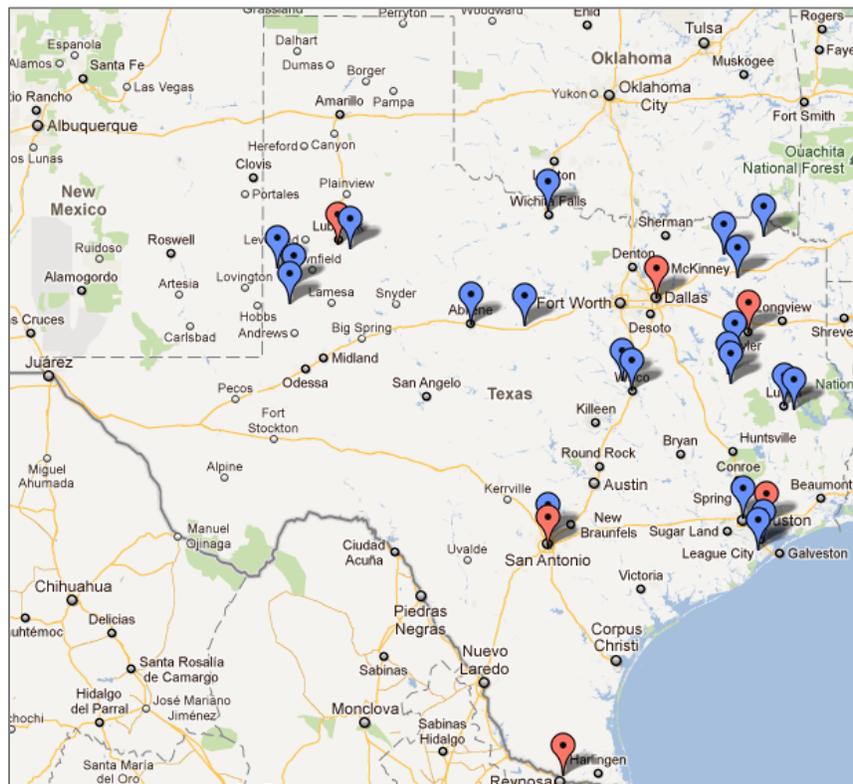
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## Background Information

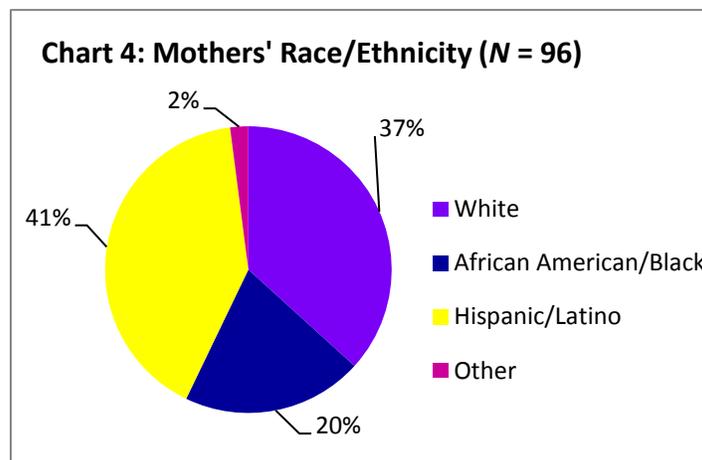
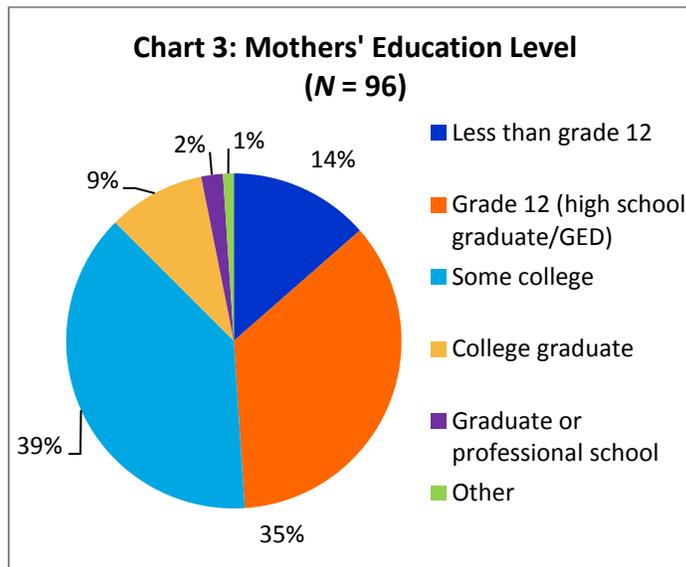
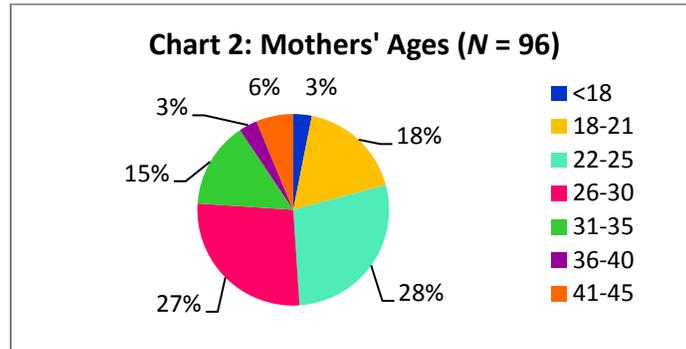
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During July and August of 2011, researchers at SUMA/Orchard Social Marketing, Inc. conducted six focus groups ( $N = 52$ ) with mothers in major cities around Texas and 44 in-depth telephone interviews with mothers in other Texas locations. (See map below.) These 96 mothers, who were recruited from a list provided by Texas DSHS, were eligible to participate if they received WIC services, had met with a peer counselor, and had breastfed for at least one month in the past year. Researchers intentionally recruited a limited number of pregnant women as well. Focus group and interview participation was optional. The findings presented in this report are drawn from a combination of interview and focus group data because the themes were consistent across the two modes of research.

**Focus Group and Interviewee Locations**



**Demographics.** Respondents represented a diverse cross-section of the population. The majority of the women were between 22 and 30 years of age and had at least completed high school or obtained a GED; half had at least some college education. Charts 2, 3, and 4 provide breakdowns of the age, education level, and race/ethnicity, respectively, of interview and focus group respondents as a whole.



**Employment, Family, and Breastfeeding Basics.** Seven of the 44 interviewees were working, in school, or both. The same pattern was found among the focus group participants: while some had plans to return to work or attend school, the majority were stay-at-home mothers.

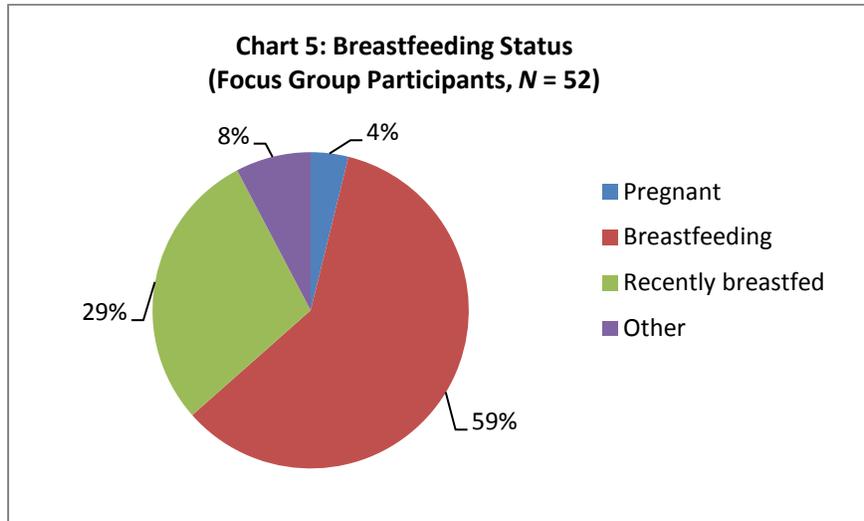
Most of the mothers in the sample had one to three children. Close to half of the participants were breastfeeding a child for the first time; many of these were also first-time mothers. Table 1 reports the numbers of interview participants who had breastfed some or all of their children in the past. Table 2 reports the distribution of interview participants who were breastfeeding for the first time and those who had breastfed some or all of their other children in the past.

<b>Table 1</b> <b>Is This Your First Time Breastfeeding?</b> <b>(Interviewees, N = 44)</b>	
Yes	18
No	26

<b>Table 2</b> <b>Did You Breastfeed All of Your Children?</b> <b>(Interviewees, N = 44)</b>	
Yes*	38
No	6

\*This includes first-time mothers who have breastfed their only child.

As Chart 5 reveals, the majority (59%) of focus group respondents were currently breastfeeding. Many others (29%) had recently breastfed, and 4% were currently pregnant. Similar patterns were found among interviewees. The remaining respondents included women who had special breastfeeding circumstances, such as stop-and-start breastfeeding due to medical issues or discovering that the newborn was “allergic to breast milk” after a few weeks of breastfeeding. All participants had fed the most recent baby breast milk (from the breast or by pumping and using a bottle) for a few days to a few years.



When asked if they had been able to breastfeed for as long as they’d planned, most of the women responded that they were still breastfeeding. (See Table 3.) Additionally, many stated that they did not have a specific breastfeeding duration plan, but rather simply intended to breastfeed for as long as possible. Of those still breastfeeding, many reported that they had nearly reached or already exceeded their planned breastfeeding time period and attested to the important role WIC peer counselors had played in helping them to overcome the challenges they’d faced.

<b>Table 3</b>	
<b>Did you breastfeed as long as planned?</b>	
<b>(Interviewees, N = 44)</b>	
Yes	4
No	8
Still breastfeeding/unknown	32

When asked how they had decided to breastfeed, women gave a range of responses. Many said that more than one person or information source had influenced their choice. Nearly half of the respondents mentioned the influence of WIC without prompting. Other important influencers included family members and health care providers. Many women indicated that no one in particular had influenced their decision, but that they researched it on their own or had just always known they would breastfeed.

*I just knew I wanted to. From before I got pregnant with my first one, I knew I wanted to breastfeed. It was one of those natural things. That's what women were made for and it's more healthy for the child.*

*It was healthier for us and cheaper and more convenient. I pretty much knew I wanted to do it from the beginning, but talking to the WIC breastfeeding counselors gave me more information and helped me. ... I probably wouldn't have stuck to it if they weren't here to help.*

*I guess it would be my mom. She breastfed all of us and I guess it was never an option not to breastfeed, at least to start out.*

*I knew that it was best for the baby, the healthiest. It would have everything that he would need to thrive.*

*I actually didn't want to, only because all my friends were saying, "Oh, well, your breasts get smaller after you breastfeed or they get more saggy." ... But then after going to the WIC office and reading up on it, I decided that I wanted to breastfeed.*

When asked what else had motivated them to opt for breastfeeding, many women cited the general superiority of breastfeeding over formula feeding in terms of the range of benefits for both mother and child. Some women referred to specific benefits, such as mother-child bonding, cancer risk reduction or weight loss for the mother, boosting a premature baby's immune system, easing the baby's digestion, convenience, financial savings, and having control over the child's nutrition. Many mothers also mentioned a desire to give their children "the best."



**Pride and Guilt.** Two major themes emerged when women were asked how their breastfeeding was going/had gone: pride and guilt. On the one hand, women who breastfed without major difficulties – and those who overcame breastfeeding difficulties – were extremely proud of themselves and felt successful as mothers.

*I like the fact that he gets his milk from me and it's not bought at the stores. I guess it's like a pride thing that I've actually raised him for the first year – something I can do on my own and am doing a good job at it!*

On the other hand, some mothers felt guilty that they had not breastfed “right” or enough. These included women who had stopped breastfeeding sooner than they had hoped, were not able to breastfeed right away when the baby was born, or had milk supply difficulties and were using a breast pump or feeding their babies formula to supplement breast milk. Some women felt that WIC pressured them to breastfeed.

*It was the hardest thing to do, breastfeeding, because he was premature and he had to stay in the hospital for a few weeks. ... They just gave him formula. ... I couldn't breastfeed because I had problems with my liver. So at home I would pump everything out and take it to the hospital and give it to him. I tried so hard to be able to stay with him right there all the time and just do breastfeeding. And I couldn't be.*

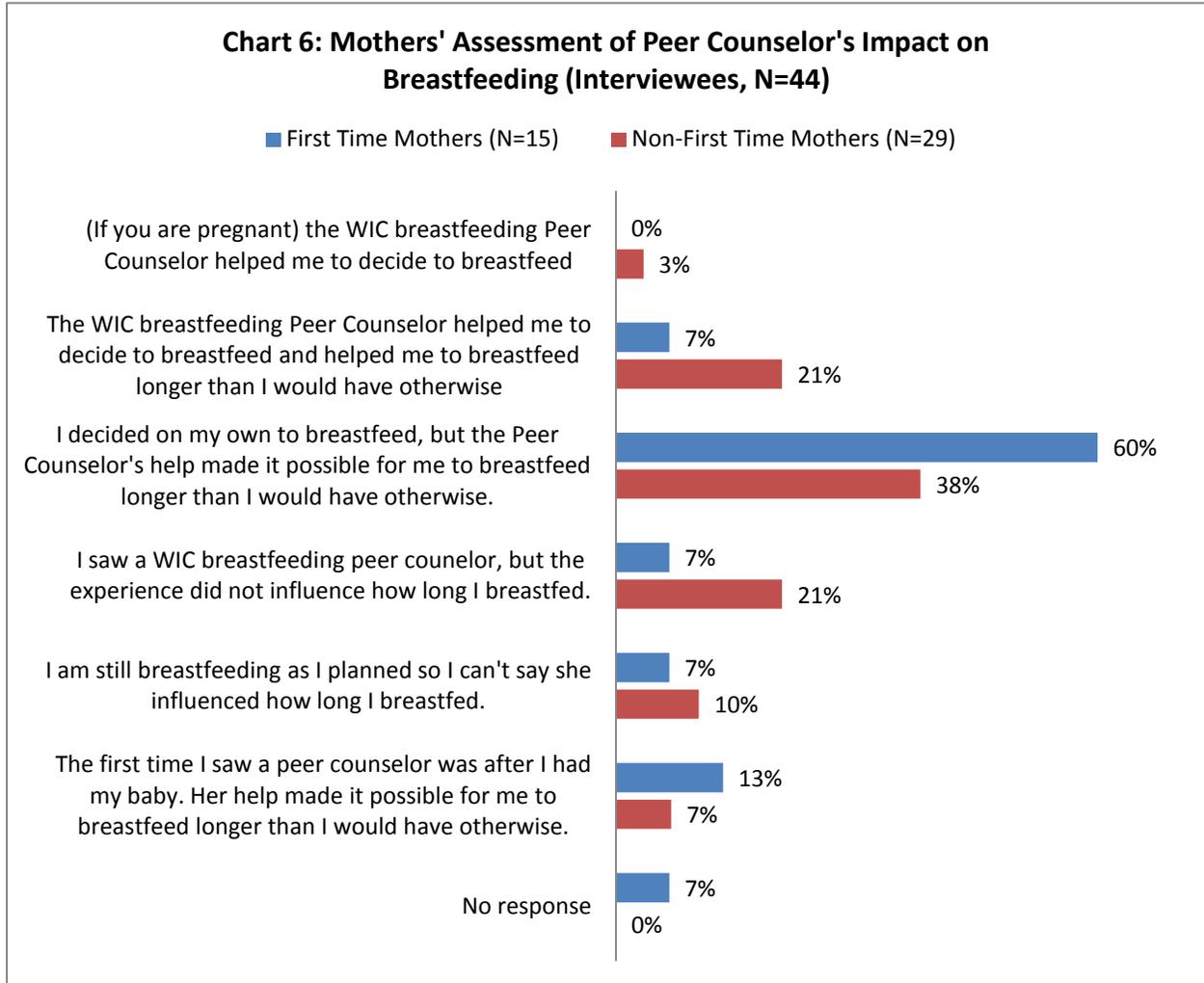
*I breastfed both of my children, but for both of them it was really hard for me. I only did it for a month. Because I wasn't producing enough milk and, both of them, they just didn't latch on. It was really hard, and even though I went to the WIC office and talked to the breastfeeding consultant, it didn't work out.*

**First-time Mothers.** Even though mothers offered examples such as these -- some of which appear to be breastfeeding success stories -- they expressed a sense of insecurity or guilt as well. New mothers and those who were breastfeeding for the first time told especially poignant tales. For example, one mother of twins was able to breastfeed exclusively for nine months with the ongoing support of peer counselors even when her health care providers recommended supplementing formula.

*The first time I talked to a peer counselor was right after I was coming home [from the hospital]. I told them [the doctor] was trying to get me to supplement [formula] so they gave me a pump so I could pump and, that way, since I have twins, my husband could help. ...I would have stopped breastfeeding my twins without them. I would not have continued without them for a week. I was already giving up.*



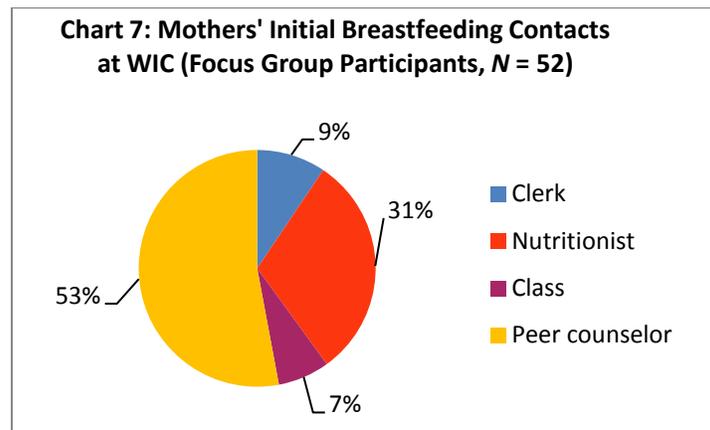
Chart 6 presents data on the perceived impact of peer counselors on first-time mothers versus those who had other children. Note that the percentages are given as within-group data (e.g., 60% of the 15 first-time mothers chose the statement “I decided on my own to breastfeed, but the Peer Counselor’s help made it possible for me to breastfeed longer than I would have otherwise.”).



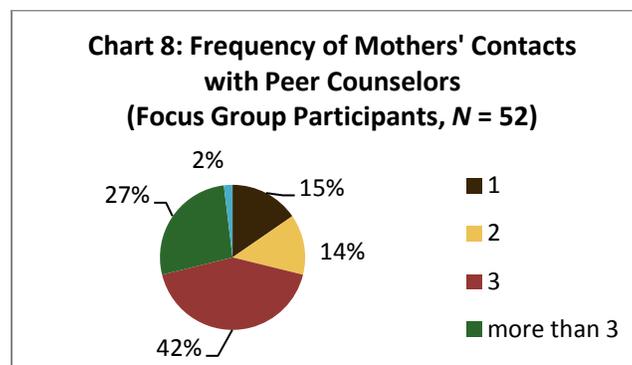
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## Working with WIC and Peer Counselors

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**First Contacts.** The Texas DSHS WIC program places great emphasis on breastfeeding, and the Peer Counselor program is designed to provide mother-to-mother support and education to help mothers navigate typical breastfeeding challenges and breastfeed successfully.<sup>1</sup> While there was a variety of staff members that respondents in the focus group sample first discussed breastfeeding with at WIC (See Chart 7), their contacts with peer counselors were the most significant.<sup>2</sup> The peer counselor was also a top-of-mind response for 32 interviewees (73%, not represented in chart). All respondents had met with or spoken to a WIC peer counselor at least once during pregnancy or breastfeeding. As Chart 8 indicates, the most typical respondent had three contacts with a peer counselor; several had only one contact, and several more had anywhere from five to 20 contacts. This is consistent with the telephone interview findings as well.



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<sup>1</sup> <http://www.dshs.state.tx.us/wichd/lactate/peeroverview.shtm#SUMMARY>:

<sup>2</sup> It is important to note that many women were confused about the job titles of WIC program staff. They talked about meeting with a "breastfeeding counselor" or "lactation consultant" or didn't know the employee's title at all, but the meetings and activities they described typically are part of a peer counselor's job.

Women who were considering breastfeeding or who had decided to breastfeed were connected with peer counselors early in their WIC enrollment, most often during their first visit. As shown in Table 4, there was a nearly even split between women who had first seen a peer counselor while pregnant and those who had first seen one after the baby was born (most often within the first week or so). This is consistent with focus group findings as well. While many women stated that it would be ideal to see a peer counselor while pregnant, some did not sign up for WIC benefits until after they gave birth.

Table 4 When did you first see a peer counselor? (Interviewees, N = 44)	
While pregnant	24
After the baby was born	20

Without prompting, many respondents discussed the powerful positive impact peer counselors had on their breastfeeding confidence or stress levels, and their own appreciation for the support and education they received.

*The peer counselor, she had told me how to get going, what I need to do to get it going, and showed me how the baby's supposed to latch on and if it's wrong or the correct way and what it's gonna look like first – the milk – and how it's going to look later, and what I should eat and what I shouldn't eat.*

*My daughter had jaundice and the doctor asked me not to breastfeed for a few days, and she was just a few days old and that's what caused the mastitis. I got really really depressed and had thoughts of harming myself. I went to the WIC office crying, and they said, "You're doing the right thing and if you have to give your baby formula, it's okay." ... I like that they didn't make me feel guilty when I was going through a depressing time.*

Finally, respondents were asked if they were aware of the cash-value differences among the WIC food packages (in that mothers who breastfeed exclusively are eligible for more benefits than those who do not). The majority of women in the sample were not aware of these differences or had only a vague recollection of being told this. The overwhelming majority of women in the sample said that knowledge of the cash-value differences in the packages would not have influenced their decision to breastfeed; a few who did know about it said it had reinforced their decision and they were appreciative of the extra foods.

**The Peer Counselor's Role and Training.** The majority of respondents had meaningful contact with a peer counselor and gave accurate depictions of her role and responsibilities at WIC.

*[She] motivates you to want to breastfeed. They show you and help you, like if you have any problems. If you can't get the baby to latch on, they help you. And they give you a breast pump.*

*To help you with any problems or concerns you might have with breastfeeding – or any questions. Because I know when I first started breastfeeding, I was worried that the baby wasn't latching right, so I set up an appointment to see her.*

*They help you feel comfortable with the breastfeeding and they don't make you feel like it's a dirty thing and you have to stay home – that it's a natural thing for a woman to do. ... They're just there to talk, or if it's uncomfortable, they give you ideas on how to make it more easy and effective.*

*I thought her job was to teach me about breastfeeding or the benefits of breastfeeding. She showed me charts and how much the nipple is supposed to go in and all the different holds.*

It should be noted that several women were unsure of the peer counselors' role, especially in certain geographic areas. These were often women who had negative associations with their local WIC clinic and had only brief or unmemorable contact with a peer counselor. These and other individuals questioned the peer counselor's qualifications and wanted to know about the training she received.

*Maybe if WIC would be more clear about the credentials of their employees, then people would be more comfortable. [Agreement from the group]*

*The lactation consultants didn't really seem to know very much. [Agreement from the group]. ... It's like they were reading off a pamphlet or something.*

While this was certainly not the majority opinion – most of the women were satisfied with their peer counselor contacts and experiences – it was a recurring theme and so is presented for further consideration.



**Peer Counselors: Breastfeeding Issues and Challenges.** Peer counselors helped mothers in the sample with a range of breastfeeding issues and challenges. They also were invaluable in providing *support, encouragement, and education* while teaching women to have *patience* with their breastfeeding and early parenting experiences. Following is a list of the typical concerns respondents brought to their peer counselors' attention or discussed during meetings.

- Latching difficulties (e.g., baby not staying on the breast long enough, sleepy baby, feeding positions, nipple confusion)
- Milk supply concerns (e.g., fluctuating or insufficient milk production, drying up)
- Pumping milk: receiving and using a breast pump, milk storage
- Stress, frustration, and insecurity about breastfeeding correctly and whether or not the baby was getting enough milk
- Mother's nutrition; safety of certain medications while breastfeeding
- Use of resources and tools (e.g., nipple shields, nursing bras, home remedies) to improve breastfeeding effectiveness
- Leaking, engorgement, milk letdown, pain, sore nipples
- Transitioning to/supplementing with formula
- Breastfeeding in public or after returning to work/school
- How long to breastfeed and how to involve family members (including children); general time management
- General breastfeeding education, information on the benefits of breastfeeding, practical tips

*When I was having trouble of not producing, she told me there was different things I could do. She told me that he is getting enough, that if he stops he is getting enough. ... Before, my daughter was always hungry. My son was different, it was a different learning experience. ... They tell me what foods I am supposed to eat and portion sizes.*

*Whenever I went to see her, we talked about the latching. She watched me breastfeed to see if I was doing it right. She showed me different positions to see if any were better. She gave me a pump and told me I could call her if I needed anything else.*



The amount and quality of contact each mother had with the peer counselor was assessed in terms of several factors, including level of trust, the peer counselor's availability and rapport, the mother's willingness to raise questions, other resources the mother had at her disposal, and the number of difficulties she faced while breastfeeding. Many women enjoyed a strong relationship with their peer counselors and felt free to ask all types of questions and stop in for help with problems. Others did not reach out to their peer counselors for advice or receive follow-up contact except regarding a breast pump.

*I think the thing is, if you don't ask, they won't say. [Agreement from the group] So as mothers, we need to make a list of concerns and bring them in.*

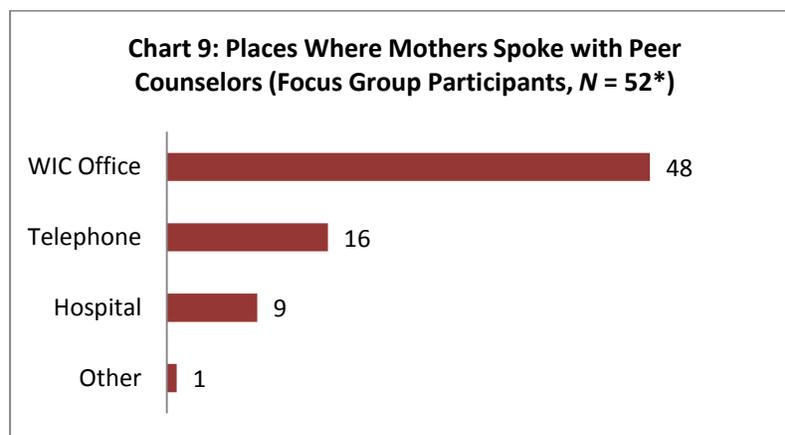
Through their contact with peer counselors – as well as through their consultations with doctors, doulas, family members, and educational resources -- women in the sample were able to resolve many of their breastfeeding challenges and continue to breastfeed. Others were able to heighten their confidence with breastfeeding or improve their attitudes toward continuing to breastfeed despite challenges. While a portion of women reported ongoing or unresolved breastfeeding difficulties (See Page 37 and Chart 13 for more information), seventeen of the 44 women interviewed by telephone reported no major issues, while nineteen reported that they had overcome any problems they had.



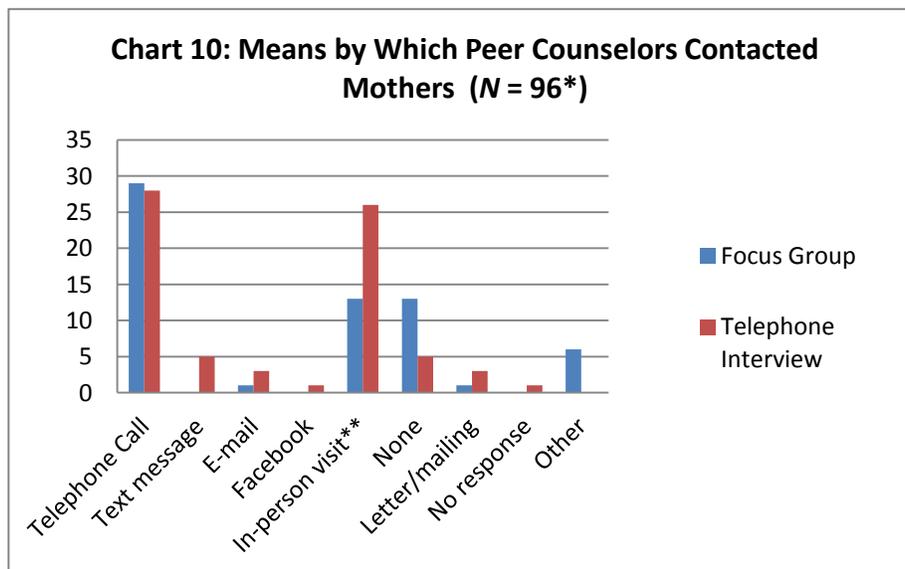
## Communication and Points of Contact

Mothers in the sample had contact with peer counselors mainly at WIC clinic office visits and by telephone. (See Chart 9.) Some had contact at other sites: in the hospital (discussed below), in the community/at their homes, and through electronic communications (text messages, e-mail). (See Chart 10.) However, women discussed these types of contact as brief follow-ups that supplemented in-person contact.

*She described how everything works, how to position [the baby], how to get her to latch, the benefits of breastfeeding, and things like that. Most of the time I met with her at her office, but we talk on the phone too. If I have a problem, I just call her.*



\* Total exceeds 52 because some respondents gave more than one response.



\*Total exceeds 96 because participants gave more than one response.

\*\*This refers mainly to WIC office visits; only a few participants had home/community visits.



**Beyond the WIC Clinic: Hospitals and Lactation Centers.** Women's experiences in the hospital have a major impact on their success with early breastfeeding. Only very few of the women had had in-person contact with a WIC peer counselor while in the hospital to deliver their babies.

They very much appreciated that service and spoke highly of the *continuity of care* they received from a familiar, trusted person, as well as the empowering support, information, and tips the peer counselor provided during early breastfeeding (e.g., encouraging mothers to ask to breastfeed their babies immediately after childbirth). A few other women mentioned that they had received a check-in telephone call from their peer counselor while they were in the hospital, which provided them with additional support and a reminder that they could call the peer counselor as needed after giving birth.

Some women benefitted from seeing a Peer Counselor while in the hospital:

*I had a C-section and I struggled with breastfeeding. Had they not gone to visit me, I would never have breastfed my baby.*

*They gave me a pillow. They showed me how to use it. She fixed the bed and taught me how to position the baby. I said, "How comfortable!" ... They give you all the support. One cannot help but feel comfortable with them.*

Others remembered the Peer Counselor's breastfeeding tips in the hospital, even though the Peer Counselor was not present:

*I was still drowsy, but I remember [the peer counselor] saying, "Breastfeed as soon as they take him out." I said, "I need to. They told me to." [The nurse] said, "But I need to clean him up." I said, "Can I please just do it for a few minutes? They said that's the best way to start." And he did.*

Still others wished they had had a Peer Counselor available to them or, alternately, were satisfied with the support they received from hospital staff:

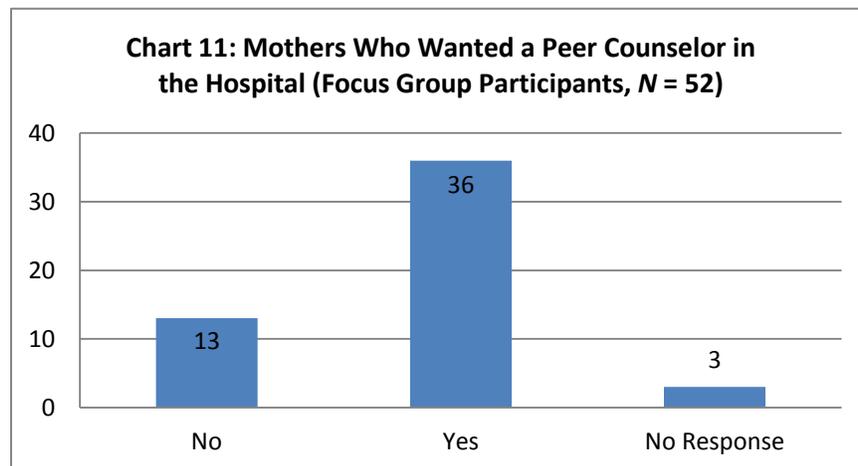
*When you're in the hospital, those are hospital staff. But those peer counselors are like you, like normal mothers.*

*The hospital had a lactation nurse that helped me out a lot. I didn't really feel the need for a visit from a peer counselor.*



*I did talk to counselors in the hospital, but not the same ones from WIC. Yes, [having a WIC peer counselor there] would have been good. I think it would have made me feel more comfortable to ask the questions that I had, especially because I dealt with them with my first one.*

*Yes, I think if somebody had just come in – somebody that I'd known and met before – and asked how I was doing. The first week is hard, and it would have been comforting. I also wish [WIC peer counselors] did home visits.*



Note: Twelve of the 13 mothers who answered “no” did so because they found the hospital lactation consultants/staff sufficient.

A large majority of women did not have contact with a peer counselor while in the hospital. Some felt they could have benefitted from such contact, while others were satisfied with the services and support they received from hospital lactation consultants and nurses. Chart 11 provides information from focus group participants; interview participants were more likely to have been satisfied with hospital staff, but 19 of the 44 wished that a peer counselor had visited them in the hospital.

Lactation centers are another important service that certain women mentioned. Currently, centers in Houston, Dallas, and Austin are available to any woman receiving WIC services.<sup>3</sup> However, only a limited number of women in the sample had the opportunity to visit one of these centers; often these were women who could not resolve breastfeeding problems with the peer counselor at their local WIC clinic. Women who had the opportunity to visit a lactation center were overwhelmingly positive about their experiences there, praising everything from the paint colors to the comfortable chairs and welcoming atmosphere, to the practical support they received from staff members. Women wished that their local WIC clinics had more of these characteristics.

<sup>3</sup> <http://www.dshs.state.tx.us/wichd/data11/11013-acc.pdf>

*With the lady at the WIC office, I really didn't feel comfortable with her. But when I went to the lactation place, I just felt better with her. They play music and they try to make you feel at ease. She did stuff with my baby. I just felt better with her.*

*When I went to the lactation place, it was so much nicer. There was more room in the chairs, the warmth. And it was cleaner. ... The whole experience, really, was better.*

It is important to note that the majority of respondents enjoyed good relationships with their peer counselors and were satisfied with the services and support they received (to be discussed later in the report). However, lactation centers and their staffs were perceived as ideal.

**Follow-Up Contact.** There was a great deal of unprompted discussion in both interviews and focus groups about the follow-up contact participants received -- or did not receive -- from their peer counselors after the initial meeting. While a number of women felt free to call their peer counselors with questions or stop by the WIC clinic, some were dissatisfied with the lack of follow-up contact or the difficulty they had reaching their peer counselors. Several noted that the peer counselor at their local clinic seemed stretched thin, with only limited availability (e.g., two days per week). They would have liked more individual attention or easier access to her.

*She calls me weekly asking about the baby: "Has she gained weight? How is she doing?" Basically staying on me to make sure I'm still breastfeeding and encouraging me. I know a few times that I've spoke to them on the phone or in person, they've said, "Okay, well, we'll contact you next week to make sure everything is going okay," and I would never get a phone call.*

*When they called me, it was ... to see how everything was going. Phone calls are very brief; they just want to check on you. With me, they were because I was sleeping and, I mean, I was rushing off the phone.*

The amount of follow-up women received appears to vary by geographic region and by WIC clinic. In particular, women from certain regions reported more follow-up problems. Additionally, if women had a good rapport with their peer counselors and knew they could call at any time or stop by the clinic without an appointment, they were less likely to have concerns about follow-up.



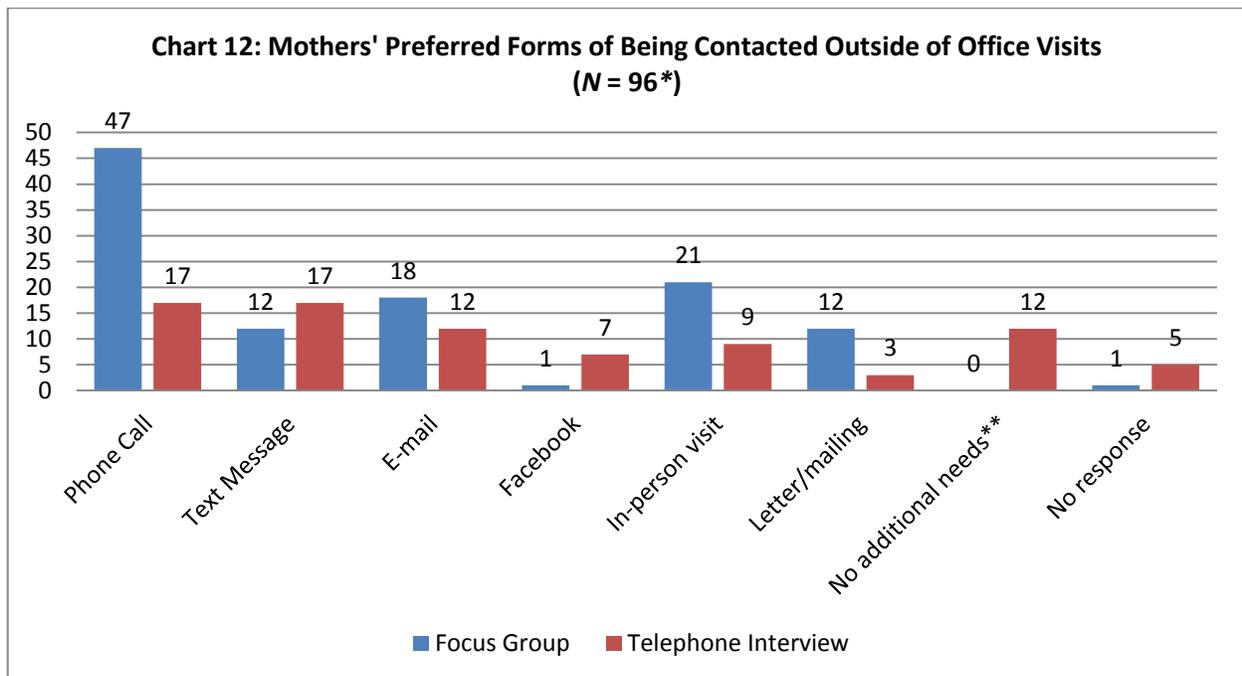
**Preferred Forms of Communication.** Respondents overwhelmingly preferred in-person and telephone contact with peer counselors, but thought that other communication options could be useful as supplements. Multiple women wished that there were a home visit option, especially during the first few weeks after giving birth. (See Chart 12, in which “in-person visit” refers to a home or community visit, not a typical WIC office visit.)

*I'm not dissatisfied with the phone calls, but if there were other [electronic] options, I would have used them.*

*E-mail would be okay. Text message, I don't know. My doctors have a 24-hour nurse line and I know I can call, but I always feel bad. But sometimes I need it and others do too.*

*Text message? That would be awesome, but I think that would get a little frustrating for them! Email would be nice. That's better for me, to answer at your own pace. Sometimes my schedule is all out of whack. I would feel more confident to send an email at two in the morning... that wouldn't wake up the peer counselor.*

In addition to the communication-related desires and needs already discussed, a number of women suggested that WIC communicate with them about services and new service options (e.g., e-mail blasts or flyers posted in clinic waiting rooms). They would like to know what services peer counselors can provide.



\*Total exceeds 96 because some respondents gave more than one response.

\*\*Focus group participant were not asked if they were satisfied with current contact.

**Hotline and After-Hours Contact.** Women gave a range of responses when asked about reaching their peer counselors or other breastfeeding support persons in the evenings or on weekends. Many peer counselors told mothers to call anytime for support and offered them various telephone numbers at the initial meeting (including cell phone, home phone, and hotline numbers), often as part of a community resources handout. However, some women did not have this experience and had trouble reaching their peer counselors when they called the main WIC clinic number. Women understood that peer counselors are busy, but they appreciated the option of being able to reach them at any time. They supported the idea of options for contacting peer counselors at all hours, any day of the week.

There was also some confusion about the 24-hour breastfeeding support hotline, as well as regional differences in how WIC staff members referred women to it and how women accessed it. Many women knew that they could reach an on-call peer counselor 24 hours a day and that the peer counselors in their region rotate this responsibility. Other women, mainly in one geographic region, reported calling their WIC clinics for support during the daytime and being referred to a national breastfeeding hotline (which they did not believe was connected to WIC) instead of being connected to a peer counselor.

*She gave me her cell phone number, her e-mail, the work number, and she also gave me a 1-800 number that I can call anytime if the business hours was closed.*

*I think it would be better if they took one day out of the weekend and answered people's calls. Like on a Saturday.*

*[My sister] was having issues with latching, with producing milk, with several issues. And every time she would call [WIC] they would say, "Okay, well, you can call this number ... It's a 24-hour number." ... It was always a push-off to that phone number instead of, "Well, we can help you."*

*I had my baby on a Tuesday ... and I was released on a Thursday, but my breasts didn't get engorged until that Saturday. I was so nervous because I couldn't get in contact with WIC, but I went through my backpack and they had their cell phone numbers.*



Some women did not know that they could reach a peer counselor in the evenings and on weekends, *considering the WIC clinic a nine-to-five weekday operation only*; instead, they turned to their health care providers, friends and family, or the Internet to resolve immediate problems during non-business hours.

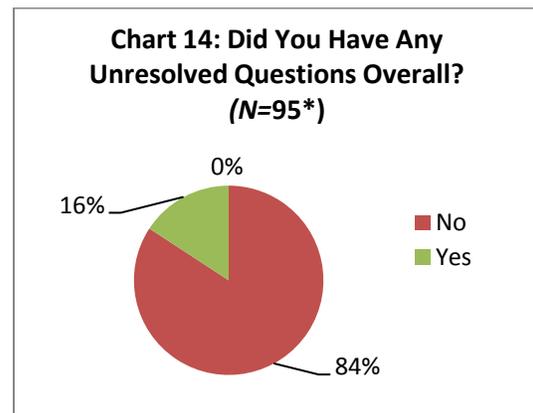
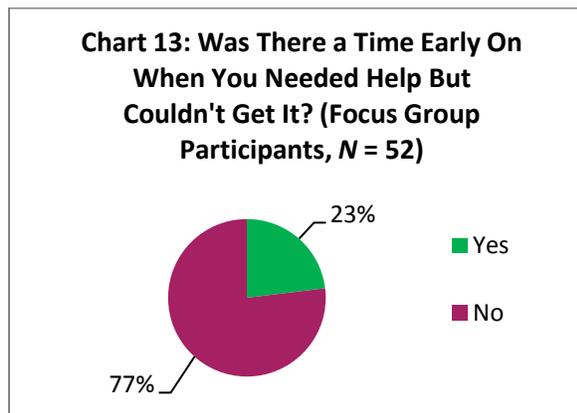
*My breasts got real real engorged. It never got this engorged before. It actually hurt, and it was hot and it burned. ...And I had researched it [online] because it was the weekend.*

Moderator: *What about after hours or on the weekend? Have folks talked to WIC then or felt like you could?*

Participant: *Not after hours, no.*

*I have friends that are breastfeeding too. I would call them all the time like, "Something isn't right. Something's wrong." They're like, "Just calm down. ...I asked my mom, "What's going on?"*

While only five of the 44 telephone interviewees (11%) reported that they did not have adequate access to the peer counselor in their first few days and weeks of breastfeeding, considerably more focus group participants reported unresolved problems during this time (23%; see Chart 13). Notably fewer women reported unresolved issues during breastfeeding overall (16%; see Chart 14). These included unanswered questions about medications that are safe to take while breastfeeding and supplemental feeding, in addition to typical breastfeeding challenges (milk supply difficulties, latching issues) that certain mothers were unable to resolve with their peer counselors.



\*One of the 96 participants did not answer the question.

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## Pumps and Pumping Breast Milk

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The overwhelming majority of mothers in the sample received a breast pump from a WIC peer counselor, instructions on how to use and clean the pump, and storage guidelines for pumped milk. For several mothers, pumps and pumping was a major topic – or even the main topic -- of discussion with their peer counselors. Mothers greatly appreciated receiving a pump for free. They learned that WIC offers breast pumps mainly through the peer counselors, but also learned to ask about pumps at WIC through family and friends who receive WIC services, and through doctors or hospital staff.

*They set up mine right there. They took it all out of the plastic to see if it was working before I even took it home.*

*[Offering breast pumps] was an A+ for WIC – I give them kudos for that. Breast pumps are expensive! [Agreement from the group]*

There appear to be some discrepancies regarding how and for what reasons mothers may receive pumps, and regarding which type of pump they may receive (manual versus electronic), reflecting differences in individual clinic protocols and in mothers' individual breastfeeding situations. Some women had premature babies or milk supply issues and needed a pump, but many others asked for a pump simply because they were uncomfortable breastfeeding in public or felt that pumping breast milk would allow them to better assess how much milk their babies were drinking. It is notable that some women reported conflicts with their peer counselors when they requested a pump or discussed their decision to begin receiving formula to supplement breast milk.

**Pump Follow-Up.** A number of women encountered difficulties with their breast pumps: they broke, didn't attach to their breasts correctly, or didn't seem to be extracting enough milk. Several went to their WIC clinics for replacement pumps or parts. The majority of women in the sample reported that their peer counselors checked in with them to see how the pump was working and if they had any problems, or made it clear that women could call them with concerns. The exception was one location where a sizable number of women expressed frustration over not receiving promised follow-up regarding breast pumps.

*I was told I'd get a phone call within the first couple of days to make sure the pump was working and everything. I never got a phone call. But, as soon as that one month came, they called me and said, "Okay, are you going to return it or are you still using it?" ... Now, they could've asked, "Are you still using it, and is it giving you any problems?" But they didn't ask any of that.*



*I had gotten one of those big, huge professional breast pumps when I first started getting WIC. I couldn't pump. Any kind of setting that I put it on, nothing. ... I wanted help! I wanted somebody to tell me what I was doing wrong ... if it was my body, the machine, or what. But all she said was, "Well, let's try this one instead."*

**Returning to Work or School.** While most women in the sample were not working, many had discussed with their peer counselors how they might continue to breastfeed if they did return to work or school. Thirty-seven of the 44 women interviewed one-on-one had conversations with their peer counselors about this topic; several women in the focus groups did as well, or remembered receiving a brochure about breastfeeding after returning to work. However, this was not one of the main subjects they covered in their interactions with peer counselors. Of the limited number of women who did return to work or school, only a few continued to breastfeed exclusively. Others limited their breastfeeding to nighttime only or pumped some milk and supplemented with formula. Some women stopped breastfeeding completely upon returning to work or school, explaining that it became too difficult to juggle it all. A considerable number of women indicated that they had plans to return to work or school in the coming months, but had not yet explored whether or not they would continue breastfeeding.

*Um, I don't know if we talked about all that.*

*She gave me a little brochure on information about going back to work and how to pump and when – breaks, all that. ... I started back to school when he was three months old, and he was in the process of switching to formula then.*

*I believe it was in the information packet, and I've never really asked them about it because I'm still trying to figure out if I'm working.*



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## **Brochures, Tools, and Online Resources**

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**Brochures and Bags.** Researchers asked women if they had received a materials bag, and if so, which materials they had found most useful. In the focus groups only, moderators held up individual brochures and asked the women for their feedback on each one. The following materials were reviewed with focus group participants only; during telephone interviews, women were asked to mention specific materials that came to mind, but were not prompted with titles.

### **Pamphlets**

*Making Every Ounce Count: How to Give the Best with Bottle-Feeding*  
*The Support You Need – WIC Peer Counselors – to Successfully Breastfeed*  
*Breastfeeding Beyond Six Months*  
*Become a WIC Peer Counselor*  
*Breastfeeding: A Natural Way to Better Health*  
*Breastfeeding and Returning to Work*  
*Breastfeeding in Public*  
*The Hospital Experience*  
*Instructional Guide for Giving Your Baby the Best*

### **Brochures**

*Support Your Daughter*  
*Support your Partner*  
*Late Preterm Infant Care*  
*Nursing More Than One*  
*Your Baby, Your Gift*

### **Other Materials**

*Moms Helping Moms Peer Counselor Manual* (manual)  
*Making the Right Amount of Milk* (leaflet)  
“Loving Support” breastfeeding tote bag, including:

- *Time to Feed the Baby* (leaflet)
- *Just for Dad* (brochure)
- *Just for Grandparents* (brochure)
- *To Baby with Love* (DVD)
- *Breastfeeding: Keep It Simple* (book)
- *Sing to Me* (lullaby CD)
- “Loving Support” burp cloth



The respondents had received a wealth of WIC brochures, but exactly which brochures they had been given varied widely from woman to woman, and from location to location. While most women received the materials directly from a peer counselor, some reported receiving them in the hospital or at their doctors' offices. Nearly all respondents had received the *Loving Support Makes Breastfeeding Work* black bag containing a DVD, books, and various brochures.

However, not all peer counselors reviewed the contents of the bag with their clients. This is key because the result was that a number of women were not sure which brochures they had; some had read through them on their own, while others stated that they never had time to read them in the chaotic days of early parenting.

*[The materials in the bag] were very helpful ... if you have time to read. Because some of them – I know I was given a lot. In fact, even the CD ... I didn't even know I had it until two weeks ago, when I looked in the bag trying to clean up. ... It's pretty good music.*

*They gave me a lot of books and magazines and fun stuff. It was all useful. The counselor explained the bag to me and it was useful.*

There were a few pamphlets and other materials that women found particularly useful, but responses were generally inconsistent and no solid trends emerged. Women liked all of the brochures they had received and found all of the information useful, especially when they could access information at the time they needed it (i.e., when it applied to immediate breastfeeding concerns).

Focus group participants discussed the following materials in particular.

- *Instructional Guide for Giving Your Baby the Best*: Half to all participants in each focus group had this brochure and found it helpful (with the exception of one focus group where only one woman had seen it).
- *How do I know if breastfeeding is going well?* (quiz): The majority of the women had completed this quiz but stated that they were required to turn it in to their peer counselors and their responses were never discussed or reviewed with them.
- *Breastfeeding: The Law* (rights card): Many women had received this card and found it empowering. Some carried it in their wallets and showed it to people who took issue with their breastfeeding in public.
- *The Hospital Experience: What to expect and how to make it memorable*: At least a few women in each focus group had received this brochure, but not necessarily before giving birth. Others wished they had seen the information it offers while pregnant.



- *Support Your Daughter/Support Your Partner*: Up to half of the women in each focus group (and a number of women interviewed by telephone) mentioned these brochures and found them helpful. Some women used them to initiate conversations about breastfeeding with family members.

Participants wished that they had seen certain brochures to support their breastfeeding or to resolve certain issues. They specifically mentioned *Making the Right Amount of Milk*; *Making Every Ounce Count: Combining Breastfeeding with Bottle-Feeding*; and the *Breast Pumping Log*. There were regional differences, however. Women in certain cities received nearly all of the brochures reviewed, including items that almost no other women had seen (the *WIC Peer Counselors* booklet and *Breastfeeding in Public: Anytime, Anyplace*). Yet, other women remembered seeing very few brochures.

**Beyond Brochures.** Many respondents in focus groups and telephone interviews mentioned other valuable tools they had seen or received from peer counselors that researchers didn't explicitly bring up. These included breastfeeding demonstration dolls, model breasts, a magnet with information on milk storage, nipple shields and cream for sore nipples, and nursing pads.

*She gave me pamphlets, different types of nursing pads, information on where to buy nursing bras and convenient locations. And different styles to wear for your nursing shirts.*

**Online Resources.** When asked about online resources they had heard about or accessed, many women spontaneously mentioned a WIC website where they could take required classes online rather than attend in person. Very few women in the sample had heard about or accessed the website [www.breastmilkcounts.com](http://www.breastmilkcounts.com). However, a number of women were familiar with the *Every Ounce Counts* campaign, of which the website is a part; some had seen it in brochures, and many more had seen it on a refrigerator magnet with information on milk storage.

*I think it was on the magnet about storing milk. No, I didn't go to the site.*

*She told me that I could take my classes through the website and that on that same website there is support.*



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## The Impact and Value of the Peer Counselor Program

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While often confused about the peer counselor's exact title, women were very clear on the program's impact. Overall, women in the sample found the WIC Peer Counseling program extremely valuable, and often vital, to their breastfeeding experience. This was especially evident with women who had the chance to discuss their experiences during in-depth, one-on-one interviews. However, there were some noteworthy exceptions of women who were frustrated with their breastfeeding-related WIC and peer counselor encounters in certain cities, but women with complaints were definitely in the minority.

**Impact of Peer Counselors.** When asked about the ultimate impact of the Peer Counseling program, many women cited both its practical and its emotional benefits. For the majority of women (78%, see Chart 15), peer counselors had a positive impact on their breastfeeding. Peer counselors patiently provided essential support and encouragement while helping to normalize the experiences and challenges mothers faced during breastfeeding and early parenting. Furthermore, peer counselors were a key resource for mothers, providing a wealth of information and advice about breastfeeding.

*I don't think I would have breastfed as long without having that support there.*

*I was debating on [breastfeeding], I was kind of scared to do it. But I had talked to other friends of mine that had breastfed, and I was trying to make a decision, so I talked to [the peer counselor] and she made it more clear.*

*I believe WIC has a lot to do with me breastfeeding and breastfeeding longer.*

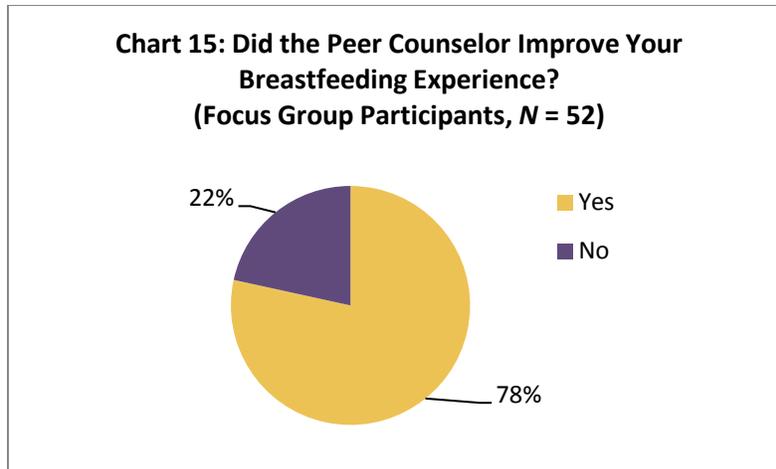
*She definitely helped me when it was rough at first. She helped keep me breastfeeding when it could have been easier to quit.*

*I didn't intend on breastfeeding for eleven months. Now, with WIC, I've decided to breastfeed this child for as long as I can or choose to, over a year.*

*If I hadn't had [the Peer Counseling program], I don't think I even would have tried breastfeeding. ... And I'm glad I did, because I've loved it.*

Peer counselors most often entered the picture *after* a woman had decided to breastfeed, providing support that helped her overcome challenges and increase breastfeeding duration. While some peer counselors helped women make the decision to breastfeed, most did not. (Refer back to Chart 1 on page 18 regarding women's perceptions of the peer counselor's role in their breastfeeding decisions and duration.)





**Possible Improvements.** While nearly all telephone interview respondents and most focus group participants had positive experiences with the WIC Peer Counselor program, some improvements were suggested. The main issues that were perceived as subject to improvement are the following.

- Difficulty reaching the peer counselor during daytime hours or figuring out whom to call evenings/weekends
- Uncertainty about the peer counselor’s training, credentials, and services offered
- Waiting rooms: too long of a wait, an institutional feeling, not enough for children to do
- Feeling that the peer counselor was too busy or not available enough
- Not receiving follow-up contact or educational resources in a timely manner

Some issues were specific to certain WIC clinics or certain peer counselors. In some cases, a mother’s negative feelings and experiences with the WIC program and clinic in general affected how she felt about the peer counselor as well.

*Nothing really [to improve], I actually thought they did a great job. It’s especially comforting to me to know that they had some of the same issues I did. They could tell me about their kids, and it made me feel more easy to talk to them.*

*Get more of them! I think they’re always busy!*

*It seems like the services, they don’t have consistency in their services at each office. ... If it’s all WIC, then they should all do everything. We should all be on the same page.*  
[Agreement from the group]

*The office I was at, the actual office [could be improved]. I was there one time and my son got hungry and I was breastfeeding, and it's okay to breastfeed in public, but the WIC office was full of people, full of babies, and I wanted to go in a room to breastfeed him and there was nowhere for me to go. I had to go in the bathroom and feed my baby ... it was disgusting!*

*I think it should be mandatory for you to have to speak with one of them. Nobody told me ... I had to ask to speak with her. She never seemed to really be there.*

*I've gotten that [24-hour breastfeeding help line] number so many times that I finally just told them, "Look I don't need that number. I need help. In person, with a person."*

*I didn't feel like she knew what she was talking about. So I just didn't bother with it after a while, I just called the hospital lactation consultant.*

All in all, what the women wanted were competent, friendly, trustworthy peer counselors; detailed, easily accessible information about breastfeeding; and readily available peer counseling services. Some women mentioned that the program could be improved by adding home or community visits. Many of those who had not heard about the program before giving birth would have liked to have seen a peer counselor, or at least to have known about the program, while they were pregnant.

**Best Part of the Program.** When asked about the best part of the WIC Peer Counseling program, the most common response was "everything!" Women specifically showered praise on the peer counselors' accessibility and encouragement, as well as the fact that WIC offers free breast pumps. Women genuinely appreciated having a peer counselor available to them, helping them to meet and exceed their breastfeeding goals and feel like good mothers.

*They make you feel you're not alone. They're there to listen to if you have any problems, you can call them. ... Very supportive.*

*Honestly, she was more helpful than anyone – even my midwife. I would not change anything, she is excellent.*

*[The best part] is the breastfeeding one-on-one. I liked her a lot and it made it more fun.*



*It helped me a lot because it was my first baby and I didn't know anything about breastfeeding. ... For them to have hundreds of people coming in there, they gave me a lot of information.*

*Even though it was my third child, they helped me with positioning the baby.*

*They slack off on the business side a little bit and get personal with you and let you know you're not alone. ... You've had problems too; this is what you did to resolve them. You're not a bad person. You're not a bad mother.*

*I had a really good experience with WIC. They helped me out a lot with a lot of things. I was really worried about not being able to produce enough milk. Not only running out, but when I do go back to work. And they helped me with everything. They helped me set up a diet and get different things, like fruits and vegetables that helps your body, period. I don't have any problems right now. ... Every time I have a question, they answer it to the best of their knowledge.*

*She was very encouraging ... overall very encouraging.*



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## Conclusions

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The WIC Peer Counselor program is successfully helping many mothers initiate breastfeeding and both normalize and overcome common challenges so that they can breastfeed longer than they might otherwise have been able to. Peer counselors educate women about the benefits of breastfeeding, thus creating more breastfeeding advocates in the Texas community. Women who interacted with friendly, well-informed, easily accessible peer counselors reported the best experiences. Breastfeeding is a sensitive and sometimes frustrating experience for new mothers. The women in this sample did not want to be pressured to breastfeed or face roadblocks to services; what they did want was information on what to expect and what to do, how to resolve problems, and what WIC peer counselors can offer them. Above all, they wanted timely support for their efforts and choices (even if the choice was to discontinue breastfeeding). Many women in the sample received this critical support from peer counselors and, as a result, felt like effective mothers who had given their babies a good start in life. As one study participant so aptly put it, the Peer Counseling program “makes me want to tell my friends or somebody that’s pregnant about breastfeeding!”



## Analysis of Focus Groups with WIC Peer Counselors

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Lines of inquiry for the WIC breastfeeding peer counselor focus groups included paths to becoming a peer counselor; the pros and cons of being a peer counselor; an evaluation of peer counselor training, including suggestions for improvement; the referral process, including what is and is not within the scope of a peer counselor's job requirements; a review of educational materials to determine how they are distributed, as well as their perceived educational value to breastfeeding clients; and program-specific information, such as insights into the breast pump program and how WIC can better serve actual and potential breastfeeding clients.

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### Reflections on Being a Peer Counselor

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Breastfeeding women share a bond that becomes apparent when peer counselors speak about the paths they took to become peer counselors and about the most positive aspects of their jobs. Most of the focus group participants became peer counselors because someone personally encouraged them to do so. For many of the women, that someone was a person at WIC: their own peer counselors, a clerk, a supervisor, or another WIC mother. In all but one of the focus groups, there were some women who found the WIC peer counseling position advertised at WIC or through a general job search, and inquired at WIC for more information. The Lubbock participants had in common a more organized approach: the majority of women in this focus group personally received a postcard from WIC inviting them to breastfeeding peer counselor training. When they completed the training, they had the opportunity to apply for peer counseling positions. Now that they are peer counselors themselves, they play the role of recommending to their supervisors mothers they feel would be good peer counselors. The supervisor, in turn, mails each of the recommended mothers a postcard inviting them to training.

*I was a janitor, and then after the ad came out in the website, and one of the managers that I had said, "You can do it. I know you can do it. You have a lot of experience and all that." Then I applied and I got the job, and I've been doing it for six years and I love it.*

*Basically, when we're having trainings, like we're doing one this week, and [name], our supervisor, just mails them out. We all give names for people that we think would be good peer counselors, and then she'll send out a mailing. Or it's also people who inquire about it too.*



Personal connections and encouraging women to become peer counselors are effective tools in recruiting WIC mothers for these positions. Perhaps it is the nature of the job, which centers on peer support and influence, that makes these outreach and recruitment strategies so effective. Conversely, the brochure entitled *Become a WIC Peer Counselor* (which will be discussed in greater detail in the Educational Materials section below) has had limited impact to date. The brochure was displayed at the beginning of each focus group, and participants were asked if it had impacted their decisions to become peer counselors; not one participant indicated that it had. Many of the peer counselors have been in the job for several years, whereas the brochure is relatively new. Some said they give the brochure to mothers they believe would be good peer counselors. However, they couch this initiative within a conversation with the mother about her possibly becoming a peer counselor.

In the following conversation, participants discussed how they broach the subject of recruitment with potential candidates. (Here and elsewhere in this report, unless quote sources are clearly enumerated as “Participant 1,” Participant 2,” etc., quotes cited in conversations may be attributed to a single participant or to several different participants.)

Moderator: *Do you guys use this [brochure]? This one is WIC Peer Counselors.*

Participant: *No.*

Participant: *We do give it to them, but they don't read it.*

Moderator: *You give it to people?*

Participant: *We give it, but we don't think they read it.*

Participant: *That's a waste of material.*

Moderator: *Do you ever use this when you see a mom that you'd be, like, “Hey, she'd be a good peer counselor”?*

Participant: *We talk to them.*

Moderator: *You just talk to them?*

Participant: *We talk to them. That's the first thing that you do when we see they're pregnant or going to WIC mom. Introduce yourself, “My name is,” and in the classes, we also do that. “I'm also a mom,” so you both feel comfortable. We're talking about the same issues that we've both been through.*



**Passion, love, purpose, helping, pride.** In focus group after focus group, peer counselors used these words and concepts in response to a question about the positive aspects of being a peer counselor. They share a deep sense of purpose and satisfaction with their jobs. The vast majority, if not all, of the focus group participants take their job responsibilities seriously and believe that what they do directly impacts the health and well-being of children and women in their communities. Further evidence of this was drawn out toward the end of the focus groups, once participants had developed a level of trust in the moderator. Once they were reassured of the confidentiality of the focus group, they were asked to raise their hands if they had counseled WIC women outside of their standard office hours. At least one participant in each group, and usually many more, spoke of meeting mothers to deliver breast pumps and counseling mothers on personal time. They stated that this would be “frowned upon,” but that there are special situations when it is warranted.

Participant 1: *This is confidential, right?*

Moderator: *Yes.*

Participant 1: *Because I have had moms crying on a Friday at 12:44 because we're closing, and I would go to that mom's house just to help her. I'm not being paid,...*

Participant 2: *I've done that.*

Moderator: *How many people have done that? I'm just curious ... seven out of twelve people have gone on their own time.*

The lists of pros were long and repeatedly included the following items.

Helping mothers	Doing what I love
Helping people	Being a model for other mothers
Bringing my baby to work	Teaching
Receiving training	Positively impacting my community
Flexible and/or part-time schedule	Respect
Versatile/diverse work	Rewarding

Helping mothers and doing work that they can be passionate about were by far the most frequent and top-of-mind responses provided by the participants. Participants were also extremely complimentary of the continuing education that they receive and the opportunity to attend conferences.



Participant 1: *Especially being able to help, making a little difference for the people, that's great.*

Participant 2: *It's a job that you're always looking forward to.*

Participant 3: *The training, like, more training down the road for the WIC staff would be good for us.*

Participant 4: *Yeah, we've learned a lot of things, a lot. Not only about breastfeeding ...*

Participants in three of the focus groups spoke positively of the benefits of bringing their babies to work. Among these is the tangible benefit to WIC, in that they can often demonstrate breastfeeding to other mothers.

*And it's [bringing your baby to work] great because we are able to kind of hands-on. If the mom is in there, we can actually nurse our own baby and allow them to kind of see, like, "Okay, you can do it" ...*

In addition to the sense of purpose they derive from their jobs, many women shared stories of how the job has helped them improve the circumstances of their own lives. Women said that being peer counselors has allowed them to grow professionally while gaining a sense of confidence and self-worth.

*I would say that it has made a change in my life. I started going to college. I wanted to before becoming a peer counselor, but at that time I was working and it didn't really fit in my schedule. I managed to make it work, and I'm working full time now. I think working around the nutritionists and dieticians, they would talk about their college experience, and it motivated me to want to. But I heard that the peer counselors tend to stay there a little while and then move on to better things. That's what I read, that it's a gateway.*

The focus group moderator also asked participants to share the negatives of being peer counselors. Responses had a high degree of overlap; however, there was not one specific negative that was brought up in every focus group. The most frequently mentioned drawback of being a peer counselor relates to paperwork, which was discussed in five of the six focus groups. In each of those five groups, participants became quite animated when discussing the amount of paperwork they are required to complete on a daily basis. Many stated that paperwork takes time away from counseling clients, which they feel is more important. Some did indicate that they understand the importance of the paperwork and of documenting the number of people being counseled, as well as the need to keep track of who receives the breast pumps. However, the consensus is that there must be a more efficient way to complete the necessary paperwork. Many wondered aloud why computerized documentation was not available to them. Others stated that some of the paperwork is without purpose.



Participant 1: *The whole setup is not efficient. You write down the same information a million and one times, the same redundant things.*

Participant 2: *When we're issuing a pump, I mean, I understand there is this form. I sit here explaining, and this baby crying, and all these things you're trying to accomplish, and you're trying to do this paperwork. I wish there would just be something that's easy. As much as we glorify computers and we're in 2011.*

Other negatives that participants cited included low pay, the lack of benefits for part-time workers, and fluctuating schedules. Participants in at least one location pointed out that they are no longer able to bring their babies to work, which many perceived as a negative. Participants in other areas, who are able to bring their babies to work, indicated that the policy has changed so that they can only bring their babies to work through nine months of age. Many verbalized that they wanted to bring their babies to work throughout the entire time they are breastfeeding.

*I don't get paid for holidays. We don't get paid like, if we're sick.*

*I think the hours, the clinic hours. I mean, 9:00 to 6:30 and then 5:30, it's just, I'd like a little bit more stability. Like, our hours are everywhere. They're always changing. The moms are ... Even if they've been in WIC maybe for a while, they can't get the hours when we're open, when they can call us.*



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## Training

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The vast majority of peer counselor participants affirmed that they were trained with the Moms Helping Moms training program. When asked to reflect on the training program, they offered mixed opinions that varied somewhat by geographic region. Common themes emerge in terms of the positive and negative aspects of the training. In general, participants spoke negatively about training if they felt it was too book-heavy, if they were asked to read in a room without interaction, and if they were not given time to shadow. Conversely, participants enjoyed role-playing, shadowing, and watching the videos.

*I would say for me, my training was just a bunch of reading and watching videos. I think it was TV education, and I don't think that I learned a lot in the classroom setting because of the way it was. I learned mostly everything I learned in the hospital and actually working with the other counselors.*

*Well, it's really good because you read all that information, then when you're on hands-on, everything kicks in, what you've learned from the books. There are things that I learned that I didn't know when I was breastfeeding – like, for instance, once the mature milk kicks in, you have a foremilk and a hindmilk. So I tell them, "Look, you have to leave the baby as long as the baby wants, because if the baby is getting just the first portion of the milk, you're just taking the thirst away. So guess what? In half an hour, the baby's going to be asking to nurse," because that's what they say, constantly putting them to the breast, but it's because they don't let the baby finish.*

A substantial portion of participants stated that the knowledge they gained from the training was ultimately useful and prepared them for their role as peer counselors. They spoke highly of learning about the technical aspects of breastfeeding, such as latching and engagement issues; learning the LOVE method of counseling and how to bond and establish trust with a client; and receiving the two books (*The Breastfeeding Answer Book* and *The Womanly Art of Breastfeeding*) as part of their training. Participants in almost all of the focus groups admitted to being nervous at their first counseling session. However, when probed to determine if their anxiety would be classified as first-time jitters or a lack of preparedness, they all indicated it was first-time jitters.

*I found it helpful, just some of the basic stuff like supply. I struggled with my supply and I wish my doctor had given me a fraction of the information I learned at the training. I attended the training right after kind of giving up. I made it to a year, but then weaned because I didn't know better and there was pressure. I think we all have that insight, knowing more, but some of the basic stuff. Supply really stuck out to me because I had struggled and I wish I had known half of what I know. I wish my pediatrician had sort of laid some of that instead of, "Oh, you might not have enough."*



Another positive aspect of peer counselor training is its ongoing nature. Participants like, appreciate, and value the monthly training meetings, interactive distance leanings, and conference opportunities. They stated that they make a difference to them and that they learn from the trainings.

Participant: *Every month at the meeting. We have a meeting every month, a monthly breastfeeding meeting. [Agreement] The lactation one.*

Participant: *That too. But we love to go on the seminars.*

Participant: *Because that's really valuable...*

Participant: *Learn a lot.*

While most participants stated that they were pleased with what they learned from the peer counselor training, they did offer suggestions on how to enhance it in the future. Most of their suggestions involved various forms of shadowing or interactivity. The one area in which they recommended additional course work was counseling. Several participants spoke of the need for additional counseling skills, especially in relation to touching a mother to assist her in breastfeeding.

Participant: *In the beginning it's uncomfortable, but then you're like, let's help that baby, and you forget all about it.*

Moderator: *But the first time you're doing it, that's something that you just weren't quite prepared for, almost. [Agreement]*

Participant: *Yes, touching the skin.*

One participant suggested additional training in helping women who must cope with lactation after having a miscarriage or stillbirth.

In every focus group, the question of how peer counselor training should be changed elicited responses calling for additional shadowing and interactivity. Participants stated that they learn better when they observe, and that there is not enough observation time in their current training. Participants specifically called for more shadowing in hospitals and with IBCLCs.



**Shadowing Opportunities in Hospitals.** Several participants spoke of their need and desire to learn more about what happens with WIC mothers at hospitals. Building a relationship with the lactation consultant at the hospital may be helpful in referrals and in follow-up.

*I think that ... there are a lot of us that learn hands-on ... I think they should have maybe taken us a day or two to the hospital settings to see how we're going to try to do it hands-on, observing what we're going to do in the clinic. Because there are a lot of times, there are a lot of moms that do not want to show you because they're embarrassed in the clinic, but in the hospitals they do, and you are going to be having that assurance. So that would probably be one of them [suggested improvements].*

**Shadowing Opportunities with IBCLCs or CLCs.** Participants indicated that shadowing certified lactation consultants would be helpful to them, giving them an opportunity to learn and observe hands-on counseling with mothers. Often during their current shadow time, they have no opportunity to see how a peer counselor advises a woman on latching or how she touches a breastfeeding mother. While additional classroom course work would be considered helpful, the peer counselors spoke of the need to witness specific situations in order to feel competent and really learn. Focus group participants from areas that have lactation centers (Dallas and Houston) stated that they would like to shadow at the center so they can have a better idea of what happens when a woman is referred there.

*At WIC, with the lactation there now, we were talking and we thought it would be more beneficial where they could shadow them, have like a mini-practicum where they could shadow the lactation consultant, see more hands-on. Because I think you learn more when you watch them work with the moms, and you can understand more about it.*



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## Referrals

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The line of inquiry regarding referrals was explored in greater detail after the initial focus group. Participants in all focus groups have a good understanding of whom they should turn to with their breastfeeding questions, what areas of counseling are within the scope of their jobs, and when to refer clients to a supervisor or an IBCLC. Furthermore, they stated that when clients are referred to a supervisor or IBCLC, their needs are addressed well and communication comes full circle, since the referring peer counselor generally gets an update on the client she referred.

**Sources of Help with Questions.** In each of the focus groups, peer counselors readily provided information about whom they turn to when presented with a case that is beyond their expertise or when they want a second opinion. First they ask a colleague. If the colleague is not able to help, they ask their supervisor, a coordinator, or an IBCLC. Participants in one focus group spoke of a referral telephone pool of people they can call with questions; several participants use it. Participants in other groups spoke of a documented referral process. Some have developed relationships with other peer counselors, whom they view as mentors who can answer questions. In a few of the focus groups, the “mentor” was in attendance, and more than one participant pointed to her as a resource. Other peer counselors said that they know each other’s strengths and turn to each other as needed.

Participant: *Well, because we’ll call each other. We’ll try to figure it out. We have a big breastfeeding book that has almost all the answers in there, so that we can look that up. But just to confirm something. She’s [breastfeeding coordinator] not there in our clinic. She’s at the main office. Because we have twelve clinics, so everybody has the same coordinator.*

Participant: *But she’s good to help us. She has a lot of responsibility.*

Participant: *We have a breastfeeding coordinator, but a lot of times I turn to either her, or I turn to our IBCLC, and she’s also a nutritionist. So that’s where we go.*

**Scope of the Peer Counselor’s Job.** The vast majority of peer counselor participants easily articulated what is and what is not within the scope of their work. Consistently and across each of the focus groups, peer counselors provided examples of breastfeeding issues that fall within their job description. In general terms, these include what they called “normal” breastfeeding issues; when probed to provide more specific examples, they were able to respond with topics such as latching, engorgement, positioning, and breast pump questions.



Participant: *Engorgement. Most of the time I tell them because they feel the breasts like really full and I just tell them to do the warm compresses and massage and they usually come back happy the next time. They're like, "Oh yeah, it helped a lot."*

Participant: *We have to take latching, engorgement issues, if we need to issue a pump. We even still take care of situations. If we have to call our coordinators, they will just let us know what to say and we refer the information to the client. So we still kind of – we're the ones touching back bases with them.*

**Referring to the Lactation Center Supervisor.** Just as the peer counselors were able to articulate what areas were within the scope of their work, they were also able to define when they needed to refer clients. Many rely on internal documentation about when to utilize a referral resource, such as a referral chart mentioned in one location.

*They give you really clear outlines. We even have little charts that we can post up. Like, if a mother has multiples, refer; if she has sore nipples for longer than two weeks, refer; baby was born a preemie, refer.*

*We have what you call our 602 risk codes and 603. 602 is for the moms when they're past forty, because they can have complications with milk production. Moms that have cracked and bleeding nipples, we need to touch base with all that with our coordinator. If it's really extreme, we do need to touch base with them. For the child when they have really bad jaundice and they're not thriving at the breast, or a certain something is going on with the baby – maybe a neurological disability or something that they're not able to latch on correctly – we have to go to them.*

Moderator: *So, what is your referral system? How clear is that?*

Participant: *It's clear.*

Participant: *We have chart.*

Moderator: *Everybody has the same chart? [Affirmation from the group]*

Participant: *I think the whole staff has the referral charts.*

Consistently and across each of the focus groups, peer counselors provided the following examples of cases that they refer to a supervisor, an IBCLC, or a lactation center (if one exists in their community).

Inverted nipples  
Cleft pallet  
Down syndrome  
Severe jaundice  
Anything on a risk code  
Extreme pain

Tongue tie  
Medications  
Low milk supply  
Breast infections  
Any abnormal condition or situation



**A Note about the Lactation Centers.** In both of the focus group areas where lactation centers are located (Dallas and Houston), the peer counselors spoke glowingly of the help women receive and the communication process between themselves and the center. When asked about the quality of care their clients receive, they all stated that they felt the help was beneficial. They also said that they felt good about the communication process between their clinics and the lactation center. They generally know how a client was helped at the lactation center; occasionally a client will return to the peer counselor for continued support after receiving the technical help she needed at the center. The conversation below illustrates the focus group participants' attitude toward this communication process.

Moderator: *So, how do you feel that client was served when you made the referral?*

Participant: *Wonderful.*

Moderator: *Do other people have that same experience?*

Participant: *Yes. Sometimes they call us and say they talked to the lady [I referred] ...*

Two points of caution about the lactation center were noted by focus group participants: the ever-present need for bilingual lactation consultants, and the transportation barriers that some WIC clients face when trying to get to the center. These are issues to bear in mind as more lactation centers are created.

*One thing that I have come across is, some people ... it's like, "How do I get there? I'd have to go take three or four buses to come out here to come to your clinic to get this resource, and now you want to send me somewhere else." You know, we have the ten steps to our children, where we can kind of reimburse for rides and things like that, and I've had mothers who have asked me, "What about having the help for us to be able to get to the next level? I mean, if this is a service that's part of WIC, where's the other part of that?" I have been told this before in the past, so you kind of almost want to get in your car and take them, because it's right over there. But at the same time, it becomes odd, and you're like, okay, well, what do you say after that? "Just in the event or you can get out there. Our consultants can't come out to our clinics."*

*Mmm, one important thing: before we had a bilingual lactation consultant, a lot of our clients weren't served because of the language barrier. But now that [our lactation consultant is] bilingual, she's able to talk to all of them.*



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## **Educational Materials**

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The focus group moderator briefly reviewed several educational materials that peer counselors use when counseling. Participants were asked which of the materials they use, which ones people have trouble understanding, which should be improved upon, and what their general impressions of each piece were. Listed below are the educational pieces discussed in each of the focus groups.

### **Pamphlets**

*Making Every Ounce Count: How to Give the Best with Bottle-Feeding*

*The Support You Need – WIC Peer Counselors – to Successfully Breastfeed*

*Breastfeeding Beyond Six Months*

*Become a WIC Peer Counselor*

*Breastfeeding: A Natural Way to Better Health*

*Breastfeeding and Returning to Work*

*Breastfeeding in Public*

*The Hospital Experience*

*Instructional Guide for Giving Your Baby the Best*

### **Brochures**

*Support Your Daughter*

*Support your Partner*

*Late Preterm Infant Care*

*Nursing More Than One*

*Your Baby, Your Gift*

### **Other Materials**

*Moms Helping Moms Peer Counselor Manual (manual)*

*Making the Right Amount of Milk (leaflet)*

“Loving Support” breastfeeding tote bag, including:

- *Time to Feed the Baby (leaflet)*
- *Just for Dad (brochure)*
- *Just for Grandparents (brochure)*
- *To Baby with Love (DVD)*
- *Breastfeeding: Keep It Simple (book)*
- *Sing to Me (lullaby CD)*
- “Loving Support” burp cloth



Overall, participants found the materials useful and genuinely liked each of the materials presented to them in the focus group. While some participants gave feedback on specific pieces, no consensus emerged and there was no apparent trend of specific negative feedback on any one piece. The peer counselors in McAllen noted that the DVD *Returning to Work* is subtitled rather than dubbed into Spanish. They saw this as problematic because they have observed that women do not read the subtitles for a variety of reasons, one being that they have crying children with them during the class.

Participant: *That's [Making the Right Amount of Milk] a bible, everybody loves it.*

Moderator: *What about the Late Preterm Infant Care brochure?*

Overlapping participants: *"That's a good one."*

Moderator: *What about The Hospital Experience?*

Participant: *Love that.*

Several participants: *I love it.*

Although models and tools (such as model breasts and the model baby doll) were not presented in these focus groups, participants in several of the groups stated that they find them very helpful when working with mothers.

*We were given a big pink and brown box that has visual tools, and there is one that is formula versus breast milk, and they look like Legos. It talks about how does formula stack up, and I do use that a lot. It just gave them this visual of like, "Wow, that's a lot of really good stuff." So I've been really trying here lately to use a lot of those visuals.*

Of all of the materials, the one that participants said was the least helpful was the peer counselor pamphlet *The Support You Need – WIC Peer Counselors – to Successfully Breastfeed*.

Moderator: *Do you find this one [WIC Peer Counselors: The Support You Need to Successfully Breastfeed] to be helpful or not?*

Several participants: *No.*

Participant: *I do.*

Moderator: *One person?*

Participant: *I use it for the bulletin board. [Overlapping agreement, joking]*

Focus group participants found that the brochure *Become a WIC Peer Counselor* was of limited use in its intended purpose as a recruitment tool. The consensus was that it is a beautiful brochure, but the best way to recruit new peer counselors is for a peer counselor or other WIC employee to discuss the opportunity with potential candidates.



Some spoke of having the brochure available in their offices, putting it into the WIC Breastfeeding tote bag, or using the photographs for a bulletin board display. One woman commented that she randomly places the brochure in some of the tote bags. When she is going over the contents of the bag, some women express an interest in the brochure.

The one possible enhancement for current educational materials pertains to the ordering and stocking process. Participants in two locations spoke of not having certain materials or of using them sparingly so they would not run out. They also expressed some confusion about their clinics' ordering process.

Moderator: *What about Late Preterm Infant Care? Have you guys seen this?*

Participant 1: *I don't think we ever got a full shipment of those. Did we?*

Participant 2: *We have them at our clinic.*

However, when asked what they would like to have or what is missing from their current arsenal of educational materials, peer counselors offered several suggestions, including the following.

- Additional information on sore nipples
- Models showing breast milk produced by a nursing mother at the different stages, from colostrum to hindmilk
- Displays of breastfeeding-friendly clothes to show mothers what they can wear when breastfeeding in public
- Specific information about who qualifies for each of the different kinds of breast pumps
- Examples of breast milk storage containers
- A pamphlet or other printed aid to help women begin a conversation about breastfeeding with their doctors

*Our breast model is outdated. We have a model of the breast and it's cloth, and I've seen some silicone models. In our teaching kit, we have a teeny-weeny little breast which is not life-sized or anything, and I'm trying to teach moms how to hand-express with this little bitty old thing, and then I say, "Put it on here," and she's like ... [Laughter] It could be more life-sized. [Agreement]*

*... a pamphlet on how to talk to your doctor about breastfeeding and getting going and getting resources when their doctor says, "No, you can't because of this."*



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## Feedback on Program and Suggestions for Improvement

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The vast majority of peer counselors in our focus groups expressed positive feelings about being peer counselors and said they feel they help women breastfeed longer on a daily basis. In fact, many participants in five of the six focus groups reported a perception that they increase breastfeeding duration or impact women's decisions to breastfeed. They stated a variety of reasons that lead them to feel confident of this, including feedback they get from the women they serve, seeing the women still breastfeeding at WIC appointments later on, and seeing women breastfeeding in subsequent classes. (The exception was in one location in which most participants stated that they "never" felt like they made a difference or that the odds of having a real impact were only "one out of fifty." Although a couple of peer counselors at this location stated that they do feel they often make much more of a difference, overall, this group was much more negative than the other five focus groups about their potential impact.)

*Being with the mom and the babies and when it works and when you feel like you've made a difference, where if you have a mom where she comes in and she's not really interested. In fact, I just had that today, and I just love those days where you have a mom who comes in and, "Are you planning on breastfeeding?" and she's like, "No." Then you're able to tell her something that she didn't know, and then she starts asking questions, and then by the time she leaves your office, she says, "I'm going to give it a try." It just makes it all worth it.*

While participants focused mainly on the positive aspects of the Peer Counselor program and their impact on breastfeeding duration and initiation, they also shared consistent and constructive information about how to enhance the program. Peer counselors in every focus group complained that they do not reach all WIC mothers who need peer counseling. In fact, this was the majority opinion in all of the focus groups except one, where there was an almost even split between people who felt they saw all potential clients and those who felt they did not. Participants spoke of different ways of dealing with not getting to see everyone who needs their services. Some spoke of having to prioritize potential clients so that the ones with the biggest needs (e.g., first-time mothers) are sure to be seen.



Participant: *All of them, no. It's impossible.*

Participant: *There are so many.*

Participant: *I have over six thousand clients and there's just one of me. We need more than one counselor. We need more than one counselor in each clinic. It's impossible. It's not possible.*

Participant: *For one person, no.*

Participant: *And then being part-time, it's really hard.*

Participant: *I go through those charts and I say, "Let me see if I've talked to her before. I don't see my white counseling form, so I know I didn't talk to her and she's been a WIC client for five years."*

Participants did not have many suggestions when asked how they thought a WIC peer counselor's impact could be evaluated. However, one group did suggest that a quick survey be administered during the child's one-year appointment, when they have an iron check. The group suggested asking each mother a few questions about whether she had met with a peer counselor, if she breastfed, and if so, for how long. Then the responses of those who had met with peer counselors could be compared with the responses of those who had not.

Participant 1: *The babies, they come in to get certified at a year. If they want to know how long, or how has the breastfeeding counselor affected how long they've been breastfeeding, they can ask at a year, "Did you see a breastfeeding counselor?"*

Participant 2: *And they go, "Did you see a peer counselor?" "Yes." "How long did you breastfeed?" Just by asking those two questions, and then they go, "Did you talk to a peer counselor?" "No." "How long did you breastfeed?" "Oh, one month." "Did you talk to a peer counselor?" "Yes." "How long did you breastfeed?" "Five months."*

Three overarching concepts for enhancing the WIC Peer Counselor program emerged in every focus group. Participants in each group advocated for increased outreach in hospitals, in the community, and to doctors. A fourth concept that was mentioned in four of the six groups is that more manageable caseloads would help peer counselors reach more WIC women who need their help.



**Increasing Outreach in Hospitals.** Perhaps the most frequently suggested way to increase peer counselor impact was more outreach to women while they are in the hospital. Many peer counselors stated that they feel the best time to meet with a woman is while she is in the hospital, if the goal is to be able to impact her breastfeeding. So many women come to peer counselors with latching issues; participants stated that if these issues could be resolved during the women's hospital stay, they would have time to help many more WIC mothers. In one or two focus groups, participants did express some trepidation about working with hospitals. One participant who works in a hospital stated that she does not receive support from other hospital staff. Another concern, mentioned in a group in which no participants worked in a hospital, was how responsibility for the various breast pumps would be allocated.

*Also, I'm not in the clinic anymore; I'm in the hospital, and I think that that's very important. If there were more peer counselors in the different hospitals to nip it in the bud right then and there, that alone would be preventative and alleviate [many problems].*

*Yeah, because moms come back when we certify the baby and they're like, "Oh God, what do I do? Like, I have no idea how to latch on."*

*...Sometimes they come to our clinic and they say, "I wanted to breastfeed at the hospital but they didn't let me. They took my baby away. They fed him formula." They're really glad when they come back to our clinic and we get to help them. Sometimes they come very engorged and you get to show them how to manually express the milk and they're like, "Oh, I didn't know that I had to do that."*

Two of the focus groups had participants in attendance who worked in hospitals. Additionally, participants in two communities, Tyler and Lubbock, stated that they have a weekend breast pump protocol in place. These participants spoke of frequently getting calls and delivering breast pumps to hospitals on weekends. Conversely, those who do not have weekend breast pump protocols spoke of having clients ask for pumps on Monday mornings, after a weekend of waiting. These peer counselors pointed out that women who deliver their babies and are discharged while WIC offices are closed have to wait to get a pump. In some circumstances, women can use the hospital pump, but they cannot take it home with them once they are discharged.

*I've had several moms, "I never saw a lactation consultant," or "She came in and my baby was asleep and she never came back."*



Participant: *We have one counselor on call every weekend. We take turns.*

Moderator: *Do you bring her a pump?*

Participant: *To the hospital.*

Participant: *We bring them to the hospital because most moms need pumps upon discharge because the baby's in NICU or whatever. So if they're being discharged late on a Friday – usually it's in the mornings, usually Saturday or Sunday morning. Then we will meet them at the hospital before discharge and take them a pump.*

**Increasing Community Outreach.** Participants in each of the six focus groups also quickly identified community outreach as a means to increase the number of WIC participants working with peer counselors. Some participants had experience conducting outreach in malls, at schools, and within their own clinics. They spoke approvingly of these activities and lamented the fact that they do not have time to do more outreach, or that these activities seemed to have stopped. One WIC participant noted that having a peer counselor outreach table at her clinic during World Breastfeeding Month attracted interest from WIC participants in the waiting room. Another participant spoke of conducting outreach at a school's parenting center, and yet another spoke of setting up a table at a mall in years past. Participants said that each of these outreach activities was positively received by the community.

*About seven years ago, it was Breastfeeding Month and we went to the mall. What was it, the Plaza Mall? And we set up and we reached a lot of people that needed to be reached.*

**Outreach to Doctors.** Many peer counselors stated that working with the medical community is difficult and that they felt doctors are not fully trained on the importance of breastfeeding. They shared stories of working with women who had been advised by their physicians to stop breastfeeding or to use formula when there was no valid reason for making this transition. Therefore, they would like to see additional outreach to and training for physicians who see WIC participants. Some peer counselors said they would be willing to go to doctors' offices, introduce themselves, and explain what they do. Others said they would need coaching to do this type of outreach. Another suggestion was to have a WIC-sponsored table at clinics that see large numbers of WIC participants, where they could distribute materials and introduce their services. Holding a WIC-sponsored CME event about breastfeeding for physicians, where they could also meet local peer counselors, was also recommended.



*I think we also need to do more education for the professionals, because there are so many doctors that send moms to get more formula because of this or that, and they're not really valid reasons to use the formula. But there are a lot of moms who, because they're doctors, and they're not really trained on breastfeeding.*

**More Manageable Caseloads.** Caseload was mentioned in four of the six peer counselor focus groups. Even in those groups in which caseload was not specifically mentioned, participants stated that they do not have enough time to make follow-up calls and that they wished they had more time to counsel women. Participants also mentioned wishing that they “belonged” to one clinic so they could develop more relationships with women served by that clinic. Participants want to be able to spend more time with WIC women who need individualized counseling without neglecting other women or depriving them of the opportunity to meet with a peer counselor during their intake appointments. Some participants spoke of being in a counseling session, only to come out of the office and see that they've missed several potential clients.

*We follow up with the clients that we've seen. We get referrals for the ones that come in when we're not there, and then we see the moms that are in the clinic when we're there. So there's not really a lot of breathing time. We're behind. We stay behind. It's heart-wrenching because we see those referrals and we need to make contact with those moms because our goal is to reach every single mom...*

*And just to follow up with support, because those moms need that support. When we get in the clinic and we've missed because our child is sick or for whatever reason, we get back in and it's like, that mom's not breastfeeding anymore, and it's just like, if we would have made that one more phone call, or just one. Sometimes I don't even get that one follow-up because I'm so busy with my other clients and everything else. It's just sad. It's like, “Man, if I would have called her, I think she would have just gone a little bit longer.”*

Others spoke of the need for more staff support and stated that they sometimes feel they are causing a problem for other staff members when their work with a woman keeps her from being available to see other staff. Others spoke of working to switch a woman to the exclusively breastfeeding food package, then sensing that staff is upset because they had to take the time to reprocess her information. A possible solution, suggested in one group, would be for the peer counselor to see women at the end of the intake process. With this change of protocol, peer counselors will not have to rush through the counseling session in order to hand that particular woman off to other staff members who are waiting to work with her.

Participant: *Sometimes with breastfeeding we have to take time to help a mom, and it's sometimes hard for them to understand that, because they want them in and out, and our program is different. If I have to take time with a mom, I'm going to take that time.*

Moderator: *What is the negative consequence to the rest of the clinic if you're taking time?*

Participant: *It messes up the flow there. They have an outpatient going on. They go to incoming ...*

Participant: *They have a process they go through.*

Moderator: *They go to different stations, and they have just a certain amount of time allotted for each station, and when they get to your station they stop.*

Participant: *Yeah. They want to see everybody out quick, and if we're taking a long time, especially if we're helping a mom latch on, then it could mess up and they get mad at us because we're taking too long with the person. The person probably doesn't mind [laughter; agreement], but the staff is like, "We want her out of here."*

Moderator: *Do you have any suggestions for how to alleviate that?*

Participant: *For us to be last.*

Participant: *Actually, that's how my rotation is. I'm the last one that gets the mom, and so I can take my time with the mom if she needs it. It alleviated a lot of the stress for the staff. When I was in the middle of the thing, they would go, "Come on!" But once they put me to the end of the routine, everyone was happy because mom could take her sweet time getting her stuff done.*

The final topic of conversation regarding caseload concerns the conflict between quality and quantity. Some participants expressed concern over their evaluations and stated that the number of clients they counsel figures into those evaluations. They reported that they feel a tension between having to counsel a certain number of women and wanting to spend the appropriate and necessary amount of time with each client. In the end, the peer counselors spend the needed time with individual clients but feel concern over how they are being evaluated in terms of seeing a sufficient number of clients.

*Well, most of it we feel rushed because they ask us for a number. Even though they say it's an hour for a client, they don't expect us to see a client in one hour. They expect us to see at least two or three in an hour. I think everybody agrees with me with that. Even though it says an hour...*



*I don't know the technique that you can use to help that baby onto the breast without having to have somebody give good time for that mom to teach her that technique. There are other people waiting to see me. It may take an hour, two hours to show how to get the baby on, how to hold the baby's chin, all of this. It's a little bit too much time. I don't have the leisure time to tell the mom, "Sit back, relax. We're going to be here an hour." As long as it takes." That's one of the reasons I send my moms to the lactation centers, because this is going to be more than I can handle in the time that I need to devote to you.*

**New After-Hours Community Outreach Positions.** Participants in each of the focus groups were enthusiastic about the prospect of new positions that would cover weekends, evenings, and outreach (including outreach to hospitals, outreach to doctors, and breast pump delivery). Several women in each group stated that they would apply for the positions. Even the few women who were not interested in applying certainly agreed that the positions would be important and did not think they would be difficult to fill. Some peer counselors suggested that these positions would be a grade above their current positions and should be compensated accordingly.

Participant: *I would apply for that position.*

Participant: *I would totally apply for that position over what I'm doing now, for sure.*



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## Conclusions

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From the perspective of peer counselors, the WIC Peer Counselor program is important and impacts breastfeeding initiation and duration. In addition to its primary function of increasing breastfeeding rates, the program fulfills an important secondary function: the creation of an empowering career path for WIC participants. Peer counselors derive a great sense of satisfaction from their jobs and speak of their experiences in mostly positive terms. For the most part, they believe they directly impact the breastfeeding behavior of women “just like” them, thereby helping to improve the community in which they live. By impacting breastfeeding rates, they ultimately impact the health of their own communities.

Concerns and criticisms of the Peer Counselor program stem from a desire to have an even greater impact: more outreach in hospitals, more outreach with doctors, more community outreach, more time for follow-up calls, more time for individual counseling, and more interactivity and hands-on experience in training.



## Analysis of the Dallas Peer Dad Program

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Dallas-area WIC clinics benefit from an additional peer counseling service called the Peer Dad program. Peer dads are fathers of breastfed infants and members of families that have received WIC services. According to the Texas DSHS WIC program, this pilot program is based on the following concepts.

Fathers play an important role in mom's infant feeding decisions and her breastfeeding success. Peer dads have a unique point of view on breastfeeding. They discuss myths, fears, and the father's role in supporting breastfeeding with other WIC dads. This program helps new fathers provide the encouragement that breastfeeding moms need.<sup>4</sup>

SOSM conducted qualitative research to evaluate WIC's Breastfeeding Peer Dad program. Research included one-on-one interviews with program supervisors ( $N = 2$ ), one focus group with breastfeeding peer dads ( $N = 8$ ), and in-depth interviews with couples who were counseled by peer dads ( $N = 7$ ).

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### Supervisor Telephone Interviews

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Prior to conducting the peer dad focus group and client interviews, researchers interviewed each of the two Peer Dad supervisors by telephone to gain an understanding of the history, philosophy, and operations of the program. The following findings mainly reflect the thoughts and visions of the main (original) program supervisor, which are supported by statements from the other supervisor.

#### Program Background and Context

The original Peer Dad program supervisor made the following disclaimer: "I can't take the credit; the research was there." He stated that the theoretical framework for the Peer Dad approach came from a 2000 survey in Pennsylvania that revealed that a principal reason women do not breastfeed is that fathers have a negative attitude toward breastfeeding.

*We [now] knew of the role of the father ... it was really not measured before. But how do you intervene? And evaluate impact?*

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<sup>4</sup> [http://www.dshs.state.tx.us/wichd/gi/wicnews\\_text\\_jul-aug11.shtm](http://www.dshs.state.tx.us/wichd/gi/wicnews_text_jul-aug11.shtm)



In subsequent years, Texas DSHS created a Peer Dad pilot program that started with one staff member (the current supervisor) and eventually expanded to include the two supervisors and eight peer dads employed today.<sup>5</sup> These WIC employees serve 21 clinics in the Dallas area, with each peer dad regularly assigned to two or three clinics and visiting each of them at least twice a week.

The program supervisors are clearly passionate about this program and appreciate the research and evidence behind it. They have crafted the Peer Dad program with this understanding.

*Empower men to men. Men open up differently men to men. Is he prepared? Is he accepted in the delivery, maternity? The first thing is to prepare the father; he may be ignored in all the steps.*

### **Recruiting and Training Peer Dads**

Peer dads are recruited from a pool of WIC fathers who have supported their partners in successfully breastfeeding their children. One supervisor said peer dads are “people we connect with” or fathers who have been recommended by other staff members. He noted that recruiting peer dads was difficult at first because the telephone numbers of potential candidates were often disconnected or inaccurate, or “they just couldn’t quite understand what it was.” Through persistence and in-person conversations with potential candidates, however, male counselors were hired and the program grew.

Peer dads complete standard training comparable to the female peer counselors to become comfortable with breastfeeding issues. Peer dads have an additional orientation conversation with the main program supervisor to discuss professionalism, how to approach WIC fathers, the obstacles that may prevent fathers from supporting breastfeeding, how to refer clients to community services, and the general concept of the Peer Dad program. Additionally, peer dads received certification in the “Happiest Baby on the Block” baby soothing techniques.

*When the moms see that the dad can calm the baby in thirty seconds, the cell phones start ringing. More dads are referred. ... The dad has a skill he can brag about. And they can show the WIC staff. ... It's very powerful.*

The peer dads have monthly trainings and regular conversations with supervisors. One supervisor commented that he provides his staff with a great deal of information but allows the peer dads to learn on the job and add their own touches to their work.

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<sup>5</sup> <http://jhl.sagepub.com/content/20/4/417.abstract>



*We don't have a fixed way of doing things, but see what works when you talk man to man.*

### **The Peer Dad Approach**

There is no single Peer Dad approach, but finding the right employees for the program is key to its success. The supervisors best described how peer dads initiate conversations with fathers and work with clients as follows.

*We always start with the breastfeeding information, and then of course we discover the fathers have issues beyond breastfeeding and didn't have an opportunity to talk about it with another man. They can relate to the peer dads.*

*We realize we can do more than the primary purpose of promoting breastfeeding. [Clients are] planning how they want to be fathers, discussing the relationship with their own fathers. They get emotional. That starts the men going to open up. One of the humbling experiences as peer dads, they realize how blessed they are when they have heart-to-heart talks with the other men.*

The peer dads come from various cultures, backgrounds, and family configurations, and they are sensitive to the diversity of their clients as well. One supervisor added that the population of fathers they target can be challenging and that, to gain their trust, they must approach potential clients carefully and in a culturally appropriate manner.

As the supervisors explained, peer dads see fathers in WIC clinics as well as out in the community. They have expanded the program to include presentations to teens in high schools and outreach in churches and at community venues. They currently provide classes and services in one hospital and are making plans to partner with other hospitals as well. They are also working to create an ongoing fathers' support group at WIC clinics as a follow-up to individual counseling/meetings.

### **Challenges and Improvements**

According to the supervisors, the Peer Dad program initially faced challenges in getting other WIC staff to accept it and in finding fathers to whom peer dads could speak. However, now that the program is better established, it faces capacity issues: the WIC clinics want peer dads there full-time, and there is significant demand for their services in the community.



*[At first] the WIC employees could not imagine why we needed men talking about breastfeeding, why this could make a difference. But today, there are some clinics wanting a peer dad there all the time.*

*The first concern when I started was, are we going to have a lot of fathers in the clinics? But now they come a lot. Dads take moms to most of the appointments. And since we've been around, people have heard we're there. Some come and specifically ask about seeing a peer dad.*

The only suggestion the supervisors had – other than hiring more peer dads and expanding the program into other cities – was to implement a fathers' hotline staffed by peer dads, so that fathers will feel more comfortable calling WIC to have their questions answered.

### **Program Evaluation**

The main program supervisor had thought through ways to evaluate the Peer Dad program to demonstrate its impact and thus make the case for program expansion. Currently, the peer dads report how many men they've seen each month, and they have anecdotal knowledge of whether or not those clients used the information or liked the service. Peer dads collect client feedback during their first meeting in case they have no further contact with the men and couples they counsel.

To formalize the evaluation process, the original supervisor suggested the approach of calling clients whom peer dads have seen and asking them about the program's impact and their experience with breastfeeding within their families. These data could then be compared to those of the general WIC population, keeping in mind the goals of breastfeeding exclusivity and duration.

In the original supervisor's opinion, a longitudinal study would be even more powerful. He has explored the idea of tracking families through partnerships with Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and the Office of the Attorney General's Child Support Division. He had not pursued any of these partnerships at the time of the interview.

### **Successes and Benefits**

In the supervisors' opinion, the Peer Dad program is going well, and with solid, evaluation-based data it could more easily be expanded within the Dallas community and into other cities. Currently, its impact on the fathers involved is invaluable.



*The fathers are encouraged to help the mom. Most of them, when they come, they don't know anything about breastfeeding. They've never seen someone breastfeed, maybe. At least in the WIC population, it's working well. We've seen that culture changing. They're getting familiar [with] breastfeeding. We can see change in the breastfeeding rates, and I believe it's in part due to the Peer Dad program.*

The Peer Dad program has received special recognition both nationally and within Texas. The original supervisor has met with the Deputy Administrator of the Food and Nutrition Program, presented at the National WIC Association conference, and had discussions with representatives of WIC programs in other cities who are interested in implementing Peer Dad pilot programs. He has received positive responses.

The following report sections provide a further analysis of the Peer Dad program from the points of view of the peer dads themselves and their clients.

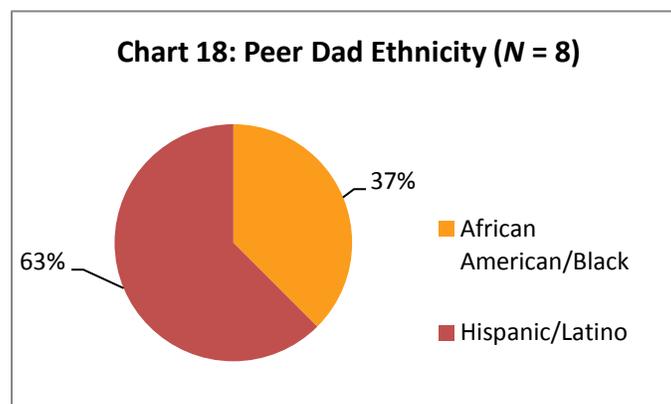
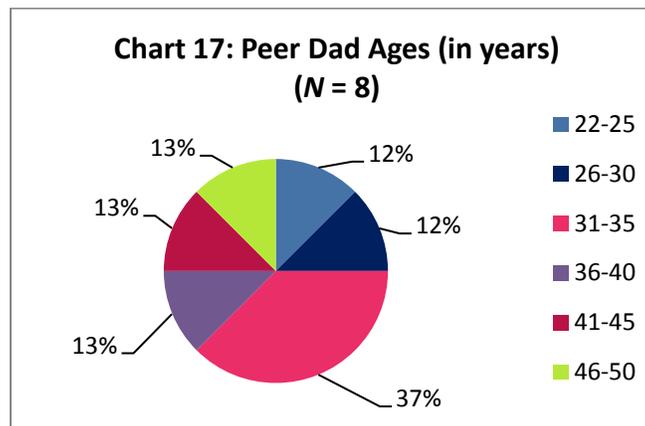
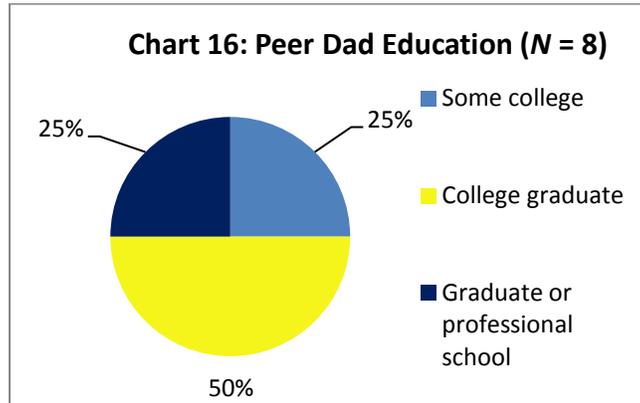


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## Peer Dad Focus Group

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One focus group was conducted with all peer dads in the Dallas Peer Dad program ( $N = 8$ ). At the time of this research, this was the only active Peer Dad program in the state of Texas. Demographic characteristics of the peer dads are illustrated in the chart below.



Lines of inquiry for the WIC breastfeeding peer dad focus group included paths to becoming a peer counselor, the pros and cons of being a peer counselor, approaches to reaching men and to counseling men and women about breastfeeding, an evaluation of peer counselor training, and challenges and needs related to being a peer dad counselor. Several of the findings presented above in the Supervisor Telephone Interviews section of this report were corroborated by the peer dads during the focus group discussion. This indicates that program staff is very much in touch with the program's mission as articulated by their supervisors, which is to increase breastfeeding through the support and education of fathers.

### **Reflections on Being a Peer Dad Breastfeeding Counselor**

The peer dads presented for the focus group in suits, sports jackets, and other business attire. Their dress reflects the respect they quickly expressed for their supervisors, the peer counseling program, and the positions they fill within it. Without exception, the peer dads stated that they enjoy and find purpose in their work. They spoke of a symbiotic relationship between the benefits they offer those whom they counsel and the benefits they themselves receive from being a part of the program. Some said that being peer dads has changed their lives and helped them be better husbands and fathers. Their jobs give them a sense of purpose, of being part of something important, and of contributing positively to their communities and to future generations.

*... for me, being able to educate an individual, not only about breastfeeding, but so many other things, that's one of the most things that I truly enjoy, because when you educate an individual, you give them a power that they thought they never had, that they never knew that they had, but once you educate them, then education is power...*

*You change people's lives. By educating them and being their support when they don't have a lot of support. I know in the community that I work in, there's a lot of young guys who don't have a father figure in their life ...*

*And I would say one of the best things about being a peer dad is, half of the time [they] come back to you. You might not even recognize that you helped them swaddle their babies, you might not recognize the parents themselves, and they might come up to you. "Do you remember me?" "I see a lot of babies." "He's not a baby anymore." The dad learned to do well because you taught him.*

*After I got that job, I learned really what women went through, being pregnant and deliver. It changed really my life. My wife, every day, she tell me, "I'm glad you take that job," because once a day I can tell her, "Thank you for carrying all the kids, that's making me happy today," because you need to hear that...*



All of the focus group participants had had a connection with WIC prior to becoming peer dad counselors: some had children who had been on WIC, some had wives working for WIC, and some were told about the position by someone they knew at WIC. Two of the eight participants were recruited for the position by the main program supervisor.

Even though most of the participants had WIC connections, over half stated that they were hesitant about applying for the position due to the nature of the job (i.e., counseling people about breastfeeding). However, subsequent to a conversation with their current supervisor, they each decided to pursue the position. When asked what their supervisor had said to impact their decision, they spoke of him with the utmost respect and were clearly able to echo his passion, sense of purpose, and thoughtfulness, and they vouched for the higher purpose of the peer dad position. They indicated that the deciding factor for them was that they wanted to be part of something that makes a difference, and that the supervisor was able to persuade them to give this job a chance to offer them that opportunity. In some cases, the supervisor met with a focus group participant before the participant knew of the position. While working with or counseling the participant, the supervisor introduced the concept of the Peer Dad program and encouraged the future peer dad to apply for the position. As evidenced by the sense of fulfillment and purpose they derive from their jobs, this recruitment strategy is effective.

*I think the way he was able to talk to me about it [applying for the job] was because I told him about my background. I have four boys, and I wish that a program that exists right now existed when my two older kids that were not breastfed. I have two breastfed babies and two that were not breastfed. I wish that there was a program like that to educate me, to inform me what I can do. I had no clue. He told me, "This is what you have the possibility of doing." A light bulb, it went [on]. I said, "Hey. I can make an impact." I think that's what it was. You see the young men that go through the program, I think it's being able to impact a life that comes through it.*

*... He makes you feel like, "Wow, I'm part of something big here."*

*I was part of the reduction in force, a RIF .... The way I learned about the program was through ... the peer dad coordinator. He learned about my experiences and asked me if I was interested. At first I was a little hesitant, but once he explained a little bit more about what the responsibilities were, I was quite interested. That's how I stumbled upon the Peer Dad program. My previous experience with WIC was, my two younger kids were on WIC.*

## Training

The peer dad training includes an abbreviated version of the peer counselor training and is further augmented with a section (presented by the Peer Dad supervisor) specific to approaching and counseling men. The initial part of the peer dad training covers the Moms Helping Moms training platform, the proper referral process if a client presents with complicated breastfeeding issues, and participation in conferences and continuing education. All of the peer counselors spoke positively about this training. They stated that they had learned a lot and had the opportunity to shadow the lactation consultants, and that the subject matter was interesting. One or two participants felt that the training was a bit overwhelming, but others in the group said it was appropriate.

*For me, it was very eye-opening and it just educated me so much. I gained so much knowledge with the training.*

*... I feel more confident in what I'm teaching. Know the questions that our clients come up. Now, I know how to answer that. And if I don't know, there's always the reference that I can refer to them to.*

It is important to note that peer dads complete the standard training because they often counsel women during their workday when a female peer counselor is not available and present the Peer Dad program in the breastfeeding classes at WIC. The peer dads stated that they are well prepared to counsel women and to present at these classes. They went on to state that women are often surprised to see a man in this role, but they frequently overcome this initial reaction and respond favorably. They are careful in what they discuss with women and frequently refer them to the lactation consultant or to a female peer counselor if they have questions that require an anatomical discussion or hands-on help.

*To me, when we talk to a pregnant woman or another woman, we always try not to go into details because sometimes a woman feels not really comfortable when you go into a lot of details, so this is one of the boundaries that we have.*

*I'll even have female peer counselors come back and tell me, "Man, that pregnant mom really opened up to you and she told you some things that she didn't convey to me. What did you say to her?" Well, it's just been my experience that that's the way it goes sometimes, because the women, or at least the women that I've had experience with, they're excited to know why I'm so excited about breastfeeding.*

*I think just my personal experience, my stories that I share about breastfeeding is really getting attention of the pregnant women that I talk to, because they don't hear those stories coming from men that often.*



*Many times after we do our presentations with the mothers, and after they finish with the whole class, they come up to us and they tell us, "Give me your number. I want you to talk to my husband or my spouse, my boyfriend, whatever."*

The peer dads use their interactions with the mothers as an opportunity to recruit men into the Peer Dad program. According to the peer dads, this is an effective strategy because the male partners do in fact come to the clinic more frequently after this type of interaction with the mothers.

*When we speak to the moms, sometimes they will actually call the dads in. They'll be like, "Well, he'll be picking me up, but I'm going to make him come inside."*  
[Agreement, laughter.] *"Will you explain to him what you just told me?"*  
[Overlapping agreement.]

In addition to the standard peer counseling training, peer dads receive training in Dr. Harvey Karp's 5 S's to Soothing a Baby (swaddling, side/stomach positioning in the parent's arms, shushing, swinging, and sucking) and with their supervisors to discuss the specifics of counseling men, the history of the Peer Dad program, and the impact they can have as peer dads. They are trained in how to approach men in the waiting room and how to assess their current life situations in the context of peer counseling. The peer dad counselors spoke highly of this training and stated that the 5 S's are an important tool for fathers. This portion of the training differentiates the peer dad counselor curriculum from standard peer counselor training and appears to solidify the peer dads into a cohesive team.

*It's a classroom of just the peer dads, and he talks about the history of the peer dads. Then he goes on the role of the father. He just brings out statistics. It's more of the role of the father.*

*The 5 S's, it's a huge tool, Harvey Karp's work, the 5 S's. How to soothe the baby. Swaddling him, et cetera. It's a huge tool that has opened a different perspective here, opened a different level as far as we can reach the parents there, because mostly the dads can also do this. Moms want to get dads taught. Many times that in itself will bring the dads in. Sometimes us doing it with the dads and then promoting breastfeeding as we go along, we get people to change from not having breastfed seven days, eight days, probably not very much, not going to breastfeed. Then the baby's eight days to a month. Actually change and go ahead and breastfeed. We pretty much sell the program where we pretty much edify the peer counselors here. If you want to breastfeed, we recommend a whole year, just not the first month. Still, you get eleven months. You have a peer counselor, the lactation center, they can help you.*

## Counseling and Impact

The peer dads use a variety of ways to be introduced to men or approach them to offer counseling. Some spoke of the “cold turkey” technique of simply approaching each male that comes into the WIC clinic. Others spoke of being more established within their clinics and having relationships and client protocols with other WIC staff members.

*It varies from site to site. I know some of us have established ourselves. Some of us have already – We don't do the cold turkey, going up to the individual. Sometimes they are brought to you. They're referred to us by a nutritionist, the dieticians, they're in the classroom. They've seen the breastfeeding counselors. It just varies. Like I've said, some days, you see three dads, some days you see ten, twelve dads. It just depends. It can be in a classroom setting. Again, it just depends. It varies.*

The peer dads told story after story about how they have positively impacted men they have counseled. Their counseling approach is very much determined by the needs of the person with whom they are working at a given time. Different peer dads spoke of going to the hospital with a teenager when his child was being born because that teenager did not have a father to lean on for support; of going to a home at a female client's request to counsel her partner; and of seeing a father who was emotionally distant become engaged and participatory with his children.

*Because of what you did say, or because of what you did, my life is changing. I'm a new person. I'm working on becoming a better person.*

*Seeing that man that's very, very cold. Maybe not because he's some mean person, but just because he doesn't know, and getting out of there with this big smile, goes back to his spouse, hugs her. He's more interactive with his baby now, and now he wants to support her in everything that he can.*

The peer dads are aware that if a father is present at a WIC appointment during the day, that often indicates he is not working, so they tailor their approach accordingly. They maintain that the ultimate goal of their counseling session is to increase breastfeeding initiation and duration. Even so, they are quick to point out that one must meet a person where he or she is before one can deliver this message. In some cases, this means discussing job opportunities and resources well before bringing up breastfeeding. In short, they take a holistic approach to counseling about breastfeeding.

*Stress. Stress can decrease and let down the milk supply level of the woman. If Dad is stressed for X or Y reason, it's going to put that stress on Mom also. Either way, if we reduce a little stress on Dad, we're also impacting breastfeeding rates. We can have different tasks as far as how we help. The bottom line, Mom is a little happier.*



*We just equip ourselves with as much as we can, because you never know what the gentleman that comes in there, what he's going to need. So we try to be prepared, and if not, we're not going to let them go until we get them what they need. If I'm 2-1-1, if I'm working that certain neighborhood, I know he has some information. I'm going to call him. I'm going to say, "Hey, do you have the number to where you can get that car seat?" Things like that.*

*I think everybody can give an example. Like, I have this 18-year-old kid, brand new father. He didn't finish his school; he was a dropout from high school, but he can't get a job to sustain his family, so I have another contact that maybe can call the people. So I give him the phone number. I don't know if he [called] him or not, but there is something. Yes, I need a job. Give me the phone number and tell them that it's from the WIC program. The person maybe was not interested to talk to me about breastfeeding, but he was interested more to provide for his baby.*

*If he's there during the day, he doesn't have a job, they can't pay the rent, they need some food. There's going to be a reason he's there. A lot of times, I think he doesn't have a job, so let's give him that support, not only with breastfeeding, but let's talk about what you can do to help, what can I help you do.*

*It all adds [up to] the principle of reciprocity. You cannot just come and tell a guy, "Hey, you all should be breastfeeding." Sometimes in order to get their attention, we need to show that we're human, we're like them, we have been weak, but this is past. We understand what it is to need a job .... So, we offer something first and then we get your attention or really get him on board.*

Another important counseling topic the peer dads take very seriously is the impact they can have on men to become more supportive partners and more involved fathers. This is one reason they place so much importance on the 5 S's: they see them as an essential aspect of the child's care in which the father can participate and on which he can often take the lead. The peer dads try to speak with every father who comes into the clinic and to build a relationship with that father.

*I feel like we get to relate to them also with the 5 S's, which you saw heavily portrayed as a tool to prevent abuse .... We give them tools to have moms succeed at breastfeeding.... In our case, if they are a dad doing this, bonding with the baby, actually holding the baby, and teaching them this, "This is natural. This is how you soothe him." ... The 5 S's is a very good tool that we actually get better at than women do in general, because they are a little more cautious than we are, so we can be a little bit more aggressive with it.*



*They go from the 5 S's to the whole child abuse. Some of this is what we learn is child abuse, because the father hears the crying, and the crying of the baby is really high-pitched. The baby cries for two hours, you get crazy. That's a move that he's saying. You teach the father to avoid that and the man that's soothing their baby. They are feeling more comfortable. They feel like parents. They don't feel like they don't know what to do and they have arguments.*

In addition to the work the peer dads perform at the clinics, they are often called upon to do outreach. They work in high school parenting classes, speaking about the importance of being an active father and educating the participants about WIC. Peer dads spoke of being invited to PTA meetings and local apartment association meetings, where they made breastfeeding and Peer Dad presentations.

*It's a prenatal clinic for expectant moms, young teenage moms, and we go in. The first time I participated in the class, though, it was nothing but women. It was once a month. The following month, after hearing that we went out there, the following class consisted of mostly couples.*

### **Challenges and Needs**

While the peer dads were overwhelmingly positive about the program, they did share a few challenges and needs.

**Father-centered Materials.** The peer dads stated that they have and use materials for fathers. They identified them by name as *Just for Dad: Dad's Ten-Minute Breastfeeding Guide*, *Dad's Role in Supporting Breastfeeding*, and *Why Should I Breastfeed?* However, they stated that there is a greater need for materials designed specifically for fathers that show the importance of being supportive. They also mentioned that WIC breastfeeding women receive a breastfeeding tote bag, and that it would be nice to be able to give the fathers such a folder or notebook to keep track of their materials. Currently, they have a mug they can pass on to fathers, but they would prefer something more.

*When the dads are able to see pamphlets and materials with a male presence on it, that's really helpful.*

*We do have just a coffee mug that we give out as a gift to the fathers. But if we can have this kind of bag especially made – Or something like a binder, well-made special for fathers. [Agreement.]*



**More Time with Clients.** The peer dads spoke of needing more time with clients who present with complicated issues. They sometimes feel rushed by their colleagues. Unlike the female peer counselors, the peer dads did not express the need to meet a client quota per se, but they did describe pressures they face to conduct counseling sessions quickly in order to keep pace with the flow of clients and the WIC process.

*I was talking to a pregnant mom one time, talking for 45 minutes, and the supervisor came back later and she was, "You know, you cannot take too much time with her because we need to check it out with her." The mother had problems. She needed to talk to me. I was like, "Ugh." [Laughter.] So I need to take fifteen minutes. That's not like making bread. They are human beings and people need to tell you their problems.*

**Additional Training on Counseling.** The peer dads expressed the need and desire for more counseling skills and training on topics such as child development through age 5 and parenting approaches. In terms of counseling skills, they stated that they find themselves in situations that they don't always know how to handle. There are times when a male client will share information about his relationship, and the peer dad feels he lacks the training to respond adequately. The peer dads spoke of being trained in the LOVE method but indicated that this is not sufficient to handle some of the more complicated issues that are brought to their attention, such as domestic violence. They reported that they call their supervisors in situations such as these.

*... The breastfeeding portion is great and awesome, but I think that in our positions, we open up the door. I keep saying that because we come across so many other situations that we kind of don't know how to handle. Or how do you talk to a certain individual when you're in that position? So I think that maybe one-on-one, individual counseling on maybe – whatever topics that they cover would be beneficial.*

*When we talk to the dads individually, especially individually, we don't come up to the dad and say, "Okay, how's the relationship with your spouse?" It comes out organically. We don't ask them. They bring it up. And so when they bring it up, we just listen to them. We let them vent out. That's one of the requirements. Listen to them. That will open the door for them to listen to you, to what you have to offer to them regarding breastfeeding.*



**More Support from Staff.** The peer dads spoke about their relationships with other WIC staff. Some of their comments echo what the female peer counselors stated – namely, that the WIC staff is concerned when the length of a peer counseling session impacts the flow of the intake process. However, the peer dads made other comments indicating that they face an additional barrier because they are men. As is evidenced by their own hesitation when applying for the job, the peer dads are aware that a male speaking about breastfeeding is new and different. They stated that some WIC staff members react differently to them and are less supportive than the peer dads would like.

*But basically because the WIC program is a woman's program. There is no man there, so when you put males in there, the reaction for the ladies are going to be – You know, they don't know how to react, and you have different reactions.*

*Almost exactly what they are saying. Most of the clerks, they don't know really what we are doing. For them, they think that we are not working. Our job is too easy. So therefore, they give us a hard time. The other problem that we have is, in some clinics we don't have an office. Sometimes, I remember one of those days, I was counseling and they say, "Hey, they need this office." I have to take the client with me with all my stuff, move to go to another office, and this client. There is another clerk who comes and says she needs this office, so I have to move again. We have some challenges.*



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## Interviews with Couples Counseled by Peer Dads

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SOSM researchers conducted in-depth, one-on-one interviews with seven couples who had been counseled by peer dads either individually or as a couple. Lines of inquiry explored their perceptions of the Peer Dad program and the impact of the counseling sessions. Appendix B contains detailed demographics about the interview participants.

### Perception of Peer Dad Counseling

All of the fathers interviewed spoke positively about the Peer Dad program and about their interactions with the peer dads. They were able to accurately articulate the role of a peer dad. Although some spoke more positively than others, all of the couples stated that the Peer Dad program is a good one and provides a needed service. A couple of the fathers (one teenager and one immigrant) spoke of not having role models in their lives to help them with parenting decisions, and stated that the peer dad fulfilled this purpose even in just one or two meetings.

*Because of him I am going to go with her every time to get more tips. Our parents don't talk to us about these things. It was almost like having a parent talk to us. I didn't expect a guy to know all that stuff. We felt really comfortable with him.*

*That was the most surprising to me, but I learned that men are included too. It takes two to make the baby and to care for them. He started telling me about the fathers supporting the mom. He really gave me a lot of education.*

The fathers who spoke most positively about the program stated that the counseling session had a major impact on them and had changed them for the better. The fathers who spoke less positively about the program ( $n = 2$ ) indicated that they had learned something, but that the program did not necessarily impact them. However, they stated that they do see the value in the program and its potential impact on first-time fathers. The mothers agreed that it is important to include the fathers at WIC so that they will be involved with the baby.

*I think it is good for someone to explain something to the dads, because otherwise they are in the dark, especially being a first-time dad, and they need someone to give them a helping hand on that. If not, there would be a lot of mistakes ...*

*Being a second-time dad, [the impact of meeting with a peer dad] was not a lot, but I learned things about myself that I did not know and about things that I had no experience. I think it is good to have them fill in the blanks. It made us more comfortable with breastfeeding and it made it easier.*



While the majority of participants did not comment on the gender of the peer dads, two participating couples did bring up for discussion their perspectives on being counseled on breastfeeding by a male.

*It was funny to have a man talk to us about the breast pump. It was fine if he knows what he is doing, then okay. I think it was weird. He told me it would not hurt, but it does hurt.*

Participants were asked how the peer dads had approached them and to share their impressions of their initial encounter with the peer dad. A clear majority of the fathers were approached in the waiting room and expressed no issues with this strategy.

Two male participants spoke specifically about the importance of the peer dad's ethnicity. One father stated that he felt better understood because the peer dad shared his ethnicity. .

*He was Hispanic and understood us.*



## Impact of Peer Dad Counseling

Table 1 reports some of the topics discussed during the peer dad counseling sessions with each of the couples interviewed. Every couple had conversations about parenting and breastfeeding, and most had discussions about calming a crying baby, being a good partner, and employment. In addition to these discussion points, most of the couples were provided with pamphlets and other materials about breastfeeding and were informed about WIC's Pump program. None of the couples had been informed of the website [www.breastmilkcounts.com](http://www.breastmilkcounts.com).

Parenting/ Baby Care	Calming a Crying Baby	Employment	Being a Good Partner	Other Resources	Breastfeeding	Other
x	x		x		x	
x	x			x	x	
x	x	x	x		x	
x	x	x	x		x	
x	x		x		x	
x		x	x		x	
x	x	x	x	x	x	

The participants varied in what (and how much) they had learned from these discussions. Some of the fathers learned not only about breastfeeding but also about parenting and being better partners. Many spoke passionately about how these learning experiences have impacted them and changed their behavior. Even the more experienced fathers reported learning something from their sessions with the peer dads.

*Patience, I think – well, I mean, when the baby is hungry and screaming their head off, just be patient and don't give up.*

*To take care of him. To help with feedings and to bathe him. Sometimes you cannot do it by yourself. I learned to be around and to help out.*

*They changed most things that I think. They changed what I thought I could do. I learned a lot from them. I learned a lot about calming the baby down.*



*I learned that you have to control your feelings because the baby is so small. You have to hold him and calm him down the way babies should be. You can't be hard with your baby or he will cry more.*

All but one of the participants indicated that the peer dad had influenced the breastfeeding decisions they and their partners made. The only participant who said he was not influenced about breastfeeding had two other children who had both been breastfed, the younger for six months. One couple met with the peer dad four to six weeks postpartum and attempted to relactate after meeting with him but were unsuccessful. Of the five remaining participating couples, three indicated that they decided to breastfeed on their own, but the peer dad helped them decide to breastfeed longer; one couple was still pregnant at the time of the interview but indicated that the peer dad had helped them decide to breastfeed; and the last couple stated that the peer dad helped them decide to breastfeed.

*It confirmed it, it helped. We had never breastfed before, and the first time we thought it was just easier to do the formula.*

### **Improving the Program**

At the conclusion of the interview, participants were asked how the program could be improved or changed. Most participants did not share any suggestions but rather took this opportunity to again state how much they valued the Peer Dad program. However, a few suggestions were offered to further promote the program either within the community at large or to partners of WIC participants.

*Right now, they made my life better. The way they do it right now, they made me better.*

*Maybe if it was outside of WIC, because if I was not there I would not have known about it – they need to promote it.*

*Maybe make it more of a natural part of the appointment. I know I have to take a class and I know the children have to be weighed, and it would be nice to know. Over the phone they tell you who needs to come, and it would be good if they involved the dad.*

*They could say, "We would love for the dad to be there." They should put more importance on the dad. I think it is a good program and they should involve the dads.*



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## Conclusion

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The Peer Dad program is an effective and well-received program that should be expanded and methodically evaluated. It provides a vital service by creating a connection between fathers and WIC, their babies, and their partners. In addition, it provides fathers with needed parenting tools. The Peer Dad supervisor is highly engaged in creating the program and has been a force in its development. He has hired and trained a vested group of men who are striving to make a positive impact on WIC families and on their communities. They bring a high degree of respect, dedication, and passion to their jobs. The peer dads report a sense of making a significant impact on the men they counsel, an impression that is corroborated by the findings of interviews with clients.

The couples who are counseled by the peer dads consider the program to be valuable and impactful. All but one of the participants stated that their counseling session with the peer dad (most often just one per client) had impacted their parenting skills and behavior as well as breastfeeding initiation and duration. The impact on parenting and partnering should not be undervalued. While the program's influence in these areas may be secondary to the goal of breastfeeding counseling, it is clearly needed and appreciated, and it ultimately impacts breastfeeding initiation and duration.

## Analysis of Hospital Interviews

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A limited number of WIC peer counselors provide services at hospitals around the state. To assess their work, SOSM researchers conducted in-depth telephone interviews ( $N = 8$ ) with representatives of Texas hospitals that currently participate in the WIC Peer Counselor program. These representatives, who supervise peer counselors directly or indirectly, were able to evaluate the peer counselors' day-to-day work as well as the logistics of working with WIC in general.

One major finding of this research endeavor is that the nursing and education departments represented in the sample are delighted to have the additional breastfeeding support and education that peer counselors provide, but they continue to struggle to meet patients' breastfeeding needs in the evenings, on weekends, and at other busy times. There are still many patients that peer counselors do not see, especially at those hospitals where peer counselor availability is limited or inconsistent. Hospitals in the sample have been able to work peer counselors into their routines smoothly, each following its own internal protocol, but they hope to see the Peer Counselor program expanded in hospital settings so as to reach more mothers during the key first hours and first days of breastfeeding.

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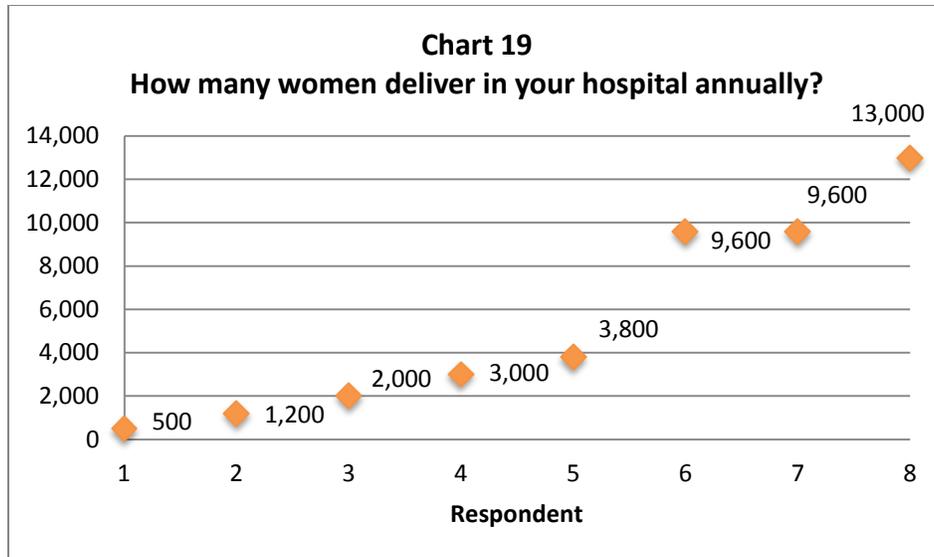
### Background Information

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The respondents in this sample include lactation consultants, directors of education, nursing managers, and hospital department directors. Breastfeeding is a significant component of each of these jobs. Respondents have worked in hospital settings for anywhere from one or two years to 30 years.

The hospitals represented by the interviewees have a variety of profiles. Four hospitals are public and three are private; one respondent was unsure of her hospital's designation. Six of the eight respondents reported that their hospitals are certified by the Joint Commission, Medicare, and Medicaid; the remaining two respondents were unsure of their hospitals' certifications. The hospitals in the sample cover a range of sizes, and many boast busy labor and delivery environments. Chart 19 provides respondents' estimates of the numbers of annual deliveries in their hospitals.





The majority of respondents estimated that a large percentage of their patients receive (or seem eligible to receive) WIC services. While one respondent stated that only 20% to 25% of patients at her hospital were WIC recipients or WIC eligible, the remaining seven gave figures of 60% to 90% of patients. It is important to note that the hospital that reported lower WIC eligibility prioritizes peer counselor services to only those patients.

### **Knowledge of the WIC Peer Counselor Program**

Through their breastfeeding work within and outside of the hospital, respondents were very familiar with WIC and the Peer Counselor program. They knew of the peer counselors' credentials and roles.

*I've known about it for probably as long as it's been around. We've taken advantage of the DSHS breastfeeding education programs for nurses in the state, and they've always included WIC peer counselor information in their program. And some of my employees work for WIC, educating the PC, and worked as trainers. We've been closely connected to WIC for decades.*

*I know that the peer counselors are set up to give mother-to-mother peer support to moms that are breastfeeding, for encouragement and maybe hands-on assistance. To my knowledge, maybe they do it in the WIC clinics and they expanded -- I don't know how long ago -- to come into the hospital. I've worked in three hospitals where they come in. They offer the moms breastfeeding support and access to services if needed.*

## **Initiating a Partnership**

Although the majority of respondents had been working with WIC for some time, most had not worked with a peer counselor in the hospital setting until the past year or so. There were a few exceptions: one respondent said her hospital has had a peer counselor on staff for three or four years, and another remembered working with a peer counselor in a hospital many years ago and then again recently.

*We've been training with WIC peer counselors for years. We recently were able to have a peer counselor come [to the hospital] one afternoon a week. ... I've been asking for years and years, and they now said they can finally do it.*

There does not seem to be a standard protocol for initiating a relationship between a hospital and the WIC Peer Counselor program. In some cases peer counselors approached hospital staff, and in other cases the hospital took the initiative. Although they were not asked about this specifically, four of the eight hospital representatives mentioned that they went through the sometimes lengthy process of setting up a contract between the hospital and WIC before the peer counselor could begin working. In one case, the peer counselor began providing services, and later the hospital determined that a contract was necessary. Some interviewees had been involved in setting up the partnership with the WIC Peer Counselor program, whereas others did not know of its origins. Interviewees' knowledge of the partnerships between their hospitals and the WIC Peer Counselor program, and their participation in getting them established, varied with the length of their tenure and their positions at the hospitals.

*I learned probably one and a half years ago that the state was putting WIC peer counselors into hospitals. ... I asked about how I would go about applying. It took about a year – on both sides of the aisle – to apply and go through the contracts.*

## **Appeal of the Program**

In all cases, hospital representatives were happy to have peer counseling services at their disposal. When asked about the appeal of the program, respondents said it best with the following quotes.

*It was free! And staff are stretched thin. We know that the patients are getting the proper education and quality of care.*

*I came from a hospital where it was seven lactation consultants. Here it was just me and double that patient load, so it is wonderful to have her.*

*The fact is that WIC is complicated. In [this city], there are three different WIC agencies .... Having a peer counselor here helps us navigate the bureaucracy. It's confusing for our staff to navigate.*

*I don't know how it started here, but, it gives the patients some extra attention and helps them connect with resources outside of our hospital, especially allowing them to get support for breastfeeding once they go home. And we also have a very high Hispanic population, so the fact that the peer counselors are bilingual gives the moms another connection -- someone who speaks their language.*

*We do not have a lactation consultant, and it was helpful because [the peer counselor] has more knowledge about breastfeeding than some of the nurses have.*



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## Logistics of Peer Counselors in the Hospital Setting

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Peer counselors cover basic breastfeeding topics with patients in all hospitals in the sample, but their hours and the logistics of their work vary from hospital to hospital. Most hospitals have peer counselors working four or five days per week for at least four hours a day. However, in one hospital the peer counselor works only one afternoon (four hours) per week, and in another the peer counselor works full time (8:00 a.m. to 5:00 p.m., five days a week). No hospital has peer counselors working in the evenings or on weekends. In all cases, the peer counselor's hours were set by the WIC program supervisors rather than by the hospital staff.

All hospitals represented in the sample were able to incorporate peer counselors into their workflow smoothly. One respondent stated, "They're part of our team," and all others echoed this sentiment. However, it is worth noting that not all peer counselors feel welcomed by hospital staff, as can be seen in the Analysis of Focus Groups with WIC Peer Counselors section of this report.

### Seeing and Prioritizing Patients

How peer counselors see patients varies from hospital to hospital. Some go on rounds alone or with other hospital staff and see all mothers who have just delivered or are breastfeeding. Others are sent by lactation consultants or nurses to see priority patients with specific breastfeeding concerns. As Table 6 indicates, these peer counselors give WIC and Medicaid patients high priority<sup>6</sup> and then may see other patients if time allows.

Table 6 Patients Seen by Peer Counselors (N = 8)	
Only WIC patients/ WIC patients highly prioritized	3
All patients	5

One large, busy hospital has worked to structure the peer counselor's time efficiently.

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<sup>6</sup> Patients receiving Medicaid would be income eligible for WIC services also, but the criteria of the programs differ.

*We've given her computer access to be able to pull up a specific report on the Medicaid patients admitted on a daily basis to target those patients eligible for WIC. In the beginning, we hadn't gotten that specific, and it was dependent on the lactation consultant to ask the patients if they were WIC eligible. We went through a learning process on how to best utilize [the peer counselor's] time. She was doubling up on our work ... now she can run this report and has her own group of patients to go see each day.*

In other hospitals, peer counselors work in concert with hospital staff to determine which patients to prioritize on a daily basis. For a few respondents, the idea of the peer counselor's working only with WIC-eligible patients seemed strange, and peer counselors are not privy to information about a patient's income. Nevertheless, depending on the size of the hospital and the peer counselor's hours, it may not be possible for her to see all patients.

*The WIC peer counselor tries to see all of our patients and present the program to them. ... We usually ask them on admission if they have WIC. It's part of our assessment and educating them about community services that are available to them.*

*There's a designated breastfeeding counselor folder on each unit. The nurses put down the patient's information and complications with breastfeeding. When [the peer counselors] come in, they go straight to that book and see which patients are having issues and assist those patients first. ... All patients have access. The peer counselors usually team up with our staff breastfeeding counselors for rounds. ... No, that doesn't affect whether or not a patient is WIC eligible. The peer counselors are not aware of that information.*



## **Interactions with Patients**

Although working in a hospital setting allows the peer counselor access to patients whom she otherwise may not have seen – or may not have seen soon enough after childbirth – the topics she discusses with mothers are much the same as those discussed in clinic settings. Thus, the peer counselor’s role at the hospital is twofold: to provide breastfeeding education and troubleshoot, and to introduce patients to the WIC Peer Counselor program for ongoing services.

*She just connects with them on a personal level, asks them how breastfeeding's going. If the mom says something is challenging, they try to encourage, educate, support. And they bring up the WIC program, see if the mom is interested in learning more about it.*

*The basic information -- positioning the baby, when the milk comes in, lactogenesis, different techniques, making sure the baby's not hurting mom, correct latch, feeding cues, counting diapers, skin to skin, red flags that indicate the baby's not getting enough or needs to be seen by a lactation consultant, milk production, weight gain, how to know how much the baby is getting -- all those things.*

## **Referrals and Other Hospital Staff**

The peer counselors have regular contact with lactation consultants, nurses, and other hospital staff (occasionally including a doctor) and can make referrals readily if they encounter a patient with an issue beyond the scope of their expertise. All respondents reported that peer counselors are practiced at referring patients back to hospital staff – mainly to lactation consultants – if they encounter a breastfeeding or other issue outside of the scope of their experience. In busy hospital settings, peer counselors have various staff members at their disposal.

*She consults the nurse. The communication between the peer counselor and the staff is good. They all like her and she likes them.*

In addition to peer counselors, hospital staff members in a variety of roles frequently refer patients to WIC. These include doctors, physicians’ assistants, nurses, lactation consultants, nursing staff, social workers, and caseworkers. Some hospitals provide patients with handouts on community resources (including WIC) at intake or discharge.

On the other hand, patients are not in a position to request the peer counselor’s services because they tend not to know that a peer counselor is available until one comes to meet them. Occasionally, a patient might ask a lactation consultant or nursing staff member for follow-up from a peer counselor. These staff members pass the message along to the peer counselor.



*No, patients don't usually request to see her. Myself and the other lactation consultant will send the peer counselor the patient.*

*Well, they wouldn't know she was here ahead of time. ... And since she hasn't been here a year, we haven't done any direct marketing to patients about her services. But if a patient asked her to return, she will go back, time permitting. For example, to show a husband how to use a pump.*

## **Pumps**

Hospital representatives in the sample, as well as the staffs they supervise, vary in their knowledge of the Texas WIC Breast Pump program. They all knew at a very basic level that patients may be able to get pumps from WIC. In most cases, patients could use a hospital pump while in the hospital or if they had a baby in the neonatal intensive care unit (NICU), so they would not need to contact WIC until discharge. Beyond that, respondents reported that hospital staff members refer patients to the WIC peer counselor or instruct them to contact their WIC clinics for pumps. A number of respondents reported that they would rather defer to WIC for pump protocol information because they find it confusing and want to avoid giving a patient the wrong information.

*[Nurses and other hospital staff] know it exists and is available to the moms -- but they might not necessarily know the particulars of when certain moms can get pumps. They tend to ask the lactation consultants to step in and see if there's a need to refer the moms to it -- or if she can wait for her regular WIC appointment. It centralizes the decision.*

However, other respondents seemed to have more information about and familiarity with WIC pumps. This was especially true of those whose hospitals use the same type of pumps as the WIC program and those whose peer counselors are able to store and distribute breast pumps at the hospital. Notably, in one hospital the peer counselor is not allowed to touch any pumping equipment because she is not a hospital employee. Of the eight hospitals represented in the sample, three use the same type of pumps as WIC does, two do not, and three respondents were unsure because they've never seen or discussed WIC pumps with the peer counselor.

*They know that some moms are able to qualify for electric breast pumps so they can pump their milk while the baby recovers in the hospital, and the nurses will let us know and we'll let the peer counselor know where a pump is needed. Of course, the patients get pumps here in the hospital -- but when they go home, it's a manual one. ... We try to do what we can do in the hospital, and then they can get a pump from WIC.*



*We use the same type of pumps that WIC provides. All of the nurses when hired go through a four-hour training course with the IBCLC to use and clean the pump.*

*I think [staff] have no clue because they never see [WIC pumps]. They don't even know what kind they use, and the patients don't have them here. We give the patients a kit when their baby's in our hospital. ... We could use super-clear guidelines on who's eligible for a pump and what type of pump.*

*Usually, we have the lactation consultant who sees and evaluates the mom while they're here in the hospital; we do have pumps they can use. Since we have the peer counselor here, she does have some pumps she can issue here in the hospital too.*

### **Beyond Working with Patients**

Respondents often laughed when asked what the peer counselor does when she's not seeing patients, because these hospital environments tend to be busy and seeing patients is the top priority. However, some mentioned that peer counselors complete follow-up telephone calls and organize resources if they have any downtime.

*Well, we usually don't have that problem because we're a very fast-paced hospital, so we're usually seeing patients from the time we get here to the very end. But, like today, it's very slow so we stuff pamphlets together, she keeps track of the WIC breast pumps and makes reports. We're always busy!*

### **Other Hospital Collaborations with WIC**

All but one interviewee reported that she or her hospital have ongoing collaborations with WIC beyond just hosting the Peer Counselor program. Interviewees collaborate mainly through trainings, and some reported partnering on World Breastfeeding Month activities or local breastfeeding coalitions. While all hospitals in the sample had some type of internal maternity care task force, none included a WIC representative. All respondents are in regular contact with the WIC program.

*We do have a [maternity care] committee, and we have not thought to have a WIC participant, but that's probably a good idea.*



## The Challenge of Peer Counselor Hours

The main challenge that hospital representatives reported is the fact that peer counselors have limited hours and are not available in the evenings or on weekends. For some hospitals – especially those where the peer counselor’s hours are particularly limited – this is a significant challenge, since patient breastfeeding needs arise at all hours, especially at night. Only one of the hospitals in the sample has lactation consultants working in the evenings and on weekends; in all other cases, patients have breastfeeding resources at their disposal during weekdays only, which creates a gap in services and support.

*One of the challenges is, they're not here on the weekends. Those are some of the opportunities they miss. Say we have someone delivering on a Friday evening, they usually stay 48 hours. So they miss that opportunity to see a WIC peer counselor.*

*That's an interesting perspective. Coming from not having one, it seems like we're being blessed with her 35 hours of help. BUT, in an ideal world, we could have two peer counselors and seven-day-a-week coverage.*

*It's a wonderful addition to the services that we have. I just wish we would have them full-time, twenty-four hours a day, seven days a week!*



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## Evaluating the Peer Counselor Program in Hospitals

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Hospital representatives in the sample gave overwhelmingly positive feedback on the peer counselors in their hospitals and on the value of the program in general. Some respondents mentioned minor concerns, but as a whole they appreciate the program and want to see it expanded at their own hospitals and at others.

### Feedback from Patients and Staff

While some respondents do not have direct contact with patients, those who do mainly reported that patients appreciate seeing a peer counselor and find her helpful.

*That they were very helpful, very knowledgeable, that they probably would have given up on breastfeeding if they didn't have that type of help and encouragement.*

All respondents were sure that hospital staff is happy to have a peer counselor on board. It not only gives patients access to additional education and community resources, but it also extends the capacity of hospital staff so that patients have more one-on-one attention.

*The staff has learned a lot from our WIC peer counselor. She's very good, and they like her work.*

### Impact of the Peer Counselor

None of the respondents formally measures the peer counselor's impact on the hospital's environment or breastfeeding rates, but all reported anecdotally that they see positive changes. At least half of the respondents measure breastfeeding rates in their hospitals, and it is clear that these data can be used to assess the peer counselors' impact if desired. Some respondents reasoned that the added attention and education given to patients *must* improve breastfeeding rates, and they operate under the philosophy of "the more, the merrier."

*[Participating in the Peer Counselor program] has certainly made it more positive for the patients. They're getting more clear answers and follow-up and participate in WIC more long-term. I would love to have a way to do a pre- and post-survey, but I don't know how to do that, and our patients go to various WIC offices.*

*We started actually measuring [breastfeeding] and having the right tools to do that in January. From January to the present, our rates went up to 70%. So I can say that our breastfeeding initiative has been very successful. We have a lot of people talking about breastfeeding to patients – and having the WIC peer counselor talk to them about it too.*



*More exclusive moms. I am not sure of anything else. The information [the peer counselor] gives is good information, and actually signing up people on WIC who are not yet signed up. We measure, we have an audit form that we do on every delivery.*

### **Value of the Program**

Respondents stated that having access to WIC peer counselors and to the WIC program in general is an invaluable resource. They appreciate having someone who is dedicated exclusively to their patients' breastfeeding needs and can relate to patients on a peer level to complement the work of other hospital staff members.

*Before the peer counselor came on board, it was really hectic because we only had two staff breastfeeding counselors and they mainly worked opposite days of each other. To have thirty moms and one counselor, it was like hit or miss. And the nurses can only provide so much of their time to breastfeeding and at the same time trying to chart, receive new patients, discharge. There would be days when patients wouldn't receive ANY breastfeeding help -- it has changed tremendously, and the nurses really appreciate that.*

*I think that the WIC peer counselor is a great tool under the supervision of a lactation consultant.*

It should be noted that three respondents specifically mentioned that the fact that their peer counselors are bilingual and can relate to Spanish-speaking patients is an added value.

### **Unmet Breastfeeding Needs**

Some respondents reported that they believe their hospitals meet all patient breastfeeding needs adequately through trained lactation consultants, nursing staff, and peer counselor support. Others mentioned that evening and weekend breastfeeding support is a challenge or that, despite their best efforts, the sheer pace and patient loads in their hospitals make it difficult to assess whether or not every single patient is receiving adequate breastfeeding support. When asked about unmet breastfeeding needs, respondents answered as follows.

*I think we could spend more time [with patients] because we're a very large facility with a fast turnaround time. And I especially think the patients on the weekend are at a high disadvantage.*



*Probably yes, due to the sheer numbers of patients. ... For example, an unanswered question, or she didn't think of it while the lactation consultant was in the room, or a mom needs some reassurance.*

*I don't think so. Our staff is also trained to talk to them about breastfeeding, and they're aware there are WIC clinics in the communities and we have the numbers to easily access. And we do have the cell phone of our WIC peer counselor, who we can call in case we need it.*

### **Suggested Peer Counselor Program Improvements**

As mentioned previously, all respondents would like to have peer counselors available at their hospitals for longer hours, evenings, and weekends so that they can more consistently provide support to more patients.

In addition to that universal suggestion for improvement, individual respondents had suggestions unique to their particular situations. Two respondents reported that they do not always know the peer counselor's schedule from week to week and would like better communication or more predictability so that they can keep patients informed. One respondent would like peer counselors to be better trained in hospital etiquette and related aspects of professionalism, and another would like her peer counselor to be approved to work with NICU mothers and babies. Most respondents had no additional suggestions for program improvement.

### **Recommending the Program to Other Hospitals**

All eight respondents enthusiastically stated that they would recommend the Peer Counselor program to other hospitals. As they see it, working with peer counselors not only establishes rapport and continuity of care for patients, but is a free resource that provides patients with extra support, education, and connections to community resources.

*I would greatly encourage them and tell them that it's very beneficial and that it's gonna help their facility increase their breastfeeding rates. It's like you have an extra person there that's encouraging them and reinforcing your goals.*

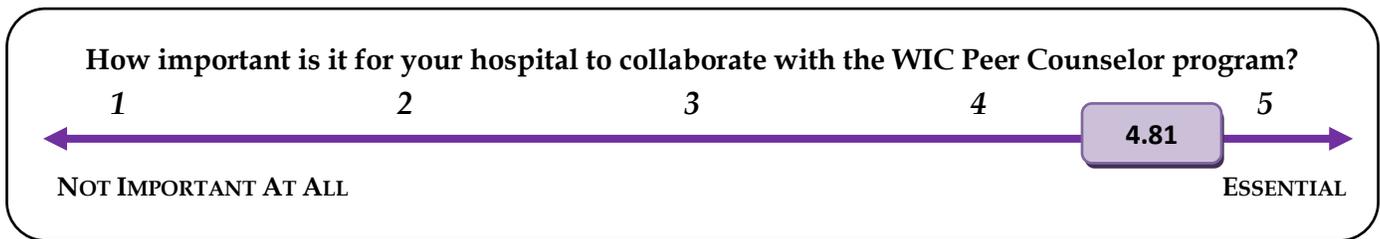
Once respondents stated that they would recommend the Peer Counselor program to other hospitals, they were asked for their top three reasons why. The reasons mentioned in the following quotes are typical of those given by other respondents in the sample.



*One: peer-to-peer support. Two: extra attention that the moms get. Three: the education and knowledge they bring to the moms -- maybe [peer counselors] can say something in a different way than we said it and it will finally click for the mom.*

*One: because it's like having an extra person reinforce breastfeeding and having an extra resource person to talk to and ask for the staff and patients. Two: It increases breastfeeding rates. Three: It makes the patients aware of programs that's out there in the community that they could avail of.*

It is clear that respondents and the hospitals they represent see great value in hosting the Peer Counselor program. The Likert scale in the figure below provides the average respondent rating of the importance of their hospitals' collaboration with WIC. The subsequent quotes are examples of the respondents' final thoughts.



*You have educated, quality individuals that are dedicated to the care to the patient. So, the more, the merrier! It's more coverage for the patient. I don't see why they wouldn't want to.*

*It's an awesome program to utilize because breastfeeding at the beginning is a lot of time, patience, and you have individuals who are dedicated to giving that time and have that patience and not to have to juggle actual patient care like our nurses do -- provide the education and encouragements to breastfeeding, it really helps.*

*The WIC peer counselor supervisor has been very good and cooperative in getting this established, and we're thankful to her for her hard work, and it's a great program, and if they could expand it, great!*

WIC peer counselors are valued in hospitals for the services they provide as peers and for offering patients a connection to an ongoing community resource. They fill in where hospital staff cannot and ease hospital workflow for the ultimate benefit of breastfeeding patients. One respondent summed it up well: "I think it's an excellent program. Very, very valuable." Hospital representatives unanimously expressed their desire for more peer counselor support, especially in the evenings and on weekends.



## Conclusions

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The research clearly reveals that the Texas DSHS WIC Peer Counselor program is valued and satisfies an unmet need for WIC clients in WIC clinics, hospitals, and in the community. The program helps women decide to breastfeed and increases breastfeeding duration for many women. It also promotes breastfeeding in communities across Texas, working toward a cultural change where breastfeeding is again the norm for mothers and families.

As the Recommendations (See pages 11-13.) detail, there are several practical solutions and proposals for program improvement and expansion. Mainly, these provide strategies for reaching more women at critical times in the course of their breastfeeding (e.g., in hospitals) and when they are deciding to breastfeed in the first place. Additionally, the recommendations also include global program considerations, ideas on improving program efficiency, and suggestions for emphasizing or creating certain important materials and resources. Finally, there are recommendations for evaluating and expanding the unique and successful Peer Dad program model.

As the WIC Peer Counselor program continues to evolve and grow, peer counselors have an exciting ongoing opportunity to impact the health of thousands of mothers, children, and families across Texas. Women welcome the advice, education, and peer support that trusted peer counselor can provide, and peer dads are making strides in reaching and including fathers in the breastfeeding process. Ultimately, the program improves public health and strengthens families in the state with a simple straightforward approach.



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# APPENDICES

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# Focus Group Guide Moms

## WIC Breastfeeding Peer Counselor Evaluation

### Introductions

*Moderator begins by introducing the concept, process, and purpose of the focus group. She will also lay ground rules for the discussion, explain the purpose of the tape recording equipment, and assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.*

*Introduce purpose of group: The purpose of this group is to discuss information about breastfeeding and services you've received from WIC.*

*The group will last about 2 hours. There are no right or wrong answers and your honest answer are very important to our client. (Explain where restrooms are, etc.)*

### I. General Information/Icebreaker

***Icebreaker:** Please introduce yourself; tell us your name, how many children you have, their ages and your job if you work outside the home. Finally, if you were going to tell another woman about breastfeeding, what would you say to her?*

One thing you all have in common is that you have breastfed, are breastfeeding, or plan on breastfeeding. So for the rest of the focus group we are going to be talking about your breastfeeding experience.

- ◆ I would like to go back around the room and ask you to tell us about your experience breastfeeding your most recent baby: (All the questions are listed on white board.)
  - Probe:** How many children you have breastfed, or if this is your first time?
  - Probe:** Are you breastfeeding now, or how long did you breastfeed?
  - Probe:** Have you had any special circumstances or challenges?
  - Probe:** Has it worked out the way you planned? (Moderator probes about circumstances if response indicates they breastfed for a shorter time than planned.)

- ◆ Thinking back, what led you to make the decision to breastfeed? Who did you talk to? What did they say that helped you to decide to breastfeed?
- ◆ How did it go? What was good about BF? What challenges did you have?

## II. Specific experience with WIC Peer Counselors

- ◆ Who talked to you at WIC about breastfeeding?  
**Probe** A clerk? A nutritionist? In a class? What did they say?
- ◆ Have any of you seen a WIC breastfeeding peer counselor? (Ask for a hand raise)
- ◆ Describe what you think a Peer Counselor is and what she does.
- ◆ How did you find out about WIC's breastfeeding peer counselor program? (e.g. from a friend, or at WIC)
- ◆ Did you talk to a Peer Counselor during your first WIC visit?
- ◆ How far along in your pregnancy were you when you first saw a peer counselor? Or, how old was your baby?
- ◆ How many times did you see the peer counselor? (moderator checks with each person)
- ◆ Where did you talk with them? (office, phone, hospital) For those of you who did not get a visit from a Peer Counselor in the hospital, do you think that would have helped you with breastfeeding? (*moderator notes how many women saw a peer counselor at the hospital*)
- ◆ What did the Peer Counselor discuss with you in the hospital?  
**Probe:** Did she talk about WIC, about how to make an appointment, help you with latch, or with a sleepy baby
- ◆ How would you say the peer counselor influenced how you decided to feed your baby? Did she help you to decide to breastfeed?
- ◆ How would you say the peer counselor impacted your breastfeeding experience? Did she help you with any challenges?

- ◆ Tell me about your experience with the WIC peer counselor.
- ◆ What did you learn?

**Probe:** What took place?

**Probe:** Did they help you decide to breastfeed?

**Probe:** Did they help with any challenges?

**Probe:** With pumps? Back to work?

- ◆ What other concerns did you have that the peer counselor helped you with?
- ◆ What concerns were unanswered or unresolved?
- ◆ Did you contact your peer counselor to help you with these issues? If no, is there something that would have made it easier to contact the PC (after hours, texting, etc.)
- ◆ How many of you received a follow-up call from the peer counselor?
- ◆ How did they contact you? (Phone call, text, email, Facebook) If you would have had a choice, would you have preferred to be contacted another way? If so, how?
- ◆ Was there ever a time you needed help but couldn't get it? Did you get enough help in the first few days?
- ◆ Did any of you receive a breast pump from WIC? Who informed you about the WIC breast pump program?

**Probe:** Did a Peer Counselor teach you how to use and clean the pump?

- ◆ Did any of you receive a loaner breast pump because you had a premature baby or your baby was not latching onto your breast?

**Probe:** How quickly did you receive it? After you received your pump did a PC call to find out how it was going?

**Probe:** How often did she call? Was this helpful?

- ◆ Did any of you receive a breast pump because you were returning to work or school?
  - Probe:** Did you receive it in time to store a good amount of milk before you went back to work or school?
  - Probe:** Did a Peer Counselor talk to you about how to pump after returning to work or school or how to talk to your employer or school about breastfeeding and returning to work or school?
  - Probe:** After you received your pump did a PC call to find out how it was going? How often did she call? Was this helpful?
  
- ◆ Were you given anything like brochures or other materials? Please describe. After top of mind responses, moderator shows a variety of materials and asks if they remember receiving any of them as well as the breastfeeding bag. Probe to determine if the peer counselor went through the bag with them.
  
- ◆ Did they tell you about a website you could go to for support? Was it the *Every Ounce Counts* website? What experiences did you have with the website – did it offer the help you were looking for?
  
- ◆ Did anyone talk to you about the cash value difference in the food packages? Did that influence your decision to breastfeed in any way? (moderator takes hand count)
  
- ◆ What should we change about the WIC breastfeeding peer counseling program? How could it be improved?
  
- ◆ What should not be changed?
  
- ◆ What is the most important or best part of the program that you took part in?
  
- ◆ What was the least important or least helpful?
  
- ◆ What did you do differently because you got help from or saw a peer counselor?
  
- ◆ Now I would like for you to take a minute to answer the first question on your worksheet and then we will discuss it. Moderator explains question and answers. (see below)

Which of the following statements best describes you?

- ◆ (If you are pregnant) The WIC breastfeeding Peer Counselor helped me to decide to breastfeed.
- ◆ The WIC breastfeeding Peer Counselor helped me to decide to breastfeed and helped me to breastfeed longer than I would have otherwise.
- ◆ I decided on my own to breastfeed, but the Peer Counselor's help make it possible for me to breastfeed longer than I would have otherwise.
- ◆ I saw a WIC breastfeeding Peer Counselor, but the experience did not influence how long I breastfed.
- ◆ I am still breastfeeding as I planned the peer counselor did not impact how long I breastfed.
- ◆ I am still breastfeeding as I planned (not sure of impact)

*Thank you for your time.*

# Guía del grupo de enfoque para madres

## Evaluación de las madres consejeras de la lactancia materna de WIC

### Presentaciones

*La moderadora empieza presentando los conceptos, el proceso y el propósito del grupo de enfoque. También planteará las reglas generales para la plática, explicará el propósito del equipo de grabación y les asegurará a las participantes que sus comentarios son confidenciales en el sentido de que sus declaraciones nunca se identificarán con su nombre.*

*Explique el objetivo del grupo: El objetivo de este grupo es hablar sobre información de la lactancia materna y los servicios que ustedes recibieron de WIC.*

*La plática durará como 2 horas. No hay respuestas correctas ni incorrectas y sus respuestas sinceras son muy importantes para nuestro cliente. (Explique donde están los baños, etc.)*

### I. Información general/Actividad para romper el hielo

*Actividad para romper el hielo: Por favor, preséntense; díganos su nombre, cuántos hijos tienen, la edad de cada uno y su trabajo, si trabajan fuera de casa. Por último, si le fueran a contar a otra mujer sobre la lactancia materna, ¿qué le dirían?*

Una cosa que todas ustedes tienen en común es que han amamantado a sus bebés, están amamantándolos o planean hacerlo. Así que por el resto del tiempo vamos a hablar sobre su experiencia con la lactancia materna.

- ◆ Quiero volver a empezar y pedirle a cada una que me hable sobre su experiencia al amamantar a su más reciente bebé: (Todas las preguntas están anotadas en el pizarrón blanco).

**Sondeo:** ¿A cuántos hijos han amamantado? O, ¿es esta la primera vez que amamantan?

**Sondeo:** ¿Están amamantando actualmente? O, ¿por cuánto tiempo amamantaron a su bebé?

**Sondeo:** ¿Han enfrentado alguna situación o dificultad especial?

**Sondeo:** ¿Todo ha salido como lo planearon? (La moderadora indaga sobre las circunstancias si las respuestas indican que amamantaron a sus bebés por menos tiempo de lo que habían planeado?)

- ◆ Reflexionando un poco, ¿qué las llevó a tomar la decisión de amamantar a sus bebés? ¿Con quién hablaron? ¿Qué les dijo esa persona que las convenció a amamantar a sus bebés?
- ◆ ¿Les funcionó? ¿Qué ventajas tenían al amamantar a sus bebés? ¿Qué retos enfrentaron?

## II. Experiencias específicas con las madres consejeras de WIC

- ◆ ¿Quién habló con ustedes sobre la lactancia materna en WIC?

**Sondeo:** ¿La secretaria? ¿Una nutricionista? ¿En una clase? ¿Qué les dijeron?

- ◆ ¿Alguna de ustedes se ha reunido con una madre consejera de la lactancia materna de WIC? (Pídales que levanten la mano).
- ◆ Describan lo que creen que es y hace una madre consejera.
- ◆ ¿Cómo se enteraron sobre el programa de madres consejeras de la lactancia materna de WIC? (Por ejemplo, de una amiga o por medio de WIC).
- ◆ ¿Hablaron con una madre consejera en su primera cita de WIC?
- ◆ ¿Cuántos meses de embarazo tenían cuando vieron a la madre consejera por primera vez? ¿O, qué edad tenía su bebé?
- ◆ ¿Cuántas veces vieron a la madre consejera? (La moderadora le pregunta a cada persona).
- ◆ ¿Dónde hablaron con ella? (Oficina, teléfono, hospital) Para las que no recibieron la visita de una madre consejera en el hospital, ¿creen que eso les hubiera ayudado con la lactancia materna? (*La moderadora anota cuántas madres vieron a una madre consejera en el hospital*).
- ◆ ¿De qué habló con ustedes la madre consejera en el hospital?

**Sondeo:** ¿Habló sobre WIC, sobre cómo hacer una cita, les ayudó a que el bebé se prendiera del pecho, o a alimentar a un bebé soñoliento?

- ◆ ¿Cómo creen ustedes que la madre consejera influyó su decisión de cómo alimentar a sus bebés? ¿Les ayudó a decidir a amamantar a sus bebés?

- ◆ ¿Cómo dirían ustedes que la madre consejera influyó su experiencia de amamantar a sus bebés? ¿Les ayudó con algún problema?
- ◆ Díganme sobre sus experiencias con la madre consejera de WIC.
- ◆ ¿Qué aprendieron?

**Sondeo:** ¿Qué hizo?

**Sondeo:** ¿Les ayudó a decidir a amamantar a sus bebés?

**Sondeo:** ¿Les ayudó con algún problema?

**Sondeo:** ¿Con el sacaleches? ¿Con el regreso al trabajo?

- ◆ ¿Qué otras dudas tenían con las cuales la consejera les ayudó?
- ◆ ¿Cuáles inquietudes no fueron contestadas o resueltas?
- ◆ ¿Se comunicaron con la consejera para que les ayudara con estos problemas? Si contestan no, ¿hay algo que les podría haber ayudado a comunicarse más fácilmente con la consejera (después de las horas de trabajo, enviando un texto por teléfono, etc.?)
- ◆ ¿Cuántas de ustedes recibieron una llamada de seguimiento de la consejera?
- ◆ ¿Cómo se comunicó con ustedes? (Llamada telefónica, texto por teléfono, correo electrónico, Facebook) Si hubieran podido decidir, ¿les gustaría que se hubiera comunicado con ustedes de alguna otra manera? Si contestan que si, ¿cómo?
- ◆ ¿Hubo algún momento en que necesitaban ayuda pero no pudieron obtenerla? ¿Recibieron suficiente ayuda en los primeros días?
- ◆ ¿Recibieron algunas de ustedes un sacaleches de WIC? ¿Quién les dijo sobre el programa de sacaleches de WIC?

**Sondeo:** ¿Les enseñó la consejera cómo usar y limpiar el sacaleches?

- ◆ ¿Recibieron algunas de ustedes un sacaleches prestado porque tuvieron un bebé prematuro o el bebé no se prendía del pecho?

**Sondeo:** ¿Qué tan rápido lo recibieron? Después de que recibieron el sacaleches, ¿les llamó la consejera para saber cómo les estaba yendo?

**Sondeo:** ¿Con qué frecuencia llamó? ¿Les ayudó esto?

- ◆ ¿Alguna de ustedes recibió el sacaleches porque iban a regresar al trabajo o a la escuela?
  - Sondeo:** ¿Lo recibieron a tiempo para guardar una buena cantidad de leche antes de que regresaran al trabajo o a la escuela?
  - Sondeo:** ¿Habló con ustedes una consejera sobre cómo extraerse la leche después de regresar al trabajo o a la escuela o sobre cómo hablar con su empleador o escuela sobre la lactancia materna y el regreso al trabajo o a la escuela?
  - Sondeo:** Después de que recibieron el sacaleches, ¿les llamó la consejera para saber cómo les estaba yendo? ¿Con qué frecuencia llamó? ¿Les ayudó esto?
  
- ◆ ¿Recibieron alguna cosa como boletines u otros materiales? Por favor, describan. Después de algunas respuestas rápidas, la moderadora muestra una variedad de materiales y pregunta si recuerdan haber recibido alguno de ellos, así como también la bolsa de la lactancia materna. Haga preguntas para saber si la consejera les mostró las cosas que iban en la bolsa.
  
- ◆ ¿Les dijeron sobre un sitio en la red al que pueden ir para obtener apoyo? ¿Fue el sitio web *Every Ounce Counts*? ¿Qué experiencias tuvieron con el sitio web? ¿Encontraron la ayuda que estaban buscando?
  
- ◆ ¿Habló alguien con ustedes sobre la diferencia en el valor de los paquetes de alimentos? ¿Les afectó eso de alguna manera su decisión de amamantar a sus bebés? (La moderadora cuenta las manos).
  
- ◆ ¿Qué deberíamos cambiar sobre el programa de lactancia materna de WIC? ¿Cómo podríamos mejorarlo?
  
- ◆ ¿Qué cosas no deberían cambiar?
  
- ◆ ¿Cuál es la mejor parte del programa o la más importante en la que ustedes hayan participado?
  
- ◆ ¿Cuál fue la parte menos importante o de menos ayuda?
  
- ◆ ¿Qué hicieron distinto debido a que recibieron ayuda de una madre consejera o se reunieron con ella?
  
- ◆ Ahora, me gustaría que ustedes dedicaran unos minutos para contestar la primera pregunta de la hoja de trabajo y luego hablaremos sobre sus respuestas. La moderadora explica las preguntas y las respuestas. (Vea más adelante).

¿Cuál de las siguientes frases las describe mejor?

- ◆ (Si están embarazadas) La madre consejera de la lactancia materna de WIC me ayudó a decidir a amamantar a mi bebé.
- ◆ La madre consejera de la lactancia materna de WIC me ayudó a decidir amamantar a mi bebé y me ayudó a amamantar más tiempo de lo que hubiera hecho.
- ◆ Yo decidí sola amamantar a mi bebé, pero la madre consejera me ayudó a lograr amamantar más tiempo de lo que yo hubiera hecho.
- ◆ Me reuní con una madre consejera de la lactancia materna de WIC, pero esa experiencia no me ayudó a decidir cuánto tiempo amamanté a mi bebé.
- ◆ Todavía estoy amamantando a mi bebé como lo planeé. La consejera no me ayudo a decidir cuánto tiempo amamantaré a mi bebé.
- ◆ Todavía estoy amamantando como lo planeé. (No estoy segura de su influencia).

*Gracias por su tiempo.*

## Worksheets Moms

### WIC Breastfeeding Peer Counselor Evaluation

Thank you very much for sharing your time and opinions with us. We would also like to get some basic information about you. This is completely confidential so please don't put your name on it.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Time Focus Group Began: \_\_\_\_\_

1. Which of the following best describes you? **(Check your answer)**
  - A. Pregnant
  - B. Breastfeeding
  - C. Recently breastfed
  - D. Other
  
2. Who talked to you at WIC about breastfeeding? **(Check all that apply)**
  - A. Clerk
  - B. Nutritionist
  - C. Class
  - D. Peer counselor
  
3. Did you meet with a WIC breastfeeding Peer Counselor? **(Check the answer)**

Yes

No
  
4. How many times did you see or talk to the Peer Counselor total, would you say? **(Circle the answer)**

1

2

3

more than 3
  
5. Where did you talk with her? **(Circle all that apply or write in the other)**
  - A. Office
  - B. Phone
  - C. Hospital
  - D. In home visit
  - E. Other \_\_\_\_\_
  
6. Do you wish a Peer Counselor had been available to you in the hospital? **(Check the answer)**

Yes

No

Please explain your answer: \_\_\_\_\_

7. Did the Peer Counselor make the experience of breastfeeding better? **(Check the answer)**

Yes

No

If yes, how? \_\_\_\_\_

8. Did you have any questions or concerns that she could not answer or resolve? **(Check the answer)**

Yes

No

What were they? \_\_\_\_\_

9. What kind of follow-up contact did you receive from the Peer Counselor after that first meeting? **(Check all that apply)**

a. Phone call

b. Text message

c. Email

d. Facebook

e. In-person visit

f. Letter/ mailing

g. Other: \_\_\_\_\_

10. If you had a choice, how would you prefer to be contacted? **(Check all that apply)**

a. Phone call

a. Text message

b. Email

c. Facebook

d. In-person visit

e. Letter/ mailing

f. Other: \_\_\_\_\_

11. Was there ever a time you needed help but couldn't get it?

Yes

No

Please tell us about it, when? What?

\_\_\_\_\_  
\_\_\_\_\_

12. Which of the following statements best describes you:

- A. (If you are pregnant) The WIC breastfeeding Peer Counselor helped me to decide to breastfeed.
- B. The WIC breastfeeding Peer Counselor helped me to decide to breastfeed and helped me to breastfeed longer than I would have otherwise.
- C. I decided on my own to breastfeed, but the Peer Counselor's help made it possible for me to breastfeed longer than I would have otherwise.
- D. I saw a WIC breastfeeding Peer Counselor, but the experience did not influence how long I breastfed.
- E. I am still breastfeeding as I planned so I can't say she influenced how long I breastfeed.

13. How old are you?

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-21 | <input type="checkbox"/> 36-40 |
| <input type="checkbox"/> 22-25 | <input type="checkbox"/> 41-45 |
| <input type="checkbox"/> 26-30 | <input type="checkbox"/> 46-50 |
| <input type="checkbox"/> 31-35 | <input type="checkbox"/> 50+   |

14. What is your highest grade completed?

- Less than grade 12
- Grade 12 (High school graduate/GED)
- Some college
- College graduate
- Graduate or professional school

15. Which of the following would you say applies to you?

- White
- African American/Black
- Asian
- Hispanic/Latino
- Other (please tell us): \_\_\_\_\_

16. At what hospital did you deliver your most recent baby? \_\_\_\_\_

*THANK YOU FOR YOUR TIME*

# Hoja de trabajo para las madres

## Evaluación de las madres consejeras de la lactancia materna de WIC

Muchas gracias por compartir su tiempo y opiniones con nosotros. Nos gustaría obtener información básica sobre usted. Esto es completamente confidencial así que por favor no anote su nombre.

Fecha: \_\_\_\_\_ Lugar: \_\_\_\_\_

Hora de inicio del grupo de enfoque: \_\_\_\_\_

1. ¿Cuál de los siguientes la describe mejor? **(Marque su respuesta)**
  - A. Una mujer embarazada
  - B. Una mujer que amamanta a su bebé
  - C. Una mujer que hace poco amamantó a su bebé
  - D. Otra
  
2. ¿Quién habló con usted sobre la lactancia materna en WIC? **(Marque todos los que sean pertinentes)**
  - A. La secretaria
  - B. La nutricionista
  - C. La clase
  - D. Una madre consejera
  
3. ¿Se reunió con una madre consejera de la lactancia materna de WIC? **(Marque su respuesta)**

Sí

No
  
4. ¿Cuántas veces se reunió o habló con la madre consejera en total? ¿Serían aproximadamente...? **(Marque su respuesta)**

1

2

3

más de 3
  
5. ¿Dónde habló con ella? **(Haga un círculo alrededor de las respuestas que sean pertinentes o anote bajo otro)**
  - A. Oficina
  - B. Teléfono
  - C. Hospital
  - D. Visita en casa
  - E. Otro \_\_\_\_\_

6. ¿Le gustaría que una madre consejera hubiera estado disponible para usted en el hospital? **(Marque su respuesta)**  
Sí  
No  
Por favor, explique su respuesta: \_\_\_\_\_
7. ¿Hizo la madre consejera que su experiencia de amamantar a su bebé fuera mejor? **(Marque su respuesta)?**  
Sí  
No  
Si contestó sí, ¿cómo? \_\_\_\_\_
8. ¿Tuvo usted alguna pregunta o inquietud que ella no pudo contestar o solucionar? **(Marque su respuesta)**  
Sí  
No  
¿Cuáles fueron? \_\_\_\_\_
9. ¿En qué forma hizo el contacto de seguimiento la madre consejera después de esa primera cita? **(Marque todos los que sean pertinentes)**  
a. Llamada telefónica  
b. Mensaje de texto  
c. Correo electrónico  
d. Facebook  
e. Visita en persona  
f. Carta o nota postal  
g. Otro: \_\_\_\_\_
10. Si pudiera escoger, ¿cómo le gustaría que se comunicaran con usted? **(Marque todos los que sean pertinentes)**  
a. Llamada telefónica  
b. Mensaje de texto  
c. Correo electrónico  
d. Facebook  
e. Visita en persona  
f. Carta o nota postal  
g. Otro: \_\_\_\_\_
11. ¿Hubo algún momento en que necesitaba ayuda pero no pudo obtenerla?  
Sí  
No  
Por favor, cuéntenos sobre esto, ¿cuándo sucedió?  
¿Qué?  
\_\_\_\_\_  
\_\_\_\_\_

12. ¿Cuál de las siguientes frases la describe mejor?

- a. (Si está embarazada) La madre consejera de la lactancia materna de WIC me ayudó a decidir a amamantar a mi bebé.
- b. La madre consejera de la lactancia materna de WIC me ayudó a decidir a amamantar a mi bebé y me ayudó a amamantar más tiempo de lo que hubiera hecho.
- c. Yo decidí sola amamantar a mi bebé, pero la madre consejera me ayudó a lograr a amamantar más tiempo de lo que yo hubiera hecho.
- d. Me reuní con la madre consejera de la lactancia materna de WIC, pero eso no me ayudó a determinar cuánto tiempo amamanté a mi bebé.
- e. Todavía estoy amamantando como lo planeé, así que no puedo decir que ella me ayudó a decidir cuánto tiempo amamantar.

13. ¿Cuántos años tiene?

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-21 | <input type="checkbox"/> 36-40 |
| <input type="checkbox"/> 22-25 | <input type="checkbox"/> 41-45 |
| <input type="checkbox"/> 26-30 | <input type="checkbox"/> 46-50 |
| <input type="checkbox"/> 31-35 | <input type="checkbox"/> 50+   |

14. ¿Hasta qué año escolar estudió?

- Menos del grado 12
- Hasta el grado 12 (Terminó la preparatoria [high school]/obtuvo el GED)
- Estudié un poco de universidad
- Gradué de la universidad
- Estudios de posgrado o profesionales

15. ¿Cuál de las siguientes diría usted que se aplica a usted?

- Blanca
- Afro americana/Negra
- Asiática
- Hispana/Latina
- Otra (favor de explicar): \_\_\_\_\_

16. ¿En qué hospital tuvo a su más reciente bebé? \_\_\_\_\_

*¡GRACIAS POR SU TIEMPO!*

# Focus Group Guide

## Breastfeeding Peer Counselors

### Introductions

*Moderator begins by introducing the concept, process, and purpose of the focus group. She will also lay ground rules for the discussion, explain the purpose of the tape recording equipment, and assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.*

**Introduce purpose of group:** *The purpose of this group is to discuss information about the peer counselor program to help evaluate its effectiveness so that WIC can build on what is working and to make changes as necessary.*

*The group will last about 2 hours. There are no right or wrong answers and your honest answers are very important. (Explain where restrooms are, etc.)*

#### I. General Information/Icebreaker

**Icebreaker:** *Please introduce yourself; tell us your name, how many children you have, their ages and how long you've been a peer counselor. Finally, tell us your path to becoming a peer counselor. How did you learn about it and who reached out to you?*

#### Path to becoming a Peer Counselor

- ◆ How did this brochure influence you to become a peer counselor? (show peer counselor recruiting brochure) ?
- ◆ What are some of the pros and cons of being a peer counselor?

**Probe:** Taking baby to work?

- ◆ What is your favorite part of being a breastfeeding peer counselor?
- ◆ What is your least favorite part of being a breastfeeding peer counselor?

#### II. Training

- ◆ How were you trained to be a breastfeeding peer counselor? How would you describe the training?

**Probe:** How interactive was it? How much supervision did you have?

- ◆ Moderator holds up Moms Helping Moms training and asks if this was the training they received.
- ◆ What were the most useful things you learned in the Peer Counselor training?
- ◆ How would you change the PC training?
- ◆ How do you receive continuing education? **Probe:** monthly meetings with supervisor?
- ◆ How would you describe your ability to help moms with basic breastfeeding issues after you completed the peer counselor training?

**Probe:** In what areas did you feel the most comfortable and ready?

**Probe:** In what areas did you feel the least comfortable and ready?

### III. Referral

- ◆ Who do you go to when you have a question about how to help a woman?
- ◆ How do you know when a mom has an issue that is out of your scope or job?

**Probe:** What are some examples of issues that are outside of your job?

**Probe:** What are some examples of issues that are within your job and scope?

- ◆ What is your referral process?
- ◆ How well do you understand the referral process at your clinic?
- ◆ Do you have an IBCLC to refer client to?

**Probe:** Have you heard of or used one of these lactation support centers  
Lactation Foundation (Houston), Lactation Care Center (Dallas) or  
Mom's Place (Austin)?

- ◆ Let's discuss some specific instances when you referred a client to an IBCLC or to your supervisor?
- ◆ How do you feel the client was served when you made this referral?

#### **IV. Educational Materials**

- ◆ Which educational materials do you use?
- ◆ Which educational materials are most useful? Why?

(Moderator holds up training materials one by one and asks which they use and which they don't and what they like or dislike – what makes them useful.)

- ◆ Which ones do people have trouble with?
- ◆ What is missing? What do you need?
- ◆ How have you enhanced the education you provide to women from what you were taught in training or added your personal touch when you work with women?

#### **V. Program Comments**

- ◆ Do you feel that you are reaching all of the WIC moms that need peer-counseling?
- ◆ If no, how do you feel that you could reach more moms?
- ◆ What should change about your position so that more moms could be reached?
- ◆ How often do you think you are helping someone to breastfeed longer? How can you tell?
- ◆ What do you do that you feel has the most impact on a woman's feeding choices and duration?
- ◆ How do you think the peer counselor's influence on duration could be evaluated on a continuing basis?
- ◆ As a peer counselor, what do you wish you had more time to do?
- ◆ How would you describe the amount of paperwork required of you at work? What works? What doesn't?

- ◆ How do you provide breast pumps to WIC moms of premature infants who need one when WIC offices are closed? (For example, mom is discharged on a Friday afternoon, the WIC clinic is closed Fri PM through Sun, but mom needs a pump right away.)
- ◆ Where do you think WIC needs to improve as far as providing breastfeeding support? How do you think peer counselors could help with this?
- ◆ How many of you work in environments outside of the clinic? (hospital, schools, making or answering calls from home, client home visits, etc) Where do you work? Moderator: count aloud for the recording
- ◆ Remembering that this is confidential, have any of you worked outside your clinic hours when you were not on the clock? If so, how? If not, how would you imagine this working if it was part of your job requirement?
- ◆ If WIC created a breastfeeding peer-counseling position that worked primarily on weekends and evenings rather than regular WIC clinic hours and in environments other than the WIC clinic (making hospital visits, breast pump delivery, making follow-up phone calls from home, answering a breastfeeding help line, making client home visits when deemed safe) do you think they would have a hard time filling that position?
- ◆ How many of you would be interested in applying for that position?

**Thank you.**

# Focus Group Guide

## Breastfeeding DAD Peer Counselors

### Introductions

*Moderator begins by introducing the concept, process, and purpose of the focus group. She will also lay ground rules for the discussion, explain the purpose of the tape recording equipment, and assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.*

**Introduce purpose of group:** *The purpose of this group is to discuss information about the peer counselor program to help evaluate its effectiveness so that WIC can build on what is working and to make changes as necessary.*

*The group will last about 2 hours. There are no right or wrong answers and your honest answers are very important. (Explain where restrooms are, etc.)*

### I. General Information/Icebreaker

**Icebreaker:** *Please introduce yourself; tell us your name, how many children you have, their ages and how long you've been a peer counselor. Finally, tell us your path to becoming a peer counselor. How did you learn there was a peer counselor program especially for dads? Who reached out to you?*

### Path to becoming a Peer Counselor

- ◆ Have you seen this brochure? How did it influence you to become a peer counselor? (show peer counselor recruiting brochure) ?

**Probe:** Have you seen any brochures or information specifically for dads describing what a dad peer counselor does? Would you like to see something like that?

- ◆ What are some things you do as a peer dad?

**Probe:** In the WIC clinics?

**Probe:** In the community? Outreach?

- ◆ What are some of the pros and cons of being a peer counselor?

**Probe:** Taking baby to work?

- ◆ What is your favorite part of being a peer dad?

- ◆ What is your least favorite part of being a peer dad?

## II. Training

- ◆ How were you trained to be a peer dad? How would you describe the training?

**Probe:** How interactive was it? How much supervision did you have?

- ◆ Moderator holds up Moms Helping Moms training and asks if this was the training they received.
- ◆ What were the most useful things you learned in the peer counselor training?
- ◆ How would you change the peer counselor training?

**Probe:** Does it work for Peer Dads?

- ◆ How do you receive continuing education?

**Probe:** monthly meetings with supervisor?

- ◆ How would you describe your ability to help dads support their partners with basic breastfeeding issues after you completed the peer counselor training?

**Probe:** In what areas did you feel the most comfortable and ready?

**Probe:** In what areas did you feel the least comfortable and ready?

### III. Referral

- ◆ Who do you go to when you have a question about how to help a dad or his partner?
- ◆ How do you know when a dad or a mom has an issue that is out of your scope or job? How do you know when to give a referral?

**Probe:** What are some examples of issues that are outside of your job?

**Probe:** What are some examples of issues that are within your job and scope?

- ◆ What is your referral process?
- ◆ How well do you understand the referral process at your clinic?
- ◆ Do you have an IBCLC to refer client to?

**Probe:** Have you heard of or used one of these lactation support centers Lactation Foundation (Houston), Lactation Care Center (Dallas) or Mom's Place (Austin)?

- ◆ Let's discuss some specific instances when you referred a client to an IBCLC or to your supervisor?
- ◆ How do you feel the client was served when you made this referral?

### IV. Educational Materials

- ◆ Which educational materials do you use?
- ◆ Which educational materials are most useful? Why?

(Moderator holds up educational materials/pamphlets one by one and asks which they use and which they don't and what they like or dislike – what makes them useful.)

- ◆ Which ones do people have trouble with?
- ◆ What is missing? What do you need to do your job better?
- ◆ How have you enhanced the education you provide to dads from what you were taught in training? How do you add your personal touch when you work with men?

## V. Program Comments

- ◆ Do you feel that you are reaching all of the WIC dads that need peer counseling?
- ◆ If no, how do you feel that you could reach more dads and families?
- ◆ What should change about your position so that more dads and families could be reached?
- ◆ How often do you think you are helping someone to breastfeed longer? How can you tell?
- ◆ What do you do that you feel has the most impact on a family's feeding choices and duration?
- ◆ How do you think the peer dad's influence on breastfeeding duration could be evaluated on a continuing basis?
- ◆ As a peer counselor, what do you wish you had more time to do?
- ◆ How would you describe the amount of paperwork required of you at work? What works? What doesn't?
- ◆ Where do you think WIC needs to improve as far as providing breastfeeding support? How do you think peer dads could help with this?
- ◆ How many of you work in environments outside of the clinic? (hospital, schools, making or answering calls from home, client home visits, etc) Where do you work? Moderator: count aloud for the recording
- ◆ Remembering that this is confidential, have any of you worked outside your clinic hours when you were not on the clock? If so, how? If not, how would you imagine this working if it was part of your job requirement?
- ◆ If WIC created a peer dad position that worked primarily on weekends and evenings rather than regular WIC clinic hours and in environments other than the WIC clinic (making hospital visits, making follow-up phone calls from home, answering a dads help line, making client home visits when deemed safe) do you think they would have a hard time filling that position?
- ◆ How many of you would be interested in applying for that position?

**Thank you.**

# One-on-one Interview Guide: WIC Peer Dad Evaluation

**Interviewee:**

**Date:**

**Person Completing Interview:**

## **I. Introductions**

*Introduction to Interviews: SOSM has been contracted by the Texas Department of State Health Services to research the WIC Peer Dad Program. Our research will be used to learn about and evaluate the program. The goal of this interview is to discuss information about breastfeeding and services you've received from WIC and to get your honest opinions. There are no right or wrong answers; we just want to learn from you. Everything you say is confidential in that we will never attach your name to your statements.*

*Do you have any questions before we begin? This interview will take about 45 minutes. Moderator begins by interviewing the dad first and then brings in the female partner for a group interview*

## **II. Dad Breastfeeding Knowledge and Attitudes**

- 1) I'd like to begin by getting a little background information about you. How many children do you have? How old is your baby?
- 2) How have you been involved in the care of your baby?
- 3) How have you been involved in feeding your baby?
- 4) Were you on WIC with all of your children? How many were breastfed?

## **III. Peer Dad Counseling Experience**

- 5) I'd like to talk to you about your meeting with the Peer Dad counselor at WIC but before we get into the detail please tell me what you think a Peer Dad is and what he does?

6) Please tell me about your meeting with the Peer Dad? *(let's note how they refer to him – the women never use the word peer counselor.)*

**Probe:** How did the conversation begin? Did he approach you or did they tell you about him at WIC?

**Probe:** What do you think about having someone at WIC that talks to you?

**Probe:** Did you also meet with a female peer counselor? If so, before or after meeting with the Peer Dad?

7) Tell me about your conversation, what did you talk about? What did you learn?

8) What topics did you discuss?

- Parenting/baby care
- Calming a crying baby
- Employment
- Being a good partner
- Other resources
- Breastfeeding
- Other- \_\_\_\_\_

9) How many times did you see or talk to the Peer Dad total, would you say?

10) Where did you talk with him?

**Probe:** WIC clinic, telephone, out of the clinic, if so where?

11) Did your wife/partner ever talk to the Peer Dad?

12) How do you think working with a Peer Dad impacted you?

13) Before you met with the Peer Dad what kinds of conversations did you have with the baby's mother about how to feed the baby?

14) After you met with the Peer Dad what kinds of conversations did you have with the baby's mother about how to feed the baby? Did your conversation with him influence how you talked to your partner about feeding the baby?

- 15) Do you feel that meeting with the Peer Dad helped you:
- a. Decide to breastfeed
  - b. improve your parenting skills?
  - c. help your partner with breastfeeding?
  - d. helped you be more supportive of the your baby's mother?
- 16) What was the most important thing you learned from the Peer Dad?

#### **IV. Dad General Information/Background**

- 17) What role did you play in being part of the decision to breastfeed your baby?
- 18) What kinds of benefits do you think your child and partner received from breastfeeding?
- 19) How long did /do you plan on your child being breastfed?
- 20) How do you support your partner so that your baby is/was breastfed?

#### **V. Couple Interview Peer Counseling**

- 21) How do you think working with a Peer Dad impacted you're the decision to breastfeed your baby?
- 22) What did your husband tell you about meeting with the Peer Dad counselor at WIC?
- 23) What did you do differently because of him, if anything?
- 24) What challenges or concerns did he help you with?
- 25) What kind of follow-up contact did you receive from the Peer Dad after that first meeting?
- a. Phone call
  - b. Text message
  - c. Email
  - d. Facebook
  - e. In-person visit
  - f. Letter/ mailing
  - g. Other: \_\_\_\_\_

26) Were you given anything like brochures or other materials from the Peer Dad? Please describe.

◆ **Probe:** Did he review the materials with you?

27) Did he tell you about a website you could go to for support? Was it the [www.breastmilkcounts.com](http://www.breastmilkcounts.com) website? What experiences did you have with the website – did it offer the help you were looking for?

28) Did he talk to you about the cash value difference in the WIC food packages? Did that influence your decision to talk to your partner about breastfeeding your baby? How?

29) What did the Peer Dad tell you about the WIC breast pump program?

## VI. Wrap Up/Final Thoughts

30. What should be changed about the WIC Peer Dad program? How could it be improved?

31. What was the best or most important part of the program? What should not be changed?

32. What was the least important or least helpful?

33. Which of the following statements best describes your situation (Interviewer: ask true/false, then determine best answer from the 'true' statements):

- ◆ (If mom is still pregnant) The WIC breastfeeding Peer Dad helped us to decide to breastfeed.
- ◆ The WIC Peer Dad helped us to decide to breastfeed and/or helped us to breastfeed longer than my partner would have otherwise.
- ◆ We decided on our own to breastfeed, but the Peer Dad's help made it possible for us to breastfeed longer than we would have otherwise.
- ◆ We saw a WIC Peer Dad, but the experience did not influence how long we breastfed.
- ◆ My partner is still breastfeeding as we planned (not sure of impact)

34. Is there anything I have not asked you about on any of these topics that you feel is important to share with DSHS as they work to improve the WIC Peer Dad program and breastfeeding rates across Texas?

Can you please answer a few demographic questions?

Dad

- ◆ How old are you?
  - 18-21
  - 22-25
  - 26-30
  - 31-35
  - 36-40
  - 41-45
  - 46-50
  - 50+
  
- ◆ What is your highest grade completed?
  - Less than grade 12
  - Grade 12 (High school graduate/GED)
  - Some college
  - College graduate
  - Graduate or professional school
  
- ◆ Which of the following would you say applies to you?
  - White
  - African American/Black
  - Asian
  - Hispanic/Latino
  - Other (please tell us): \_\_\_\_\_

Mom

- ◆ How old are you?
  - 18-21
  - 22-25
  - 26-30
  - 31-35
  - 36-40
  - 41-45
  - 46-50
  - 50+
  
- ◆ What is your highest grade completed?
  - Less than grade 12
  - Grade 12 (High school graduate/GED)
  - Some college
  - College graduate
  - Graduate or professional school
  
- ◆ Which of the following would you say applies to you?
  - White
  - African American/Black
  - Asian
  - Hispanic/Latino
  - Other (please tell us): \_\_\_\_\_

# WIC Breastfeeding Peer Counselor Evaluation Hospital Program Interview Guide

**Interviewee:**

**Date:**

**Person Completing Interview:**

**Hospital Name and City/Location:**

## I. Introductions

*Introduction to Interviews: SOSM has been contracted by the Texas Department of State Health Services to research the WIC Breastfeeding Peer Counselor Program. Our research will be used to learn about and evaluate the program. The goal of this interview is to discuss information about the WIC Breastfeeding Peer Counseling Program within hospital settings. There are no right or wrong answers; we just want to learn from you.*

*Everything you say is confidential in that we will never attach your name to your statements. However, we would like your permission to use quotes from this interview for WIC purposes such as training, evaluation or other purposes related to the WIC Breastfeeding Peer Counseling Program. If there is anything that you say that you would NOT like us to use for these purposes all you have to do is let us know and we will honor that request. Is this ok with you?*

Yes

No

*Do you have any questions before we begin? This interview will take about 45 minutes.*

## I. Background Questions:

- I'd like to begin by getting a bit of background information. Please tell me your job title, your responsibilities, and how long you have worked in this position?
- Can you please tell me about your hospital – its size, if it is public or private, how many patients it serves (if known) and how many women give birth there annually (if known). What percentage of your Labor and Delivery patients are WIC clients? Also, if you know the certifying body please let us know, such as Medicare/ Joint Commission.

- What do you know about the WIC Breastfeeding Peer Counselor program?
- How did you first learn about WIC's Breastfeeding Peer Counseling program?
- Please tell me about how your organization began working with the WIC Breastfeeding Peer Counseling Program? Please provide details about the logistics of the program and how it works at your hospital.
- What about it appealed to your organization and made your organization want to participate in the program?

## II. Program Operation Questions:

- How is it determined that a patient should see a WIC Breastfeeding Peer Counselor?

**Probe:** Who is involved in that decision, nurse? doctor? patient? Someone else?

**Probe:** Who tells the patient about the Peer Counseling program?

- How do you know if the patient is on WIC or is WIC eligible?
- How does the WIC Peer Counselor know that a patient needs to see her?

**Probe:** Who tells the WIC Peer Counselor about it?

- Where does the WIC Peer Counselor work when not with a patient? What does she do?
- What does the WIC Peer Counselor discuss with the patient?
- Who in your hospital does the WIC Peer Counselor refer patients to when she encounters breastfeeding situations that are outside of her basic breastfeeding assistance scope of practice?

- What are the challenges with having a patient see a WIC Peer Counselor?

**Probe:** Peer counselor hours? Time patient is in the hospital?

## **WIC/Hospital Program Questions:**

- Do you collaborate with the WIC Peer Counselors or other WIC staff in other ways inside or outside of the hospital environment?

**Probe:** Internal to hospital – If you have a hospital task force to improve maternity care practices; do you have a WIC employee on that task force?

External - Do you collaborate on a local breastfeeding coalition, breastfeeding trainings, and World Breastfeeding Month celebrations (in August)?

- Who, other than the WIC Peer Counselor, refers patients to WIC? What is that referral process like?
- What information do the nurses have about WICs breast pump program?
- What do the nurses communicate to WIC patients about WIC breast pumps?
- What type of breastfeeding equipment do the peer counselors have access to at the hospital?
- How does a mom with a NICU baby get a WIC provided pump?

**Probe:** What kinds of arrangements are made between the hospital and the local WIC offices in terms of getting pumps to these women while they are still in the hospital?

- How would you describe the level of familiarity the staff and nurses have with the type of pumps provided by WIC?

**Probe:** What types of pumps does WIC offer to clients?

## Program Evaluation Questions:

- What have you heard back from the patients who see a WIC Peer Counselor about their experience?
- What have you heard back from hospital staff about their own experiences working with a WIC Peer Counselor?
- How has participating in the program impacted your hospital?

**Probe:** Staff?

**Probe:** Patients?

- How has the labor and delivery or postpartum environment at your hospital changed with participation in the WIC Breastfeeding Peer Counselor Program?
- How has participation impacted breastfeeding?

**Probe:** How do you know? How do you measure?

- Do you have patients who have breastfeeding needs that are not met? If so, please describe?
- In general, what do you think is the value of the WIC Breastfeeding Peer Counseling Program?
- What would you like to change about the program?
- What would you keep the same about the program?

- Would you recommend other hospitals include the WIC Breastfeeding Peer Counseling Program into their services?

**If yes:**

- What would you tell them about it? What advice would you give them?
- What would be the top 2 or 3 reasons why would you recommend this for other hospitals?

**If no:**

- What would be the top 2 or 3 reasons why you would NOT recommend this for other hospitals?
- On a scale of 1-5 how important do you think it is for your hospital to collaborate with the WIC Program? 1 being not important at all and 5 being essential.

*THANK YOU FOR YOUR TIME*

# Demographics for Peer Dad Clients

