



The WIC Breastfeeding Peer Counseling Program in King County: A Qualitative Evaluation

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Background

- Breastfeeding rates among WIC clients are consistently lower than among the general public¹⁻²
- Breastfeeding peer counselors can effectively increase rates of breastfeeding rates, including among low income women³⁻⁵
- Peer counselors alone or in combination with health care professionals may be more effective than health care professionals in improving breastfeeding rates⁵

The WIC Breastfeeding Peer Counseling Program in King County

- Established in the summer of 2011
- Public Health – Seattle & King County (PHSKC) partners with Open Arms Perinatal Services to aid in the human resources management of peer counselors
- PHSKC oversees the peer counselors' practice, schedules, and evaluations
- Given the previously established benefit of peer counseling, the question to ask is not *if* breastfeeding peer counselors play an important role in WIC, but rather *how* the administrative support of the program can be improved to maximize their role?

Methods

- A survey tool was developed; staff from PHSKC and Open Arms provided input on the tool to establish face validity
- In-person interviews were scheduled with current and former peer counselors
- Interviews were either recorded and transcribed, or detailed notes were taken and typed
- Interview transcripts and notes were coded using descriptive, in vivo, initial, and values coding described elsewhere⁶
- Codes were categorized and constructs were identified

Abstract

Research has demonstrated that breastfeeding peer counselors can effectively increase rates of breastfeeding initiation, exclusivity, and duration among low-income women. The Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Breastfeeding Peer Counseling Program in King County, implemented in the summer of 2011, is unique in that Public Health – Seattle & King County (PHSKC) contracts with an outside agency to aid in the human resources management of peer counselors. Given the demonstrated benefit of peer counselors, the question to ask becomes how administrative support can maximize their efficiency. Following the development of a survey tool, interviews were scheduled with current and former peer counselors to identify strengths and opportunities for improvement in the administrative model of the WIC Breastfeeding Peer Counseling Program in King County. Transcripts and notes were coded using descriptive, in vivo, initial and values coding. Eight constructs were identified: job preparation and tools, financial impact on peer counselors, emotional impact on peer counselors, scope of practice, peer counselor-client relationship, peer counselor-clinic relationship, administrative role delineation, and administrative model. Strengths were identified, and recommendations were made for improving the program model to maximize the peer counselors' role.



<http://www.taneycohealth.org/breastfeeding/support.php>

Results

- Response rate of 86 percent
- Eight constructs identified: job preparation and tools, financial impact on peer counselors, emotional impact on peer counselors, scope of practice, peer counselor – client relationship, peer counselor – clinic relationship, administrative role delineation, administrative model

Strengths

- Prenatal breastfeeding classes and one-on-one interactions with moms meet clients' needs
- Peer counselors' training is effective and relevant
- Peer counselors' diversity reflects WIC clients
- The peer counselors' scope of practice as it related to breastfeeding is been well defined

Recommendations

- Include professionalism training for peer counselors
- Provide peer counselors with catalogue of community resources for non-breastfeeding related concerns
- Recognize and reward peer counselors' work
- Trial postpartum groups for breastfeeding WIC clients
- Educate WIC clinics on the role of peer counselors and foster enthusiasm to improve relationships between peer counselors and clinic staff
- Develop a system for peer counselors to reserve work space in the WIC clinics
- Develop written policies approved by both PHSKC and Open Arms related to:
 - Roles of PHSKC and Open Arms staff
 - Breadth of peer counselors' scope of practice
 - Women who have had a miscarriage
- PHSKC and Open Arms should work together to provide consistent, united messages to peer counselors

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