Mam-Kind

A UK feasibility study of motivational interviewing based peer-support for breastfeeding maintenance

Professor Shantini Paranjothy
Mansel Talbot Professor of Preventive Medicine
Cardiff University

ESRC Seminar 9th June 2016

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

NHS
National Institute for Health Research

Overview

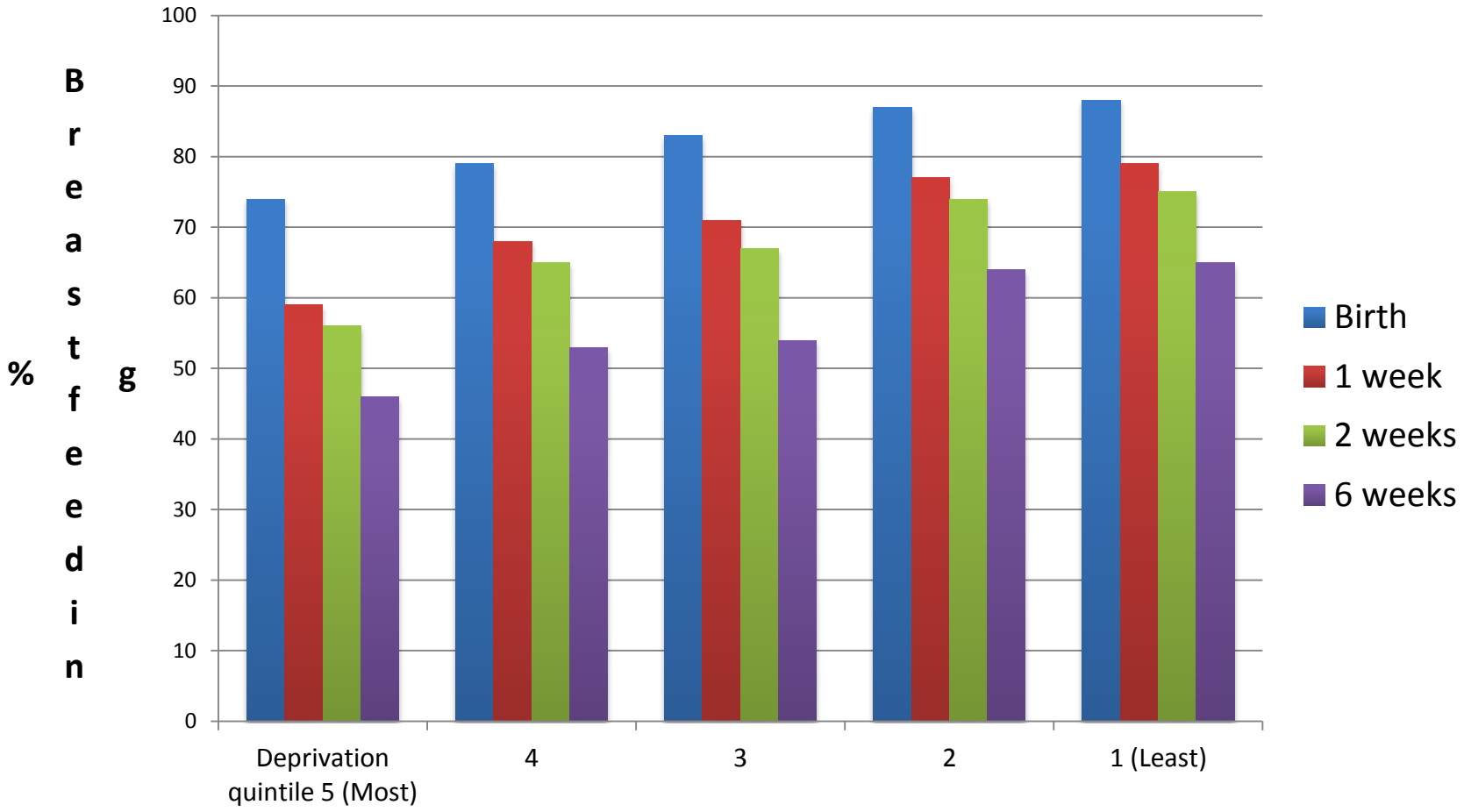
Background

- Inequalities in breastfeeding rates
- Breastfeeding peer-support interventions
- Motivational interviewing

The Mam-Kind Study

- Rapid evidence review
- Intervention development
- Feasibility study

Breastfeeding inequalities



Peer-support for breastfeeding (BFPS)

- Peer-support – provided to pregnant women or new mothers by women who have personal experience of breastfeeding
- BFPS is part of UK strategy to address low breastfeeding rates
- NICE guidelines for commissioning BF peer support (BFPS) (2008) does not specify
    - theoretical basis
    - critical components
    - optimal delivery mode
- Systematic review (Jolly 2012)
    - Reduces risk of not exclusively breastfeeding by 28% in low and middle income countries
    - 5 UK RCTs not effective
        - Low intensity
        - Self-refer for support
        - Essential elements of peer support not defined

UK BFPS research opportunity

NIHR HTA Commissioned call

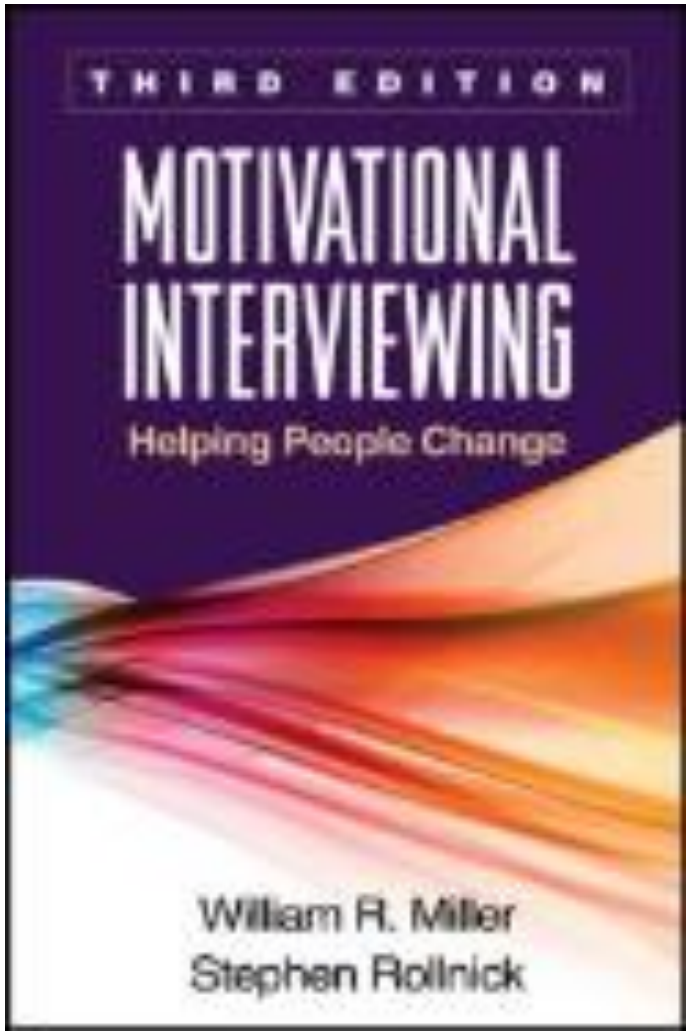
Research Question: Can peer support for breastfeeding in the UK contribute to the maintenance of breastfeeding, particularly in groups of the population who are less likely to breastfeed?

Study design:

1. Rapid evidence review to identify the range of current practice
2. Development of BFPS intervention
3. Test feasibility and acceptability (impact in different population groups)
4. Recommendations for a full trial (if appropriate)

NHS
National Institute for Health Research

Motivational interviewing (MI)



Style of counseling that supports behaviour change by enhancing a person's motivation for change and increasing self efficacy

MI in the context of breastfeeding

Factors associated with continuing BF

- motivation, self-efficacy, affective attitudes,
- social norms and strong beliefs that breastfeeding is normal

Support should be proactive and mother-centered

A motivational interviewing (MI) based approach can provide peer-supporters with

- engagement skills
- ability to elicit solutions from the mothers they support
- mother-centered approach that is required.

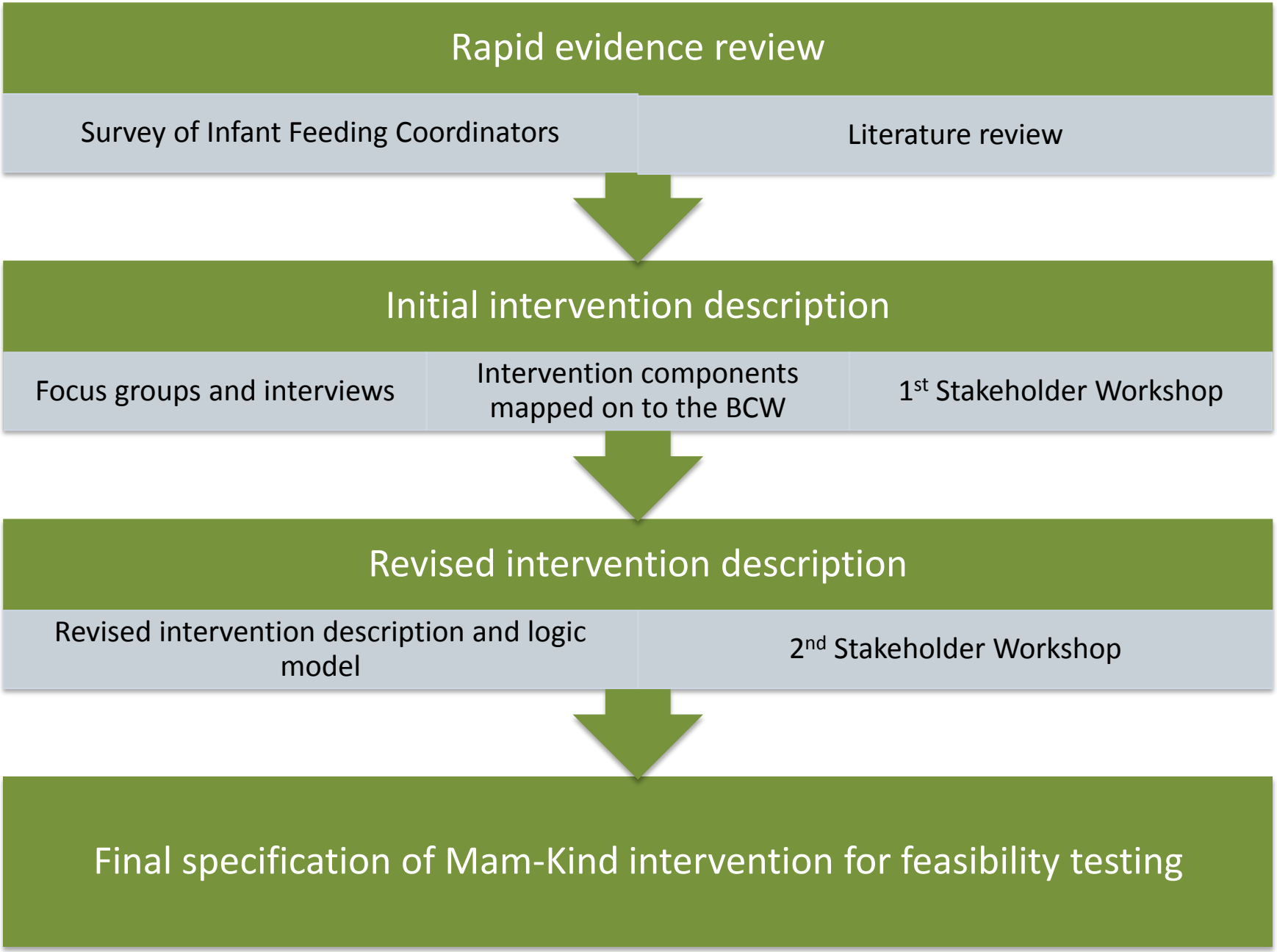
Mam-Kind

Study aim:

To develop a novel breastfeeding peer-support (BFPS) intervention based on motivational interviewing (MI) for breastfeeding maintenance and test the feasibility of delivering it to mothers living in areas with high levels of social deprivation

Objectives:

1. Identify, categorise and enumerate the range of BFPS interventions used in the UK.
2. Develop programme for MI based BFPS including content and requirements for implementation.
3. Use the Behaviour Change Wheel framework to map the identified sources of behaviour and intervention functions and provide the specification of the MI based BFPS intervention
4. Assess the feasibility of delivering the MI based BFPS to women living in areas with high levels of social deprivation.
5. Assess the feasibility of collecting resource usage and costs for implementation and develop a strategy for economic evaluation
6. Recommendations for a full RCT


Rapid evidence review
Survey of Infant Feeding Coordinators
Literature review
Initial intervention description
Focus groups and interviews
Intervention components mapped on to the BCW
1st Stakeholder Workshop
Revised intervention description
Revised intervention description and logic model
2nd Stakeholder Workshop
Final specification of Mam-Kind intervention for feasibility testing

Mam-Kind

1. Rapid evidence review

Mam-Kind

Web survey of UK infant feeding coordinators

- To map how, when and where BFPS is provided in the UK
- Developed and piloted questionnaire
- Surveyed all UK Infant Feeding Coordinators (n=696), covering 178 NHS Trusts/Health Boards
- Follow-up email after 1 week, and 12 days after initial invite

Survey content

Theme	Sub-question topics
Demographics	Nation; NHS Trust; number of births in area; staff roles; IFC role description
Breastfeeding support groups	Number of groups; who organises groups; record-keeping – attendance, support provided, referrals
Training peer supporters	Number of trained peers; what training is provided, by whom?
Peer support	Recruitment; supervision; activities; integration with NHS services; accessibility of peer support
Other non-NHS support	Details; provider of support; third sector activities; breastfeeding counsellors.

Mam-Kind

Survey response rate

	England	Scotland	Wales	Northern Ireland	Total
Individual invitations	617	40	19	20	696
Individual responses	113	11	8	4	136
NHS Trusts invited	152	14	7	5	178
NHS Trusts responses	108 71.5%	9 64.3%	7 100%	3 60%	127
Non-NHS	9	n/a	n/a	n/a	9

Mam-Kind

Survey results

- 75% reported availability of BFPS
  - 33% reported not well integrated with NHS services
  - 25% reported poor accessibility for women living in socially deprived areas
- Training provided by Breastfeeding Network, National Childbirth Trust, Infant Feeding Coordinator
  - Most have some additional training
- Peer-supporter activities
  - Attending +/- organising breastfeeding groups
  - Home visits to support mothers, Antenatal clinic visits, Parenthood sessions
  - Working on the postnatal ward
- Reduction in available funding

Mam-Kind

Variation in availability of BFPS

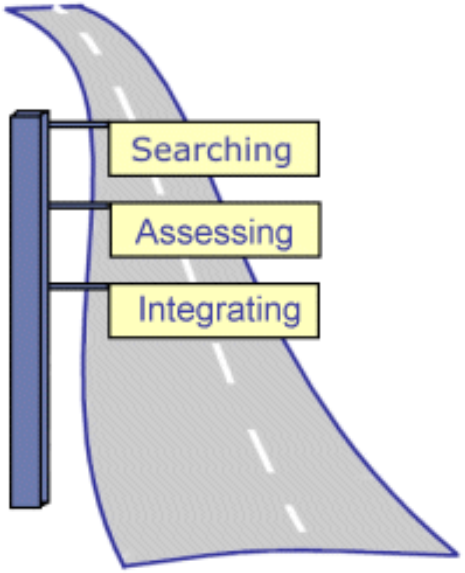
Most comprehensive service available:

"The Peer Support Service is a 7 days service 356 days of the year Team of 10 members, total 7.5 WTE from 9-5 man a 24 telephone support line. The Service is integrated into the universal Child Health Service, work alongside Health Visitors, School Nurses, and support staff. The service deliver Health Promotion sessions within Primary schools, They provide bedside support within the three feeder hospitals, Provide support groups with Children's Centre Groups It is an excellent service provided by a dedicated team."

Least available:

"There is none"

Mam-Kind



Literature review: To inform intervention design

- Focus on
  - Theoretical models used
  - Key design issues including facilitators and barriers to implementation

- Search of 14 electronic databases and grey literature
  - 3 systematic reviews
  - 13 randomised controlled trials from developed countries
  - Other UK-based studies

	Key Messages – design
Relational	Mother-centred, warm, non-judgmental, enough time Incremental goals Whole family's needs.
Prompt Intensive Flexible Antenatal	Early contact (24-48 hours) More than 5 contacts Mother has some control Some successful interventions include antenatal, others not
Proactive	Seems to be important though poss. good relationship can substitute
Supervision	Evidence unclear
Training	More training does not necessarily equal better outcomes
Mode of support	Telephone v. face-to-face v. groups - conflicting evidence. Also texts, social media – little evidence
The peer	Evidence unclear - studies attempt to match characteristics to intended clients
Integration and service context	Poor integration or unsupportive service context - can impede delivery - parents do not make use of existing resources.

Mam-Kind

2. Intervention development

Mam-Kind

Focus groups

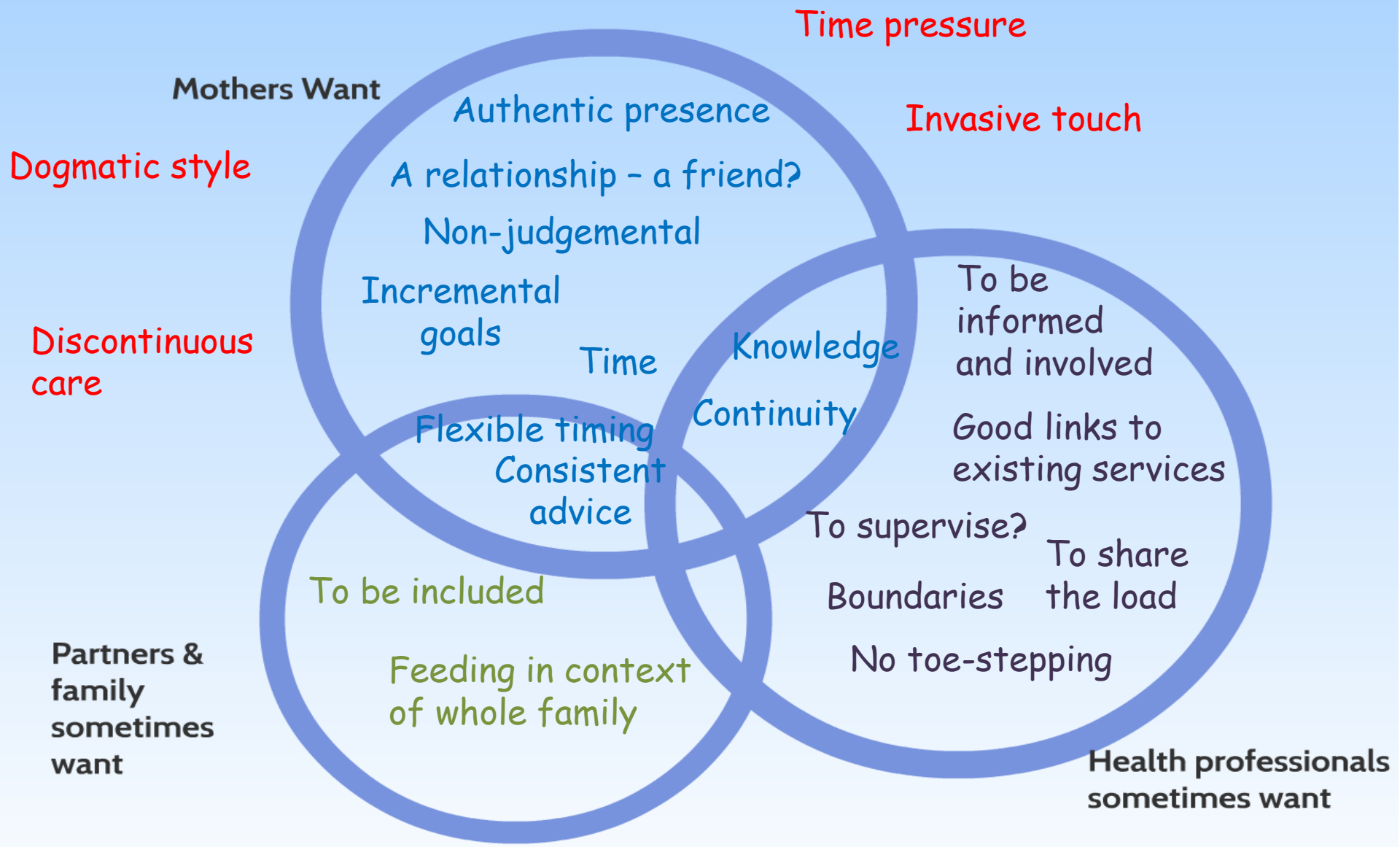
- mothers and expectant mothers (n=14 in 3 groups)
- fathers (n=4, 1 group)
- peer supporters (n=14, 3 groups)

Interviews

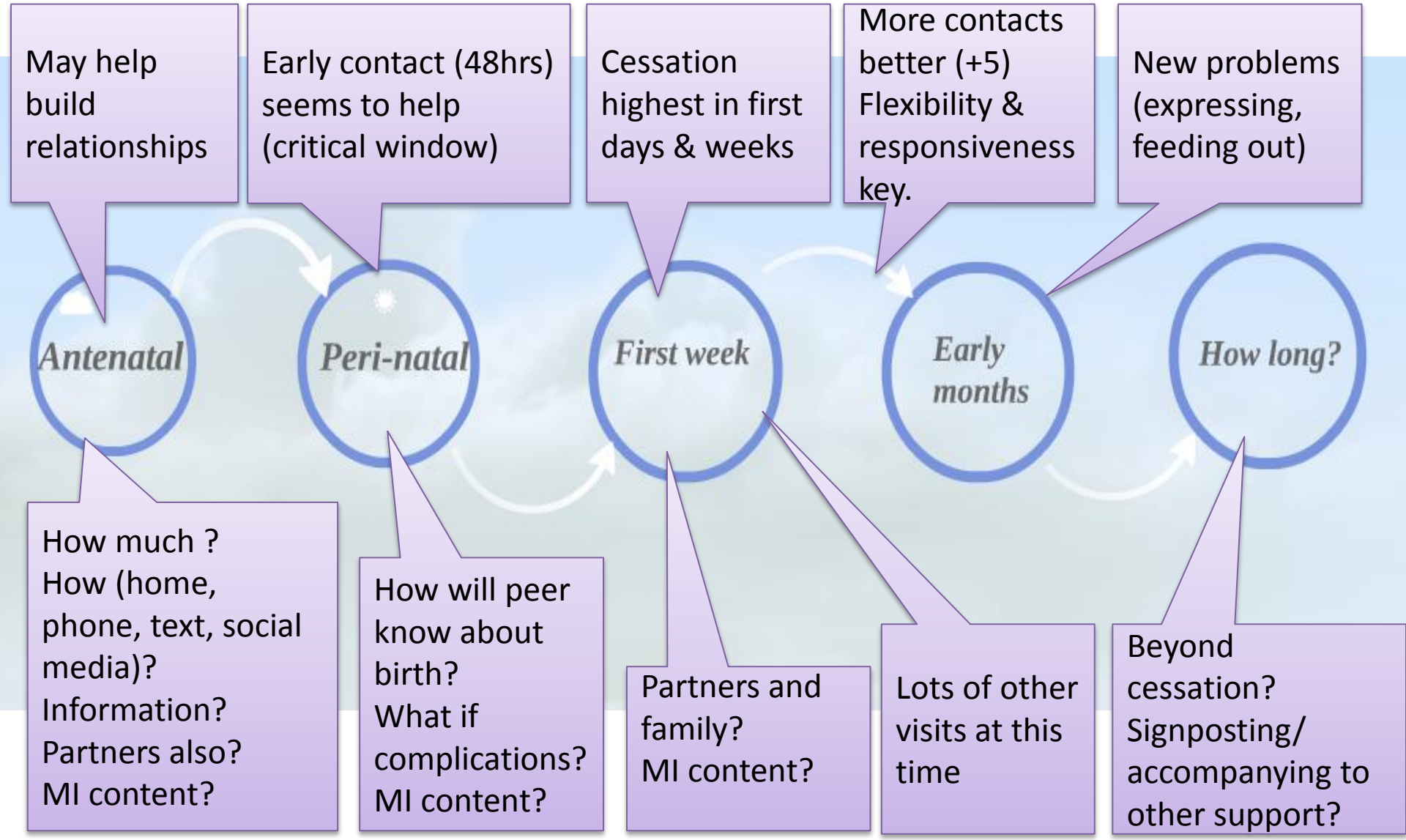
- health professionals (n=14)

Stakeholder group meetings (n=2)

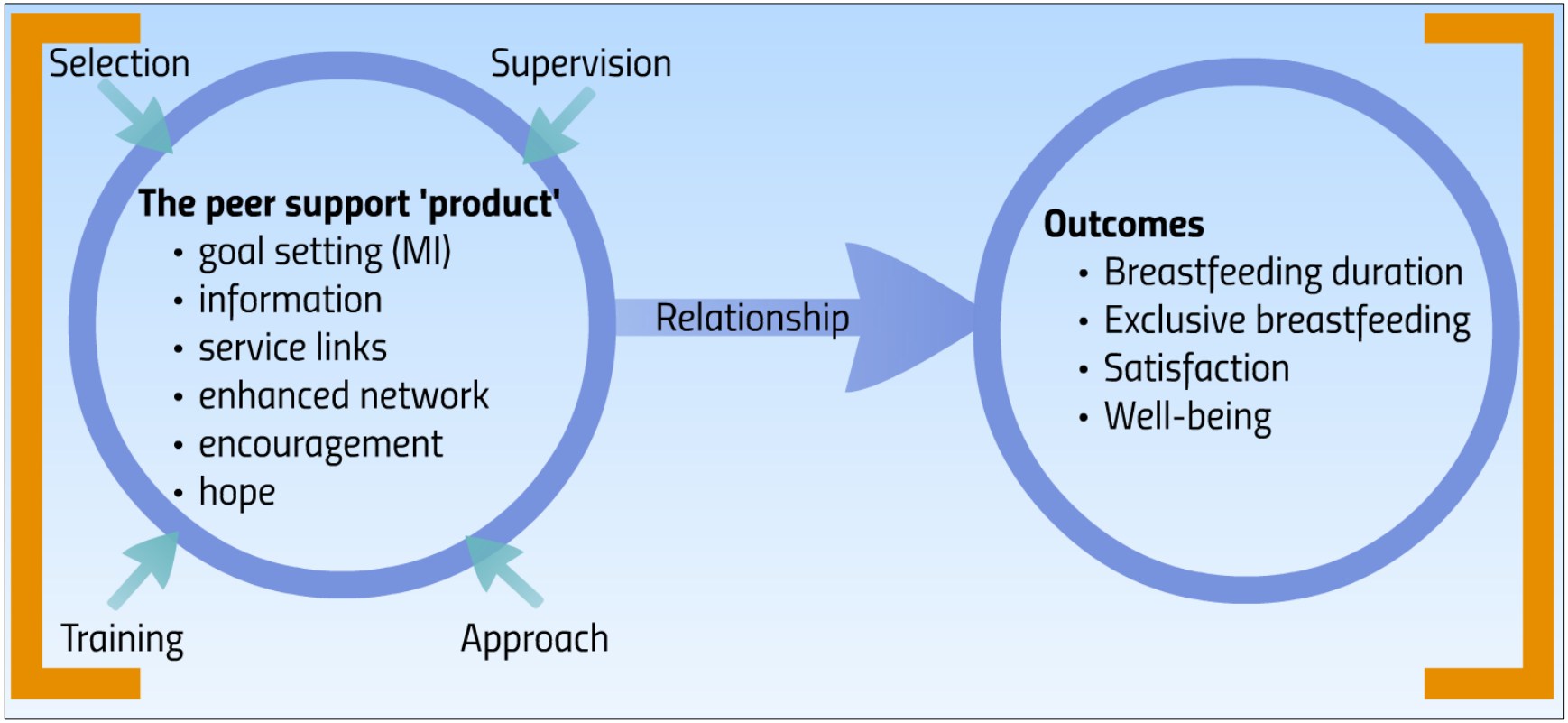
Key messages from focus groups and interviews



Timing & frequency

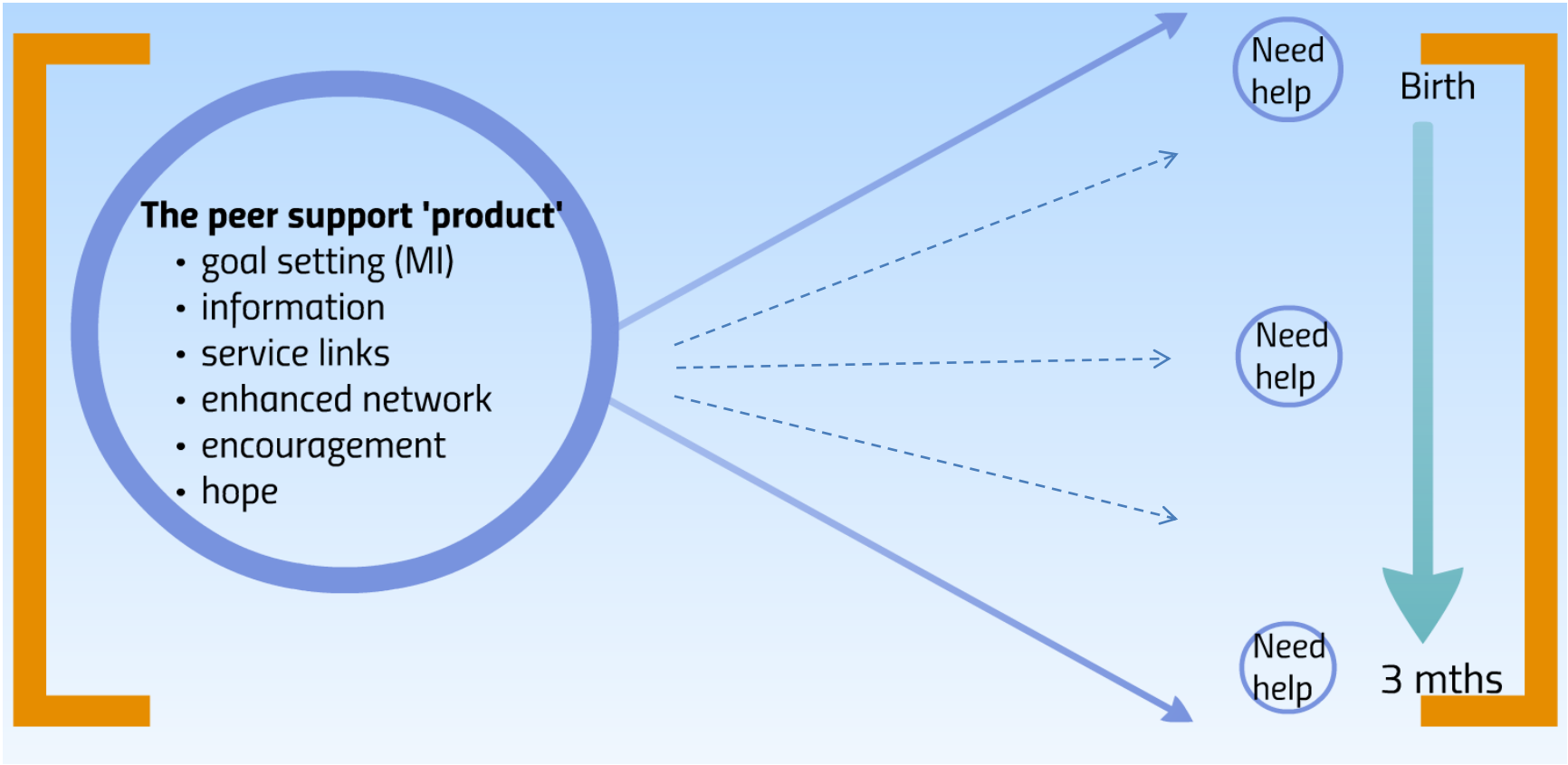


Getting the intervention delivered



If low take-up or not enough contacts the peer-mother relationship doesn't get a chance to deliver intervention, everything should be done to support relationship incl. appropriate integration with existing services and supportive service culture

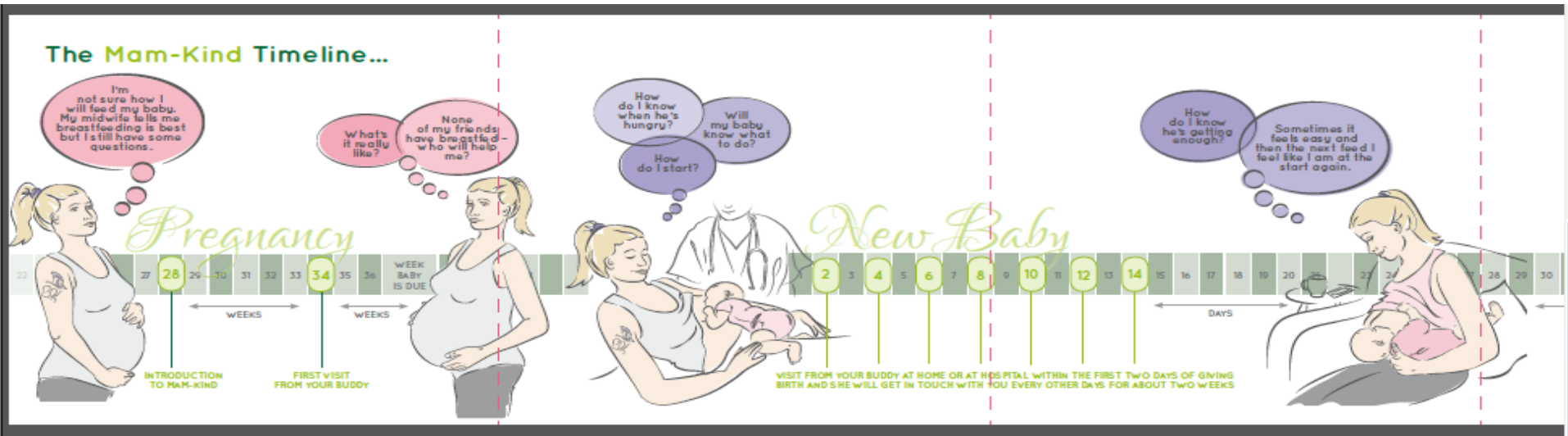
Timing & frequency



If the peer-mother relationship doesn't deliver the 'product' at the right time it won't work. Some critical decision points. But mothers may need help at different times.

Key considerations

1. Will it make the support/intervention more acceptable?
2. Will it help facilitate a relationship that allows the support/intervention to be received?
3. Will it help deliver the support at the times when it is needed?



MI-BFPS logic model v3

PURPOSE: To improve maternal and infant health and well-being by increasing breastfeeding duration, particularly in high risk groups for early breastfeeding discontinuation

INPUT/RESOURCES

- Breastfeeding peer-supporters' time
- Midwives' time
- Trainers' time (MI, breastfeeding & safeguarding)
- Resources for use with parents (i.e. information leaflets, fridge magnet, agenda mapping and decision balance sheets)
- Resources for peer-supporters (i.e. handbook, supervision diary, closed Facebook page/website)
- Access to transport for peer-supporters (own or public transport)

CONSTRAINTS

- Competing demands on midwives' time
- Varying caseload
- Balancing the need to keep the peer-supporter role manageable, while being responsive to mothers' needs
- Availability of funding

ACTIVITIES

Set-up

- Recruitment of local supervising midwives
- Recruitment of peer-supporters
- Initial training for peer-supporters
- Initial training for supervising midwives
- Orientation of peer-supporters with local services
- Raising awareness of project within local services and community

Delivery

- Midwives refer women to the service from 28th week of pregnancy
- Peer-supporters contact women during the antenatal period, within 48 hours of birth, and every other day for the first two weeks post-partum. Within these visits, peer-supporters will:
  - Engage with mothers, using a kind, friendly, honest, and non-judgmental approach
  - Exchange information about breastfeeding
  - Encourage reflection on ambivalence and elicit change talk
  - Provide social support with regards to breastfeeding (emotional, informational, and companionship/appraisal)
  - Provide a positive role model for breastfeeding
  - Signposting/referral to other local services as required
- Further contact can be provided by peer-supporters based on the needs of individual mothers for up to six weeks post-partum

Supervision and support

- Regular supervision for peer-supporters with midwife (weekly)
- Coaching sessions for peer-supporters with MI trainer (approx. three sessions every 6 months)
- Regular contact between peer-supporters via closed social media facility and group supervision sessions

OUTPUTS

- Local services taking up the intervention
- Peer-supporters recruited, trained and retained
- Women taking up and adhering to the intervention

EFFECTS

Short/medium term

- Duration of exclusive breastfeeding
- Duration of any breastfeeding
- Beliefs/attitudes/knowledge about breastfeeding continuation
- Improved 'quality' of breastfeeding experience for mothers
- Maternal and infant health and well-being

Long term

- Greater knowledge and understanding in the community of how to breastfeeding for longer
- Shift in social and moral norms

CONTEXT: Strong influence of social, cultural and moral norms around breastfeeding; emotive issue; mistrust of health professionals amongst some groups; complex cases (emotional/social/medical needs); limited funding for public health initiatives; changing public health infrastructure; lack of clear infrastructure for breastfeeding peer-support programmes (depending on location); need for integration with pre-existing professional and voluntary services that provide breastfeeding support; need for clearer guidelines to inform policy on the features and implementation of effective breastfeeding peer-support.

Mam-Kind

Contact

- Midwives refer women to the service from 28th week of pregnancy
- Pro—active contact during the antenatal period, within 48 hours of birth, and every other day for the first two weeks post-partum
- Further contact - based on individual need for up to six weeks post-partum

Content

- Engage with mothers, using a kind, friendly, honest, and non-judgmental approach
- Information about breastfeeding
- Encourage reflection on ambivalence and elicit change talk
- Provide social support
- Positive role model for breastfeeding
- Signposting/referral to other local services as required

Mam-Kind

Supervision and support

- Regular supervision for peer-supporters with midwife (weekly)
- Coaching sessions for peer-supporters with MI trainer (approx. three sessions every 6 months)
- Regular contact between peer-supporters via closed social media facility and group supervision sessions

Mam-Kind

2. Feasibility testing

Mam-Kind

Setting:

Community maternity services covering

- 20% of most deprived communities (English IMD, WIMD)
- breastfeeding initiation rates lower than UK average (<70%)
- higher than average proportion of teenage pregnancies (> 41.9 conceptions per 1000 women aged under 18)

Study sites:

- Ely, Merthyr, Fleetwood

Recruited 8 peer-supporters

- Accredited BFPS training, study training, MI training
- MI supervision sessions
- Local midwife supervisor

Mam-Kind

Data collection:

- Baseline questionnaire - socio-demographics, breastfeeding attitudes, maternal health and well-being
- Peer-supporter diaries
- Telephone interview at 10 days and 8 weeks after birth to ascertain duration of exclusive or partial breastfeeding, breastfeeding attitudes, maternal and child health and well-being (GHQ-12)
- Qualitative interviews with a subset of participants (n=30), peer-supporters (n=8) and healthcare professionals (n=9) (process evaluation)
- Recorded peer-support sessions for fidelity to MI

Mam-Kind

Feasibility study recruitment

- Aimed to recruit 30 pregnant women in each site
- Inclusion criteria: English speaking, at least 28 weeks gestation who are considering breastfeeding
- Exclusion criteria: unable to provide written informed consent, clinical reason that precludes breastfeeding or planned admission to neonatal unit following birth

Mam-Kind

Feasibility study progress to date:

- Recruitment completed (Ely n= 32, Merthyr n= 21, Fleetwood n= 17)
- Data collection, follow-up interviews completed
- Analysis ongoing
- Stakeholder meeting in July 2016

Mam-Kind

Summary

- Survey shows BFPS are available in most areas, although there is variation in what is being provided and how well integrated these are with NHS services
- Concern about threats to existing services due to financial constraints
- Literature review – poor reporting of theoretical models underpinning BFPS interventions, scope for a realist review to unpick the design mechanisms; what works in what context and why
- Feasibility study results awaited
  - Can peer-supporters be trained to use a MI approach in their interactions with mothers?
  - Can MI based BFPS be delivered as intended?
  - Is it acceptable?
  - Is there scope for a trial to test effectiveness?

Mam-Kind

Acknowledgements

- The women who took part in Mam-Kind

- Peer-supporters

- Study team: Lauren Copeland, Laura Merrett, Heather Trickey, Aimee Grant, Rhiannon Phillips, Nina Gobat, Sally Tedstone, Sian Regan, Julia Sanders, Billie Hunter, Becky Playle, Kirsten McEwan, Deb Fitzsimmons, Amy Brown, Mandy Iles, Beverley Carey, Mike Robling, Steve Rollnick

This study is funded by the NIHR HTA

NHS
National Institute for Health Research

Mam-Kind

Thank you for listening

Any questions?