Breastfeeding improves the health of infants and mothers and results in cost savings for parents, insurers, employers, and society. Mothers who breastfeed have less risk of breast cancer, ovarian cancer, diabetes, and heart disease. Breastfed babies visit the physician less often, are less likely to be hospitalized, and need fewer prescriptions than formula-fed infants. Communities with low breastfeeding rates have higher rates of diseases that breastfeeding could prevent. Peer counselors can improve health by increasing breastfeeding initiation and duration in communities across our state. ¹

Breastfeeding promotion and support is a priority for the Minnesota WIC program. Since 2005 many local WIC agencies have offered peer counseling services to pregnant and breastfeeding mothers.

“She is really relatable; she's going through the same challenges that I am.”

“I am not supplementing with formula because of her!”

Peer counselors are mothers with personal experience breastfeeding their own infants. They are trained in the management of normal breastfeeding and in client-centered counseling skills. Peers strive to help each mother reach her personal breastfeeding goals.

Peer counselors are recruited from the communities they serve and often speak the same language. They have similar life circumstances and experiences as their clients. Peers connect mother-to-mother with their clients and are a trusted source of information and support.

“Even though I am not a first time mom it was wonderful to have someone to talk about things that I did not know before.

I am very grateful because she was there not just for advice but she really cared for me as a person and listened to my many concerns.”

Mothers who had a peer, breastfed significantly longer than women who did not receive peer support (Figure 1).²

Figure 1. 2015 Breastfeeding duration among peer and non-peer participants in WIC Peer Program Agencies

<table>
<thead>
<tr>
<th>% breastfeeding</th>
<th>at 1 month</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>no peer</td>
<td>60</td>
<td>46</td>
<td>34</td>
<td>17</td>
</tr>
<tr>
<td>peer</td>
<td>79</td>
<td>62</td>
<td>46</td>
<td>25</td>
</tr>
</tbody>
</table>

Mothers who had a peer, breastfed significantly longer than women who did not receive peer support (Figure 1).²
Breastfeeding Peer Support Advances Health Equity

Figure 2. Breastfeeding initiation by race and ethnicity in peer agencies, 2015

Breastfeeding rates in Minnesota vary greatly by race and ethnicity. Among mothers without a peer, only East African and Hispanic mothers exceeded the Healthy People 2020 objective of 81.9% initiation in 2015. Among mothers who received peer services, all groups of mothers exceeded the HP2020 objective. Breastfeeding peer support is associated with significant decreases in breastfeeding disparities (Figure 2). ²

Participation in Minnesota WIC Peer Breastfeeding Support Programs, 2017²

The Peer Breastfeeding Support Program began in 2005 with programs in 10 counties. Increased funding has allowed the program to expand across Minnesota to 29 counties and 1 tribe. Almost 5,700 women who gave birth in 2015 enrolled in the program, 18% of eligible WIC participants in Minnesota.

Peers in Minnesota’s WIC program are trained using the Loving Support Peer Counseling curriculum. WIC makes this curriculum available to any organization wishing to provide similar services through a peer program. Contact the state WIC office for more information.

“When I went back to work I didn’t know how much my daughter should be getting. [My peer] gave me different websites for how much my husband should give to her. She has just been supportive and caring. A lot of people at my workplace just give up.”

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WIC Peer Breastfeeding Support Program Fact Sheet
http://www.health.state.mn.us/divs/fh/wic/localagency/reports/bf/info/index.html


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