

Appendix E3: Peer Counselor Interview Guide 3: Study Period

WIC Peer Counseling Study:

Peer Counselor Interview Guide 3: During the Study Period

INTERVIEWER NAME	DATE	LOCATION	
NAME OF LWA	SITE ID	Time start	Time end

OMB Clearance Number: 0584-0548

Expiration Date: xx/xx/20xx

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0548. The time required to complete this information collection is estimated to average 90 minutes per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: U. S. Department of Agriculture, Food and Nutrition Service, Office of Research & Analysis, Room 1014, Alexandria, VA 22302.

Introduction

Thank you for taking the time today to participate in this focus group. As part of the WIC Breastfeeding Peer Counseling Study for the U.S. Department of Agriculture, Food and Nutrition Service (FNS), we are talking to Peer Counselors involved in the implementation of the *Loving Support* Breastfeeding Peer Counseling program. The purpose of this phase of our study is to describe learn about how the study and the implementation of the Enhanced model of the *Loving Support* Breastfeeding Peer Counseling program, especially in-person visits with program participants. We'll spend about two hours together for our discussion.

You and your agency's name and location will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses during the interview will be released in a form that identifies you or any other staff member by name, except as required by law. Although we may report direct quotations from the interview, you and your agency will be given pseudonyms. Because of the small number of peer counselors selected to participate in this interview, it is possible that you may be identifiable to other people on the basis of what you have said. Please note that this study is not part of an audit or management review of WIC. Your participation in the interview is completely voluntary. Do you have any questions before we begin?

Module A: Contact with WIC Participants in Peer Counseling During Pregnancy

Intro: Let's talk about contacts you have had with WIC participant women who are pregnant. For our discussion, I'd like you to think about contacts by telephone, in-person, or maybe using email or a text message. I don't want you to think about contacts by mail, for example, times when you may have mailed a brochure or document to a participant.

- A1. When you're working with WIC participants who are pregnant:
- Do you know whether or not they are participating in the study?
 - If so, do you know whether they were assigned to the treatment group or the control group? How do you know?
- A2. Thinking about the past month, about what proportion of the time did you interact with pregnant women in the peer counseling program by phone or in-person? Would you say that you:
- Talked with pregnant WIC participants mostly by phone **Go to Q3**
 - Talked with pregnant WIC participants mostly in-person **Go to Q3**
 - Talked with pregnant WIC participants using a mix of phone and in-person **Go to Q2a**
- A2a. How much, on average, do you speak with pregnant WIC participants in peer counseling by phone versus in-person?
- Almost always or always by phone
 - Almost always or always in-person
 - About half the time by phone, half the time in-person
 - Mostly by phone, and sometimes in-person
 - Mostly in-person, and sometimes by phone
- A3. For telephone conversations with pregnant women in the peer counseling program, about how long did these phone conversations usually last?
- A4. For in-person meetings with pregnant women in the peer counseling program, where did these meetings usually take place? How long did these person meetings usually last?
- A5. What topics do you discuss with pregnant WIC participants? What do pregnant WIC participants tend to ask you?

A6. Thinking about the past month what proportion of women did you meet with in-person who were pregnant? What proportion of women did you meet with in-person who were in their first trimester? Second trimester? Third trimester?

Last month, percent of women you met in-person		
who were pregnant	%	<input type="checkbox"/> Don't know
in 1st trimester	%	<input type="checkbox"/> Don't know
in 2 nd trimester	%	<input type="checkbox"/> Don't know
in 3 rd trimester	%	<input type="checkbox"/> Don't know

Module B: Contact with WIC Participants in Peer Counseling At Delivery

Intro: Now let's talk about contacts with WIC participant women in peer counseling who've given birth in the past month. Now that the study has been going on, one group of women in the study– that is, the women randomly assigned to the Enhanced model of the *Loving Support Peer Counseling* program – are supposed to receive contact while they're in the hospital after delivery, and an in-person visit within the first week to 10 days after they've given birth. Of course, we recognize that sometimes it may be challenging to arrange these types of contacts, so I'd like you to tell me about these meetings and how you arrange them.

First, I'd like to ask you about your experiences working with new mothers when they are in the hospital.

- B1. How do you generally find out when a woman in your peer counseling caseload goes into the hospital to deliver her baby?
- B2. How easy or difficult is it for you to work with hospital staff? Do you feel respected by hospital staff? If this varies by hospital, with which hospitals is it easiest for you to get in contact with WIC participants in peer counseling? Where is it hardest to get in contact with WIC participants just after delivery?
- B3. In the hospitals where WIC participants go to deliver, what are the attitudes, in general, of hospital staff towards breastfeeding for WIC participants who are new mothers? If attitudes varies by hospital, which hospitals seem to have staff who seem the most supportive of breastfeeding? Which seem to be the least supportive?
- B4. Do any of the hospitals give new mothers formula at discharge? *If yes*, Which ones?
- B5. What are some of the challenges associated with working with hospital staff?
- B6. Do you have any suggestions about how to improve relationships with hospital staff?
- B7. When you contact WIC participants in the hospital, what do they seem most interested in discussing with you? What do they seem least interested in discussing?

- B9. About what proportion of the time do you make contact in-person versus by phone with WIC participants when they are in the hospital after delivery?
- Mostly by telephone
 - Mostly in-person
 - About half phone, half in-person
 - Other (e.g., depends on the hospital). Specify:
- B10. What is the biggest challenge you face when contacting WIC participants in the hospital after delivery? What steps have you taken to overcome this challenge?

Module C: Contact with WIC Participants in Peer Counseling After Delivery

Now let's discuss the in-person meetings with women who've just given birth.

- C1. How do you know when to schedule post-partum visits?
- C2. Are these visits easy or hard to schedule? What are the major challenges you face in scheduling these visits?
- C3. Thinking about women who have given birth in this past month—how many of these women have you met with in-person? Specifically, how many new mothers from the treatment group have you met with in-person? From the control group? And how many new mothers who are not in the study at all have you met with in-person this past month?

# of women you've met with in-person during past month	Number
In the treatment group	
In the control group	
Not enrolled in the study	

- C4. I'd like you to describe your in-person meetings with WIC Participant women in the treatment group who have given birth in the past month.
- Where are these in-person meetings held?
 - How long do meetings tend to last?
 - Are you able to meet in-person with these women during the first week to 10 days after they give birth? If not, why not, and when do you meet with them in-person?

- C5. What are the most commonly topics discussed? What issues do women have regarding breastfeeding or what questions do they ask? **Probe for the following:**
- questions about latching/sucking;
 - how often to feed the baby;
 - how to know if the baby getting enough milk;
 - discomfort or pain from breastfeeding;
 - concern about the baby not sleeping long enough because she is hungry;
 - how to breastfeed if mother plans to go back to work/school
 - husband/boyfriend or other family members' attitudes toward breastfeeding
 - concern about breastfeeding in public
 - concern about other family members' opportunity to bond with baby
- C6. What advice do you give during these in-person meetings with new mothers in the Enhanced *Loving Support* Peer Counseling Program? How often do you refer women to a lactation consultant or other specialist?
- C7. How are the topics you discuss in-person the same or different from the topics you discuss over the telephone?
- C8. How are these in-person meetings with women assigned to the treatment group the same or different from in-person meetings you've had with new mothers assigned to the control group or new mothers who are not in the study?
- C9. In addition to meeting in-person with new mothers from the treatment group, about how often this past month have you talked about breastfeeding by telephone with these women – that is, women in the treatment group?
- C10. How often this past month have you talked about breastfeeding by telephone with new mothers who are in the control group or who are not participating in the study?
- C11. What kind of efforts do you make to meet in-person with WIC participants who are not in the study? With WIC participants in the control groups?

C12. Thinking back over the last month, did you ever communicate with women in your peer counseling caseload using email, text messaging, or websites like Facebook? ***If ever, go to C12a; otherwise, SKIP to Module D***

C12a. What kinds of topics do you discuss using email, text messages, or Facebook with your peer counseling clients? For example, do you use these forms of communication to: ***check all that apply***

- Answer questions about breastfeeding
- Remind women about appointments or class schedules
- Make arrangements for meeting in-person
- Refer women to lactation consultant, doctor, health or social services
- Other, ***please specify:***

C12b. How often do you use email, text messages, or Facebook compared to the telephone to communicate with your peer counseling clients? ***Check one.***

- Use email/text messages/Facebook much more often than telephone
- Use email/text messages/Facebook somewhat more often than telephone
- About the same amount as the telephone
- Somewhat less often than telephone
- Much less often than telephone

Module D: Training, Supervision, and Assignment to WIC Participants

D1. What type of training have you received about holding in-person meetings with new mothers?

- How were you trained? (When, for how long? What format did the training take?)
- Is there training you wish you had received?
- What suggestions do you have about improving training or support for peer counselors making in person visits to new mothers?

D2. What kind of support from other peer counselors or from WIC agency staff have you received once you began to make in-person visits to new mothers?

D3. How are you assigned to work with different WIC participants? What do you do if you feel that you're not the best match for a particular WIC participant? That is, what do you do if you feel that one of the other peer counselors might communicate better with a woman you were assigned to provide peer counseling?

- D4. About what proportion of women in your peer counseling caseload are assigned to receive the Enhanced *Loving Support* Peer Counseling Program? For example, about half, more than half, all, about 1 in 10, 1 in 5?
- D5. How do you keep track of your schedule and contacts with WIC participants? Are there special procedures to keep track of which women were assigned to the Enhanced *Loving Support* Peer Counseling program, and which women are supposed to receive the Standard program?
- How easy or hard-to-use are the tracking or monitoring tools?
 - What would make tracking study participants easier or more accurate?
 - How do you deal with difficult-to-reach mothers?
 - What do you do if a new mother from the control group or not in the study requests to meet with you in-person?

Module E: Peer Counselor's Perception of the Enhancements

- E1. Do you have any concerns about being asked to contact some women when they are in the hospital right after delivery?
- E2. Do you have any concerns about the in-person meetings with new mothers during the first 10 days after they've given birth?
- E3. What sorts of things have you done to put new mothers at ease with the in-person meeting with you? What suggestions do you have for making visits more comfortable?
- E4. Do you think you've made a difference in WIC participants' attitudes about breastfeeding or determination to continue breastfeeding? If so, what do you think you did that made the difference?
- E5. Would you like to continue offering the enhanced *Loving Support* Peer Counseling Program to women? That is, if it were up to you, would you continue trying to contact women when they are in the hospital having just delivered? Why or why not? Would you continue meeting in-person with women during the first week after they've delivered? Why or why not?