













Benefits of Breastmilk in the NICU

- decreasing the risk of life threatening necrotizing enterocolitis; infections, and hospital length of stay.
- improved motor outcomes, cognitive skills, neurobehavioural organization as well as decreased use of health care services later in life. [Narayanan 1984; Lucas 1990; Meinzen-Derr 2009; Meier 2013]

The Gap

Rates for breastfeeding exclusivity at SHSC for 2013 indicated that preterm infants were less likely to be exclusively breastfed at discharge than their full term counterparts (68.3% and 76%, respectively).

[Canadian Neonatal Network and BORN Information System reports]



The Gap

Mothers of clinically complex or critically ill preterm infants encounter a variety of unique breastfeeding barriers and challenges that can make it difficult to initiate and sustain breastfeeding

[Meier 2013; Nyqvist 2013; Kristoff 2014]



Our Inspiration

Breastfeeding Peer Counselling programmes have been shown to improve breastfeeding outcomes in mothers with healthy babies. Dr. Paula Meier and her team have shown in that rates for breastfeeding initiation and exclusivity at discharge improve when mothers have access to breastfeeding peer counsellor mothers who have 'been there'. [Meier 2003; Meier 2013]

**PEER SUPPORT IS A
NATURAL WAY OF SUPPORTING
OUR PEERS THROUGH DIFFICULT
TIMES BY SHARING EXPERIENCE AND
BEING ABLE TO SAY...**

"I'VE BEEN THERE"

Project Goal

Develop and implement a peer counsellor program in the Level III NICU at Sunnybrook Health Sciences Centre. Increase rates of breastfeeding initiation and exclusivity at discharge for premature infants in our NICU



Project Overview-work plan

- define the job parameters and job description for BPCs.
- establish standardized program procedures.
- provide information and education sessions to NICU staff regarding the BPC program.
- ensure adequate orientation, supervision and support of BPCs by breastfeeding support RNs and our Family Support Specialist.
- provide BPCs with timely assistance from the care team for problems outside of their scope of practice.
- support BPCs to provide formal and informal peer-to-peer support to parents in the NICU

Breastfeeding Peer Counsellor Role Profile

Provide non-clinical one-on-one breastfeeding peer support to women who have babies in the Sunnybrook Neonatal Intensive Care Unit

Serve as a role model for women by supporting and promoting breastfeeding through peer support

Work with team members and to address barriers to exclusive breastfeeding

Breastfeeding Peer Counsellor Competencies

- Breastfeeding **experience** as a mother of a premature infant and a demonstrated ability to share this expertise in the context of supporting others.
- Strong **communication** skills and demonstrated understanding of the principles and value of intentional peer support.
- A good grasp of the **principles of milk production**, breast pumping and storage, breastfeeding premature infants
- The ability to establish **trusting relationships** with others.



Mothers' Feedback

- 'First time I was able to laugh was today at Moms' lunch. These are the type of thing that keep us moms going.'
- 'I know now that pumping struggle is common.'
- 'This is amazing to me and I'm feeling so blessed to be somewhere that I can be a part of something so wonderful. What SB offers is truly one of a kind and brings tears to my eyes.'

Peer Counsellor's Perspective

' the positive part of this experience for me is I feel I was able to encourage a lot of them not to give up hope and to trust the doctors and the nurses. The lunches on Thursdays also helped me to connect most of the moms with other moms. I think this connection is important so the mothers themselves are able to encourage each other. '

Peer Counselor's Perspective

'I can understand what the parents are feeling especially if it was their first child. I enjoyed talking to the parents especially the moms on what to do and how to balance their time in between hospital and home.'

'...most of them wanted me to assure them that the baby will be a hundred percent okay. I usually tell them that every baby is different and that I can't say anything like that and there are a lot of ups and downs so they should take it day by day and keep pumping which is also a good medication for the baby.'

Project Reach

- 40 Peer Counselor facilitated lunches for breastfeeding mothers with babies in the NICU
- 478 contacts by the Peer Counselor with women whose babies are in the NICU



Percentage of women contacted by the Peer Counsellor

Feb/Mar/April	109/139	78%
May/June/July	116/130	89%
Aug/Sept/Oct	132/147	89%



Mothers' Feedback

Did you achieve your goals regarding feeding your baby?

31/34 said yes

Did meeting with the breastfeeding peer counselors or attending the Mom to Mom lunch help you achieve any of the following?

- 22/34 less isolated
- 23/34 had more support
- 15/34 less anxious
- 16/34 feel better about being at hospital



Exclusive Breastfeeding

Before the Best Start Project:

71 % of babies received only breastmilk on day of NICU discharge (200/283)

(August 1, 2014-Jan 31, 2015)

During the Best Start Project:

75 % of babies received only breastmilk on day of NICU discharge (223/295)

(Feb 1 2015, July 31, 2015)

(source: Canadian Neonatal Network)

Strategies Used to reach population

- Peer-to-peer
- Food
- Facilitate current, experienced 'NICU mothers' to support new 'NICU mothers'



Recommendations for Other Centres

- Start small
- Use volunteers if funding isn't available
- Plan to spend significant time in orientation, this is a big transition
- Have supports in place for the counsellors on a daily basis
- Meet with the counsellors weekly to discuss their experiences and receive updates



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