

BREAST FRIENDS

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Thinking back on the first seven months of her baby's life, Paula Abreu recalls the occasions when a can of formula seemed like a better feeding option than her breast.

Once, she feared her daughter was starving. Once, her breast stung from an infection. At other times, discomfort from a milk overload kept her awake, even as her baby slept.

"I was going to put a bottle in her mouth," said Abreu, a Hartford day-care worker who knew about the health benefits of breastfeeding but was amazed by the challenges.

The difficulties could have derailed Abreu's breastfeeding journey — as they do for many low-income women in the United States. But in Hartford, she was not traveling alone.

Aleja Rosario, a certified lactation consultant and breastfeeding peer counselor, was there to coach Abreu through the rough spots. With the support, Abreu is still breastfeeding, comfortably now.

And her experience is contributing to a small but growing body of evidence that peer counseling could increase the nation's breastfeeding rates, especially among low-income women.

Hospital, Hispanic Partnership

Abreu and her baby, also named Paula, are part of a program called Breastfeeding Heritage and Pride, a partnership between Hartford Hospital and the Hispanic Health Council that offers intensive peer counseling to low-income pregnant women who would like to breastfeed.

The program was the subject of two research studies published this autumn — one in the Archives of Pediatric and Adolescent Medicine and one in the Journal of Human Lactation.

"The conclusion is that breastfeeding peer counseling works, and it works beautifully, but you have to invest in it," said Raphael Perez-Escamilla, a nutrition researcher at the University of Connecticut who led the studies.

While breastfeeding peer counseling has been widely studied in South America and

West Africa, the new research is among only a few well-controlled looks at using the model for women in the United States.

Although breastfeeding is considered ideal for babies and their mothers, low-income women in the United States are much less likely than their more affluent counterparts to nurse. In Connecticut only 14 percent of women enrolled in Women, Infants and Children (WIC) — a program that provides nutritious food to low-income pregnant women and new mothers — breastfeed their babies for eight weeks or more.

Troubled that women in Hartford, especially those of Hispanic origin, seemed to shun the practice, the Hispanic Health Council set out to reverse the trend.

Peers Have Success

Teaming up with Hartford Hospital, which promotes breastfeeding by refusing to distribute free formula samples to women who deliver there, the council set up a peer-counseling program that is more intensive than most others tried in this country.

"In other places, peer counselors were people who had breastfed who could say it's a good thing," said Grace Damio, co-director of Breastfeeding Heritage and Pride.

Hartford's program trained community women to teach and support other women during visits at the prenatal clinic, in the hospital and at home after delivery. Unlike programs that depend on volunteers, the Hartford counselors are trained and paid full- or part-time wages with benefits, Damio said.

Besides making scheduled home visits, the counselors are available by phone.

The recently published research found that women with peer counselors were more likely to start breastfeeding and more likely to continue for at least three months than women who had less intensive support.

Originally from Peru, where breastfeeding among lower-income women is the norm, Alicia Rios knew her mother and sisters had breastfed their children and did not think much about it until she gave birth to Joshua at Hartford Hospital eight months ago.

"At that moment, I felt completely lost," Rios said in Spanish. "It was an experience I thought would be so easy when I was

pregnant. Once I had the baby, I realized how difficult it was to have the baby in the right position."

Through an interpreter, Rios said her peer counselor, Nidia Rivas, refused to give up until the nursing felt natural. "She said, if I have to sleep at home with you [to help you breastfeed], I will," Rios said, laughing.

Helps Prevent Childhood Obesity

Such intense counseling is expensive. Recently, the federal government distributed \$15 million to the states to incorporate breastfeeding peer counseling into their WIC programs. Connecticut expects to get about \$100,000 in each of the next two years. Some of the money will be used to expand the Hispanic Health Council's program.

After a two-year trial, the government expects to examine each state's peer-counseling efforts to determine the best way to promote breastfeeding among all women.

The issue has new urgency: This year, the U.S. Centers for Disease Control and Prevention identified breastfeeding — along with curtailing television viewing — as one of the immediate steps the nation can take to address the epidemic of childhood obesity.

Besides being less prone to weight problems, breast-fed babies get fewer infections and fewer bouts of diarrhea and are less likely to get diabetes, another scourge of low-income populations. Moreover, mothers who nurse their babies seem to get some extra protection against breast cancer.

Even as the national effort to promote peer counseling gets underway, the Hispanic Health Council hopes its work can make a difference closer to home. On Friday at 11 a.m., the group plans to formally present the results of its studies at the Hispanic Health Council's headquarters at 175 Main St., Hartford. Researchers hope other community organizations working with low-income women might try the intensive peer-counseling approach.

"I hope the community will embrace it as a model," said Jeannette B. DeJesus, executive director of the Hispanic Health Council. "[Breastfeeding] is a very important issue in giving our kids a good, strong start."