Figure 3: Statements to inform design of BFPS developed from cross-case comparison

Congruence with infant feeding norms

- The BFPS intervention will not 'take' if mothers and others (e.g. health professionals) perceive the gulf between the intervention goal and their own pre-existing priorities to be too broad

Congruence with the existing care pathway

- Well specified role boundaries and referral pathways, positive prior experience working alongside peer supporters and the presence of a Health Professional champion can enhance intervention acceptance and help peers to feel comfortable in their role
- Ambivalent attitudes to breastfeeding among health care professionals and incongruent policies may lead to mothers receiving countervailing messages that undermine the credibility and practicability of the BFPS intervention

Peer accessibility

- In-hospital support for early feeds can help mothers who were unsure to firm up a decision to breastfeed.
- Timing of postnatal contacts should map to critical points for discontinuation as indicated by local feeding norms. For example, in the low income UK settings, where early discontinuation is common, failure to contact the mother in the hours and days after the birth will mean that many mothers do not get the support when they need it and will not sustain a decision to breastfeed.
- Peer support that is provided reactively will tend to be taken up by mothers who are strongly motivated to overcome breastfeeding challenges and/or are unusually confident to seek help and not to be used by mothers who are more ambivalent or who are unsure about asking for help, and is therefore unlikely to improve breastfeeding outcomes
- A negotiated proactive model of peer support, where a schedule of contacts is agreed with the mother within the framework of an intended minimum dose, can help the mother to feel that the intervention is meeting her unique needs, but will not be perceived as satisfactory if the negotiated dose of contacts is low.

Peer qualities

- Peers do not need to be socially matched to mothers or to have specialised breastfeeding knowledge in order to be perceived as friendly and competent and to be experienced positively by the mother. Peers who are able and prepared to be proactive are more likely to be experienced positively.
- If participants have specific social, cultural or other attributes that directly impact on feeding decisions then using peers with experiential knowledge of the defining characteristic may be helpful to bridge the gap in understanding between the mother and the peer and help the mother to overcome specific barriers.
- If the target population has complex social needs and multiple competing pressures, then selecting and retaining peers who closely resemble this population will be challenging
- Feeling integrated with and valued by the health care system can promote peer confidence leading to improved peer retention and compliance with the intervention.

Inside the peer-mother relationship

- Mothers who experience a warm and affirming relationship with the peer supporter often feel supported to overcome challenges and meet their feeding goals.
- Peer-mother relationships can deepen over time, continuity of supporter over several months can help mother to appraise their feeding decision. However, short-term support can also be experienced as warm and enabling.
- A buffering effect from the perception that BFPS is being offered and will be available when needed may help mothers overcome challenges.
- Antenatal education can change specific feeding-related beliefs.
- Presence of the peer at pivotal points may cause extrinsic motivation to initiate or continue breastfeeding; this may not translate into intrinsic motivation once the peer is absent

Within-intervention feedback

- Peers are motivated when they feel valued by mothers and demotivated when offers of help are rejected or breastfeeding ends. Consequently, peers tend to focus their resource towards mothers who seek support and indicate that they value it
- Peers' enjoyment and motivation tends to be improved by opportunities to bond with one another and to learn within their roles

Legacy feedback

- Potential positive legacy effects from BFPS include changes in mothers' expectations, the skills and confidence of peers, health professionals' attitudes and beliefs, the policy framework for existing systems of care and attitudes to and awareness of breastfeeding at community level

Experimental context

- Interventions that are designed for experimental study tend to be weakly embedded in with the existing health care pathway, this can lead to BFPS having low credibility among health professionals and service managers and to implementation failure