

Appendix E3: Peer Counselor Interview Guide 3: Study Period

<Revised November 8, 2011>

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. 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
- Talked with pregnant WIC participants mostly in-person
- Talked with pregnant WIC participants about half by phone and half in-person
- Other (*it depends on the following*):

A2. About how long do telephone conversations with pregnant women in the peer counseling program, usually last?

A3. Where do in-person meetings with pregnant women in the peer counseling program usually take place and how long did these in-person meetings usually last?

A4. What topics do you usually discuss with pregnant WIC participants?

A5. How does your communication with a WIC participant who is pregnant change over the course of her pregnancy? That is, are there differences in the peer counseling you provide women in their first, second, or third trimesters? (*If necessary*: Think about contacts during this past month.) **Probe** for differences in mode of contact (phone, in-person) and content of discussion.

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. I'd like you to tell me about these types of contacts and how you arrange them.

B1. First, how do you find out when a woman in your peer counseling caseload goes into the hospital to deliver her baby?

B2. What are the biggest challenges you face when contacting WIC participants in the hospital after delivery? What steps have you taken to overcome this challenge?

- B3. 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: _____
- B4. 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?
- B5. How easy or difficult is it to work with hospital staff?
- B6. In the hospitals where WIC participants you work with give birth, what kinds of practices support or hinder breastfeeding?
- B7. What are the advantages or disadvantages of contacting WIC participants when they are in the hospital for delivery?

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. What are the major challenges you face in scheduling these in-person visits? What practices seem to work the best?
- C2. 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?
 - What are the topics most commonly discussed? *Probe if needed:*
 - 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

- C3. How do you decide when a lactation consultant might be helpful? How often do you refer women to a lactation consultant or other specialist?
- C4. What are the advantages or disadvantages of providing peer counseling with a new mother in-person versus over the telephone?
- C5. Do you ever meet in-person with new mothers assigned to the control group or new mothers who are not in the study? Why/why not?
- C6. In addition to meeting in-person with new mothers who were assigned to the treatment group, about how often this past month have you talked about breastfeeding by telephone with women in the treatment group?
- C7. 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?
- C8. 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? What kinds of topics do you discuss using email, text messages, or Facebook with your peer counseling clients?

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

- D1. What type of training did you receive 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?
- 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. 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. 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. In terms of supporting or promoting breastfeeding, do you think it's helpful to contact WIC participants right after delivery when they are still in the hospital? Why/why not?
- E2. In terms of supporting or promoting breastfeeding, do you think it's helpful to meet in-person with new mothers during the first 10 days after they've given birth?
- E3. What sorts of things have you done to make the in-person meeting with new mothers the most effective for supporting breastfeeding?
- 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?