Original Article

Giving me hope: women's reflections on a breastfeeding peer support service

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Abstract

Breastfeeding peer support has been identified as a key intervention to help improve breastfeeding and exclusive breastfeeding rates. The World Health Organization, and, in the UK, the National Institute for Health and Clinical Excellence, recommend the implementation of sustainable peer support programmes. As part of an evaluation into a comprehensive breastfeeding peer support service in north-west England, in-depth interviews were conducted with 47 women who had received a breastfeeding peer support service. In this paper, we have drawn upon the work of Morse and colleagues to interpret the data in relation to behavioural manifestations of hope, together with insights into the strategies used by the peer supporters to augment hopefulness for women's breastfeeding goals. These theoretical and practice-based findings offer insights into how the breastfeeding peer supporters provided realistic assessments across varying situational contexts, formed strategies and plans to help women overcome any obstacles, made women aware of any negative outcomes, mobilised external and personal resources to facilitate goal attainment, provided evaluations and feedback on women's (and infants') progress, and through praise, reassurance and instilling calm, the peer supporters helped women to focus their energy to achieve their breastfeeding goals. Practice-based implications are considered.

Keywords: hope, breastfeeding, women's experiences, qualitative, peer support, strategies.

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Introduction

Despite the recognised superiority of breastfeeding for the growth and development of infants and for the health of the mother, breastfeeding rates in the UK are among the lowest in Europe. A key intervention to help improve breastfeeding and exclusive breastfeeding is the provision of breastfeeding peer support. The World Health Organization (WHO) recommends implementation of breastfeeding peer support projects (WHO 2003), and, in the UK, the National Institute for Health and Clinical Excellence (NICE)

recommends, as a priority, the implementation of sustainable peer support programmes (Dyson *et al.* 2006). This is now backed by a set of NICE commissioning guidelines for implementation of peer support (NICE 2008).

To date, there are only a limited number of qualitative studies undertaken to explore women's experiences of breastfeeding peer support. These findings demonstrate that women value peer supporters as mothers with similar experiences who can relate to their own situation through a shared language (Scott & Mostyn 2003; Dykes 2005; Hoddinott *et al.* 2006;

Meier *et al.* 2007; Hegney *et al.* 2008; Nankunda *et al.* 2010; Rossman *et al.* 2011). Women appreciate the increased social interaction that peer support provides (Scott & Mostyn 2003; Hoddinott *et al.* 2006; Meier *et al.* 2007; Nankunda *et al.* 2010), the opportunities to question (Martens 2002; Rossman *et al.* 2011) and discuss personal choices in relation to infant feeding (Nankunda *et al.* 2010). Peer supporters help women overcome their breastfeeding problems, and women report improved mental health through increased self-esteem, confidence and well-being (Wade *et al.* 2009). Women also value the emotional warmth, supportive social interactions and advocacy that peer support provides (Scott & Mostyn 2003; Hoddinott *et al.* 2006; Hegney *et al.* 2008; Nankunda *et al.* 2010). Rossman *et al.* (2011), in a study of mothers with very low birth-weight infants in neonatal intensive care, report on how breastfeeding peer support enabled women to find hope to continue breastfeeding. This was achieved through sharing success stories and promoting the benefits of breast milk.

Over the last few decades, a body of literature has developed to support our understanding of the nature and role of hope during illness, predicaments and threats. A definition of hope is that it encompasses an 'expectation' and desire for a particular thing to happen (Reader's Digest Universal Dictionary 1986). Other authors have characterised hope as a future-oriented (Stoner & Keampfer 1985), positive life force that can transform suffering into faith and courage (Eriksson 1997). Morse & Doberneck (1995) draw upon other authors' descriptions of hope to define this construct as a 'multi-dimensional construct that provides comfort while enduring life threats and personal challenges' (p. 277).

The concept of hope has been explored to uncover its attributes, factors that facilitate hope and its rela-

tionship with other psychosocial constructs (Morse & Doberneck 1995). Discussions into how hope is inspired within an educational context have been reported (Singh & Han 2007; te Riele 2010). Empirical studies have also reported on how nurses can inspire (Poncar 1994), enable (Hickey 1986) and enhance (Jevne 1990) hope within a clinical setting. Snyder (2002) developed a psychological-based theory of hope that contains three elements: goals, pathways and agency.

Hope is defined as the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways. (Snyder 2002, p. 249)

This theory has however been criticised through its reliance on quantitative-based measures and assessment of inauthentic goals, such as an ability to solve anagrams (te Riele 2010).

In the development of hope theory, Snyder (2002) compared hope with other psychological constructs (optimism, self-efficacy, self-esteem and problem solving). Hope was identified to be similar to Bandura's self-efficacy theory in that both include goal-related outcomes and perceived capacity (agency) to achieve the goals. Differences related to how hope involves 'enduring, cross-situational, situational, goal-directed thoughts' rather than the situation-specific goals of self-efficacy (Snyder 2002, p. 257). Furthermore, while self-efficacy represents the cognitive steps prior to initiating action, hope relates to agency and pathways undertaken throughout the process of goal attainment (Snyder 2002, p. 258). Hope was considered to share similar characteristics with self-esteem as they both concern emotions attached to valued activities; however, hope is concerned with the goal pursuit process that elicits emotion and esteem rather than a focus on emotions *per se* (Snyder 2002).

Key messages

- This paper offers a unique blend of theoretical and practice-based interpretations of hope for women's breastfeeding goals.
- Strategies that augment hopefulness for breastfeeding women include realistic and repeated assessments and formulation of plans, flexible access to support, awareness of negative outcomes, ongoing feedback, praise, and reassurance.
- Breastfeeding peer support services need to consider behavioural manifestations of hope.

Morse & Doberneck (1995) developed a conceptual framework to describe the behavioural manifestation of hope. Through a qualitative-based analysis of four participant groups with different life experiences (breast cancer, spinal cord injury, heart transplantation and breastfeeding after returning to work), they identified seven universal components of hope that resonated across the participant groups. These stages are: (1) a realistic initial assessment of the predicament or threat; (2) the envisioning of alternatives and the setting of goals; (3) a bracing for negative outcomes; (4) a realistic assessment of personal resources and of external conditions and resources; (5) the solicitation of mutually supportive relationships; (6) the continuous evaluation for signs that reinforce the selected goals; and (7) a determination to endure. An overarching definition is,

Hope is a response to a threat that results in the setting of a desired goal; the awareness of the cost of not achieving the goals; the planning to make the goal a reality; the assessment, selection and use of all internal and external resources and supports that will assist in achieving the goal; and the re-evaluation and revision of the plan while enduring, working and striving to reach the desired goal. (Morse & Doberneck 1995, p. 284)

This framework enables hope to be assessed in stages rather than universal, global strategies to promote hopefulness. Furthermore, these stages are not depicted as a linear progression, but rather as an iterative process that occurs until the individual is ready to progress (Morse & Doberneck 1995).

Penrod & Morse (1997) extended this work by applying the seven components of hope to the experiences of breast cancer survivors. In this paper, they also describe health care strategies to enhance hope against each of the behavioural stages within *The Hope Assessment Guide*. These strategies include: the provision of realistic, accurate and timely information; supporting and developing strategies and personal resources; reinforcing signs that encourage hope and enhancing and directing energy to endure the situation (Penrod & Morse 1997). While this framework was described within a clinical application of surviving breast cancer, Penrod & Morse (1997) consider that these insights are 'applicable to a

diverse range of life experiences during which hope is developed' (p. 1063).

Currently, there are limited qualitative insights into how peer support services are experienced or the specific strategies used to sustain breastfeeding. The current situation of low breastfeeding duration rates in the UK and perceived benefits of breastfeeding peer support emphasises the need to appreciate how this provision can be effective for prolonged breastfeeding. In this paper, we draw upon the theoretical and practical insights offered by Morse and colleagues to describe how breastfeeding peer support service facilitated and encouraged hope for women's breastfeeding goals.

Methodology

Background and context

In May 2009, a maternity health trust in north-west UK commissioned The Breastfeeding Network (BFN; a UK national voluntary breastfeeding organisation) to provide a breastfeeding peer support service across the antenatal, hospital and post-natal period, named the Star Buddies service. There are approximately 1600 births per year within the maternity trust. Over the last 2 years (2009–2011), breastfeeding initiation rates in the trust have ranged from approximately 57% to 62%, and breastfeeding duration rates have ranged from approximately 19% to 30%. The Star Buddies programme aims to offer an extra tier of peer support to breastfeeding mothers and to increase breastfeeding initiation rates and prevalence of breastfeeding at 6–8 weeks. This service comprises paid and voluntary local breastfeeding mothers. All supporters have accessed the accredited 'helpers' course (delivered over a 6- or 12-week period), and the majority have gone onto access the 'supporter' training (12-month training course). Currently, there are nine part-time paid Star Buddies working over the antenatal/hospital ($n = 3$) and community service ($n = 4$), with two Star Buddies employed as coordinators to oversee and manage day-to-day activities.

The numbers of peers supporters appointed to deliver the hospital and community Star Buddies

service was based on the NICE (2008) commissioning guidance. This guidance recommends that one whole-time equivalent (WTE) peer supporter is available for every 250 breastfeeding mothers, with additional hours provided for antenatal provision. Based on the numbers of breastfeeding women within the trust (approximately 60% of 1600 births), this equates to a recommended 3.8 WTE peer supporters. The Star Buddies currently fund 3.5 WTE peer supporters for the hospital and community provision, with an additional one WTE coordinator position (provided by two staff members) and 0.5 WTE-providing antenatal support. Additional and variable hours are also provided by voluntary Star Buddies.

While the Star Buddies service operates independently of other health professionals, there is ongoing communication in relation to referrals into the service, when women are discharged from the programme and when there are any causes for concern.

An outline of the Star Buddies service follows:

1. Antenatal provision comprises the delivery of breastfeeding workshops. Women post-24 weeks of gestation are invited, together with their partner, family member or friend, to attend a breastfeeding workshop, as well as a follow-up 'survival guide' session that focuses on the early days of breastfeeding. These sessions cover key information contained within the 'Ten Steps to Successful Breastfeeding' (WHO & UNICEF 1989). The antenatal service became operational from September 2010.

2. Hospital provision consists of bedside breastfeeding information and practical support, provided every day on the maternity wards. Breastfeeding mothers who receive support from the hospital Star Buddies are encouraged to sign up to the community service during their in-patient stay. Additional mechanisms are in place for health professionals to refer women into the service or for self-referrals to be made (via dissemination of leaflets and posters in health and community settings) for women who had a home birth or were discharged without having seen a Star Buddy on the post-natal ward. Eligibility into this service relates to 'any' breastfeeding and residing within the geographical area.

3. Community provision has been developed based on NICE (2008) commissioning guidance. Women are contacted within the first 48-h post-discharge and are provided with breastfeeding support for 8 weeks via home visits, telephone calls, text messages or meetings at local venues. A key outcome is for women to be introduced and/or accompanied to a breastfeeding group (run and/or supported by the Star Buddies) for continued post-discharge support.

It should be noted that not all breastfeeding women, who are eligible to receive the service or those who initially sign up to the post-natal support, actually engage with or complete the 8-week support programme. Non-engagement was related to previous breastfeeding experience or women deciding to change to artificial milks for reasons such as pain, found breastfeeding trying and/or did not like breastfeeding.

Design

Over a 2-year period (March 2009–February 2011), an in-depth evaluation of the Star Buddies service has been undertaken. The first year of the evaluation was commissioned by the local National Health Service (NHS) trust, and the second year was commissioned by the BfN.

This study was a qualitative exploratory evaluation, utilising focus groups and in-depth interviews. The key aims of the evaluation were to explore health professionals', peer supporters' and women's experiences, facilitators, barriers and challenges faced in the introduction of a breastfeeding peer support service. This paper reports on data collected with 47 mothers who had accessed the Star Buddies service.

Recruitment and participants

As this service spans the perinatal period and in order to capture women's experiences of the various aspects of this service, women were invited to participate by the antenatal and community peer supporters. Women who had received the Star Buddies service and accessing breastfeeding groups were also recruited via the group leaders. Names and contact

details of all consenting women were passed to Gill Thomson (GT).

A total of 47 women took part in either a face-to-face ($n = 30$) or telephone interview ($n = 17$). None of the consenting participants refused to take part in the interview. All interviews were undertaken by GT, with face-to-face interviews held in the women's homes. The participants were between 19 and 39 years of age, with a mean age of 29 years. Fourteen were living with partners/in relationships, five were single and 28 were married. At the time of the interview, the infants were between 2 weeks and 17 months of age; 29 were aged 3 months or less, 14 aged 4–6 months and four were over 6 months of age. Ten women were bottle-feeding, 30 were breastfeeding (four of whom were also on complementary foods) and seven were mixed feeding. Thirty-three of the women had one child, eleven had two, two had three and one had four children. Twelve of the participants were still accessing the community Star Buddies service at the time of the interview, three of the women stopped the service early because of breastfeeding cessation and the remaining 32 participants had received at least 8 weeks of community breastfeeding support.

Methods

A semi-structured interview schedule was devised to explore the women's experiences and perceptions of the Star Buddies service. Key prompts within the interview schedule included: why the women chose to breastfeed their infants; the numbers and types of support received by the Star Buddies (within antenatal, hospital and community period as appropriate); the perceptions of the support; whether there were any benefits of engagement with the peer support programme; and suggestions and recommendations for future peer support provision.

Ethics

The project was reviewed by the National Research Ethics Committee and received ethics approval by the relevant University Faculty of Health Research Committee and the Research and Design Unit at the maternity trust. Ethical principles to ensure informed

consent, autonomy and confidentiality were adhered to in the evaluation. Pseudonyms have also been used to protect the anonymity of the women.

Procedure

At the start of each data collection session, participants were asked to read, or were verbally read (for telephone interviews), an information sheet and subsequently asked to sign or to give verbal consent to participation.

The data collection sessions took between 25 and 80 min to complete. All the interviews were digitally recorded (and transcribed in full) and/or detailed notes were undertaken (following consent).

Data analysis/introduction to findings

During initial reading of the women's transcripts, a recurrent theme emerged in relation to the concept of 'hope'. Women directly or indirectly described how the Star Buddies had promoted and developed hope for their infant-feeding expectations and breastfeeding goals. Readings of the transcripts identified that for the vast majority of women consulted, their decision to breastfeed was based on the desire to protect and promote their infant's health, to give them the 'best start in life'. Women's expectations for infant feeding thereby encompassed both ultimate (successful breastfeeding) and fundamental (positive infant health) hope as described by Godfrey (1987). The concept of hope was evident in terms of how breastfeeding represented endurance over various situational contexts. Women held expectations for positive goal attainment, and breastfeeding (for the majority of women in this study) often involved perceived (antenatal) and actual (post-natal) threats for successful breastfeeding.

The behavioural manifestations of hope described by Morse & Doberneck (1995) and insights into the health care-based strategies to augment hope (*The Hope Assessment Guide*; Penrod & Morse 1997) were found to resonate across the women's narratives. Data analysis was subsequently undertaken through iterative readings of the transcripts, together with the seven-stage framework of hope. Selections of text

were selected and compared with each of the headings, and involved writing and rewriting until authentic interpretations were constructed. This process was supported by the MAXQDA software (VERBI GmbH, Marburg, Germany).

In this study, over 70% of the women believed that the peer supporters had enabled them to prolong breastfeeding. While other mothers would have breastfed regardless, this service enabled them to achieve a more positive and successful breastfeeding experience. Exploration of the wider hope literature enabled us to consider how this was achieved from a theoretical and practice-based perspective.

In the following section, the findings have been discussed under each stage of hope. In each occasion, a description of the behavioural manifestation has been provided. Insights into the strategies and methods employed by the Star Buddies and how these promoted and sustained hope (across the antenatal and post-natal period) for women's breastfeeding goals are also considered.

Findings: giving me hope

A realistic initial assessment of the predicament or threat

This behavioural manifestation of hope relates to comprehensibility: when individuals attempt to make sense of their situation or predicament (Morse & Doberneck 1995). Morse and colleagues highlight that while accurate and understandable information is needed during this stage, preliminary assessment can occur at a time of stress.

In this study, pregnancy and childbirth was heralded as a significant life event, associated with feelings of vulnerability and confusion. The Star Buddies service provides information and support to women from the second trimester of pregnancy up to 2 months post-natal and beyond. This service thereby enabled numerous opportunities to repeat, emphasise and target information on the realities of breastfeeding on an individual basis and across varying situational contexts.

There's a lot of people come in when you're in hospital and everything's thrown at you. But they came in and told me

that they'd visit me at home as soon as I got home . . . asked me if everything was OK, talked me through any questions that I had, gave me a few leaflets on things I think . . . and then as soon as I got home they came, I think the first day once I got home they were here helping me. (Cara)

The continued provision across the perinatal period meant that women were provided with or able to seek out information on particular issues as they became relevant or pertinent to their particular situation. Moreover, these information requests generally related to potential personal or physical barriers to breastfeeding. These requests included use of alcohol, safe sleeping practices and feeding patterns.

It didn't have to be the breastfeeding, it was like the sleeping and things like that. I did not know what time to put her down at night, what time should she get up and she (Star Buddy) was just like go with the flow. (Naomi)

These strategies emulate those detailed by Penrod & Morse (1997) in terms of how repetitions of key information, active listening and encouraging individuals to ask questions are important strategies to enable individuals to piece together 'the reality of their situation' (p. 1056).

Within this stage, the underpinning message is that the information is *realistic* (Morse & Doberneck 1995). Star Buddies were often depicted as 'experts' because of their theoretical and embodied knowledge of breastfeeding.

Knowing that the Star Buddies had babies and breastfed and been up one or two in the morning with their screaming babies and still felt the same way and felt as strongly about breastfeeding. I don't know that I would trust a breastfeeding buddy that had never breastfed before. It definitely made a difference. (Sally)

This relational care was associated with shared understandings, mutuality and trust in the support provided.

Penrod & Morse (1997) considered that the delivery and pace of information is considered crucial to help individuals assimilate and adopt the guidance received. As the Star Buddies provide information from a breastfeeding mother's perspective rather than a clinician, the terminology they used was identified to enhance women's knowledge and understanding.

You could ask her questions and she'd explain them in a fashion that you could understand without being too medical . . . and you could talk to her. (Kayla)

The Star Buddies thereby assessed and fostered hope through realistic assessments provided across varying situational contexts and scenarios.

The envisioning of alternatives and the setting of goals

During this stage, the realism of the predicament begins to crystallise and the individual considers alternatives to sustain hope in their situation (Morse & Doberneck 1995).

In this study, women's realities of breastfeeding were often associated with mastitis, thrush, engorgement, readmissions to hospital (for mother or baby) and difficulties in achieving a successful latch at the breast. Star Buddies were repeatedly observed to offer alternate options and strategies to help women overcome their breastfeeding predicaments.

She [Star Buddy] just saw what he was doing and she said he is a large baby, get rid of his nursing pillow, get rid of this and she sorted it out in a way that no-one else had thought of, it was a different hold than anyone else had tried on me before and she had him latched on in ten minutes . . . and I burst into tears. (Sally)

Star Buddies helped women modify their strategies or even involved 'modification of the actual goal itself' (Morse & Doberneck 1995, p. 278). As some of the women were unable to achieve successful breastfeeding (at the breast), they encouraged and supported breast milk continuation via other methods (e.g. expression of breast milk).

We came home Tuesday he had X [artificial milk] . . . I kept trying him on me every now and again. He would . . . he couldn't . . . I had spoken to X [Star Buddy] and told her I was trying to express and she said that is really good, because you are still giving him the best that you can. (Joanna)

Star Buddies shared their own and others' experiences of breastfeeding, providing breastfeeding women with a range of goal-directed thoughts and strategies. One of the mothers whose child required medical treatment explained,

She [Star Buddy] had this with one of her children herself, and she was saying . . . don't fret about it, so it was another mum to talk to. It was nice in that respect really. She was happy to share her experiences. (Jocelyn)

Star Buddies were thereby viewed to meet women's needs for experiential insights in order to appreciate how others 'have handled these experiences' (Penrod & Morse 1997, p. 1060).

Peer supporters also negotiated strategies and plans on behalf of women. Star Buddies contacted health professionals via telephone to organise appointments, prescriptions and referrals into a local frenulotomy clinic (due to suspected tongue tie) in attempts to resolve any potential breastfeeding threats.

My Star Buddy, she got X [daughter] to be looked at for tongue tie and all stuff like that because the way she wasn't latching on. (Tanya)

These findings thereby reinforce the points identified by Penrod & Morse (1997) in relation to health care staff playing a powerful influence in molding individual strategies for goal attainment sometimes to the point of 'absconding the individual's responsibility for treatment decisions' (p. 1057).

Penrod & Morse (1997) also emphasise that health care staff need to consider the individual's past experiences. Some of the women had previously discontinued breastfeeding due to complications. Star Buddies were seen to adopt a proactive stance to ensure that these women were prepared for repeat occurrences. These occasions frequently involved the repeated provision of written and instrumental support.

She gave me leaflets and she would phone me every other day to see how I was going. I was so frightened and worried about getting mastitis, because that had always stopped me . . . because I get really poorly with it. She would phone me to make sure that everything was all right and I was not in any pain or anything and if I was worried about anything she would come and see me to check it . . . because I was worried about a lot, so she came out a lot to see me. She was brilliant, can't praise her enough. (Kayla)

In relation to women's specific goals for breastfeeding duration, targets were often fluidly determined

(e.g. weekly) with others citing the WHO recommended '6 months' exclusive breastfeeding as an optimum goal. Star Buddies directly influenced breastfeeding targets through the constancy of their contact with women, 'just knowing that they [Star Buddies] would be calling next week spurred me on'. Furthermore, in a number of occasions, support and guidance from the Star Buddies enabled women to extend and enhance their breastfeeding goals

I was planning on 6 months [breastfeeding] and then going back to work . . . [But] the [Star Buddies] have given me the confidence to know that I can feed her in the morning and at night that my body will regulate and I can then still feed as normal at the weekends. (Mary)

Indeed, as depicted by Morse and colleagues, the Star Buddies exert a powerful influence on women's goals through the provision of information and alternative solutions to help them continue breastfeeding.

Bracing for negative outcomes

When the predicament has been assessed and goals are formulated, the individual considers potential negative outcomes, with anxiety and/or fear of adverse outcomes identified as a motivator for positive action (Morse & Doberneck 1995). *The Hope Assessment Guide* stipulates that risks and negative outcomes need to be discussed with individuals (Penrod & Morse 1997). In this study, risky behaviours and potential for non-attainment of breastfeeding goals were discussed during the antenatal and post-natal period.

The Star Buddies antenatal classes provided information on the risks to breast milk production, e.g. through substituting breast milk and early introduction of dummies and bottles. As reflected within the quote below, this prenatal knowledge altered women's actions in the post-natal period.

Photographs that they showed with dummies and how it can stop you seeing signs [feeding cues], this actually made me decide not to give a dummy as I was in two minds about it . . . it made me want to know him [son] better than that. (Charlotte)

Some of the breastfeeding women used the 'odd bottle' of formula, nipple shields and/or dummies. While Star Buddies were considered to support women's choices, they also provided insights on the potential for adversity, such as a reduction in breast milk production and engorgement.

I wanted to breastfeed and it looked like at times I was not giving her enough milk, but I felt as though they [family members] felt she should have been given a bottle to make sure she was getting enough . . . that is why we were mixed feeding to an extent. But when you speak to all the Star Buddies . . . [they tell you that] if you keep introducing bottles then you are never going to be able to turn it around. (Emma)

Protecting service users from negative outcomes is not considered to be helpful (Penrod & Morse 1997). During this study, Star Buddies were observed to help women identify and even remedy actions that could result in negative outcomes and non-attainment of their breastfeeding goals.

A realistic assessment of personal and external resources

Within this stage of hope, the individuals realise the realities of potential negative outcomes and reassess their available personal and external resources to overcome the predicament (Morse & Doberneck 1995). Personal resources concern internal attributes such as courage, stamina and endurance, whereas external resources relate to others who are involved in the situation (Penrod & Morse 1997). Penrod & Morse (1997) identified that health care staff can play a key role by highlighting the individual's personal resources and orientating them to external resources that can help them achieve their goals (p. 1061).

During this study, it appeared that the peer supporters mobilised their resources (breastfeeding support) to ensure that the women had sufficient personal resources to continue breastfeeding. The community Star Buddies service was originally developed as a prescriptive model of tailored support, with the frequency of contacts decreasing over the 8-week support period. In reality, while prescribed contacts were provided, support was bestowed as and when

required. Women were actively encouraged to contact the service whenever support was needed.

I did not feel restricted. I know we do have certain times when they work and when they don't, it very much came across that I could contact her any time, even though officially she was not at work, her phone was always on and I could contact her any time and if she could help she would. (Yvonne)

The regularity of contact (irrespective of whether a need existed), often together with 'concerned' questions, often meant that women accessed support that they may not have sought out. Furthermore, while the Star Buddies service is provided by paid peer supporters who work contracted hours, all the supporters offered extended services on a voluntary basis. The targeted and flexible nature of access enabled the Star Buddies to intervene at crucial times, the points when women were at risk of breastfeeding discontinuation.

She phoned me in the morning and that fell really well, because . . . I had ended up in tears the previous night. It was because I was thinking, I'm not producing milk, nothing would seem to satisfy him, winding him, changing him. I'm thinking, it must be me. So it was really lucky when she phoned the next morning and just put my mind at ease. (Heidi)

Breastfeeding support was provided via a range of contact options to suit women's preferred method of engagement. Some women liked the opportunity to text when it was difficult to make a telephone call. Phone conversations promoted discussion of sensitive issues, and home visits enabled observations of breastfeeding practices and opportunities for discussions.

If I've had a problem I just had to text her and she will phone me, or there was one Wednesday that I had a problem and there were new people at the group and I did not feel like I could talk there, so she came out to see me at home. She has been great. Texting me every couple of days just to see how we are getting on. (Roz)

These open channels of communication reflected the strategies identified by Penrod & Morse (1997) in terms of how the peer supporters facilitated and

encouraged discussions on the women's progress and provided hope in their self-referential beliefs.

As this breastfeeding support was provided irrespective of need, and on women's terms, it was seen to protect women's self-esteem and bolstered their resources. Women made reference to the 'lifeline', and 'safety net' this service provided. As women knew where they were able to access trusted help and support, this often motivated the women's agency to continue breastfeeding.

I was bleeding three times in 10 days, I would have given up, but having them there knowing that they are there to support us, it has made it so much easier for me to be able to carry on . . . because I would not have carried on if they weren't there. (Roz)

Furthermore, this dedicated support service for breastfeeding women was often perceived to have strengthened the women's personal resources, through enhancing their confidence, skills and self-beliefs.

I think it's a fantastic service. It would have been the easiest thing in the world [to stop breastfeeding] and nobody would have thought twice about it or judged me in any way for it . . . but when you've got that support there, it actually makes you stop and think twice and think, oh actually no, I can do this, they've done it, I can do it. (Rosie)

Star Buddies also secured the mobilisation of other external resources. Family members were provided with information and support at the antenatal classes, via the phone and/or during home visits. This extended support often secured enthusiasm and skills to help women breastfeed.

They [Star Buddies] did do a session on breastfeeding and she was excellent and X (partner) came away from that completely sold on it. He doesn't usually bother reading things, but he absorbed all that and he came away saying it's so good for her . . . He was adamant that was what we were going to try and do. He has been amazing. (Mary)

te Riele (2010) believes that hope means to take 'seriously the agency of individuals and groups, but also the social structures that shape society and create enabling/constraining conditions for that agency' (p. 39). In this study, the women's hope for successful

goal attainment was promoted through the facilitation of external resources and maintenance of pathways for ongoing contact and support.

Solicitation of mutually supportive relationships

In this stage, hope is manifested through individuals (and wider family members) seeking out supportive networks. Morse & Doberneck (1995) describe this as an active process in which individuals work within supportive relationships by balancing the ups and downs necessary to reinforce and sustain their hopes. The guidance by Penrod & Morse (1997) stipulates how health care staff can support this by 'being there if needed' and orientating individuals to available support groups or networks (p. 1062).

As previously identified, one of the outcomes of the Star Buddies service is to encourage and/or accompany a woman to a breastfeeding group. The encouragement for social interactions and knowledge that the peer supporters would be in attendance often provided women with the confidence to access this support.

Knowing that it was a Star Buddy that run the group . . . and knowing that they are there helped and encouraged me to go along more regularly. (Roz)

Even the mothers who choose not to access the groups felt able to access the Star Buddies help in the future. 'Being there if needed' (Penrod & Morse 1997), thereby appeased women's future-orientated concerns for support and guidance.

It is fine really, because I know that she is there on a Wednesday [breastfeeding group] if I need to see her and I have still got her number and I am sure she is not going to object if I give her a ring or send her a message if I have got any problems. (Jocelyn)

Mutually supportive relationships were forged within the breastfeeding groups. These social networks encouraged women to share insights and reflections on a range of infant-feeding issues. As the breastfeeding groups invariably included women with different experiences and different-aged infants, women were able to acquire regular information from experienced others, as need dictated,

It is great because all the mums are experiencing things and we can all pool together things and ideas and different things, not necessarily breastfeeding, everything and we all support each other with the feeding side and its great, I love it. (Angela)

The benefits of these extended networks reflect the point made by Penrod & Morse (1997) in terms of how support from others can help women endure even when they are not 'at the same point of realistic assessment' (p. 1057).

Morse and colleagues emphasise the importance of 'balance' provided within supportive relationships, so that the support can stabilise the threats and provide the strength to go on, to continue the fight' (Penrod & Morse 1997, p. 1058). In this study, the knowledge that others shared their views and had faced similar issues often re-enforced the women's strength and conviction to continue breastfeeding.

I think the time when I had got the guts to say . . . I want to give up . . . and then you start realising that everybody else is doing the same thing and it is not just you that is suffering, it is everybody else going through the same thing . . . and being able to turn round and say I really did want to at some point is just like a relief and everybody could talk about it and laugh about it. (Naomi)

Godfrey (1987) describes hope as being positively connected with human well-being and as essentially social because it seeks 'the flourishing existence of the other' (p. 29). In this study, the supportive networks facilitated and encouraged via the Star Buddies helped negotiate and regulate women's concerns, and promoted goal-directed thoughts and strategies to sustain breastfeeding.

The continuous evaluation for signs that reinforce the selected goals

This phase of hope is when individuals look for signs that they have made the right choices and that they are using the correct strategies to achieve their goals (Morse & Doberneck 1995). In their practice guide, Penrod & Morse (1997) report that health care staff need to reinforce the signs by providing 'honest appraisals' of the individual's progress towards

their goals and assist with reformulation of plans as appropriate (p. 1062).

One of the key signs that reinforce breastfeeding goals is the infant's weight gain. Some women's babies had not gained weight in line with the WHO weight charts (World Health Organization 2011). While Star Buddies made referrals to health professionals (such as midwives, health visitors or family doctors) if there were causes for concern, they provided verbal and physical affirmation to help women to negotiate these stressful periods. Through observations of breastfeeding practices, peer supporters were able to provide 'honest' evaluations with alternative strategies provided as necessary.

She [Star Buddy] has been great . . . coming round . . . texting me every couple of days just to see how we are getting on and how X [daughter's] weight gain is, just reassurance, because the weight gain was very slow to start with and she lost a lot of weight. Just reassurance that it was normal and she would get there and I wasn't doing anything wrong. (Roz)

The supporters discussed the expected outputs (faeces and urine) of the baby as a positive indicator that 'all was well'. Moreover, ongoing feedback about the health of the infant (skin tones and sleeping patterns) to reinforce the success of the women's strategies also enhanced their motivation to continue.

But they gave me loads of ideas, they watched how he was feeding, how I was, checking on his weight and things like that . . . they were always saying this is good he has put this amount on or he looks healthy . . . it kept me going. (Angela)

During this stage of hope, individuals seek out confirmation that they have taken the 'right path' and made the 'right choices'; 'hope cannot survive unless there is some form of reinforcement' (Penrod & Morse 1997, p.1059). Star Buddies were often perceived to offer the affirmation that women needed to augment their hopefulness.

Determination to endure

The final phase relates to the energy that the individual requires, enduring their predicament and achieving the intended goal (Morse & Doberneck

1995). Star Buddies were observed to help mothers 'keep on, keeping on' (Penrod & Morse 1997, p.1059) through 'reaffirming their expectations', 'praise', 'reassurance and normalising' and 'instilling calm'.

Star Buddies reaffirmed women's expectations of infant feeding through reiteration of the health benefits of breastfeeding for infants, as well as mothers (antenatally as well as post-natally).

[Star Buddies] made me see many more benefits . . . some of health benefits to mum and baby that I didn't realise . . . the muscles we use in the face for feeding can actually protect ear infections . . . never gave that a second thought before. (Tina)

The peer supporters repeatedly provided praise and recognition of women's breastfeeding success. This positive affirmation enhanced women's self-esteem and self-efficacy to continue.

They're brilliant, they tell me, you're doing a great job and it just makes you feel great. Oh I'm being a good mum, I'm being a great mum, I'm doing it right, it's nice. (Cara)

The supporters also provided praise to those who had discontinued breastfeeding. As reflected within the following quote, this acknowledgement protected women's self-worth and re-established their hope for future infant-feeding expectations.

She [Star Buddy] never made me feel once like I was letting him down or anything . . . I know next time round, if there was a next time that one hundred million percent I would be breastfeeding and I will carry it on, because I would be in a better place and obviously I know . . . because I have done it before. . . . (Christine)

Women's energy was also refocused through the 'reassurance and normalising' of their questions and concerns. Star Buddies provided reassurance that the women's breastfeeding latch was correct, their breasts were producing sufficient milk and that breastfeeding would become easier to keep them 'keeping on' (Penrod & Morse 1997). This reassurance was often found to normalise and release women's self-doubts.

Basically, because she was like, it looked like she was constantly hungry, sometimes she was feeding but not constantly

feeding, she was like nodding off... and on again. But... they ask you questions and I asked them questions and they said, yes it's normal and I think that's really important... I could text her and ring her and everything, so that's great because there's so many questions and doubts when you start. (Miranda)

Finally, Star Buddies were observed to instil calm through encouraging women to 'relax' and enabling them to keep 'sane'. Star Buddies were described as the 'calm in the storm' that operated from an embodied basis of space and time to help women regain their composure, re-establish their focus and direct their energy towards breastfeeding.

[She] really encouraged me in a nice and calm way She sat down... that was nice as other people stood over me. She just talked to me, made sure I was holding X in the right position and sat there and waited and let there be a silence. Often midwives can't deal with silence, they will go off. [She] allowed X to find her own position and find the breast... (Bella)

These findings support a number of strategies suggested by Penrod & Morse (1997) in terms of providing praise and encouragement, healthy releases and providing quiet time. Indeed, as reflected by these authors, these strategies legitimised women's 'allocation of focused energy and helped them to sustain their hopefulness' (Penrod & Morse 1997, p.1060).

Discussion

This paper provides a description of the ways in which a breastfeeding support service promoted and sustained hope in women's breastfeeding goals and infant-feeding expectations. By drawing on the seven-stage conceptual model of Morse & Doberneck (1995) and reflecting on the strategies outlined within *The Hope Assessment Guide* (Penrod & Morse 1997), these findings provide a blend of theoretical and practice-based insights into how the Star Buddies provided realistic assessments of the women's breastfeeding situation across varying situational contexts, formed strategies and plan to help women overcome any obstacles, made women aware of potential negative outcomes, mobilised women's external and personal resources to facilitate goal attainment, provided

evaluations and feedback of women's (and infant's) progress, and through praise, reassurance and instilling calm, the peer supporters helped women to focus their energy to continue breastfeeding.

The strengths of this study are that it is a large qualitative study, thus producing a rich data set. The theoretical and practice-based interpretations support the constructs and strategies described by Morse & Doberneck (1995) and Penrod & Morse (1997) and provide unique insights into how breastfeeding support services can encourage and facilitate hope in women's breastfeeding goals. One of the limitations of this study relates to how the women were recruited. As Star Buddies recruited the participants, women may have felt obliged to participate. Also, as no data was recorded on women who may have refused to participate, no distinctions can be drawn between these groups. The majority of women in this study claimed that the Star Buddies service had prolonged their breastfeeding experiences. However, it is important to consider that these women had an intention to breastfeed. While this intention was often re-enforced and promoted by the peer supporters, this data represents insights from women already motivated to breastfeed rather than those less inclined to do so. These findings are also not intended to suggest that all women experience breastfeeding as an arduous ordeal or one punctuated by difficulties. While the majority of women consulted had experienced challenges with breastfeeding, it is likely that this motivated their ongoing access to the Star Buddies service, thereby incurring a sampling bias in this study. Based on these limitations, caution needs to be made in the interpretation and transferability of these findings. Future research in this area should incorporate additional recruitment methods and samples that include women who discontinue breastfeeding in the early post-natal period.

While this paper has focused on how the peer supporters facilitated hope, an important finding not considered within *The Hope Assessment Guide* relates to the nature of the relationships forged between professionals (e.g. peer supporters) and service users. During the evaluation, women repeatedly made reference to the holistic, emotional-based care provided by the Star Buddies. They described a connected peer

supporter–mother relationship, characterised as a ‘friendship’, supporting other research in this area (Nankunda *et al.* 2010; Rossman *et al.* 2011). These findings also support previous research reporting that women valued the emotional warmth, supportive social interactions and advocacy that peer support provided (Scott & Mostyn 2003; Hoddinott *et al.* 2006; Hegney *et al.* 2008; Nankunda *et al.* 2010; Rossman *et al.* 2011).

Star Buddies has been fundamentally operationalised as a needs-based rather than service-constrained programme of support. Open and repeated contacts meant that individually determined plans and strategies could be renegotiated to facilitate prolonged breastfeeding. As stated by Rorty (1999),

a perfected society will not live up to a pre-existence standard, but][instead] will be an artistic achievement, produced by the same long and difficult process of trial and error as is required by any other creative effort. (p. 270)

While a recommendation for all breastfeeding services to offer this level of support may not be feasible, it does emphasise the need for support and guidance to be available and accessible when required. Within the hope literature, it is argued that the agency of individuals, groups and social structures that facilitate or impede goal attainment need to be considered (te Riele 2010). Hope alone is not considered to be sufficient for transformational change, but rather it needs to be contextualised in a wider political struggle (Freire & Freire 1994; te Riele 2010). There is currently a range of ways in which breastfeeding peer support is set up, offered, delivered and evaluated. It is clear, as the professional workforce comes under increasing pressure to deliver services in more cost-effective and efficient ways, that peer support is likely to become increasingly valued. It is therefore important that we listen to women about what they need and find supportive in the context of their lives and not evaluate the service based on a set of externally imposed criteria. Assessing the ways in which a service gives women hope to continue breastfeeding offers a different perspective to evaluation that relates to women rather than professional agendas.

Conclusion

This paper presents theoretical and practice-based interpretations into how a breastfeeding peer support service promoted and fostered hope in women’s breastfeeding goals. While there needs to be caution within the application of these findings, they provide insights into how peer supporters can help women to continue breastfeeding. The strategies of realistic and repeated assessments, ongoing development and formulation of plans, flexible access to support, promotion of support networks, and ongoing feedback, praise and reassurance should be integrated into breastfeeding peer support provision.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

Contributions

GT collected all the data, undertook the analysis, and identified and applied the hope theoretical framework. NC undertook a literature review and wrote up a synthesis of women’s experiences of peer support. FD provided insights into the wider peer support context, and provided expert advice and feedback on the theoretical application.

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