



MOTHER-TO-MOTHER SUPPORT FOR BREASTFEEDING

Frequently Asked Questions

FAQ SHEET 2

From the LINKAGES Project

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Q *What is mother-to-mother support for breastfeeding?*

Mother-to-mother support for breastfeeding means women helping women breastfeed their babies. Experienced breastfeeding mothers model optimal breastfeeding practices, share information and experiences, and offer support to other women in an atmosphere of trust and respect. In this setting, pregnant women and mothers who are breastfeeding explore options that result in a satisfying breastfeeding experience.

Q *Why is mother-to-mother support needed?*

Many traditional societies have recognized that a new mother is often vulnerable and sensitive and needs encouragement and support. The informal, traditional support system that positively reinforced breastfeeding in the past may no longer be in place where modernization and bottle-feeding

FAQ Sheet is a series of publications of Frequently Asked Questions on topics addressed by the LINKAGES Project. This issue focuses on Mother-to-Mother Support for Breastfeeding, a method for improving the health and well-being of women and their infants.

have become the norm. Mother-to-mother support helps fill this gap, as usually it is easier for mothers to share their concerns with other mothers. Mother-to-mother support is available in the mother's own community and provides an essential complement to the health care system, even where health care providers are well trained in the science of lactation and the clinical management of breastfeeding.

Mother-to-mother support counters the dissemination of incorrect or misleading information, thus enabling the mother to make informed choices about the feeding of her baby.

Q *Who benefits from mother-to-mother support?*

Babies, mothers, family members, and health care providers all benefit from mother-to-mother support. Pregnant women gain knowledge in preparation for breastfeeding, and mothers receive support and learn from the wisdom of more experienced mothers. Babies get their choice food as well as a healthy start in life. Husbands and other family members benefit because a new mother who is well supported has greater confidence and can cope better with the adjustments of motherhood. Grandmothers and anyone who is interested in breastfeeding gain knowledge and learn how to support breastfeeding women. Health care providers benefit from being able to refer mothers to resources specifically designed to provide the support they need.

Q Where, when, and how does mother-to-mother support take place?

Mother-to-mother support takes place one-on-one or in groups, informally or formally, anytime, anywhere: in the market place, at the bus stop, at church meetings, in a community hall, at maternity clinics—wherever pregnant or breastfeeding mothers are found. Mother-to-mother support occurs in a variety of settings including, but not limited to, the following:

- ♦ chance contacts with mothers in the community
- ♦ groups of pregnant women and breastfeeding mothers
- ♦ telephone counseling, hospital, and home visits
- ♦ interactive presentations at service club meetings, schools, universities, etc.

Q How long can a mother participate in mother-to-mother support?

There is no set time limit for a mother's participation, though a mother may move on to different types of involvement as time passes. For example, women may make contact and/or attend meetings during pregnancy or while breastfeeding and may continue with subsequent children. A mother may choose to stay on and

become one of the “experienced” mothers, or she may undergo training and become a telephone counselor, peer counselor, or facilitator for a mother support group in her community. Older mothers/grandmothers may continue to participate in administrative, fund-raising, or other supportive activities.

Q What kind of information and materials are shared and disseminated through mother-to-mother support?

Mother-to-mother support is not about giving medical advice but about sharing information. Information is provided on topics such as breastmilk production, latch-on and positioning, the resolution of common breastfeeding difficulties, how to tell if the baby is receiving enough breastmilk, and how to breastfeed discreetly (if this is a concern). Mothers returning to work or in difficult medical circumstances receive support and information on how to continue breastfeeding in these situations. Mothers may lend each other materials informally, or a mother support group may have a lending library of breastfeeding and parenting books, as well as leaflets covering various breastfeeding issues in the local language. Larger, more established mother-to-mother support organizations,

such as La Leche League International (LLL) and the Australian Breastfeeding Association (ABA), supply books and information as well as organize local and international conferences for information sharing.

Q How can women be motivated to become and remain involved in mother-to-mother support?

A sense of self-accomplishment is a strong motivation in and of itself. Volunteers work best if they enjoy what they are doing. Individual talents need to be tapped; volunteers need ongoing nurturing and support. This can be achieved through regular formal and informal meetings among volunteers and/or their support persons, to discuss recent breastfeeding and related information, reinforce breastfeeding topics and counseling skills, help to solve special breastfeeding difficulties, and provide mutual feedback and support in handling frustrations and disappointments. In between meetings, communication and education can take the form of regular newsletters, phone calls from a support person, or contact with a “buddy.” As mothers become more experienced in breastfeeding and in mother-to-mother support, they can undergo training to become a

facilitator, or present a topic at a workshop or conference.

Q *What is the difference between a mother-to-mother support group and a mothers' support group?*

One form of mother-to-mother support is the “support group.” A mother-to-mother support group is initiated and operated by a mother who facilitates the meeting. She may have received training, but her primary qualification is that she is a mother with breastfeeding experience. At the meetings new, as well as experienced mothers, *share* information and are encouraged to voice their doubts and concerns.

A mothers' support group may be facilitated by a health care provider or someone who is considered an expert in a certain field. The facilitator may not be a mother or belong to the same peer group. Mothers' support groups can take place in the context of “clubs” formed for the purpose of credit, arts/crafts, sewing, etc. In some mothers' support groups, new, as well as experienced mothers, *share* information and are encouraged to voice their doubts and concerns; in others, information is *given* via talks or lectures.

Q *What is the methodology most commonly used in a mother-to-mother support group setting?*

Mother-to-mother support groups utilize a methodology that follows an organized, yet flexible format with guided discussion, rather than a formal class where “experts” teach. Each meeting has a different topic for discussion. The facilitator briefly introduces the topic and then encourage others to share their experiences and thoughts. With the help of experienced breastfeeding mothers, the facilitator gently corrects any misinformation, provides accurate facts, and encourages the participants to share their experiences. Active participation from group members is a process of peer support which results in empowerment, and an increase in self realization for mothers. Together, mothers find ways to resolve breastfeeding difficulties, improve their infant feeding practices, and support each other.

Q *What are the difficulties in starting mother support groups?*

The community may not perceive the need for establishing a support group. The prevailing attitude in society may be an obstacle. People may think that

breastfeeding is a common practice, old fashioned, difficult, embarrassing, or inconvenient. Countering these attitudes is difficult. News releases in print and on radio, posters, and leaflets can help raise awareness of breastfeeding in general and the benefits of support groups.

Health care providers may feel threatened until they understand that the support group complements the service offered by the formal health sector. Meeting with local health care providers can help create a spirit of trust, cooperation, and team work.

Q *What training, support, and staff are needed to implement support groups?*

Those involved in support groups should receive training in breastfeeding and young child feeding as well as training in counseling skills and the dynamics of support groups.

Training for the facilitator may take the form of an official, recognized training course or an apprenticeship. Training programs vary from 20 to 80 hours. Lessons spread over time allow for better assimilation of material as do participatory activities.

Some form of accountability or simple record keeping by the

facilitator is usually necessary, depending upon the funder or organizational regulations. This may include simple statistics such as when and where meetings were held or mothers were contacted, how many pregnant women/mothers were helped, and common breastfeeding difficulties encountered.

Those who are directly working with the mothers at the community level also need a support person to whom they have easy access and who can provide quick feedback. This can be an experienced person from within the support group structure. There should also be persons who are responsible for seeing to the needs of the mother-to-mother support network.

Q *What other activities are carried out through mother-to-mother support to promote, protect, and support breastfeeding?*

In addition to providing direct support to mothers, mother-to-mother support activities can include policy, training, research, advocacy, and information dis-

semination. Mother-to-mother support efforts can also include coordination and integration at the global and national levels such as:

- ♦ collaboration with international activities of the World Alliance for Breastfeeding Action's (WABA) World Breastfeeding Week and Mother Support Task Force,
- ♦ collaboration with WHO and UNICEF on the Mother Baby Friendly Hospital Initiative (Step 10), and
- ♦ sponsorship and participation in a wide variety of workshops, conferences, and meetings.

Q *How can mother-to-mother support activities be sustained?*

Some of the challenges to sustainability are the shortage and turn-over of volunteers as well as financial constraints. Turn-over is often the result of family responsibilities and a lack of recognition and acceptance of the volunteers by health care providers. These challenges can be addressed by focusing on one or two activities, matching tasks to available time,

and providing incentives. Examples of incentives for volunteers include stipends, food, free medical services, a graduation ceremony and training diploma, and special clothing and other articles to distinguish the volunteers.

Some programs have addressed financial constraints by initiating income-generating activities, such as the sale of tee-shirts, posters, and educational materials. Others have approached various donors for training and program grants and for in-kind contribution of goods (such as office space and equipment) and services.

Lack of collaboration with other health services threatens sustainability. As a general rule, networking and collaboration with government agencies and NGOs are essential links that can facilitate two-way referrals, shared training, and technical assistance opportunities. A solid and consistent support structure, with committed individuals, needs to be in place to support growth.

For additional information and resources on mother-to-mother support, contact the LINKAGES Project or La Leche League International, 1400 N. Meacham Road, Schaumburg, IL, 60173-4048, (847) 519-7730, or visit the website at www.lalecheleague.org.



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