Purpose:
The purpose of this session is to present the ongoing project “Peer Counselors to Improve Exclusive Breastfeeding Rate and Duration in Mauritania: A Pilot Project.” The project began in Nouakchott, Mauritania in January and will be completed in August, 2016. The goal of the pilot was to assess the feasibility of organizing peer counselor (PC) home support during the first month post partum. The goal was to investigate the potential for nurse leaders to train and mobilize PCs to improve the rate and duration of exclusive breastfeeding.

Keywords:
Nurse Leaders, exclusive breastfeeding and peer counselors

References:

Abstract Summary:
Developing peer counselors to improve the rate and during of exclusive breastfeeding mothers in Nouakchott, Mauritania highlights the need for health care to move beyond the walls of the hospital/clinic. Peers discovery cultural and knowledge barriers previously undefined creating evaluative feedback, a call to harness the transformative capacity of peers.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>Peer support improves life saving exclusive breastfeeding.</td>
<td>• What is a peer counselor o A PC is an individual with knowledge of and access to the local community. o A PC has undergone specific training in order to support their peers adopt a set of health behaviors. In this instance the peer counselors were trained to support mothers to breastfeed exclusively for the first six months of life. • How peer counselor have</td>
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<td>Impacted EBF o Peer counselors offer support through shared experience and knowledge of cultural barriers. • The importance of EBF • Assistance with latch position and hold • Frequency of breastfeeding • Response to social pressures o They are able to address concerns • Perceived need to give infants water • Sore nipples</td>
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<td>Preliminary results of peer counselor impact in Mauritania • Four peer counselors were trained over two weeks with WHO training materials. Training modules included background information on the importance of EBF, techniques in listening and role play • Peer counselors visited mothers in their home once per week for the first month post partum. Each week they answered concerns, observed a breastfeeding session and encouraged the mother to continue to breastfeed exclusively for six months. • Each peer counselors had a flip book with images that promoted conversation surrounding infant health and potential concerns • 37 mother-infant pairs consented to participate in the pilot project. 8 were lost to contact, 3 did not live in Dar Naim district and received only one visit. A total of 26 mother-infant pairs completed the pilot. Among these women % breastfed exclusively. • % of mothers who did not breastfeed exclusively gave a prelacteal feeding. A prelacteal feeding is defined as a ceremonial feeding prior to the initiation of breastfeeding. These took place prior to the first PC visit. • In August the final visit will take place to determine what percentage of mothers that participated in the pilot continued to breastfeed exclusively at six months.</td>
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<td>Developing Peer Counselors to improve access to care • Nurse leaders are in a position to mentor community members to provide basic healthcare support • Materials developed developed by WHO are available for use.</td>
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**Abstract Text:**

**BACKGROUND:**
The World Health Organization, The United Nation Children's Fund and the American Academy of
Pediatrics recommend exclusive breastfeeding for the first six months of life. Exclusive breastfeeding has many benefits and is known to reduce infant mortality in countries with developing infrastructure. Peer counselors have improved the rate and duration of exclusive breastfeeding in many countries through one on one education and support.

PURPOSE:
The purpose of this pilot project was to implement a peer counselor intervention in Mauritania where infant mortality is high and exclusive breastfeeding rates are low. The goal of the project was to observe whether there was an improvement in the rate and duration of exclusive breastfeeding among mothers who participated in the project.

METHODS:
The pilot project was conducted in three phases. The first phase involved the selection and training of peer counselors. The second phase included the recruitment of mother-infant pairs and weekly visits by an assigned peer counselor. Simultaneously the chief investigator and a local nurse conducted two visits with each mother-infant pair to collect exclusive breastfeeding data and weigh the infant. The final phase of the pilot will take place in August when each mother will have a final visit. All data was extracted from interviews and is pending analysis.

RESULTS
The chief outcome of interest is the rate and duration of exclusive breastfeeding among mothers who participated in the pilot project. The final data collection will take place in August. The data will be compared with what is known about exclusive breastfeeding from the United Nation Children’s Fund multi-indicator cluster study (MICS). The most recent MICS was conducted in 2012.

CONCLUSIONS
Nurse led peer counselor training and facilitation resulted in peer support for a group of mothers during the first month postpartum. Pre-lacteal feedings were the most common cause for non-exclusive breastfeeding and occurred prior to the first peer counselor visit. Data gathered during this pilot project is consistent with previous studies on the effectiveness of peer counselor support on rate and duration of exclusive breastfeeding. Because of the frequent pre-lacteal feedings a better result may have been achieved if peer counselors were able to visit with expectant mothers at least once before their due date. The role of nurse leaders is essential in establishing peer counseling training and programs such as this one.