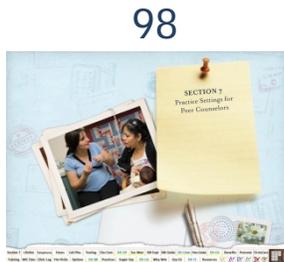


WEBCAST #5 PRACTICE SETTINGS FOR PEER COUNSELORS

- Welcome to the USDA Food and Nutrition Service webcast on practice settings for peer counselors. I'm Patti Mitchell with the Food and Nutrition Service WIC Program. This is webcast #5 from our series of webcasts from the FNS Peer Counseling curricula: Loving Support Through Peer Counseling: A Journey Together.
- The webcast will provide a summary of key highlights from Section 7 of the management curriculum on practice settings for peer counselors. It's not possible to go through the entire module in this webcast, so we'd like to remind you to please refer to the *detailed* speaker notes and handouts for this section. State agencies will need to use the information provided in the detailed speaker notes to develop their policies and also to train their local agency managers.



Practice Settings for Peer Counselors

Research shows that the key to success with peer counseling is being available to mothers when they need it most.

We all know that breastfeeding problems often occur outside usual business hours, and the purpose of having a peer counseling program is to provide important support beyond usual WIC services.

Peer counselors help fill the gap in breastfeeding services.

They can do this by working in a variety of locations to serve the needs of WIC mothers.

Practice settings can include working by telephone from the peer counselor's home, in mothers' homes making home visits, in hospitals, and in community sites maybe for support groups meetings and the like.

The use of social media is not a practice setting per se, but it has certainly is quite common with young mothers and peer counselors especially and is a quick and easy way for them to connect. We will talk a little about that in this webcast as well.

Being available to mothers beyond the WIC clinic hours and environment is a key component of the *Loving Support*© Model for peer counseling programs and is a requirement under FNS guidelines.

It's important that each WIC agency determine the unique needs of their WIC mothers to identify what settings and strategies will be best to reach them.



[show Every Mother slide]

I am going to turn over the next portion of the webcast to Cathy Carothers from Every Mother, Inc. who will go through the various practice settings for peer counselors and how to make them work in your WIC programs.



Telephone Access

Telephone calls are considered the centerpiece of most peer counseling programs in WIC. Despite the widespread use of social media, the human voice is still considered an integral way to build important connections with women.

Telephone calls enable peer counselors to be available to clients at times of crisis, when mothers are most vulnerable and likely to discontinue breastfeeding.



Beyond Regular Clinic Hours

Key Talking Points:

Being available to WIC participants beyond clinic hours can be workable with thoughtful planning.

Some mothers will phone at inconvenient times if they are worried and feeling overwhelmed. However, most mothers do *not* phone, even when they are experiencing problems.

The most likely time when a mother might call at an inconvenient time tends to be in the early days postpartum, a limited window of time.

Let WIC women know the best times to call. If a call comes at an inopportune time, let the mother know her call will be returned later. Then return the call promptly when it is more convenient.

Some agencies that provide cell phones ask that peer counselors share the phones when others are unavailable. That way someone else can accept calls when mothers have concerns.

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Cell Phones



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Texting

Feedback sessions with State and local agencies revealed that peer counselors believe texting is a primary way WIC mothers want to communicate. Growing numbers of WIC agencies now allow peer counselors to use this important means of communication.

Most states that allow texting ask peer counselors to not use it for counseling mothers. Rather, it should be used for initiating contacts and for quick messages such as appointment reminders, class invitations, and quick checks to see how things are going.

Many peer counselors consider text messaging a valuable way to receive contacts from mothers with questions.

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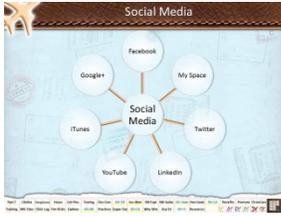
Electronic Communications

Many people use electronic communications to stay connected (though among WIC participants, use of cell phones is more common).

Peer counselors who want to email new mothers should be given the agency's email policy and instructed on how to keep messages short and simple.

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Social Media



Most experts agree that social media has become a fundamental shift in the way people communicate.

Common social media technologies include:

Facebook™.

Twitter™

Skype™ which allows users to connect through audio and/or video using webcam on the computer or phone.

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WIC and Social Media

WIC mothers are using social media! A 2010 wichealth.org survey of 71,000 WIC participants found that to communicate:

89.2% use Facebook™.

80.4% use text messaging.

78.3% use their cell phone.

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Developing Social Media Guidelines

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Hospital Collaboration

Many WIC agencies place peer counselors in hospital settings to provide direct one-on-one assistance to mothers in the critical first few days postpartum.

Some visit the hospital as “friends” or “visitors” to greet new mothers and make a WIC referral.

Others visit the hospital under more formal guidelines through the hospital volunteer office or other arrangements. They provide direct assistance with positioning and latch, to answer common questions, and to issue a WIC breast pump when needed.

Setting up a relationship with the hospital to facilitate seamless follow-up of new mothers after discharge helps get mothers quick support in the critical early days of breastfeeding.

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Benefits of Hospital Collaboration



Benefits of collaboration to WIC mothers:

Reinforces education given prenatally.

Allows a mother to meet her peer counselor if she has not done so already to build a relationship.

Establishes an intimate relationship during a sensitive and important time.

Helps mothers gain confidence with breastfeeding in the critical first days and to know who they contact with questions later.

Education can include the entire family to encourage ongoing support.

Benefits of collaboration to the hospital:

Improves quality care.

Frees up busy nursing staff for other duties.

Improves patient satisfaction with their hospital experience.

Better recognition in the community.

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Promoting Peer Counseling to the Hospital

Begin by contacting the hospital lactation consultant. In addition, the local breastfeeding coalition may have members with a “foot in the door” to the appropriate people at the hospital.

Set a formal meeting between the WIC director and peer counseling coordinator with the hospital director of nursing, lactation consultant, and other key staff where you can share:

WIC’s goals and services, mission, and desire to raise exclusive breastfeeding rates.

The role of peer counselors as an adjunct to care

Curriculum used to train peer counselors.

Scope of practice for peer counselors.

A formal agreement can be used to clarify roles of the peer counselors, communication, and referrals.

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WIC Clinic Contacts

The WIC clinic provides another opportunity for face-to-face contact with WIC mothers.

Mothers who meet their peer counselor in the WIC clinic are more likely to view them as part of the WIC staff and feel more comfortable later with telephone contacts.

Peer counselors are used in a variety of ways in the WIC clinic setting.

They model breastfeeding in the waiting room, talk about their breastfeeding experiences, and see mothers routinely as part of the normal clinic flow.

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Home Visits

Ideally, a mother can visit the WIC clinic or another location in the community for one-on-one assessment. However, this is not always possible.

Often mothers have transportation problems or are physically unable to get away from the home to be seen.

For some mothers, just leaving the house in the early days can seem an overwhelming task while recovering from childbirth.

State and local WIC agencies should discuss the needs in the community and set guidelines that follow agency policies for using peer counselors to make home visits.

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Options for Home Visits

Allow peer counselors to accompany other health professionals already making home visits. These health professionals, such as home visiting nurses or dietitians, handle more complicated health issues. The peer counselors address basic breastfeeding technique.

Collaborate with home visiting agencies in your community. Train home visiting nurses and paraprofessional staff to conduct basic breastfeeding assessments and manage early problems. Refer to other health professionals in the community who make home visits with new mothers.

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Support Groups

Connecting mothers to one another through group meetings at the WIC office or in the community is an important aspect of mother-to-mother support.

Support groups enable WIC staff to answer questions for new moms.

The group also gains confidence as they see other mothers working through challenges.

WIC agencies often find that for these groups to be successful they need to be called something other than “support groups.” Many mothers may not feel they need support. Other names used include “Mother’s Group,” “Mommy & Me,” “New Mom Group,” and “Just

Between Us Moms.”

Peer counselors often lead the support group meetings and present a variety of topics.

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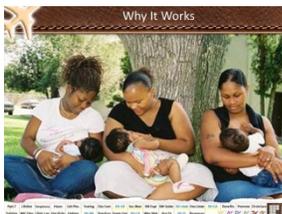


Showcase: California Riverside “Sistah” Program

- The California-Riverside County Local WIC Agency Their support group program for African American mothers, the “Sistah Connection,” is a model for other agencies to consider.

The group has increased breastfeeding rates dramatically among African American mothers.

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Why It Works

The secret to the group’s success is keeping mothers together each month.

After certification, mothers meet with other women for group education. Peer counselors facilitate the groups to begin building relationships and trust.

Mothers receive monthly vouchers at the end of the group meeting. The next appointment in the following month is on the same day and time with the same group of women.

After the mother delivers, she continues to meet with the same group for as long as she is exclusively breastfeeding. Mothers with older breastfeeding babies serve as role models for mothers with younger babies.

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Group Education



Peer counselors often assist with prenatal and postpartum group education events to help mothers prepare for breastfeeding and handle early challenges.

Most agencies find that informal structures that facilitate discussion are more effective with WIC mothers than classes with formal agendas.

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Resources

The *“Loving Support® Through Peer Counseling: A Journey Together – for Training WIC Peer Counselors”* training provides an optional module, *“Working in Other Settings.”* It can be used to train peer counselors on:

Making home visits.

Participating in and leading mother’s groups.

Conducting hospital visits.

- Thanks Cathy, as we’ve talked about the key to success with peer counseling is being available to mothers when they need it most. We heard today a variety of ways to make this work in your WIC Program. Again please refer to the detailed speaker notes and all of the resources available to you in the management curriculum for further examples and recommendations on this topic. You can find these materials on the WIC Works Resource System.
- We hope you found this webcast useful, thank you for listening. And thank you for all you do for peer counselors and WIC mothers.