NIHR | Research briefing

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How can we improve peer and community breastfeeding support so that it meets the needs of all mothers?

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About the research

The World Health Organization recommends exclusive breastfeeding for the first 6 months of a baby's life, then continued breastfeeding for up to 2 years or more, alongside other healthy foods. (1,2) UK guidance is largely the same. (3)

Despite these recommendations, rates of breastfeeding in the UK are low. In 2023-24, only 52% of mothers in England breastfed at 6-8 weeks, with further decline over time. Rates are even lower in socio-economically deprived or rural areas, (4) as low as 11% at 6 months in some places. (5)

Women have different reasons for deciding to breastfeed and for how long, including pain or discomfort, illness, or the need to return to work. A key issue is the lack of support, both from family and the community. (6) Services have been developed to provide this support:

- **Peer support** is provided by mothers who have breastfed themselves or share similar backgrounds with those they are helping.
- **Community support** is delivered in the community and includes healthcare professionals such as community health visitors or non-healthcare professionals from charities.

There is limited understanding of if, and how, peer and community support are experienced by different groups of mothers, especially from underserved communities, who often have limited access to appropriate services.

Differences in experiences can lead to inequities in breastfeeding rates. This may be because underserved communities are not adequately recruited, drop-out early, don't feel support is beneficial, or feel unable to continue with its benefits once support ends.

Summary

- Breastfeeding rates in the UK are low, particularly among underserved communities.
- Peer and community support are intended to increase breastfeeding rates.
- Differences in how various communities of mother's experience these supports may lead to inequities in breastfeeding outcomes.
- We undertook two systematic reviews of research evidence. We wanted to understand how experiences of support may lead to inequities and what these approaches are currently doing to reduce them.
- Peer and community support currently aim to reduce inequities in several ways, including providing resource leaflets that extend women's knowledge of community approaches and introducing support workers to reach out and identify women's needs. However, there is currently little evidence that these activities have a positive impact.
- We found that underserved communities, especially from lower socio-economic and black and minority ethnic backgrounds, tend to have poorer experiences.
- We developed five recommendations that may help to make peer and community breastfeeding support more equitable: 1) support should be provided by **actors** with similar experiences; 2) professionals should raise **awareness** of interventions; 3) messaging needs to be tailored to a community's' needs and not based on **assumptions** that cause stigma and reinforce stereotypes; 4) **transitions** between services and sources of support needs to be coordinated; and 5) **social networks** need to be engaged to foster a supportive environment for breastfeeding.

If you would like to discuss the study further, please contact Dr. Rabeea'h Waseem Aslam: AslamR2@cardiff.ac.uk

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What we did

We undertook two systematic reviews of the published research evidence to understand how peer and community support aim to reduce the risk of inequities in breasting rates, and how mothers' experiences might be leading to any inequities. The process was guided by stakeholder involvement with mothers who have breastfed and peer supporters.

How do mothers from different communities experience peer and community support?

We drew together qualitative evidence from the UK to understand how the characteristics of mothers shaped their experiences of peer and community support. We looked at social characteristics commonly considered in research on health inequities, while also asking stakeholders for additional suggestions (Table 1).

Place of residence.
Race/ethnicity/culture/language.
Occupation.
Gender/sex.
Religion, education.
Socio-economic status.
Social capital.
Personal characteristics (child disability).
Personal characteristics (age). Features of relationships (relationship to partner).
Time-dependent relationships (short vs. Longer-term breastfeeding).
Feeding type (breast vs. Mixed vs. Bottle).
Previous experience of breastfeeding.
Body type.
Neurodiversity.
Skin tone.

Table 1. Social characteristics that might influence mothers' experiences of peer and community support (7)

We defined the different phases of receiving support according to: reach and recruitment; retention and drop-out; interaction; and sustainment. These phases are explained in Figure 1. As part of the review, we updated an existing systematic review and combined this with searches of nine databases. To analyse the evidence, we conducted framework synthesis. (7,8)

How do peer and community support aim to reduce inequities in breastfeeding?

We reviewed randomised controlled trials of peer and community support with underserved communities in higher-income countries to understand what activities are currently delivered to help prevent inequities in breastfeeding outcomes.

As part of the review, we updated an existing systematic review (9) and combined this with searches of two databases. To analyse the evidence, we undertook meta-analysis for breastfeeding outcomes and meta-regression to determine whether any individual intervention activities affected intervention effectiveness.

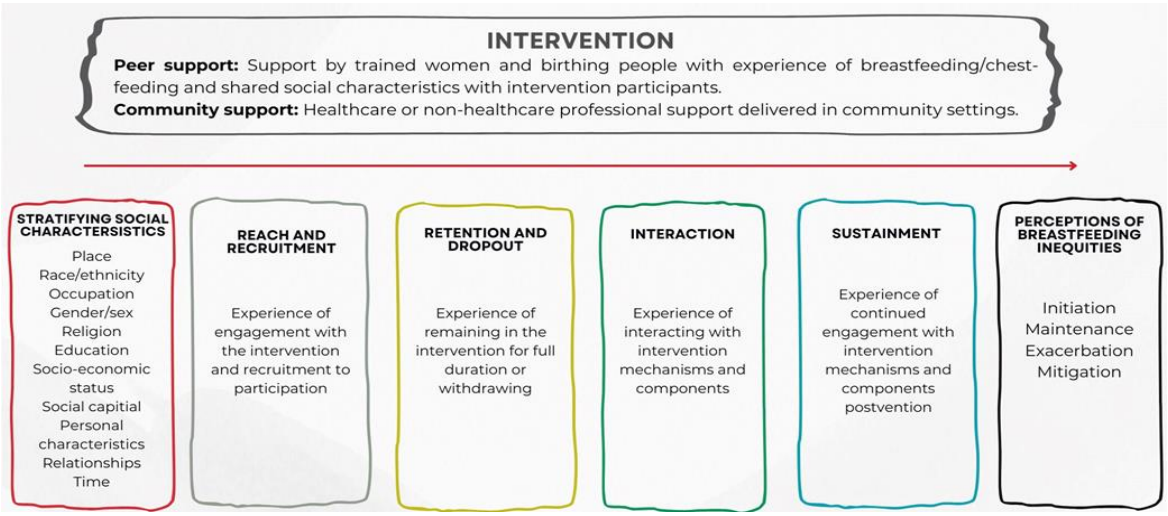

Figure 1. Overview of review exploring mothers' experiences of peer and community support

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Summary of findings

How do mothers from different communities experience peer and community support?

Fifty-five studies were included in this review. Mothers from lower socio-economic backgrounds and black and minority ethnic communities tend to have poorer experiences of support. There were different experiences across the different phases of receiving support, which may lead to inequities in breastfeeding rates:

- Lack of clear information about the eligibility criteria for different communities.
- Lack of culturally appropriate recruitment methods.
- Limited options to access support, as it is available at inaccessible times or locations.
- Inadequate consideration of mothers' social, economic and cultural background, and how this might shape their needs (e.g. not comfortable breastfeeding in public spaces). Also lack of consideration of different physical characteristics (e.g. body type, disability).
- Longstanding structural barriers (e.g. community norms, workplace policies) that might discourage breastfeeding.

How does peer and community support aim to reduce inequities in breastfeeding?

Thirty-one studies were included in this review. We found that peer and community support tend to use four different types of principles and activities when working with underserved communities to prevent inequities (Figure 2).

Crosscutting principles: Support underpinned by principle of continued availability throughout key parenting transitions, while keeping a holistic focus on mothers' health and wellbeing.

Contextual fit: Support providers should have similar cultural, social and economic background to mothers; support to be delivered in a suitable place (e.g. home), through appropriate mode (e.g. video call); and include people from the target population in intervention design.

Delivery: Information and materials accessible to varying cultural and language needs; support providers build relationships with mothers; and offer practical breastfeeding resources (e.g. practical devices such as nipple shields, breast pump, nipple cream, nursing bras).

Wayfinding: Support for mothers throughout the breastfeeding journey by strengthening support in existing social network (e.g. family involvement and support); creating new networks of breastfeeding support through a community asset approach; offering activities and resources to support breastfeeding in conjunction with returning to work or education (e.g. addressing concerns about breastfeeding in public).

There was no conclusive evidence that any of these activities were more effective than others in targeting breastfeeding rates among underserved communities.

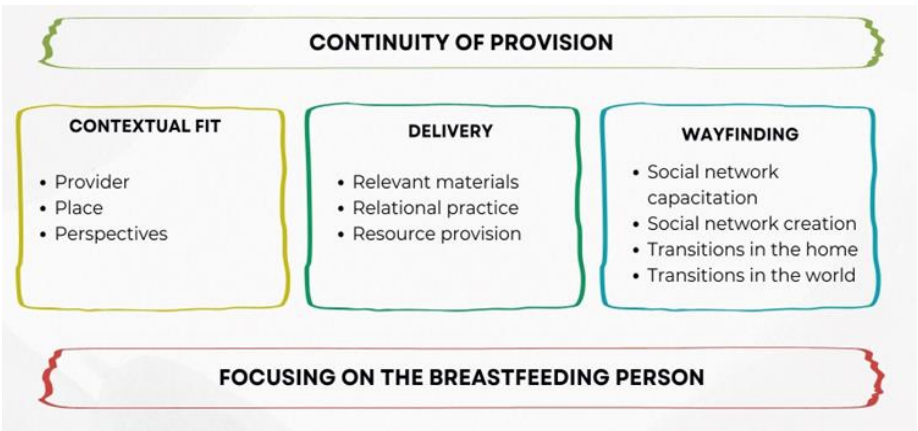

Figure 2. Current principles and activities used by peer and community support

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Implications

The reviews have clear implications for policy, practice, and research.

Policy and practice implications

Policy and practice stakeholders need to consider the development of peer and community support for underserved communities, as their needs may not currently being met. Current implementers should consider adapting existing approaches to ensure inequities are being reduced or prevented.

We identified five principles (Figure 3), which reflect current WHO recommendations, that might help to make peer and community breastfeeding support more equitable:

Actors: Support should come from people with similar backgrounds or experiences, such as other mothers who have breastfed.

Awareness: It's crucial to effectively promote support to both the public and professionals, ensuring people know where to access help.

Assumptions: Messaging should be tailored to meet individual and community needs without causing stigma or reinforcing stereotypes.

Transitions: Transitions between support and services should be smooth and coordinated to avoid disruptions in care.

Social network: Community and family support may need to be targeted to ensure they are encouraging breastfeeding, and services need to tap into existing social networks to create a supportive environment.

It is important to note that current support approaches do draw on some of these principles, but do not seem to be particularly effective. Service development needs to be done with the targeted underserved communities to make sure that services are fully meeting their needs.

Research implications

Research is needed to understand the experiences of underserved populations participating in peer and community support who are currently missing from the evidence-base. This includes individuals with neurodiversity or who are using different types of feeding.

Research is needed to help identify which specific support activities work to prevent inequities in breastfeeding outcomes.

Research is needed to understand how peer and community support can effectively address a range of other breastfeeding related outcomes, including bottle-feeding and mixed feeding (e.g. combination of breast and bottle-feeding).

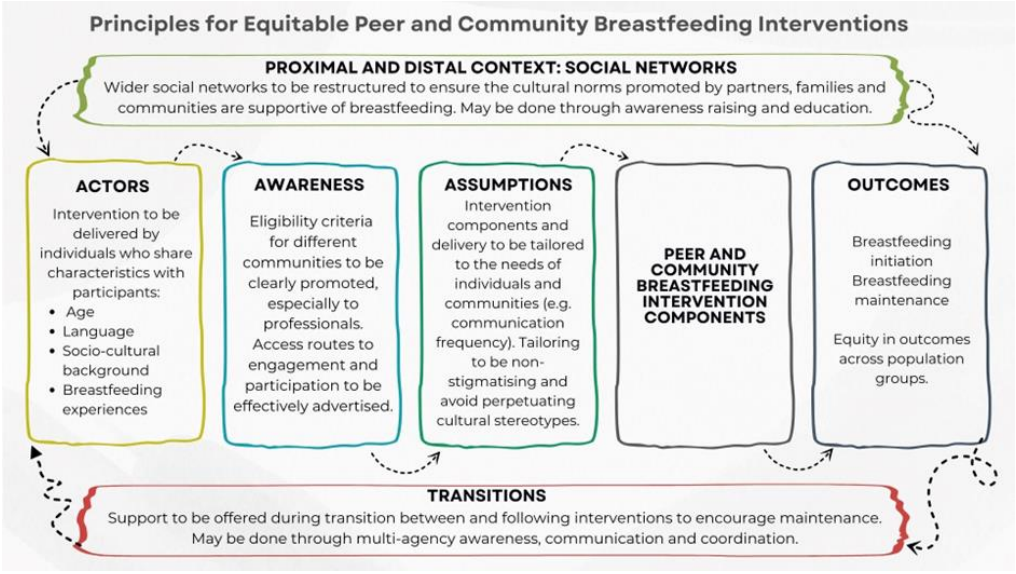

Figure 3. Principles for equitable peer and community breastfeeding support

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Research study

The full journal article can be found at: Evans R, Donaldson C, Aslam Rh, Kirby J, Robinson S, Clarke J, et al. Peer support and community interventions targeting breastfeeding in the UK: Systematic review of qualitative evidence to identify inequities in participants' experiences. Maternal & child nutrition (accepted for publication).

Citation

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