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Creators	Trickey, H, Thomson, Gillian, Grant, Andrew, Sanders, J, Mann, M, Murphy, S and Paranjothy, S

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Figure 2: Example Case Description and extraction of CMO relationships

Case I	Extracted data
<p><b>Index study:</b> McInnes (2000)</p> <p><b>Setting:</b> UK.</p> <p><b>Case Materials:</b> Process evaluation (McInnes, 2001).</p> <p>Personal communication (telephone and follow-up email) with lead author.</p>	<p><b>Goal:</b> To improve initiation rates and continuation rates to six weeks for women of all parity living in a geographically defined population.</p> <p><b>Intervention context:</b> A low-dose (four contacts) antenatal-postnatal community-based BFPS intervention, delivered by local peers.</p> <p><b>Wider context:</b> High levels of deprivation, very low breastfeeding rates (around 10% at six weeks), no history of voluntary support, health professionals were ambivalent about breastfeeding, community midwives unsure that breastfeeding a priority for this population, high rates of in-hospital supplementation.</p> <p><b>Embeddedness:</b> Intervention developed alongside study design. Breastfeeding peer support was not already provided in the setting. Post-evaluation peers began working on the hospital wards. A version of the intervention was subsequently mainstreamed within the Health Board area.</p> <p><b>Theory:</b> Health education and social support are implied. Homophily strongly intended, peers from the target community and intended as role models. Peers had a child aged under 5, suggesting learning from the immediate personal experience was intended. Peers gave themselves the title of ‘helpers’, suggesting support was intended to be minimally hierarchical. The training was to enable peers to ‘promote breastfeeding and support breastfeeding mothers’, and had a motivational interviewing element to it. Intervention was part of a community-wide promotion programme. Initial funding was for a piece of ‘action-research’, but the action-research bit only became evident in tailoring the programme – not in setting the goals.</p> <p><b>CMO relationships</b></p> <ul style="list-style-type: none"> <li>• <b>Local feeding norms:</b> Against a background of very low breastfeeding rates (C) an intervention focused on promoting and supporting breastfeeding (C) delivered to a whole population target group (C) was seen as irrelevant by many intended participants who had already made a firm decision to formula feed (M) leading to a high drop-out rate after the initial antenatal contact (O). [Trial study, process evaluation, author communication]</li> <li>• <b>The health care pathway:</b> Ambivalent attitudes to breastfeeding and to the intervention among health professionals including local GPs and Health Visitors (C) and the fact that the intervention did not address high rates of formula supplementation in the hospital setting (C) led to mixed messages being received by some mothers (M) and mothers who had intended to breastfeed leaving hospital formula feeding (O) so that peers became frustrated (O) [Process evaluation, author inference, author communication]</li> <li>• <b>Peer accessibility:</b> The postnatal support did not include in-hospital support (C) in a context of low breastfeeding and high rates of discontinuation (C) many mothers were not contacted in the days after the birth (C), so that a countervailing social norm of discontinuation (M) and an assumption by health care staff that women would formula-feed (M) led to mothers switching to formula feeding before contacting the peer supporter (O). [Trial study, process evaluation, author &amp; reviewer inference, author communication]</li> <li>• <b>Inside the peer-mother relationship:</b> An antenatal visit to promote breastfeeding (C) encouraged some mothers who were undecided to consider breastfeeding (M) and/or may led mothers to report intention to breastfeed as a socially acceptable response (M) leading more mothers ‘intending’ to breastfeed (O) [Trial study, process evaluation, author &amp; reviewer inference, author communication]</li> <li>• <b>Inside the peer-mother relationship:</b> Breastfeeding mothers (C) frequently felt that their decisions were affirmed and valued by the peers (M), leading to improved self-esteem (O) [Process evaluation, reviewer inference].</li> <li>• <b>Within intervention feedback:</b> Many participants decided to formula feed (C) leading to peers feel despondent and de-motivated by their failure to persuade (M) meanwhile peers felt valued by the breastfeeding mothers they supported (M) leading peers to direct time above and beyond the intervention protocol towards motivated mothers who were struggling (M) this experience of dissonance (M) led peers to collectively decide to adapt the intervention goals and refocus support towards meeting the needs of mothers who wanted to breastfeed, especially those who were not already determined to do so (O) [Process evaluation, author communication]</li> <li>• <b>Legacy feedback:</b> The peer-empowerment and group-based community awareness raising aspects of the intervention (C) led peers to feel bonded to one another (M) re-enforcing commitment to a community activism role (M) leading to an increased community-level breastfeeding support presence (O). [Process evaluation, reviewer inference, author communication].</li> <li>• <b>Legacy feedback:</b> In a context of high levels of deprivation and limited educational attainment (C) the experience of training, purposive activity with affirmative feedback from supervisors and colleagues (C) led peers to gain skills and confidence and a sense of being valued (O), potentially improving community capacity for formal and informal support in the longer term [Process evaluation, reviewer inference, author communication].</li> <li>• <b>Legacy feedback:</b> Against a background of low rates (C) the intervention challenged assumptions that women would choose to formula feed (M) leading some health professionals to consider suggesting breastfeeding to more mothers (O) [Process evaluation, author communication]</li> </ul> <p><b>Outcomes:</b> There was no change in breastfeeding rates. It is not clear whether changes in context were sustained. [Trial study, qualitative study]</p> <p><b>Implementation failure:</b> Yes – there was an informal change in intervention goals, with reduced focus on ‘promoting’ breastfeeding to individual mothers antenatally.</p> <p><b>Review team reflection:</b> The goals of the intervention were poorly aligned with the needs of the target population. The intervention might have done better to focus on improving attitudes and experiences and meeting mothers own feeding goals. A community participation approach from the start might have avoided poor goal alignment. For future evaluation, in such a context a community level theory of change, is needed to explore any links between intermediate goals (changes in attitudes and beliefs) and changes to the context and to take account of the impact of the need to address countervailing forces from within the existing health care system. Such an approach may need to be evaluated according to a methodology that anticipates a community-level effect.</p>

