

Peer support as an intervention to increase the incidence and duration of breastfeeding in Northern Ireland: what is the evidence?



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Breastfeeding in Northern Ireland

Current breastfeeding rates in Northern Ireland

Breastfeeding is widely acknowledged to be the best way to feed a baby, providing a range of health benefits for both mother and child.¹ To optimise the benefits the World Health Organization has recommended that babies should be breastfed exclusively for six months, with continued breastfeeding up to two years of age or beyond.² Currently, the incidence of breastfeeding is lower in Northern Ireland than any other part of the United Kingdom. In 1995 45% of mothers here breastfed their baby. This figure rose to 54% in 2000 but, as Table 1 shows, the rate in Northern Ireland remains much lower than in the rest of the UK.³

Table 1: Initial incidence of breastfeeding (1995 and 2000)

	Northern Ireland %	England & Wales %	Scotland %	United Kingdom %
1995	45	68	55	66
2000	54	70	63	69

This figure of 54% represents mothers who breastfed their baby at birth; however, more than a quarter of these women will have given up breastfeeding by the end of the first week, and just over half will have stopped by the time their baby is six weeks old. Only 10% of women in Northern Ireland breastfeed their baby for the full six months recommended by the WHO (compared with 21% in the rest of the UK).³

In addition these figures are not uniform across Northern Ireland. They vary according to a mother's age, length of education, social class and geographical area. Women are less likely to breastfeed if they are from lower socioeconomic groups, under 20 years of age or have left full-time education by age 16.³ Table 2 shows the initial incidence of breastfeeding among the different social classes in Northern Ireland.

Table 2: Initial incidence of breastfeeding in Northern Ireland by social class (1995 and 2000)

	I	II	III	IV	V
1995	79	59	55	41	36
2000	90	69	67	52	33

In response to these scenarios, the then Department of Health and Social Services established the Regional Breastfeeding Strategy Group (RBSG) in 1997, to address the issue of low breastfeeding incidence and to develop a breastfeeding strategy for Northern Ireland.

Knowledge of and attitudes towards breastfeeding among the general public in Northern Ireland

It was the view of the RBSG that the low incidence of breastfeeding in Northern Ireland may have been due to the attitudes of the public and mothers in Northern Ireland being different to those in other regions in the United Kingdom. Research commissioned by the Health Promotion Agency for Northern Ireland on behalf of the RBSG investigated knowledge, attitudes and perceptions of breastfeeding among the general public (men and women aged 15 years and over).⁴

Findings from the qualitative research revealed the absence of a 'breastfeeding culture', with most people having little or no direct experience of the activity, and that consequently breastfeeding did not enjoy social acceptability.⁴ Younger mothers and those in the lower socioeconomic groups appeared to be more inhibited in this regard than their older counterparts.⁴

Statements made by participants in the qualitative study illustrated some of the reasons why women decided not to breastfeed. There was a strong tendency to follow the example set in the home by mothers and sisters, particularly in the case of younger mothers. Other reasons were summarised under the following themes:

- fear of the unknown – no direct experience;
- common misconceptions such as 'it's painful', and 'some people just can't do it';
- regarded as just one option, not the optimum option;
- time constraints;
- social acceptability.⁴

When asked to identify the most useful source of information, mothers who had breastfed identified antenatal/parentcraft classes (33%), followed by midwifery staff (19%) and mother/mother-in-law (13%). Many women intimated that it would have been helpful to have had first hand information related to them by an experienced breastfeeder.⁴

What is peer support?

The concept of peer support is that someone who has herself successfully breastfed, and has undergone some training on breastfeeding, is available from the local community to support a breastfeeding mother, usually on a voluntary basis. The peer supporter is a true peer of the breastfeeding mother and not a healthcare professional.

Peer support can be used to help address the needs of communities with very low breastfeeding rates that are seen as having 'lost skills' in breastfeeding, with little 'tradition' of breastfeeding for new mothers to draw on.^{4,5} In such areas social networks that include breastfeeding are generally lacking, which results in women having little experience of breastfeeding as an 'everyday' activity and a learned practical skill.^{6,7} It can be difficult for women to 'succeed' in breastfeeding if they rarely see anyone breastfeed their baby, and formula feeding is normal practice among their friends and acquaintances.⁸

As research has demonstrated, a predominantly bottle-feeding culture has led to a number of barriers to breastfeeding including lack of support from significant others, social embarrassment, and negative social attitudes towards breastfeeding in public places, compounded by a lack of designated facilities.^{4,9}

Thus, peer support has been developed as a means to overcome such obstacles by:

- forming relationships with pregnant or breastfeeding women;
- sharing experiences and information;
- being a role model;
- giving time or being available;
- normalising breastfeeding;
- providing social support;
- providing breastfeeding expertise.

A qualitative study provides evidence of why peer support programmes may be effective: interview data gathered from first-time mothers living in a deprived inner city in the UK suggested that exposure to breastfeeding was important.¹⁰ Women were more likely to decide to breastfeed if they had regularly seen a

relative or friend successfully breastfeed.¹⁰ Women who had not had such an experience or who had only seen breastfeeding at a distance, held more negative views and lacked confidence in their own ability to breastfeed.¹⁰ Thus, it is thought that enhancing informal support networks can encourage women to initiate and maintain breastfeeding. Peer support can also reduce social isolation, and offer women the opportunity to socialise and exchange experiences. Sharing experiences is a simple way of encouraging mothers to breastfeed in a community with few informal support networks.⁵

Different models of peer support and how they work

The peer support programmes developed to date can be divided into two different categories: those that provide support to individual pregnant women/mothers and those that provide support to groups of pregnant women/mothers.¹¹

Individual support programmes may or may not adopt a proactive approach to obtaining referrals. Proactive approaches can come from health professionals who offer the service and undertake systematic antenatal recruitment.¹¹ Referrals are then forwarded to a peer supporter who will arrange a face-to-face home visit or a telephone call, or meet with the mother at a support group or clinic. Proactive contacts can also be made by peer supporters on routine postnatal hospital visits. Alternative, 'reactive' approaches advertise contact details of peer supporters to mothers and encourage them to instigate initial contact by telephone.

Group support programmes involve health professionals or trained peer supporters facilitating breastfeeding groups. Pregnant or breastfeeding women offer mutual support and receive 'expert' help from group leaders.¹¹

In the UK, several voluntary organisations offer peer support including La Leche League, the National Childbirth Trust, the Association of Breastfeeding Mothers and the Breastfeeding Network. However, it has been noted that the women most likely to participate and join these organisations are well-educated, professional and knowledgeable individuals. Therefore lower income women with less education may perhaps have difficulty relating to some of the women who attend voluntary breastfeeding groups and may not see them as their peers. Several breastfeeding advocacy organisations have acknowledged this challenge and are now involved in delivering training programmes to breastfeeding mothers from disadvantaged areas to enable them to provide peer support within their own communities.

The most commonly used training programmes in the UK include the well established La Leche League peer counsellors training programme and the UNICEF Breastfeeding Management course.¹² Some projects involve the development and delivery of their own courses, or adaptation of a related course, eg principles from the National Childbirth Trust training programme. Course content typically includes principles of breastfeeding and ways of supporting mothers, debriefing on personal experiences, self awareness, listening skills, role boundaries and responsibilities, record keeping, child protection issues, confidentiality, working safely in others' homes and support mechanisms. Within all programmes there is a general recognition that peer supporters are there to listen to women, to validate their experiences, to facilitate and to empower.¹² Most programmes consist of approximately 10-20 hours of learning time over the course of several weeks, and some may include mentored clinical practice. Follow up sessions are often provided to maintain ongoing support and interest. Supporters tend to experience personal growth and a feeling of empowerment as a result of the training programmes.¹²

Current evidence for peer support interventions and their effectiveness

Peer support programmes offer the opportunity of contact over time with a woman who has breastfed, and available evidence presented here seems to offer some support for such programmes.

Quantitative evidence of effectiveness: promoting 'initiation' of breastfeeding

The NHS Health Technology Assessment Programme commissioned a systematic review of the literature in 1998 which looked at the effectiveness of interventions to promote the initiation of breastfeeding.¹³ Searches were performed in 2000 to update the review and the results were presented in an Effective Health Care Bulletin.¹⁴ Two studies evaluating a peer support programme as a stand-alone intervention were included in the review. Both trials targeted low income, socially disadvantaged women in the UK and USA.^{15, 16}

In the US study trained volunteers and mothers who planned to breastfeed were matched according to ethnicity and socioeconomic background.¹⁶ Volunteers talked with mothers and maintained telephone contact for at least 12 weeks after the baby was born. At discharge from hospital, significantly more women in the intervention group were breastfeeding than in the control group. Differences in the numbers of women breastfeeding remained significant up to the final follow up at 12 weeks after childbirth. It should be noted however, the intervention only targeted women expressing an interest in breastfeeding and a wish for peer support to achieve their aim.¹³

In the UK study, two similar socially deprived communities in Glasgow were identified and any women in the antenatal period within the target residential area were offered peer counselling.¹⁵ No significant differences in breastfeeding were detected overall between the two communities. However, when the results were re-analysed to take account of difference in socioeconomic status between the two communities, significantly more women in the intervention group initiated breastfeeding at delivery. By six weeks after childbirth the difference was no longer statistically significant. However, if only those women expressing an interest in breastfeeding at booking were included in the analysis, then peer support continued to show a statistically significant benefit for breastfeeding at hospital discharge, and for exclusive feeding at six weeks when compared with controls who stated an intention to breastfeed.¹³

The authors concluded that peer support programmes as stand-alone interventions were shown to be effective in both the antenatal and postnatal periods for women who expressed a wish to breastfeed, but not for women who had decided to bottle-feed. Peer counselling programmes appeared to be effective in supporting women to follow through with their decision to breastfeed.¹³

In 2003 the Health Development Agency conducted a review of reviews that focused on interventions to increase/encourage initiation of breastfeeding.¹⁷ Two reviews met the criteria for inclusion.^{13, 18} However only one of those reviews looked at peer support as an intervention, the results of which are presented in the systematic review discussed above.¹³

Quantitative evidence of effectiveness: promoting 'duration' of breastfeeding.

In 1999 a systematic review by Sikorsky et al looked specifically at interventions that provide extra support for mothers who wish to breastfeed.^{19, 20} It assessed their impact on breastfeeding duration and exclusivity. The types of interventions included were those in which mothers had contact with an individual (professional or lay) offering support that was supplementary to standard care with the purpose of facilitating continued breastfeeding. Participants were women who intended to breastfeed, who had initiated breastfeeding or who accepted the provision of support before or after the birth of their child. After pre-screening, a total of 20 trials from 10 countries were included in the review.

The reviewers concluded that providing supplementary breastfeeding support as part of routine health service provision should be considered. Lay support was effective in promoting exclusive breastfeeding while the strength of effect on the duration of any breastfeeding was uncertain. Interventions that used predominantly face-to-face support had a significant beneficial effect on duration of breastfeeding, whereas those using mainly telephone support did not show a significant effect. At that time there was no evidence to suggest the duration of breastfeeding was improved by routine antenatal contact.

In November 2004 the Health Development Agency launched the latest breastfeeding evidence briefing (summary).²¹ This review focused on interventions relevant to the continuation of breastfeeding, including promotion, protection and support. A total of 940 papers were pre-screened, 82 of which were deemed eligible. Of those studies eligible, 23% examined the needs of disadvantaged groups (very few looked at low income/ethnic minority groups). Only 12% were conducted in the UK. The review results were summarised according to the strength of the evidence: those likely to be effective (and should be used in practice); those that may be effective; those that may be ineffective; and those that are likely to be ineffective (and should not be used in practice).

Good quality evidence showed that skilled breastfeeding postnatal support, peer or professional, delivered as postnatal/ongoing care in the community, was likely to be effective for extending breastfeeding duration.²¹ Best results were achieved if professional support and lay support worked together and not in opposition.²² More specific details should be available after publication of the full report (end of 2004).

A very recent randomised controlled trial conducted in the UK looked specifically at the use of peer support for mothers considering breastfeeding.²³ Volunteer counsellors who had undertaken training with the National Childbirth Trust and had themselves breastfed took part. Participants were recruited during antenatal care at GP clinics, at 28-36 weeks gestation, in a mixed or deprived population. Counsellors reported antenatal contact with 80% of the intervention group. Postnatally the counsellors visited 20% of the participants at least once, spoke with 42% by telephone, and had no contact with 38%.

Results showed that offering this form of support did not significantly increase the prevalence of any breastfeeding to six weeks. Duration of breastfeeding and length of time to introduction of formula feeds also did not differ significantly between control and intervention groups. However, those women who had met face-to-face with counsellors during the postnatal period (20%) were significantly more likely to continue breastfeeding than those in contact by telephone or those who had no contact. Women who left school at an earlier age were significantly less likely to arrange a postnatal visit.

The authors concluded that although postnatal support may extend duration of breastfeeding, merely offering individual women yet more help has little further effect, because those who stop breastfeeding are perhaps less likely to seek help.

Multifaceted interventions: evidence of effectiveness

Findings from before and after studies indicated that successful multifaceted interventions tend to include education about breastfeeding and structural changes to the health sector, combined with peer support programmes and/or some kind of media activity.^{14, 17} Due to the nature of the study design, outcomes may have been affected by factors other than the intervention occurring prior to, or during, the evaluation period.^{14, 17}

Three of the five trials evaluating WIC programmes (Women's and Infants' and Children's Programme of the US Department of Agriculture) among low income women that were reported as effective in increasing initiation and/or duration rates included a peer support programme.¹³ In these cases, peer support

programmes were implemented as either stand-alone interventions, or as a package of peer support and health education interventions.¹³

In Scandinavia, where breastfeeding rates have remained at around 98%, multifaceted interventions have been implemented at a national level over the last 20 years.^{13, 17} More mother-to-mother support groups, better management skills among health workers (and more workers with personal experience), and an increase in the collective sharing of breastfeeding experience due to the rising numbers of women who have successfully breastfed have been considered as one of four different types of intervention that have contributed to the high levels of breastfeeding in Scandinavia.^{13, 17}

A 'package' of different interventions provided simultaneously in one non-randomised control trial in Mexico has been reviewed.¹⁴ Four groups of pregnant women within communities were allocated to receive breastfeeding education from a trained health professional, individual teaching and support from an experienced peer, both types of intervention or no intervention. The results, however, were presented for all intervention groups combined and compared with the control group. Initiation of breastfeeding in the intervention groups was reported to be 89% compared with 56% in the control group (the results were not compared statistically).¹⁴

Qualitative evidence of effectiveness

A number of breastfeeding peer support initiatives used qualitative methods to explore stakeholders' experiences of the intervention and consider the potential of the initiative for building community capacity.^{5, 23-25} In-depth interviews, diaries and direct observation were used to gather qualitative data.

In a randomised controlled trial carried out in a mixed/deprived population of London and south Essex, the intervention group were significantly more confident of their milk supply. Of those women who did contact the counsellors postnatally, 73% rated them as 'very helpful' compared with 'fairly helpful' (17%), a little helpful (7%) and not helpful (4%). Forty four percent of the women in the intervention group said the most valuable advice they received came from a counsellor, compared with 23% who cited advice from a midwife as the next most valued source.²⁶

In a study comparing two semi-urban community hospitals near Toronto, using conventional care plus telephone-based peer support as the intervention, maternal satisfaction with infant feeding was reported. Results showed no significant differences between the peer and control groups' mean scores on the Maternal Breastfeeding Evaluation Scale. However, significantly more mothers in the control group reported overall dissatisfaction with their infant feeding method.²⁶

One group of mothers attending a breastfeeding peer support group in Salisbury, a socioeconomically disadvantaged housing estate, were asked to identify a number of positive aspects of the support group. Fifty three percent related specifically to breastfeeding, while the remainder related mainly to issues of a psycho-social nature, such as being able to talk about other problems and making new friends.²⁴

For lay supporters in Sure Start Barrow, the benefits of taking part in a breastfeeding support project ranged from personal satisfaction at being recognised as skilled, to gains in confidence which could potentially open up further educational and training opportunities.^{5, 25} Partnership working had advantages for health professionals who cited benefits including sharing of the workload with lay supporters; provision of an accessible service; opportunity for an informal tier of support to mothers; and importantly offering support and advice stemming from personal experience.^{5, 25} The fear of giving out conflicting advice was alleviated when both lay supporters and health professionals attended the same training programme.^{5, 25} The authors suggested that the success of such interventions was unlikely to be captured solely by monitoring breastfeeding rates but should take into account the wider context of community development.^{5, 25}

What's happening in Northern Ireland?

The HPSS Research and Development Office has funded MOMENTS (Mothers Mentoring to Succeed), a peer support study in Belfast beginning in 2003 and lasting three years. The aim of the study is to test whether the use of peer group mentors (trained mothers) can improve the outcomes of pregnancy and early infancy in first-time mothers from socially deprived areas. The study will take the form of a randomised control trial and will recruit a total of 300 first-time mothers aged 30 or under from antenatal clinics at the Royal Jubilee Maternity Hospital at first booking (about 10-12 weeks). The intervention will be carried out by specially trained peer group mentors from the same geographical areas and backgrounds. The intervention will begin with a home visit soon after booking and fortnightly contact (by telephone, home visit or small group meeting, as deemed appropriate by mother and mentor together) thereafter throughout pregnancy. The mentors will provide education on diet, nutritional supplementation, personal hygiene, promotion of breastfeeding, and avoidance of adverse lifestyle factors. After birth the mentors will continue to provide a source of information and support for these mothers throughout the first year. Their input will include advice on infant feeding, immunisations and raising mothers' self-esteem and confidence as required. Recruitment is currently underway and expected to finish in January 2005. The first mother will finish the trial in May 2005 and the last mother in July 2006. Preliminary results will be available at the end of 2006. For further information contact Christine Murphy on 028 9063 5246.

In North and West Belfast a total of nine mothers have been trained as peer supporters. Two peer supporters attend the antenatal clinic at the Mater Maternity Hospital and speak to pregnant women and families about the benefits of breastfeeding, skin-to-skin contact, rooming-in, and how to manage the early postnatal days. One peer supporter has assisted with the development of a drop-in advice centre in Albert Street Clinic. Remaining supporters attend the mothers' group in the area and lend their support to the facilitators of the groups. The five peer supporters initially trained in 2003 recorded their meetings from that year. They had more than a total of 55 contacts with pregnant women whom they had never met before. They attended a total of 79 breastfeeding support/mothers' groups. The majority of direct contacts with breastfeeding mothers were made in mothers' groups (>64) while the minority were in mothers' homes (14). All felt their initial training was very useful and four are interested in continuing as volunteer peer supporters. For further information contact Mary McCormick on 028 9032 0840.

Armagh and Dungannon Health and Social Services Trust has a trainee lay breastfeeding counsellor programme. In this project four mothers have been training with the National Childbirth Trust for two years in order to become qualified as breastfeeding counsellors. A further 10 counsellors are to be trained for the remainder of the trust area including Close to Home, and Sure Start, in Dungannon. The trust is also working in partnership with Craigavon Area Hospital Group Trust to pilot a project in the hospital setting. For further information contact Vera Kelso on 028 3752 2381.

Newry and Mourne Trust currently has 12 women who were identified through a liaison system between the trust and South Armagh Women's Health Initiative. The women have attended a multidisciplinary course of study commissioned by the trust to better support them in undertaking their role. They are currently linked to the two midwifery teams covering the South Armagh and Newry areas. The team in South Armagh attend both the local parentcraft sessions and the local GP surgeries when midwives are providing antenatal clinics. For further information contact Donna Sloan on 028 3088 9073.

Lower Ards Sure Start has 10 peer supporters who have recently completed training. It is proposed that they will attend local Bumps and Babies antenatal and postnatal groups and local antenatal classes. Contact details about the peer supporters is provided to antenatal and postnatal women by health visitors, midwives,

other health professionals and Sure Start staff. The peer supporters will also be having an input into breastfeeding training provided by the breastfeeding coordinators at the Ulster Hospital. For further information contact Fedelmia O'Gorman on 028 4277 2577.

Ulster Community and Hospitals Trust has two experienced National Childbirth Trust breastfeeding counsellor trainees who attend the Bangor Breastfeeding Support Group along with the health visitors. For further information contact Alyson Shannon on 028 9146 8521.

Foyle Health and Social Services Trust has launched a Baby Café. This initiative aims to attract antenatal and postnatal mums from the surrounding catchment area. It is envisaged that mums successfully breastfeeding will be mingling with teenage mums to be, as well as others that have not, up until now, had the confidence to consider breastfeeding. For further information contact Marie Hutton on 028 7136 5177.

A breastfeeding network has been available in the Western Board area for several years, involving mothers providing telephone support. Sperrin Lakeland/Irvinestown Health Centre is currently training new mothers as lay volunteers as part of the breastfeeding network. For further information contact Ann McCrea on 028 6862 8333.

Altnagelvin Area Hospital hosted a successful workshop in May 2003 from which they identified people interested in peer support. A breastfeeding peer support coordinator has been appointed to manage a pilot project in the Strabane/Castledearg area. This is initially a six month project looking at breastfeeding peer support networks. For further information contact Audrey Moore on 028 7134 5171.

Newtownabbey Sure Start has recently used the UNICEF Breastfeeding Management course to train six mothers as peer supporters. These mothers make contact with other breastfeeding mothers at local breastfeeding support groups. For further information contact Sandra Gordon on 028 9086 0938.

Colin Neighbourhood Sure Start has trained six local mothers as peer supporters. They make contact with other mothers at the weekly breastfeeding support group, while the Sure Start midwife provides support for the peer supporters at monthly follow-up meetings. For further information contact Mairead Mulligan on 028 9060 1417.

Dalriada Sure Start has a breastfeeding support group which meets every other week in Armoy. This group call themselves the 'Yummy Mummies'. One mother is completing a breastfeeding counsellor course with the Association of Breastfeeding Mothers (ABM). Three mothers have completed peer support training based on the National Childbirth Trust breastfeeding counsellor training programme, which has involved five morning sessions held weekly. It is hoped that eventually some of the mothers will be able to talk to other mothers about breastfeeding at antenatal clinics. For further information contact Karen Cox on 028 2073 0444.

Inner City South Belfast Sure Start has recently trained six mothers as breastfeeding peer support workers, known as 'Bosom Buddies'. Training has consisted of six two hour sessions over a six week period, and has included elements of the National Childbirth Trust breastfeeding counsellor programme. Referral systems are currently being explored to make best possible use of the service. For further information contact Joy Poots on 028 9094 2525.

Conclusions

- Peer support as a stand-alone intervention is effective for women who express a wish to breastfeed, but not for women who decide to bottle-feed.
- Peer support as a stand-alone intervention is effective in promoting exclusive breastfeeding, while the strength of effect on the duration of any breastfeeding is uncertain.
- Peer support is effective in increasing breastfeeding initiation and duration rates when delivered as part of a multifaceted intervention.
- Breastfeeding women value the support and advice given by peer supporters.
- Peer support programmes provide psychosocial support to the breastfeeding mother.
- Peer support training helps to empower the peer supporter and enhances community skills.

Recommendations

- Peer support should be used as a multifaceted approach and not just a stand-alone intervention.
- Those who need help most often don't ask for it, thus volunteers need to be proactive in making face-to-face contacts with mothers for most effective results.
- Due to a lack of high quality published studies of peer support programmes within the UK, the impact of such programmes needs to be carefully monitored to provide a sound evidence base. A constant and consistent approach to documentation and evaluation needs to be adhered to in order to analyse outcomes and cost effectiveness.
- There needs to be ongoing monitoring of rates of infant feeding, with agreed definitions and timing of follow up combined with socioeconomic data.²²
- A coordinated approach to providing open and clear communication between all those involved in coordinating peer support programmes in Northern Ireland should be adopted in order to share information/resources, exchange ideas, report good and bad practice.

References

1. Breastfeeding Strategy for Northern Ireland. Belfast: Department of Health and Social Services, 1999.
2. WHO. Infant and young child nutrition. Global strategy on infant and young child feeding. In: Fifty Fifth World Health Assembly, 2002.
3. Hamlyn B BS, Oleinikova K, Wands S. Infant feeding 2000. A survey conducted on behalf of the Department of Health, the Scottish Executive, The National Assembly for Wales and the Department of Health, Social Services and Public Safety in Northern Ireland. London: TSO, 2002.
4. Health Promotion Agency for Northern Ireland, Breastfeeding in Northern Ireland: A summary report on knowledge, attitudes and behaviour. Belfast: HPA, 2003.
5. Raine P, Woodward P. Promoting breastfeeding: a peer support initiative. *Community Practitioner* 2003;76(6):211-214.
6. Oakley A. From here to maternity: becoming a mother. Oxford: Martin Robertson, 1979.
7. Earle S. Factors affecting the initiation of breastfeeding: implications for breastfeeding promotion. *Health Promotion International* 2002;17(3):205-214.
8. Dykes F, Griffiths H. Societal influences upon initiation and continuation of breastfeeding. *British Journal of Midwifery* 1998;6:76-80.
9. Akinlade O, Jaeger T, Waterston T. Breastfeeding and public places: reaching a baby friendly policy. *Community Health* 1996;Nov/Dec:231-233.
10. Hoddinott P, Pill R. Qualitative study of decisions about infant feeding among women in east end of London. *British Medical Journal* 1999;318:30-34.
11. Britten J. Peer support for breastfeeding in Scotland - an overview. In: Breastfeeding Coordinators Study Day; 2004; Belfast, 2004.
12. Dykes F. Infant Feeding Initiative: A report evaluating the Breastfeeding Practice Projects 1999-2002. London: Department of Health, 2003.
13. Fairbank L, O'Meara S, Renfrew MJ, Woolridge M, Sowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment* 2000;4(25).
14. Promoting the initiation of breastfeeding. York: Effective Healthcare, NHS CRD Univ of York, and The Mother and Infant Research Unit, Univ of Leeds, 2000;6(2):1-12.
15. McInnes RJ, Love JG, Stone DH. Evaluation of a community-based intervention to increase breastfeeding prevalence. *Journal of Human Lactation* 2000;22:138-145.
16. Kistin N, Abramson R, Dublin P. Effect of peer counselors on breastfeeding initiation, exclusivity, and duration among low-income urban women. *Journal of Human Lactation* 1994;10(1):11-5.
17. Protheroe L, Dyson L, Renfrew MJ, Bull J, Mulvihill C. The effectiveness of public health interventions to promote the initiation of breastfeeding. London: Health Development Agency, 2003.
18. Tedstone A, Duncanson N, Aviles M, Shetty P, Daniels L. Effectiveness of interventions to promote health feeding in infants under one year of age: a review. London: Health Education Authority, 1998.
19. Sikorski J, Renfrew MJ, Pindoria S, Wade A. Support for breastfeeding mothers (Cochrane Review). *The Cochrane Library* (Issue 3), 2004.
20. Sikorski J, Renfrew MJ, Pindoria S, Wade A. Support for breastfeeding mothers: a systematic review. *Paediatric & Perinatal Epidemiology* 2003;17(4):407-17.
21. Renfrew MJ, Dyson L, Wallace LM, D'Souza L, McCormick F, Spiby H. Breastfeeding for longer - what works? London: Health Development Agency, 2004.

22. Renfrew MJ. Collaboration and practice - mother and child nutrition, including breastfeeding. In: HDA Conference; 2004; London, 2004.
23. Graffy J, Taylor J, Williams A, Eldridge S. Randomised controlled trial of support from volunteer counsellors for mothers considering breast feeding. *British Medical Journal* 2004;328(7430):26-32.
24. Alexander J, Anderson T, Grant M, Sanghera J, Jackson D. An evaluation of a support group for breast-feeding women in Salisbury, UK. *Midwifery* 2003;19(3):215-20.
25. Raine P. Promoting breast-feeding in a deprived area: the influence of a peer support initiative. *Health & Social Care in the Community* 2003;11(6):463-9.
26. Dennis CL, Hodnett E, Gallop R, Chalmers B. The effect of peer support on breast-feeding duration among primiparous women: a randomized controlled trial. *Canadian Medical Association Journal* 2002;166(1):21-8.



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