



# PROCEEDINGS OF AIPKIND SCIENTIFIC MEETING

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## A Scoping Review of Breastfeeding Peer Support Models Applied in Primary Healthcare Facilities

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### ABSTRACT

**Background:** Exclusive breastfeeding during the first six months of an infant's life is a primary recommendation by the World Health Organization (WHO) to promote optimal health and development. The successful implementation of this practice greatly depends on adequate maternal knowledge, a positive attitude toward breastfeeding, and appropriate interventions. One approach that is increasingly being adopted to improve breastfeeding practices is the peer support model, particularly when applied in primary healthcare facilities, as an effort to empower mothers through support from individuals with similar breastfeeding experiences.

**Purpose:** This review aims to map various peer support models for breastfeeding that have been implemented in primary healthcare facilities, and to examine how these approaches contribute to improving maternal knowledge, attitudes, and breastfeeding practices, particularly in the context of exclusive breastfeeding

**Methods:** This study employed a scoping review method of peer-reviewed literature. The literature search was conducted through electronic databases such as PubMed, Google Scholar, and the Cochrane Library for articles published within the last five years (2019–2024). Selected studies were evaluated based on the peer support model approach, its integration into primary healthcare services, and its impact on exclusive breastfeeding practices.

**Conclusion:** Peer support models implemented in primary healthcare facilities hold great potential in enhancing the success of exclusive breastfeeding. Structured, sustainable, and



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community-based interventions need to be further developed to support the achievement of WHO's breastfeeding targets.

**Keywords:** *Peer support; exclusive breastfeeding; maternal knowledge; attitude; breastfeeding practices.*

## BACKGROUND

Although 56% of infants receive complementary feeding before reaching 6 months of age, this indicates that exclusive breastfeeding rates remain low and the practice of giving complementary foods is still high in various parts of the world. Global data show an increase in exclusive breastfeeding overall, but the rise is not significant. In other words, approximately 44% of infants aged 0-6 months worldwide were exclusively breastfed during the period 2015-2020, which is still below the target of 50%.

Exclusive breastfeeding during the first six months of an infant's life is a key recommendation issued by the World Health Organization (WHO) as a global standard for optimizing infant health and growth. The success of this practice is strongly influenced by adequate maternal knowledge and a positive attitude toward breastfeeding, supported by appropriate interventions.

Effective support for breastfeeding mothers is a crucial factor in facilitating exclusive breastfeeding practices, especially within the context of primary healthcare services. One approach that is currently gaining traction is the peer support model, which offers guidance and companionship from individuals who have had similar breastfeeding experiences.

This peer support model is widely implemented in primary healthcare facilities as a strategy to improve the sustainability and quality of breastfeeding practices, with the goal of strengthening mothers' capacity to successfully carry out exclusive breastfeeding. The results of this study indicate that Breastfeeding Peer Supporters (BFPS) play an effective role in increasing the rate of exclusive breastfeeding among hospitalized infants. Qualitative data from the study reveal that BFPS successfully establish an emotional connection with mothers during the admission period, which in turn boosts the mothers' confidence to accept and try various new ideas and techniques suggested by the BFPS.

## OBJECTIVE

This review aims to map various peer support models for breastfeeding that have been implemented in primary healthcare facilities, and to examine how these approaches contribute to improving maternal knowledge, attitudes, and breastfeeding practices, particularly in the context of exclusive breastfeeding.



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## METHODS

Based on previous experience, the literature on breastfeeding peer support models implemented in hospitals in low-income countries remains very limited. Therefore, a scoping review study was conducted to identify the types and amount of information available regarding hospital-based breastfeeding peer support strategies. This study used the Arksey and O'Malley framework as a guide for conducting the scoping review. We followed the six stages of this framework and selected studies that met the inclusion criteria. In the initial stages, we defined the research objectives and search terms, then conducted a literature search in five online databases: PubMed, Cochrane Library, Hinari, Google Scholar, and Open Grey Library. Table 1 shows the search terms and search details used specifically for the PubMed database. The search included keywords such as peer support, breastfeeding, and hospital-based support, which were expanded with related terms and synonyms. The online data search was conducted over the period from 2019 to 2024. Additionally, we sought further articles by reviewing the bibliographies of the identified studies. In the third stage, we screened relevant articles based on the predetermined inclusion and exclusion criteria.

We included articles that discuss the use of lay breastfeeding peer supporters in community health centers. These lay breastfeeding peer supporters are mothers who are literate but do not have formal higher education or professional work experience in the health sector. The articles cover various types of peer support regardless of the terms used, such as mother-to-mother support or lactation counselors. The sources of these articles come from peer-reviewed journals as well as grey literature. The articles reported support provided to mothers with infants under 6 months old, without restrictions on geographic location or publication year. This approach aimed to broaden the range of articles identified in this review.

We excluded articles that did not clearly describe a breastfeeding support model; articles that described breastfeeding support provided in outpatient clinics or at the community level; and articles that recruited participants at community health centers but provided breastfeeding support outside the community health centers.

## RESULTS

The following table presents a summary of several relevant studies on peer support models in breastfeeding within primary healthcare facilities:

In a systematic review of 113 articles, 10 studies met the inclusion criteria. These studies consisted of randomized controlled trials and cohort studies. The primary focus of assessment in these studies included peer support, exclusive breastfeeding, maternal knowledge, attitudes, breastfeeding practices, and primary healthcare facilities.



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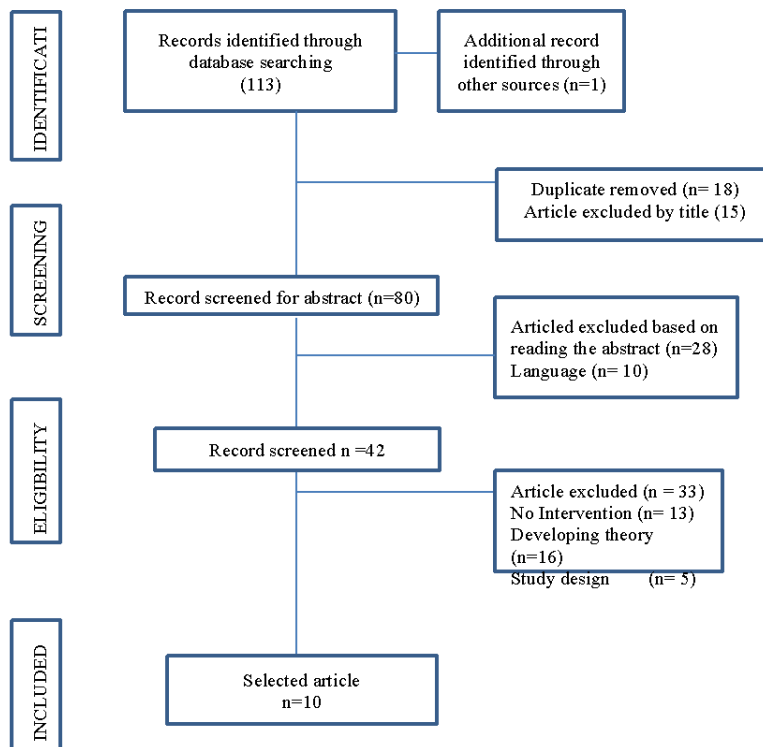


Figure 1. Diagram PRISMA

Table 1. Data Carting

Author	Year	Study Design	Location	Peer Support model	Key Findings
Rezapour et al.	2021	Randomized clinical trial	Ilam, Iran	Counseling and training by 30 peer mothers	Increased breastfeeding self-efficacy scores and duration of exclusive breastfeeding
Piro et al.	2021	Randomized clinical trial	Not specified	Counseling and training by peer mothers	Increased breastfeeding self-efficacy in primiparous mothers
Godarzi et al.	2021	Randomized clinical trial	Not specified	Counseling and training by peer mothers	Increased success in breastfeeding initiation and duration of exclusive breastfeeding
McQueen et al.	2021	Cohort study	Not specified	Counseling by peer mothers	Increased breastfeeding self-efficacy scores, but not statistically significant



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## DISCUSSION

The peer support model within primary healthcare facilities shows significant potential in improving mothers' knowledge, attitudes, and breastfeeding practices, especially regarding exclusive breastfeeding. Theoretically, peer support is grounded in the social learning theory, which emphasizes the importance of social interaction and shared experiences in shaping new behaviors (Bandura, 2023). Through guidance by experienced peer mothers, new mothers gain role models who motivate them and enhance their self-confidence (self-efficacy) in breastfeeding practices.

Research by Rezapour et al. (2021) and Piro et al. (2021) reinforces this theory by demonstrating that training and counseling provided by peer mothers can increase breastfeeding self-efficacy and extend the duration of exclusive breastfeeding, particularly among primiparous mothers who may be more vulnerable to early breastfeeding challenges. These findings align with Godarzi et al. (2021), who also reported improvements in breastfeeding initiation success and exclusive breastfeeding duration, indicating that peer support can significantly contribute to better breastfeeding practices at the community level.

In line with this, Rezapour et al. (2021) conducted a randomized controlled trial in Ilam, Iran, involving 240 primiparous mothers divided into two groups: the experimental group received counseling and training from 30 peer mothers, while the control group received routine training. The results showed a significant increase in breastfeeding self-efficacy scores and exclusive breastfeeding duration in the experimental group compared to the control.

Piro et al. (2021) also performed a randomized controlled trial assessing the impact of peer counseling and training on breastfeeding self-efficacy among primiparous mothers. The study found that peer support effectively enhanced mothers' confidence in breastfeeding. Godarzi et al. (2021) evaluated the effect of peer counseling and training on breastfeeding initiation and exclusive breastfeeding duration. Their results showed that peer support improved initiation success and extended exclusive breastfeeding duration among primiparous mothers.

McQueen et al. (2021) conducted a cohort study in which, although breastfeeding self-efficacy scores increased in the intervention group receiving peer counseling, the difference compared to the control group was not statistically significant. This suggests that other factors, such as the quality of interaction between peer mothers and supported mothers, as well as support from professional healthcare workers, might influence intervention outcomes.

Wong et al. (2021) conducted a systematic review and meta-analysis examining the effectiveness of educational and support interventions for primiparous mothers. The results showed that interventions involving peer support effectively improved



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breastfeeding outcomes and self-efficacy.

Nonetheless, the statistically non-significant results in McQueen et al. (2021) indicate variability in the effectiveness of peer support interventions. This may be influenced by factors such as communication quality, frequency, and intensity of peer support. Additionally, support from professional healthcare providers integrated with peer support models plays an essential role in strengthening intervention outcomes. Therefore, researchers suggest that the success of peer support models depends not only on training peer mothers but also on synergy with healthcare professionals and local adaptation, which together can enhance the effectiveness of programs aimed at improving exclusive breastfeeding practices.

## CONCLUSION

Peer support strategies for breastfeeding have been implemented in various hospitals and have proven effective in improving breastfeeding success among sick infants under 6 months of age who are hospitalized. However, to achieve optimal integration, expand coverage, and ensure consistent comparability of outcomes, standardization of training as well as the development of uniform implementation and supervision plans for peer supporters across different care facilities are necessary. Further research evaluating the sustainability and cost-effectiveness of peer support strategies in inpatient settings is essential to promote wider adoption and accelerate the scalability of this potentially life-saving intervention.

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