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Hopper, Heather

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***Title***

Factors influencing the sustainability of volunteer peer support for breastfeeding mothers within a hospital environment: an exploratory qualitative study

Heather Hopper<sup>1</sup>, BSc (Hons), MSc, RM (Midwifery Lecturer)

Heather Skirton<sup>1</sup>, PhD, RGN (Professor of Applied Health Genetics)

1. Plymouth University, Drakes Circus, Plymouth PL4 8AA, United Kingdom

## **Abstract**

### *Objectives*

The objectives of this study were to explore breastfeeding peer supporters' motivation to volunteer within a hospital environment, to describe their experiences of volunteering within a hospital environment, to examine the relationships between peer supporters and ward staff, and to identify factors contributing to the future sustainability of the service.

### *Design*

A qualitative study; peer supporters and clinical ward staff were interviewed using a semi-structured schedule and data were analysed using Thematic Analysis with an inductive approach.

### *Setting and participants*

Six peer supporters and ten ward staff, whose role included giving breastfeeding support, working on maternity wards in one consultant-led unit in the South West of England that had been hosting breastfeeding peer support volunteers on postnatal wards for the previous three years.

### *Findings*

Three main themes were identified: 1. What peer supporters brought to the maternity wards; this included providing breastfeeding mothers with confidence, reassurance and empowerment, and spending "unhurried time" with mothers; 2. What motivated the peer supporters; this included an interest in midwifery as a future career and a desire to help people; 3. Factors contributing to the sustainability of the service; these included an existing rolling training programme, however recruitment processes were causing long delays and some aspects of operational management needed improvement.

### *Key conclusions*

Individuals with a passion for breastfeeding were willing to volunteer as peer supporters and their experience of the activity was positive. Organisational processes did not always provide peer supporters with a positive experience of the organisation and these needed to be improved since they contributed to the future sustainability of the service.

### *Implications for practice*

The study indicates that a sustainable hospital-based volunteer service for breastfeeding peer support requires a rolling training programme for peer supporters, efficient recruitment processes and effective operational management.

## **Key words**

Breastfeeding; Peer support; Volunteer; Sustainability; Qualitative

## **Introduction**

The public health benefits of feeding babies exclusively with breast milk for the first six months of life are well established (Renfrew *et al.*, 2012a). However, less than 40% of children in the developing world are exclusively breastfed until six months of age (United Nations International Children's Emergency Fund (UNICEF), 2014). This figure is estimated at less than 20% in the United States of America (Centres for Disease Control and Prevention, 2014), and breastfeeding rates in the United Kingdom (UK) show that the majority of babies receive supplementation of their diet before the age of six months, leaving less than 1% exclusively breastfed at this age (McAndrew *et al.*, 2012). Further strategies are therefore needed to improve breastfeeding rates both in the UK and globally.

One intervention that has been recommended to improve the exclusivity and duration of breastfeeding is the provision of peer support (Dyson *et al.*, 2006; Renfrew *et al.*, 2012b). However, Jolly *et al.* (2012a) highlighted that peer support interventions were significantly more effective in low or middle-income countries, compared with high-income countries. Whilst Jolly *et al.* (2012a) found that trials of peer support in the UK showed no significant effect on breastfeeding, they also acknowledged that peer support in these trials were less intensive than in trials conducted in other countries, and it was not clear whether more intensive peer support in the UK would change this outcome.

A cluster randomised controlled trial of a peer support service conducted in the UK by Jolly *et al.*, (2012b) also failed to show any significant improvement in breastfeeding rates; the intervention in this trial included peer support within 24-48 hours following discharge from hospital, with further needs-based contact offered after that. However, with the steepest decline in breastfeeding prevalence in the UK occurring during the first week after birth (McAndrew *et al.*, 2012), more intensive peer support may need to include routine contact with peer supporters in the immediate postnatal period prior to hospital discharge. Indeed Jolly *et al.*'s definition of intensive peer support included at least five planned contacts (Jolly *et al.*, 2012a); so early breastfeeding support may be beneficial, and further research of intensive peer support within the UK is needed.

The sustainability of a breastfeeding peer support system depends upon the willingness of volunteers, and the published literature indicates that there are a number of contributing factors for initial motivation amongst volunteers (Clary *et al.*, 1998). Voluntary activity may, for some individuals, meet a psychological need; in

this way their volunteering may be driven by their personal values, a desire to learn more, a desire to grow and develop psychologically, a desire to gain career-related experience, a desire to build social relationships or a desire to escape personal problems (Clary *et al.*, 1998). Researchers investigating breastfeeding peer support have highlighted two motivating factors contributing to a desire to volunteer as a peer supporter; personal values and a desire to build social relationships (Aiken and Thomson, 2013; Curtis *et al.*, 2007). Those studies, however, did not specifically consider breastfeeding peer support within a hospital environment.

Volunteering itself has been shown to result in an increased sense of well-being (Vecina and Fernando, 2013), and this has been demonstrated for peer supporters in other areas of healthcare (Brunier *et al.*, 2002; Scarpello *et al.*, 2012), as well as amongst breastfeeding peer supporters (Dennis, 2002; Curtis *et al.*, 2007). Motivation derived from a desire to grow and develop psychologically (Clary *et al.*, 1998) may therefore be more closely aligned to the continuation, rather than the initiation, of voluntary activity (Dennis, 2002).

Various researchers have shown that factors contributing to sustained voluntary activity include the volunteer's need to feel valued (Penner, 2002; Scarpello *et al.*, 2012). Good support and communication between the volunteer and organisation have also been shown to promote continued voluntary activity (Dwiggins-Beeler *et al.*, 2011).

Midwives working on postnatal wards have described feeling under pressure and reported that these feelings can result in them restricting the time they spend with breastfeeding mothers (Furber and Thomson, 2007), so it could be assumed that volunteer breastfeeding supporters would be valued within a hospital environment. However, researchers have found that breastfeeding peer supporters have not always felt welcomed by maternity staff (Aiken and Thomson, 2013). In view of the findings of researchers outlined above, linking sustained voluntary activity with volunteers needing to feel their role is valued (Scarpello *et al.*, 2012), this negative response may be detrimental to the sustainability of a hospital-based volunteer breastfeeding peer support service.

The city in which this study took place had an established network of trained breastfeeding peer supporters. The training was accredited at level 2 (3 credits from the ATT Ed? – check!) and involved 10 weekly 2.5 hour sessions with additional private study. Up to 12 places were offered and the training ran three times a year. In line with other similar services, the breastfeeding peer supporters had all breastfed their own children and were able to share their experiential knowledge of breastfeeding (Dennis, 2003). The peer supporters worked in a voluntary capacity in community-based groups and a hospital-based service that involved volunteer peer supporters visiting the maternity ward to offer peer support to new mothers in the immediate post-natal period. This model of peer support is both proactive and face-to-face, and therefore includes elements of support that has been shown to be most

effective (Renfrew *et al.*, 2012b). The aim in this study was therefore to establish the sustainability of a volunteer peer support service for new breastfeeding mothers within a hospital environment from the perspective of the volunteers and ward staff.

The objectives of the study were:

- To explore peer supporters' motivation to volunteer within a hospital environment
- To describe peer supporters' experiences of volunteering within a hospital environment
- To examine the relationships between peer supporters and ward staff, and
- To identify factors contributing to the future sustainability of the service.

## ***Methods***

This was a cross-sectional qualitative descriptive study based on an inductive approach that allowed patterns and themes to emerge from data collected via interviews with both peer supporters and ward staff. Participant's experiences and perceptions of reality were explored, and thematic analysis was used to identify and analyse themes (Braun and Clarke, 2006). These themes both reflected the reality of providing voluntary breastfeeding peer support on the maternity ward, and extended beyond the surface of this reality to explore factors that influenced the sustainability of the service. The researcher is a registered midwife working in an academic setting and a reflexive diary was kept throughout the study, in which the researcher acknowledged the impact she may have had on any part of the study. This study was approved by the University Student Ethics Committee.

### *Participants and recruitment*

The participants in this study were peer support volunteers and hospital staff based on the maternity ward hosting the peer supporters. Recruitment took place between February and May 2014. The setting was a consultant led maternity unit in a large city in England with an annual birth rate of 4800; the maternity ward was a mixed antenatal and postnatal ward with a total of 28 beds. Hospital staff included those who provided clinical care to new mothers and had done so for at least six months during the period when peer supporters were volunteering on the maternity ward. Current and previous peer supporters who had volunteered on the maternity ward for a period of at least six months were also recruited. Only potential participants who were able to read or access the information sheet and give informed consent were included.

Permission to recruit participants was sought from the relevant institutional bodies. Peer supporters were invited by their manager to contact the researcher via email if

they were interested in participating, and all six peer supporters who responded and met the inclusion criteria were recruited (one did not meet the criteria as she had not yet started volunteering on the ward at the time). Clinical staff were also sent an invitation to participate by their manager, but none contacted the researcher at that stage. Information about the study was subsequently displayed on a poster in the staff room, giving dates when the researcher would visit the ward, and convenience sampling of all staff who met the inclusion criteria and were working on the ward during those two days subsequently took place (only one member of staff did not meet the criteria as she had been working on the ward for less than six months). All participants gave informed consent including permission to digitally record each interview so transcripts could be made.

### *Data collection*

Semi-structured face-to-face interviews (King and Horrocks, 2010) were used to collect data from all participants. The interviews took place between February and June 2014, and the interview schedules are shown in tables 1 and 2; these schedules were compiled following the literature search and designed to meet the study aims and objectives. Each interview took between 15 and 35 minutes.

**Table 1:** Questions for maternity ward staff

1	This study is about the volunteer peer supporters that visit the maternity ward. Tell me about your experiences of working alongside them.
2	What type of breastfeeding support do the volunteers provide?
3	How does this support differ (if at all) from the support that you provide?
4	How do you see the future of the breastfeeding peer-support service?
5	Are there any recommendations you would like to make?

**Table 2:** Questions for volunteer peer supporters

1	Why did you volunteer to be a breastfeeding peer supporter?
2	Tell me about your experiences with hospital staff as a peer supporter in the hospital.
3	Tell me about your experiences with new mothers as a peer supporter in the hospital.
4	What type of support do you provide to new mothers?
5	How does this differ from the support provided by hospital staff?
6	What support is available to you?
7	How long do you anticipate continuing as a volunteer peer supporter in the hospital?

8	How do you see the future of the breastfeeding peer-support service?
9	Are there any recommendations you would like to make?

### *Data analysis*

Each interview was transcribed verbatim, and analysis began as soon as the first interview was available. The transcripts were coded using open, descriptive, data-driven codes that emerged as the researcher read and re-read the data. NVivo9 was used during this systematic coding process. Fifty percent of the data were also coded by the second author to increase the trustworthiness of the findings. Codes were then grouped into themes, which can be defined as recurring features or patterns (Braun and Clarke, 2006). These themes were used to both revise a theoretical framework, based initially on work by Clary *et al.* (1998) and Vecina and Fernando (2013), and also develop a model of a sustainable peer support service, which was tested using the data in order to ensure the themes accurately captured the meanings related to both the research question and the data.

### *Findings*

The demographics of participants are summarised in table 3 below. Pseudonyms were used to maintain confidentiality. The ward staff included midwives, nursery nurses and maternity care assistants. The peer supporters were all mothers with breastfeeding experiences, some of which had involved overcoming difficulties.

**Table 3:** Participant demographics

<b>Name</b>	<b>Role</b>	<b>Children</b>	<b>Breastfed</b>	<b>Length of experience in role</b>
Lucy	Midwife	Yes	Briefly	10 + years
Amy	Maternity Care Assistant	Yes	No	8 months
Sarah	Maternity Care Assistant	No	N/A	5 years
Rachel	Midwife	Yes	Yes	10 + years
Rebecca	Nursery Nurse	Yes	Yes	8 months
Joanne	Midwife	Yes	Yes	10 + years
Janet	Midwife	Yes	Briefly	10 + years
Sharon	Nursery Nurse	Yes	Yes	18 months
Sophie	Maternity Care Assistant	Yes	Yes	10 + years
Carley	Midwife	Yes	Yes	10 + years
Gabby	Peer Supporter (current)	Yes	Yes	3 years
Jacky	Peer Supporter (previous)	Yes	Yes	18 months

Ellie	Peer Supporter (current)	Yes	Yes	1 year
Gemma	Peer Supporter (current)	Yes	Yes	15 months
Susan	Peer Supporter (current)	Yes	Yes	9 months
Millie	Peer Supporter (current)	Yes	Yes	8 years

The findings are presented under the themes that that emerged from the analysis. In the text staff names are denoted by (S) after their pseudonym; peer supporters by (PS).

### ***Theme 1: What peer supporters brought to the maternity wards***

Both peer supporters and ward staff acknowledged that the role of a peer supporter was different from the role of ward staff. They identified the peer supporters as building confidence, providing reassurance and empowerment, and also being a source of information. This information included an invitation to one of the community breastfeeding support groups. Even in the absence of any specific concerns, it was identified that this type of support was sometimes needed for the continuation of breastfeeding.

*Gemma (PS) - A lot of the mums just need reassurance; most of them are doing it right and you just need to say “yeh that’s perfect, keep doing that, or just try a different position“ they just need that sort of encouragement.*

A significant aspect of peer support was reported to be the shared experience that the peer supporter brought; peer supporters felt that using their own personal experience of breastfeeding was both beneficial and acceptable. Some staff commented that this contributed to a more relaxed approach adopted by the peer supporters.

*Rebecca (S) - I guess they come across a bit more ... relaxed ... I can’t explain it, it’s not different information, the support isn’t different it’s just a bit more relaxed, whereas with us we’re a bit more professional.*

The fact that both staff and peer supporters had undergone training in line with the UNICEF Baby Friendly Initiative (UNICEF, 2012) gave staff and peer supporters the confidence that they were all “singing from the same hymn sheet”. When asked about the role of the peer supporter, however, staff referred to practical advice, such as positioning and attachment, far more frequently than peer supporters.

*Rachel (S) - well they’ve all done their BFI training, so they should be singing from the same hymn sheet, and they are able to ensure that women are latching their babies correctly...*

Despite a suggestion that peer supporters and staff were all “singing from the same hymn sheet”, however, there was an acknowledgement that staff were “hands on”,

whereas peer supporters used a “hands off” approach. Peer supporters felt that verbal support and reassurance was needed so that mothers learnt how to latch their baby on themselves.

*Jacky (PS) – a lot of them are very “hands on” and they don’t really talk through a lot with the mums and just kind of latch the baby on themselves and say “there you go, you’re doing it perfectly”, when actually the mum goes home and has not got a clue how to do it themselves...*

One midwife expressed a view that this appeared to stem from differing perspectives of the purpose of breastfeeding support, with peer supporters taking a long-term view of breastfeeding support and ward staff needing to adopt a shorter-term view due to time pressures.

*Carley (S) - ...but our role is mainly to get the baby feeding... I think as well as it’s a busy ward...I think probably the long term advice does get lost...we’re fire-fighting to get the babies feeding. It’s the time factor...*

Peer supporters were described as providing an “unhurried presence”; peer supporters having time to sit and support breastfeeding mothers was a theme that emerged strongly from the data. Peer supporters clearly felt that they could spend as long as was needed with a mother, whereas ward staff did not express an ability to do that.

*Joanne (S) - they provide an unhurried presence really. They’re not, you know; just check the baby’s latched and gone, which we have to do at times, depending on the ward work. So they will sit with women in an unhurried fashion, provide reassurance, you know...*

It was also evident that peer supporters were passionate about breastfeeding and keen to support new mothers and babies in order to promote health and wellbeing. The ward staff applauded this enthusiasm.

*Lucy (S) - I think they’re just invaluable. I think they’re absolutely brilliant... they’re very enthusiastic and if they can help or if it’s appropriate to help they will do.*

## **Theme 2: What motivated the peer supporters**

Together with their passion to support women to successfully breastfeed, peer supporters expressed a desire to help people, and this was a strong motivating factor for volunteering on the maternity ward. They described how they felt they could “make a difference”, particularly by supporting mothers in the immediate post-partum period.

*Gabby (PS) - I was really keen to do that because I wanted to see mums very early on and see if I could make a difference when they were at that really crucial few hours few days post-delivery.*

Peer supporters talked about how rewarding they found volunteering in a hospital setting. This was seen in their body language as well as their words; they all “lit up” with enthusiasm when describing their experiences on the wards. Some peer supporters expressed a sense of shared success with the mothers they had helped by using the pronoun “we”.

*Gabby (PS) - ...she was struggling, and I spent probably a good hour with her and we got it, and we sussed it...it was just brilliant!...I used to go out of the hospital on absolute cloud 9...*

Interest in midwifery as a future career was a strong motivating factor; volunteering was seen as a way of either learning more about midwifery, or gaining experience, which would give them an advantage at interview.

*Susan (PS) – I suppose my biggest motivation was that I was considering applying to become a midwife... I knew I wanted to promote breastfeeding because I had a few problems myself and so if there'd been someone like myself around at the time I'd have found that really helpful...*

Some peer supporters had indeed gained a place to study nursing or midwifery, and felt that their experiences as a peer supporter had helped them to achieve this goal. This was viewed as a positive public health outcome by the peer-support co-ordinator who organised the training.

*Millie (PS) – That's fine...if they do get into midwifery they've got experience...It's an unexpected benefit, it's more of a public health aspect as well, so the use of the training to get back into employment and to progress.*

The final motivating factor that was acknowledged was the need for social contact. Those peer supporters who had stopped work to look after their children described how they were looking for adult social contact, and peer support met this need.

*Jacky (PS) - Yeh, it's true, it's a good excuse to kind of go along to groups and socialise with other mums as well, yeh!*

### ***Theme 3: Factors contributing to sustainability of the service***

Most peer supporters reported that staff were friendly and welcoming and all the staff interviewed were very positive about the presence of peer supporters on the maternity wards. Despite this positive staff attitude, however, some staff felt that peer supporters could be valued more as a whole.

*Lucy (S) - we're always really glad to see them and everything, but I think the service "oh it's the peer supporters", but actually they're propping up the service if I'm honest, and I think they need to be more valued than they are, not as individuals, but as a whole.*

Both peer supporters and staff reported long delays in the time it took to for a peer supporter to be recruited by the Trust as a hospital volunteer. A member of staff was allocated to organise this but did not appear to have been given sufficient protected time to perform this role effectively. Table 4 outlines the paperwork required by the hospital trust for each volunteer.

*Sophie (S) - ... it's the paperwork that holds them up, poor girls ... we've even got a huge backlog of people waiting ... for about 6 or 7 months,*

**Table 4:** Paperwork required for each volunteer.

Disclosure and Barring Service (DBS) check
Occupational Health check (including immunisations)
Parking permit application
Identity Badge application and production
Volunteer application form with 2 references
Equal opportunities questionnaire

Some peer supporters also commented on the lack of any formal rota, and suggested that this may affect commitment levels. Staff also reported that a more formal organisation would be beneficial.

*Gemma (PS) - I thought a proper rota was going to be set up and had that happened then I would go every week, but because there doesn't seem to be that formality it makes it harder to be committed.*

*Joanne (S) - It would be nice to know when they're coming... I guess if you knew they were coming you could say "when they come in I'll ask them to come and sit with you".*

On-going support was available from a community peer supporter co-ordinator, and this was considered important, especially when starting out.

*Jacky (PS) - At the beginning I felt like I needed a bit of support, sometimes it can be quite emotional. ... I could always speak to "X" (community peer support co-ordinator) and just say, "oh, I had this really difficult thing" ... and she was really supportive, but I've found that the more I've done it the less support I've needed...*

Peer supporters acknowledged that they may not be able to volunteer for a long period of time, but described how they felt that even a few months providing peer support was valuable.

*Jacky (PS) - ... there's a lot of people, even if it's a short time, even if you've got like a few months before going back to work or something like that, which there quite often is, that few months could be so valuable, you know going up once a week, and there's a lot of mums doing that.*

This constant turnover of volunteers required regular training courses, which were described as “excellent” by the peer supporters, and were organised locally with the capacity of 36 places every year.

### ***Theoretical Framework***

The findings of this study were used to revise a theoretical framework of voluntary breastfeeding peer support that was developed from work by Clary *et al.* (1998) and Vecina and Fernando (2013). This is represented in figure 1 below, and includes three stages of a peer supporter's journey. “Expectations” relate to initial motivation to volunteer as a peer supporter; “experience” highlights what is needed for the volunteer to engage with the activity; and “outcome” includes the benefits of volunteering. Each of these stages were identified from themes which emerged from the data generated from interviews with peer supporters.

**Figure 1.** Theoretical framework of voluntary breastfeeding peer support. (*submitted in separate file*)

### ***Discussion***

#### ***What peer supporters brought to the maternity wards***

The findings of this study mirrored the findings of previous research, which identified peer support as unique and distinct from professional support (Hegney *et al.*, 2008; Dyson *et al.*, 2006; Renfrew *et al.*, 2012b). It is interesting to note that the women participating in the study by Hegney *et al.* (2008) were further on in their breastfeeding journey and received telephone support, so the current study provides new evidence for the unique role of the peer supporter in the immediate postnatal period, where they provide face to face support within a hospital environment. The type of support identified in this study is also aligned to that identified by Dennis (2003), who classified peer support as providing emotional, appraisal and information support.

Both Dennis, *et al.* (2002) and Hegney *et al.* (2008) identified shared experiential knowledge (successful breastfeeding skills) as a significant quality of peer support. The participants in this study identified that peer supporters were able to use their shared experience of breastfeeding in a way that promoted new mothers' confidence in, and acceptability, of breastfeeding, resulting in what they described as a more relaxed approach to breastfeeding support than that offered by maternity ward staff, so these findings would appear to endorse experiential knowledge as a requirement for becoming a peer supporter in a healthcare setting.

Whilst it was evident that high quality training underpinned the peer support service in this study, the acceptance that ward staff used a hands-on technique was concerning. Previous research shows that a hands-off breastfeeding technique leads to increased breastfeeding rates at two and six weeks post-partum (Ingram *et al.*, 2002). Ingram *et al.* (2002) also demonstrated that midwives were able to use this technique in practice, despite time pressures which were mentioned by ward staff in this study. However, peer supporters' ability to spend time with new mothers compared to the time restriction experienced by maternity ward staff reflected the findings of previous researchers (Schmied *et al.*, 2011). These findings therefore support the recommendation of making peer support available alongside professional support (Dyson *et al.*, 2006; Renfrew *et al.*, 2012b).

### ***What motivated the peer supporters***

Peer supporters in this study were highly motivated by a desire to help people. This values-based altruistic factor has been identified by previous researchers in the area of volunteering (Clary *et al.*, 1998). An additional motivating factor mentioned by peer supporters was their desire for social contact. Whilst this is not the same as wanting to help people, it does highlight that peer supporters could be described as "people focused", which links to the importance, identified by Schmied *et al.* (2011), of person-centred communication skills and relationships in supporting breastfeeding women.

Peer supporters in this study frequently cited career progression as an initial motivating factor; Clary *et al.* (1998) also identified career progression as a possible motivating factor for volunteering, although previous research into breastfeeding peer support has not identified this. These three motivating factors (helping people, social contact and career progression) were identified as factors that motivated women to initiate voluntary activity as a peer supporter, but an additional factor contributed to sustained activity. This was the positive sense of wellbeing and self-worth generated from positive feedback from new mothers whilst undertaking the activity. This finding, that voluntary activity generates a sense of well-being has been well documented previously (Dennis, 2002; Vecina and Fernando, 2013) and is included in the theoretical framework in Figure 1 above as an "outcome". Despite

finding peer supporting rewarding, however, the volunteers in this study acknowledged that they did not anticipate continuing with peer support for long periods of time due to personal circumstances.

This study provides new evidence of factors which motivate peer supporters to volunteer on maternity wards since this question has not previously been explored; these are included in the theoretical framework in Figure 1 above as “expectations”. It also contributes to an understanding of how to develop a sustainable peer support service by highlighting two key points; firstly that people are motivated and willing to undertake this activity (therefore recruitment should not be a problem), and secondly that most peer supporters will only undertake this activity for a limited amount of time. This should not be viewed as a negative situation but ongoing training of peer supporters must be provided with succession planning in mind.

### ***Factors contributing to sustainability of the service***

In this study the maternity ward staff viewed breastfeeding peer supporters positively. This is in contrast to some previous studies, in which researchers identified midwives as feeling threatened by peer supporters (Curtis *et al.*, 2007), or displaying unwelcoming behaviour such as controlling access to new mothers (Aiken and Thomson, 2013). The findings suggest good communication existed between peer supporters and ward staff, and that both groups understood their role boundaries, which South *et al.* (2012) highlight as important in relation to peer support. These findings suggest that the role of breastfeeding peer supporters on the maternity wards was valued, which should contribute to sustained voluntary activity (Penner, 2002; Scarpello *et al.*, 2012).

Although peer supporters felt welcomed by ward staff, there was an underlying feeling that peer supporters did not feel valued as much as they could have been due to organisational processes. The processes that caused concern could be categorised as “recruitment processes” and “operational management”; similar areas were identified by Dwiggins-Beeler *et al.* (2011), who noted that good organisational communication was important to sustain voluntary activity. Delays in both these areas meant that the hospital trust did not “pull” peer support volunteers onto the maternity wards, which should have been possible due to the availability of a pool of trained peer supporters. Instead, the peer supporters were “pushing” to gain access onto the maternity wards and considerable delays resulted in some peer supporters never reaching the wards.

In this study we have identified that regular training of new peer supporters is essential for sustainability of a volunteer service due to turnover. Succession planning is not discussed in other areas of peer support, but this study shows that breastfeeding peer supporters may volunteer for shorter periods of time than peer supporters in other areas of health care (Brunier *et al.*, 2002); therefore regular

training of new peer supporters is an essential aspect of a sustainable breastfeeding support service.

The key sustainability issues that have emerged from this study therefore relate firstly to way in which the volunteers felt valued by the organisation, and secondly to the way in which the volunteers felt valued by new mothers (service users). The study highlights the elements which worked well, as well as the elements which could have been improved. A model was therefore devised (figure 2), in which elements contributing to the sustainability of a volunteer peer support service were identified; this may be useful when considering application of the findings of this study to practice.

**Figure 2:** Elements identified as contributing to the sustainability of a volunteer peer support service within a maternity ward setting. (*Submitted in separate file*)

#### *Strengths and limitations of the study*

One of the strengths of this study was the sample, which included participants from the full range of clinical staff and as many peer supporters meeting the study criteria as were available. This resulted in saturation being reached during coding, with no new themes emerging from the final few interview transcripts, and a high level of confidence in the quality of the data that were generated from the interviews. The study was enhanced by gaining two perspectives on the research question; one from staff and one from peer supporters.

A further strength of this study was that fifty percent of the data were double coded, and the emerging themes were compared and discussed by both researchers, supporting the trustworthiness of this study. However, the data were only generated from interviews with staff and volunteers in one hospital trust, so findings may not be transferrable to other institutions.

#### *Reflexive account*

The first author was aware of several areas in which she may have influenced this study. These include personal experience of breastfeeding and a strong belief in the value of breastfeeding in terms of the benefits to both the physical and psychological health of infants; a professional interest from a background of being a midwife and recognising that the public health aspect of midwifery includes improving breastfeeding rates as an important agenda item (Chief Nursing Officers, 2010). However, the settings for interviews were chosen to be informal and relaxed, the

interview schedule did not include any leading questions, and verifying comments were sought throughout each interview to ensure the views expressed were genuine.

Prior knowledge and background could also have influenced data analysis. This issue was addressed by using an inductive approach to data analysis, starting with open coding of the data from which concepts were identified, and double coding fifty percent of the data. These efforts to reduce subjectivity resulted in emerging themes that were more fundamental and in-depth than were initially predicted.

### *Recommendations for practice*

The findings of this study indicate that individuals with a passion for breastfeeding will be willing to volunteer as peer supporters, and new mothers will value the support that they provide. Given the results of this study the recommendations for establishing a sustainable volunteer peer support service in practice are aimed at “pulling” volunteers in and providing them with a positive experience from the organisation; the suggestions for practice are therefore as follows:

- Provide accessible and appropriate training for peer supporters, with a rolling programme to address the issue of succession planning
- Establish robust and reliable recruitment processes for volunteers to access maternity wards with a minimum delay
- Provide reliable operational management of the volunteer service; this role should be undertaken by an appropriately trained staff member who is given time to complete it effectively, and include ongoing support for volunteers as well as organisation of a rota of when volunteers are expected on the wards.

### *Recommendations for further research*

Following this study, qualitative research to ascertain the views and experiences of new mothers who were supported by breastfeeding peer supporters within a hospital environment would be beneficial. In addition, an observational study of how breastfeeding mothers are supported on the maternity wards would be beneficial to compare the approach of ward staff and volunteer breastfeeding peer supporters. A multi-centre study is also recommended, to determine how different recruitment processes and operational management systems affect the way in which hospital volunteers perceive they are valued by the organisation.

### *Conclusion*

The findings of this study show that peer supporters are strongly motivated and welcomed onto the ward by staff. However, organisational support for the system and recognition that succession planning is needed will help to ensure that the service is sustainable and mothers receive the support they require for the benefit of themselves and their children.

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