



THE POWER OF PEER COUNSELORS: A WIC SUCCESS STORY

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This just in: breastfeeding initiation rates in WIC have risen dramatically over the past two decades. In 1998, WIC administrative data showed that only 42% of WIC mothers initiated breastfeeding their infants, but by 2014, the overall WIC breastfeeding initiation rate had risen to 70% -- real progress!¹

Last December, another USDA analysis confirmed this positive trend, and went on to show that more WIC moms are *sticking with breastfeeding longer* – a key public health goal. Between 1998 and 2013, this new analysis revealed that the WIC breastfeeding rate at one month postpartum rose by 85%, and that the rate for 3-12 month-old babies more than doubled during the same time period.²

Breastfeeding in WIC is trending in the right direction and the WIC Breastfeeding Peer Counseling Program³ (BFPC) has been key to this amazing public health success story.



HOW BREASTFEEDING PEER COUNSELING WORKS

Although most mothers initiate breastfeeding while in the hospital, the pressures of modern life can prevent mothers—especially low-income mothers—from achieving their goals to continue breastfeeding once they go home. Research has established peer counseling as a cost-effective means to increase breastfeeding rates and improve infant health.⁵ Peer counselors or *promotoras*, come from the same neighborhoods, speak the same language, and share common cultural beliefs with WIC participants.

As part of *Loving Support Makes Breastfeeding Work*, USDA's comprehensive breastfeeding support and promotion strategy⁶, state and local WIC programs have trained and deployed thousands of **breastfeeding peer counselors** to coach and support new parents. USDA's *2015 WIC Breastfeeding Policy Inventory* documents that 93% of State WIC programs are operating some type of peer counselor program.⁷ Peer counselors understand the difficulties and provide realistic and practical guidance as a result of shared personal backgrounds and experience in ways that most health professionals cannot. Peer counselors can take the time to provide new WIC mothers with the education and emotional support that they need.⁸

Working with empathetic peers who have been successful with breastfeeding, low-income mothers

can gain confidence in their ability to breastfeed their own children. WIC peer counseling can take place in person, in groups, over the phone/ computer or during home visits.⁹ WIC peer counselors are often former WIC participants and are usually paid a stipend or minimum hourly wage. WIC peer counselors now receive standard USDA *Loving Support Makes Breastfeeding Work* training, are supervised by allied health professional staff, and collect data to track progress.¹⁰ In busy WIC clinics, the rapport that develops between peer counselors and their clients can play a key role in ensuring that women are supported in following through with their decision to breastfeed.

BUILDING ON WHAT WORKS

Early WIC pilots clearly showed improvements in breastfeeding rates in sites with a BFPC program^{11, 12} as did later interventions.^{13, 14} African-American women who attend WIC breastfeeding support groups are twice as likely to plan to breastfeed as those who do not. Subsequent large studies have clearly demonstrated that WIC BFPC is significantly associated with increased breastfeeding initiation rates.^{16, 17}

Since 2005, recognizing the strong evidence of the program's health impact and cost-effectiveness, Congress has set aside special annual funding to support the WIC Breastfeeding Peer Counseling Program, which is allocated to States and Indian Tribal programs via

non-competitive, two-year grants. Appropriations have grown from \$20 million to \$60 million annually¹⁸, and the program now operates -- to a limited extent -- in nearly all states, the District of Columbia, and 34 Indian Tribal programs.

To receive the funds, each participating state agency agrees to implement a peer counseling program based on the *Loving Support* model. State WIC agencies accepting peer counseling funds also agree to adhere to certain reporting and evaluation requirements.

Although most states receive BFPC allocations, the funds currently only support a fraction of local WIC sites in any given state; consequently many WIC mothers still do not have access to a WIC breastfeeding peer counselor.¹⁹ To continue to increase breastfeeding rates among WIC moms, the breastfeeding peer counseling program should be expanded at the national level so that ultimately all WIC mothers will have access to a breastfeeding peer counselor.

¹ Thorn, B., Tadler, C., Huret, N., Trippie, C., Ayo, E., Mendelson, M., Patlan, K. L., Schwartz, G., & Tran, V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG-3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. Available online at:

<https://www.fns.usda.gov/sites/default/files/ops/WICPC2014.pdf>

² May L, Borger C, Weinfield N, MacAllum C, DeMatteis J, McNutt S, Whaley S, Ritchie L, Sallack L (2016) WIC Infant and Toddler Feeding Practices Study 2: Infant Year Report. USDA FNS Available online at: <https://www.fns.usda.gov/wic/wic-infant-and-toddler-feeding-practices-study-2-infant-year-report>.

³ USDA FNS, "About WIC Breastfeeding Peer Counseling," available online at: <https://lovingupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling>.

⁴ Perez-Escamilla R, Hromi-Fielder A, Vega-Lopez S, Bermúdez-Millán A, Segura-Pérez S. (2008) Impact of peer nutrition education on dietary behaviors and health outcomes among Latinos: A systematic literature review. *Journal of Nutrition Education and Behavior*; Vol. 40:208-225.

⁵ Chung M, Raman G, Trikalinos T, Lau J, Ip S. (2008) Interventions in primary care to promote breastfeeding: An evidence review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*; Vol. 149: 565-582.

⁶ USDA FNS, "Loving Support Makes Breastfeeding Work" strategy portal available online at: <https://lovingupport.fns.usda.gov>.

⁷ Forrestal S, Briefel R, Mabli J (2015) WIC Breastfeeding Policy Inventory. Prepared by Mathematica Policy Research, Contract Number: AG-3198-B-10-0015 for USDA Food and Nutrition Service. Alexandria, VA.

⁸ California WIC Association and UC Davis Center for Human Lactation. Increasing Exclusive Breastfeeding in WIC: The Power of Peer Counseling. (June 2009) available online at: <http://www.calwic.org/storage/documents/reports/2009/peercounsel.pdf>.

⁹ Collins A, Rappaport C, Burnstein N (2010) WIC Breastfeeding Peer Counseling Study, Final Implementation Report U.S. Department of Agriculture, Food and Nutrition Service, Alexandria, VA Available at: https://www.fns.usda.gov/sites/default/files/WICPeerCounseling_0.pdf.

¹⁰ USDA FNS WIC, Breastfeeding Policy and Guidance, July 2016. Available at: <https://www.fns.usda.gov/sites/default/files/wic/WIC-Breastfeeding-Policy-and-Guidance.pdf>.

¹¹ Caufield L, Gross S, Bentley M, Bronner Y, Kessler L, Jensen J, Weatehrs B, Paige DM. (1998) WIC-based interventions to promote breastfeeding among African-American women in Baltimore: Effects on breastfeeding initiation and continuation. *Journal of Human Lactation*; 14:15-22.

¹² Hannula L, Kaunonen M, Tarkka MT (2008) A systematic review of professional support interventions for breastfeeding. *Journal of Clinical Nursing*; Vol. 17:1132-1143.

¹³ Kistin N, Abrahamson R, Dublin P (1994) Effects of peer counselors on breastfeeding initiation, exclusivity, and duration among low-income urban women. *Journal of Human Lactation*; Vol. 10:11-15.

¹⁴ Public Health Foundation Enterprises, Unpublished WIC Peer Counseling Program Data, 2009.

¹⁵ Mickens AD, Modeste N, Montgomery S, Taylor M, (2009) Peer support and breastfeeding intentions among black WIC participants. *Journal of Human Lactation*; Vol.25 Issue.2.

¹⁶ Gross S, Resnick A, Cross-Barnet C, Nanda JP, Augustyn M, Paige DM. (2009). The differential impact of WIC Peer Counseling programs on breastfeeding initiation across the state of Maryland. *Journal of Human Lactation*; Vol. 26:4: 435-43.

¹⁷ Yun S, Lui Q, Mertzluft K, Krusse C, White M, Fuller P, Zhu BP (2010) et al. Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants and Children) Breastfeeding Peer Counseling Programme. *Public Health Nutrition*; Vol. 13:2:229-37.

¹⁸ Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010. Public Law 111-80, 111th Congress.

¹⁹ Op Cit, see footnote 7.