

District of Columbia Department of Health Supports Peer Counseling to Improve Breastfeeding Rates

Through the ASTHO Breastfeeding Learning Community, supported by CDC, the District of Columbia Department of Health is leading a broad stakeholder group to support a new breastfeeding peer counselor in Southeast, Washington D.C., to help low-income African American mothers and their infants with breastfeeding and access WIC and primary care services.

Breastfeeding rates in Washington, D.C. vary widely across demographic groups, and African American residents have significantly lower rates of breastfeeding initiation and breastfeeding at six months compared to white residents. Using breastfeeding peer counselors has been shown to improve rates of breastfeeding initiation, duration, and exclusivity.¹ Currently, the District of Columbia Department of Health's Special Supplemental Nutrition Program for Women, Infants, and Children (DC WIC) employs seven peer counselors that serve eight of the 18 WIC sites in Washington, D.C. Outside of the WIC program, there are very few peer counselors available in Washington, D.C. to encourage and support breastfeeding.

With support from the ASTHO Breastfeeding Learning Community, the District of Columbia Department of Health (DCDOH) is partnering with the [District of Columbia Breastfeeding Coalition](#) (DCBFC), the Children's National Health System (CNHS), and the United Medical Center (UMC) to establish a new full-time breastfeeding peer counselor at the [Children's Health Center at the Town Hall Education Arts Recreation Campus](#) (THEARC) in Ward 8. The Children's Health Center at THEARC is a full-service medical home that is part of CNHS. THEARC serves a predominately low-income, African American patient population and offers preventive healthcare, sick visits, immunizations, chronic illness management, and psychological, legal aid, referral management and social support services.

Steps Taken:

- CNHS hired the THEARC peer counselor with funding from DCDOH via DCBFC. A Washington, D.C. WIC international board certified lactation consultant trained the peer counselor using the ["Loving Support to Grow and Glow in WIC"](#) training curriculum.
- The peer counselor began engaging clients in mid-May 2015, and provides breastfeeding support to all women with an infant or child seen at the Children's Health Center at THEARC through one-on-one counseling and group support classes. In addition, the peer counselor visits birthing facilities in Southeast Washington, D.C. that participate in DCBFC's ["Creating A Baby-Friendly District of Columbia" Initiative](#), to provide newborn breastfeeding support and use

- Low-income African American women living in Washington, D.C. have significantly lower breastfeeding initiation rates (57.1%) than white low-income women (97%).
- In addition, only 26 percent of African American women in Washington, D.C. continue to breastfeed for six months, compared to 75 percent of white women.

mobile technology to document visits and connect families to follow-up care by scheduling postpartum primary care and WIC appointments.

- DCBFC established an agreement with UMC, a birthing facility in Southeast Washington, D.C., to allow the THEARC peer counselor to assist a second CNHS peer counselor in providing support for mothers who give birth at UMC. Peer counselors facilitate referrals to CNHS primary care for mothers who identify CNHS as their desired primary care provider, as well as set-up WIC appointments for eligible mothers and infants. The peer counselors use mobile devices to document their visit and coordinate with UMC breastfeeding support teams that include nurses and dietitians.
- CNHS supported the development of various print materials and client handouts, including [promotional cards](#) and a client educational toolkit that includes bookmarks, pens, and milk wrist bands. DCDOH developed a peer counselor toolkit that includes teaching aids, evidence-based client materials, and demonstration models. DCDOH also developed protocols for the peer counselor to use when making WIC and primary care appointments, and for new [client intake forms](#) and tracking referral forms.
- The DC WIC program implemented a texting program (“BfedDC”) in June 2015 to facilitate efficient communication between peer counselors and clients. Texting is the most commonly used method of information relay used by the population served.
- DCBFC coordinated development of a monitoring and evaluation plan, which tracks the number of peer counselor clients, the number of appointments made, the number of breastfeeding classes and support groups held, and the number of telephone or email contacts, in addition to impact on breastfeeding initiation and maintenance rates.

Results:

- WIC data suggest the proportion of WIC infants who have ever breastfed across Washington, D.C. increased from 56.6 percent in October 2014 to 58.0 percent by June 2015. This data includes all WIC infants and the increase in breastfeeding rates cannot yet directly be attributed to the new peer counselor. However, more data will be available soon to measure this.
- Program partners modified existing policies to facilitate seamless integration of the peer counselor into existing systems. Specific policy changes include: (1.) CNHS allowed the peer counselor access to health system electronic medical records for documentation, (2.) UMC granted clearance for the peer counselor to see new mothers on the hospital postpartum unit, (3.) DC WIC allowed the peer counselor direct access to all WIC facility call centers and a web-based text message system to make appointment requests and communicate with WIC participants, and (4.) CNHS designated a peer counselor point of contact at all Children’s Health Center sites to help expedite scheduling newborn visits.

Next Steps:

- A new WIC site will open at THEARC in fall 2015. The new breastfeeding peer counselor will serve both THEARC patients and WIC clients.
- DCDOH will continue to collect data on peer counselor visits and maternal and infant outcomes, and partners will also continue exploring opportunities to sustain the peer counselor’s work through additional funding and ongoing partnerships with the birthing facilities.

- Partners plan to expand the reach of peer counselors to additional birthing facilities that serve low-income African American families in two different wards. The District of Columbia Breastfeeding Coalition has professional linkages to both UMC and CNHS.
- In addition, the DCDOH Community Health Administration will potentially work with other programs such as the Healthy Start Program and the Office of the State Superintendent of Education to expand the reach of all peer counselor services and referrals into other settings such as schools.

Lessons Learned:

- Partners faced challenges in recruiting the peer counselor, primarily due to salary constraints and the temporary nature of the position.
- While some birthing hospitals were eager to partner, staff at other birthing hospitals expressed concerns related to additional burden on nursing staff to coordinate with the peer counselor. Partners are meeting directly with nursing staff to discuss specific concerns and identify ways to reduce staff burden. In addition, partners say maintaining constant communication with hospitals is important. They found that bringing together stakeholders from one of the hospitals and WIC staff to discuss how to best support breastfeeding at the hospital was particularly helpful. Partners recommend establishing Memorandums of Understanding with several birthing facilities simultaneously prior to beginning a program.
- Partners recommend establishing appropriate data collection points with partners at the start of the project to ensure timely data collection. Some potential data that could be gathered from partner organizations such as WIC include breastfeeding initiation, exclusivity, and duration rates.
- Partners also recommend engaging as many community partners as possible to establish a broad support base. DCDOH staff say collaborating with the District of Columbia Breastfeeding Coalition helped extend DCDOH's partnerships with other community organizations.

For more information:

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¹ Chapman D, et al. "Breastfeeding Peer Counseling: From Efficacy through Scale-Up." *J Hum Lact.* 2010. 26(3): 314-326.