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.

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 strategy, 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.

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

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. 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.

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 as did later interventions. 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.

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 annually\(^7\), 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.\(^9\) 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.