Peer Counselors to Improve Exclusive Breastfeeding Rate and Duration in Mauritania: A Pilot Project.

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Introduction

Exclusive breastfeeding (EBF) for the first six months of life is one of the most important actions impacting infant survival. EBF protects infants from contaminated food and water sources and provides passive immunity through breast milk. Mauritania worked to achieve Millennium Development Goal Four (MDG-4) to reduce the under-five mortality by two thirds in 2015. This goal was not reached and under-five mortality remains high at 84 per 1,000 live births. EBF until six months can reduce under-five mortality by as much as 13%. The most recent Multi indicator cluster survey (MICS) in Mauritania revealed only 27% of mothers breastfeed exclusively during the first six months (2011).

This pilot project was conducted under the authority and invitation of the Dar Naim Minister of Health with the hopes of improving exclusive breastfeeding in the region. EBF is encouraged by all birthing centers in Dar Naim. However, to our knowledge there has never been a peer counselor intervention to improve breastfeeding support in this community. Peer counselor support has improved rate and duration of EBF among mothers in developing countries throughout the world.

Objectives

The pilot project was designed to support breastfeeding mothers through weekly peer counselor home-visits during the first month post partum. Peer counselors encourage EBF, provide information about the importance of EBF and offer solutions to common breastfeeding barriers.

Methods and Materials

Methods:
Four women who met inclusion criteria including previous breastfeeding experience (not necessarily EBF) and who live in Dar Naim were trained for 40-hours using World Health Organization Infant and Young Child Feeding Materials (2011).

Mother-infant pairs were recruited at all birthing centers in Dar Naim over a three-week enrollment period (January – March, 2016). 26 women met inclusion criteria and consented to participate. Each mother-infant pair received a weekly home visit from a peer counselor during the first month post partum. On week two and four and at month six a local nurse and a member of the investigation team independently collected infant weight and exclusive breastfeeding data based on 7-day maternal recall.

Results

Data were collected during week two post partum after two peer counselor home visits. 65% (17 of 26) of mothers were breastfeeding exclusively at the first visit. Among those who did not breastfeed exclusively 44% (4 of 26) women gave their infant a pre-lacteal feeding. Data was collected again at week four post partum following the completion of four peer counselor home visits. At this time 88% or (22 of 25) mothers were breastfeeding exclusively. A final visit took place at the end of month five and the beginning of month six. At this visit 71% (15 of 21) mothers were breastfeeding exclusively or had breastfed exclusively for six months.

Discussion

The objective of the pilot was to use peer counselors to improve exclusive breastfeeding among mothers in Dar Naim. At the end of the four week peer counselor intervention 88% (n=25) of participating mothers were breastfeeding exclusively. Visits began post partum, during the first week of life and each week following for one month. Since 44% of mothers gave their infant a pre-lacteal feeding prior to the first peer counselor visit it is possible that a prenatal visit would have improved EBF rates during the first two weeks of life. At month six 71% of mothers (n=21) were breastfeeding exclusively or had breastfed exclusively. No peer counselor visits took place during month two to month six. It is possible that continued monthly peer counselor visits would have improved EBF duration as mothers encountered barriers during these months.

Conclusions

Exclusive breastfeeding rate and duration was higher among our pilot sample compared to the known rate and duration of EBF in Nouakchott (71% vs. 27%). However, further research with a larger sample size and a randomized control group design is needed to establish a correlation between peer support and improved rate and duration of EBF at six months.

References