

Peer Support/Self-Help in Maternal, Newborn and Family Health: Highlights from the Literature

Introduction

The following provides an overview of the literature on peer support/self-help within the context of maternal, newborn and family health. It is not a comprehensive literature review but rather is intended to provide those working in the field with a snapshot of the research highlights on a range of topical areas within the maternal, child and family health fields as they relate to peer support/self-help.

Social Support and Health

There has been an ever-increasing body of research across a wide range of disciplines exploring the importance of social relationships in the promotion of health and wellness and prevention of disease (Cohen, 2000). This work builds on the pioneering ideas of researchers such as Cassel (1974), Caplan (1974), and Cobb (1976) all of whom emphasized the importance of social support as a buffer against stress and essential for enhancing health and wellness. Cobb's definition of social support as information leading a subject to believe that he or she is cared for, loved, esteemed and valued, and that he or she belongs to a network of communication and obligation (1976), is still one of the most widely accepted (Ellison, 1987). Research has also indicated that *perceived* support may have a stronger influence on specific health outcomes than actual, enacted support (Wethington & Kessler, 1986) and that it may be the quality of social interactions and supports as opposed to the quantity that is most strongly linked with positive health outcomes (Israel, 1985, Dennis et al, 2003).

That social support impacts on health status and behaviour is reflected in recent trends in health care focusing on health promotion and prevention, which often emphasize the development of supportive relationships within interpersonal networks (Stewart and Tilden, 1995). The World Health Organization has identified the strengthening of social relationships as a health promotion strategy (1998). In 1986, Health Canada released *Achieving Health for All*, which identified three mechanisms intrinsic to health promotion. These mechanisms were self-care, healthy environments, and "mutual aid, or the actions people take to help each other cope" (Epp, 1986, p.2). The Ottawa Charter for Health Promotion similarly stated that health promotion action involves the creation of supportive environments, "The overall guiding principle for the world, nations, regions and communities alike is the need to encourage reciprocal maintenance-to take care of each other.." (Ottawa Charter, 1986).

Dunst, Trivette and Deal (1986) have described the significance of informal support networks in the context of supporting families in the following way:

There is one major and consistent finding from the available social support research, regardless of the population that is studied.

Informal support from personal support networks has powerful stress-buffering and health promoting influences. The effects of informal support are generally greater than that attributable to formal support services. In our own research, the effects of informal support are so great that these influences cannot be ignored as a major form of intervention. Indeed, we should go so far as to say that, to the extent possible, family needs should be met by promoting the use of informal rather than formal support services (p.32).

Due to recent trends in the shift of health care delivery to the community, and demographic changes, there has been an increased emphasis on the centrality of social networks in meeting health care and social support needs of individuals (Stewart and Tilden 1995). As a form of social support, peer support and self-help groups or interventions are considered one aspect of a social support/social network and have received increasing attention as an effective, inexpensive and health promoting strategy (Henderson, 1998).

Definitions of Peer Support

Dennis (2003), in her in-depth examination of the types or attributes of peer support as it occurs in the health context, concludes that peer support interventions offer three general types of support: informational, appraisal (affirmation), and emotional. To a lesser extent there are also examples in the literature on peer support of those offering practical or instrumental support (e.g. respite child care for parents of multiple newborns, assistance with household chores for the new parent etc.). The review also describes the various ways that peer support is structured or delivered: (through individual one-to-one settings, telephone support, self-help/support groups, on-line computer-mediated groups, or within educational programs), in settings for delivery (e.g. home, hospital, community organization, school, via telephone/computer etc.), through various providers (community groups/organizations, public health units, volunteer organizations, hospital settings etc.), in various possible provider roles (e.g. volunteer, peer educator, professional facilitator, home visitor, health worker, leader, counselor, advocate), with varying degrees of involvement or structure (informal to formal) and on various topics (general to specific). (Dennis, 2003). Regardless of the variations in applications of peer support strategies, the literature typically describes some common attributes or characteristics of peer support.

Peer support is thought to provide emotional or self-esteem support which involves interactions that include expressions of caring, encouragement, attentive listening, validation, reflection etc. (Helgenson and Gottlieb, 2000), which can lead to feelings of being accepted, cared for, admired, empathized, respected and valued even when experiencing challenges i.e. empowerment (Cobb, 1976, Cronenwett 1980, and Shinar, 1999). Peer support can also be provided in the form of informational assistance (Wills and Shinar, 2000) or affirmational support such as motivation to continue despite challenges or help in enduring frustration (Wills 1985).

Peer support is often distinguished from professional support in that peers are viewed as providing role-modelling and credible, accessible, non-threatening, shared support that takes into account the broader context of the whole lives of those involved (Cox, 1993).

There are debates about the relative benefits of “professional” versus “peer” support especially for women who are socially disadvantaged. Social support from a woman with similar socio-economic and ethno-cultural backgrounds who is experiencing similar stressors may be very different from support from a health professional who does not share the same experience, knowledge or concerns (Hodnett and Fredericks, 2003)

It is also important to note that some authors discuss some potentially negative aspects of peer support, for example it can be exploitative if it is used to download work to already overburdened individuals (usually women) in the name of cost-effectiveness. It should rather come out of an actual stated need in the community. Henderson (1995) expresses concern that although peer support as a form of social support is often viewed as relatively harm free, inexpensive and effective, it is important for there to be reciprocity in the giver/receiver supportive relationship (both parties need to have their needs met). The needs of the receiver are relatively clear but the needs of the giver are not as universally recognized.

Due to the variability of how peer support/self help interventions in the pre-postnatal periods are applied, and the lack of uniformity in how peer support is defined in the literature, it is difficult to interpret and compare studies. The following studies highlighted therefore provide an overview of the range of available types of support (e.g. telephone vs. support group) and those with differing structures (e.g. member-led vs. professionally led). A section on lay home visiting programs that use “paraprofessionals” is included. Paraprofessionals are typically peers that are paid, although there is some debate over whether paraprofessionals continue to be “peers” when they undergo training, supervision and receive a salary for their work (Eng and Smith, 1995). The available literature on peer support tends to focus on some topics (e.g. breastfeeding and postpartum depression) more than others.

Search Strategy

The following databases were searched: Medline from January 1980 to March 2004; Cinahl from January 1980 to March 2004; Embase from January 1980 to March 2004; PsychINFO from January 1980 to March 2004 and the Cochrane Library. The occasional article that was dated before 1980 but was given special attention by a number of authors was included, and 84 articles were reviewed in total. The MeSh headings or search terms used were: peer support, peer education, peer counseling and self-help groups which were combined with the following terms: prenatal care, pregnancy, childbirth, postnatal period, postpartum period, breastfeeding, postpartum depression, postnatal depression, parenting. The terms home visiting and lay home visiting were also used. Searches were also done on first authors where particularly relevant.

Prenatal period

In their review of the literature on the use of peer interventions to enhance prenatal care among low-income women, Lapierre et al (1995) concluded that in response to the challenges of engaging low-income women in prenatal care, that well-structured prenatal peer counseling (involving training and supervision of volunteers) should be considered as a complimentary strategy to professional prenatal programs. Heins et al (1987), similarly found that social support given by mothers in the community to pregnant adolescents positively effected access to prenatal services and led to greater birthweight and increased gestational age. Clark also discussed the benefits of a peer support program involving young mothers providing support to young pregnant women in a clinical setting (Clark, 2000). In a study that looked at outcomes of a peer counseling program for low-income mothers by Gagne et al (1991), results indicated that bonding among the volunteer mothers and the pregnant women diminished isolation, fostered solidarity and enhanced cooperation. Another study by Crockenberg (1986) found that 75% of the adolescents in the study (most who were living in poverty) preferred prenatal counseling that was offered by their peers in the community, as opposed to professionally-based counseling. A study by Mahon et al (1991) found that more than 2000 Hispanic women at risk for not accessing early prenatal care were reached by volunteer mothers in a community partnership program and therefore had benefited from adequate prenatal supervision. In findings from an evaluation of a prenatal program for Hispanic migrant farmworker families using peer health workers, the authors concluded that the program was appropriate and successful for the participants and their families who reported easier labours, greater feeling of well-being and a sense of feeling cared for and encouraged by those providing the peer support (Warrick et al, 1992).

Some authors have recommended the use of a peer support “Mentor Mothers” intervention as a potential strategy to prevent abuse during pregnancy (McFarlane & Wiist, 1997), to prevent postnatal depression (Elliott et al, 1988), and to provide positive outcomes for drug-dependent pregnant women (Svikis, 1998). Maloni and Kutil (2000), concluded that an unstructured support group that provides pregnant women on hospital bed rest with an opportunity to talk in a confidential and supportive environment may be an important postpartum intervention for helping women cope under these circumstances.

Childbirth

Historically and cross-culturally women have been supported by other women during labour and birth, however the majority of women now give birth without that continuous support from someone whose sole purpose is to attend to her in labour. There has been recent concern about the need to provide this constant one-to-one support for labouring women in the form of emotional, informational, practical and advocacy support (Klaus, 2002). Evidence shows that not only does continuous labour support appear to reduce the likelihood of operative birth (e.g. c-sections) and subsequent complications, enhance women’s feelings of control and satisfaction with their childbirth experiences (Hodnett, 2002a), but that in fact these effects seem to vary by type of provider. These positive effects on birth outcomes were more prevalent for non-professional (or staff) providers of the labour support (Hodnett et al, 2003, Scott et al, 1999, Madi et al, 1999). More research is needed into examining the reasons for this discrepancy and into the nature of informal labour support (e.g. is this type of support more effective when those providing

the support are paid or unpaid, trained or untrained, a member of the woman's personal support network or not etc.).

Lipson (1982) found that support groups for women who had experienced cesarean birth, especially when unexpected, play an important role in the prevention of emotional distress by facilitating the resolution of the birth experiences and allowing women to plan and prepare for more positive birth experiences in the future.

Parenting

Since the first mention in the North American literature of peer or lay support programs for parents in the postpartum period (Cronenwett, 1976), it has been acknowledged on a theoretical and practical level that informal social support during the postpartum and early parenting period can greatly lessen the stress of adjusting to a new baby and assuming the parent role, especially given trends such as increasing family mobility and lack of extended family networks. Some authors have pointed out that the transition to new parenthood is a stressful time as parents learn to care for their infant and negotiate their new roles (Mercer, 1995, Barclay et al, 1997, McVeigh, 2000 and Rogan 1997), and that when families do not have adequate supports at home and in the community, there may be negative outcomes in the short or long-term for the mother, child and family (Hanna 2002).

There is some evidence that parenting programs including professionally-facilitated peer support groups for new parents are highly beneficial at enhancing social support during this transition (Scott et al., 2001, Hanna et al., 2002, Barlow and Coren 2001, Sanderson and Curry, 1996) and are therefore a useful primary prevention strategy. There are different types of peer support groups; those that are member-led, self-help groups, professionally-led groups with more of an "educational" focus, structured, time-limited groups and unstructured, drop-in support programs that provide participants with informal opportunities to connect with one another. The term "support group" has been used to indicate that the group offers mutual support and not therapy or counseling (Kurtz, 1997).

These groups are perceived as providing parents with a way to dissipate the stress of the early parenting period and to help them in developing parenting skills, social networks, and confidence in their abilities. They can also help meet the gap that exists for new parents that are isolated and without personal support networks and/or do not have previous experience with, information about or skills in parenting (Hanna et al, 2002).

One author of a study on long-term benefits of first time parent support groups in the state of Victoria in Australia, concluded that the majority of the new parent groups (attended by 75% of new parents throughout the State), evolved into on-going self-sustaining social networks that lasted well beyond the time frame for the group, and sometimes for years (Scott et al., 2001). The authors noted that there is some evidence that this continuation of social support is more likely to continue if the group is facilitated in a way that creates an atmosphere of trust and builds a sense of group cohesion.

In their Cochrane Systematic review of parenting programs aimed at improving maternal psychosocial health, Barlow and Coren (2001), concluded that they can make a significant contribution to the short-term psychosocial health of mothers. They stressed the importance of the facilitator in establishing an atmosphere of trust and openness between the parents and to offer respect, support and understanding, in order to maintain the group. Other studies have reported the value of professionally-led parenting groups (Johnson et al., 2000, Clarke et al., 1995, Gordon et al, 1995 and Abriola 1990) and others have advocated for lay or member-led, self-help groups for new parents, which can lead participants to have increased self-esteem, coping ability, competency in the parenting role and recognition of the normalcy of the parenting experience (Cronenwett, 1980).

Snyder (1988), discussed the benefits of peer support groups for “high-risk” parents who are experiencing unexpected crisis related to childbearing (e.g. c- section or the loss of an infant). Others have described benefits of peer support postpartum interventions involving telephone support (Gosha and Brucker, 1986, Creedy, & Dennis, 2003). There is also evidence that peer support for new fathers is beneficial and an area gaining increasing attention in the literature and in practice, in the form of professionally-led postpartum support groups (Taubenheim & Silbernagel, 1988), through the internet (Hudson et al., 2003) and as a way of supporting breastfeeding (Strewell and Lovera, 2004).

Peer support has also shown to be effective for parents with babies or children who have disabilities or special needs (Hartman et al, 1992). A cohort study of a hospital parent “buddy” program for mothers of very preterm infants found that support from individual, trained volunteers was found to be effective in helping mothers deal with the stress of having a preterm baby. The mothers in the study reported having less stress, state anxiety and depression than those in the control group (Preyde and Ardal 2003). In a previous study by the same authors on women’s perceptions of the peer support, the mothers reported that their interaction with their “buddy” helped to reduce their feelings of isolation, provided validation of their emotional experiences, provided understanding and helped to normalize the situation (Preyde et al, 2001).

Two earlier studies that evaluated a professionally-led peer support group (Minde et al, 1980), and individual peer support for parents while their infants were in the neonatal intensive care unit (Roman et al, 1995) also showed positive results of their respective peer interventions.

There have also been studies that have looked at the benefits of mutual support groups for parents of children who have died (Schwab,1995), for parents of high risk infants (Boukydis and Zachariah, 2000) and for parents of children with disabilities (Solomon, 2001, and Santelli et al, 1997).

In 1998 The Ministry of Health and Long-Term Care in Ontario launched the Healthy Babies, Healthy Children Program that is delivered by each of the province’s 37 health units. One aspect of the HBHC program involves training parents from the community to be “lay home visitors” who provide information and in-home support to parents and

families (with extra attention to those who are deemed “at risk”), with the aim of increasing parenting competence and promoting child health and development.

Despite the great discrepancies in variation between peer support interventions for parents in structure and function, a 1999 Ontario Public Health Branch review of the literature on peer and paraprofessional interventions for parents, concluded that programs using peers/paraprofessionals can have an impact on parent-child interaction and child development if they begin prenatally and are high in intensity (weekly or bi-weekly visits for at least a year) and if they are part of a larger program with multiple components and/or professional interventions. The authors noted that the evidence on the impact of such interventions on outcomes such as health care utilization, child health status, child behaviour, child abuse and neglect and maternal psychosocial health status is tentative, as few high quality studies have examined this relationship. It should be noted that most of the studies included in the review were targeted to high-risk populations so it is not clear how these strategies benefit the wider population. The authors also recommended that further research be conducted on impacts of peer/paraprofessional interventions on the above mentioned outcomes, and that there is a need for more qualitative research to contribute to an understanding of the relationship of peers/paraprofessionals with those they are supporting (Wade et al, 1999).

Cox (1993) described the two main “befriending” or peer support initiatives in the United Kingdom, which involve providing lay home support for mothers and children with significant psychosocial morbidity and concluded that these schemes when provided in compliment to professional services can improve the mental health of mothers and children.

Breastfeeding

Various peer support breastfeeding interventions have been shown to be effective in improving breastfeeding outcomes.

Peer support has been identified in the literature as highly beneficial for prolonging exclusive breastfeeding especially amongst marginalized groups, as it is thought to involve shared cultural and socioeconomic characteristics and understanding of a communities health beliefs and barriers (Bronner, 2002).

The well-established mother-to-mother peer support group model such as La Leche League have been shown to increase the duration of breastfeeding (Raj and Plitcha, 1998). Although La Leche League has spread throughout the world since 1956 when the first group began, the women that have joined the League have tended to be older, well-educated, higher-income, professional women. Therefore, many marginalized women especially low-income women and teenagers may not be able to identify with LLL support groups or leaders who they may not view as their “peers” (Lawrence, 2002).

A recent Cochrane systematic review of the literature support for breastfeeding mothers showed that there is substantial evidence that “lay” or peer support interventions do improve the exclusivity and duration of breastfeeding (Sikorski et al, 2002). However there are vast differences in the models of peer or lay support cited in the literature as

well as the different research methodologies used which makes it difficult to compare and assess the efficacy of such programs though they appear to be very promising.

Breastfeeding peer or lay support programs have increasingly been initiated throughout the world in order to increase breastfeeding duration and exclusivity within varying contexts and based on different models. These programs usually involve the recruitment and training of women in their local community who have experience breastfeeding and can provide practical and emotional assistance to new breastfeeding mothers. Many of these peer support interventions use either telephone or group based support.

In her review of 10 studies that evaluated the effects of peer support programs on breastfeeding duration, Dennis (2002) found that most showed positive results especially amongst communities where women have low breastfeeding rates for example amongst groups of low-income and marginalized women (Arlotti et al, 1998, Caulfield et al, 1998, Dennis et al, 2002, Haider et al, 2000, Kistin, et al, 1994, Long et al, 1995, Mongeon & Allard, 1995, Morrow et al, 1999, Schafer et al, 1998, and Shaw and Kaczorowski, 1999).

In her randomized controlled trial on peer telephone breastfeeding support, Dennis (2002) found that mothers that received proactive telephone support from an experienced mother were two times more likely to continue to breastfeed for 3 months postpartum than mothers that did not receive this support. Mothers in the peer support group were also likely to be exclusively breastfeeding at 1 and 3 months postpartum and satisfied with their breastfeeding experience. The authors concluded that telephone-based peer support in conjunction with professional support and the influence of the Baby-Friendly Hospital Initiative might help new mothers to continue to breastfeed. They also noted that peer support resulted in mothers evaluating themselves and their breastfeeding experiences more positively, which led to higher maternal satisfaction with the infant feeding method. Another preliminary finding from this study suggests that peer volunteers may be an effective mediating link between mothers in the community (especially those that are socially disadvantaged) and health professionals.

Increasingly peer or lay breastfeeding programs have been initiated in community and hospital settings across Ontario.

Postpartum depression (ppd)*

Peer support has been used to provide support and facilitate adjustment in women experiencing postpartum depression (ppd). Support group programs (primarily professionally facilitated), have been found to be effective in helping women cope with ppd (Jones 1995, Berchtold & Burrough, 1990, Eastwood et al, 1995, Foyster, 1995, Jones et al, 1995, Pitts, 1995, Olson et al, 1991, Milgrom, 1994 and Morgan et al, 1997) although the structure and methods of delivery of the interventions in these studies were varied.

* Note that recently the term postpartum mood disorders (ppmd) has replaced postpartum depression (ppd) because it encompasses a broader range of conditions and states. However, most literature still uses the term ppd.

Few controlled studies however have actually measured ppd parameters in women before and after participating in a support group or intervention. Findings from a randomized controlled trial in Taiwan assessing the effects of support group intervention on women with ppd found that there were significant psychosocial benefits for the group participants. Beneficial effects were noted in relation to depression, stress and perceptions of social support in participants (Chen, 2001).

Based on a review of predictive studies Dennis (2003) found that the risk of ppd greatly increased when the following social deficiencies were present: not having someone to talk openly with who has shared and understood a similar problem and not receiving support without asking (Brugha et al, 1998), feeling socially isolated (Mills et al, 1995) and not having a friend or confidante to converse with (Paykel et al, 1980, Roman et al, 1993, Romito & Saurel-Cubizolles, 1999). Studies show that when women experience companionship and a sense of belonging to a group with similar attributes that this may protect against ppd (Cutrona, 1989) and women who have themselves experienced ppd have emphasized the importance of receiving support from other mothers (Munro, 2002 and Small et al, 1997).

The author concluded that there is therefore evidence that support provided by another mother that has experienced ppd may be an effective strategy in addressing ppd and helping prevent its negative effects on mothers and infants. A pilot randomized controlled trial was therefore conducted to evaluate the effect of mother-to-mother telephone support on depressive symptomatology among new mothers, and found a significant decrease in depressive symptomatology among the mothers who received the support. The authors state that while promising, these preliminary findings warrant further research in this area. It is interesting to note that in this study as well as a study looking at telephone-based peer support for breastfeeding mothers (Dennis, 2002), both the peer volunteers and the mothers evaluated their peer-support experience positively.

Conclusion

The above research highlights generally confirm that peer support is a beneficial strategy for meeting diverse needs of populations within the pre/postnatal and parenting periods. Although these highlights covered a large range of type, topical focus and structure of peer support, there were commonalities in the positive outcomes attained. Peer support strategies that are aimed at marginalized or “high risk” populations seem to be especially effective according to the research highlighted here. It is also clear that further research needs to be undertaken in order to expand knowledge and to improve practical applications of peer support strategies in the maternal, child and parenting periods.

References

General

Brown S, Small R, Faber B, Kratav A, Davis P. Early postnatal discharge from hospital for healthy mothers and term infants

Caplan, G. (1974). *Support Systems and Community Mental Health*. Behavioural Publications, New York.

Cassel, J. (1974). Psychosocial processes and stress: Theoretical formulations. *International Journal of Health Services*, 3, 471-482.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.

Cohen, S., Gottlieb, B., Underwood, L.G.(2000). Social relationships and health. In: Cohen, S., Underwood, L.G., Gottlieb, B. (Eds.), *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*. Oxford University Press, Toronto, pp. 3

Cox, A., (1993). Befriending young mothers. *British Journal of Psychiatry*, 163, 6-18.

Cronenwett, L.R. (1980). Elements and outcomes of a post-partum support group program. *Research in Nursing and Health*, 3, 33-41.

Dennis, C.L., (2003). Peer support within a health care context: a concept analysis. *International Journal of Nursing Studies*, 40, 321-332.

Dunst, C., Trivette, C.M., Deal, A.G. (1986). *Enabling and Empowering Families*. Cambridge: Brookline Books.

Ellison, E.S. (1987). Social support and the constructive development model. *Western journal of Nursing Research*, 9(1), 19-28.

Eng, E., Smith, J. (1995). Natural helping functions of lay health advisors in breast cancer education. *Breast Cancer Research and Treatment*, 35, 23-29.

Epp, J. (1986). Achieving health for all: A framework for health promotion. *Canadian Journal of Public Health*, 77, 393-430.

Helgeson, V., Gottlieb, (2000). Support groups. In: Cohen, S., Underwood, L.G., Gottlieb, B. (Eds.), *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*. Oxford University Press, Toronto, pp 221.

Henderson, A. (1995). Abused women and peer-provided social support: The nature and dynamic of reciprocity in a crisis setting. *Issues in Mental Health Nursing*, 16, 117-128.

Henderson, A.D. (1998). Preparing feminist facilitators: Assisting abused women in transitional support group settings. *Journal of Psychosocial Nursing and Mental Health Services*, 36, 3.

Hodnett E.D, Fredericks, S. Support during pregnancy for women at increased risk of low birthweight babies (Cochrane Review). In: *The Cochrane Library*, 3, 2003. Oxford: Update Software. CD000198.

Israel, A.(1985). Social networks and social support: Implications for natural helper and community level interventions. *Health Education Quarterly*, 12(1), 65-80.

Ontario Ministry Of Health. (Dec. 1997) The Mandatory Health Programs and Services Guidelines. Minister of Health. [On line]. http://www.gov.on.ca/MOH/english/pub/pubhealth/manprog/mhp_toc.html

Ottawa Charter for Health Promotion: First International Conference on Health Promotion, Ottawa, Canada, 17-21 November 1986 / Ottawa: Health and Welfare Canada, 1986. 4p.

Shiner, M. (1999). Defining peer education. *Journal of Adolescence*. 22: 555-566.

Stewart, M. J., Tilden, V. (1995). The contributions of health care science to social support. *International Journal of Nursing Studies*, 32, 535-544.

Wade, K., Cava, M., Douglas, C., Feldman, L., Irving, H., O'Brien, M.A., Sim-Jones, N., & Thomas, H., (1999). A systematic review of the effectiveness of peer/paraprofessional 1:1 interventions targeted towards mothers (parents) of 0-6 year old children in promoting positive maternal (parental) and/or child health/developmental outcomes. Prepared by the Effective Public Health Practice Project for the Public Health Branch, Ontario Ministry of Health.

Wethington, E. Kessler, R. (1986). Perceived support, received support and adjustment to stressful life events. *Journal of Health and Social Behaviour*, 27, 78-89.

Wills, T.A. (1985). Supportive functions of interpersonal relationships. . In: Cohen, S. Syme, S.L. (Eds.) *Social Support and Health*. Academic Press, Toronto.

Wills, T.A., Shinar, O. (2000). Measuring perceived and received social support. In: Cohen, S., Underwood, L.G., Gottlieb, B. (Eds.), *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*. Oxford University Press, Toronto, pp. 86.

Prenatal Period

Clark, M. (2000). The peer support program: young mothers offering support to young pregnant women in a clinic setting. *Birth Issues*, 9(2), 47-53.

Crockenberg, S.B. (1986). Professional support for adolescent mothers: Who gives it, how adolescent mothers evaluate it, what they would prefer. *Infant Mental Health Journal*, 7(1), 49-58.

Elliott, S.A., Sanjack, M., Leverton, T.J. (1988). Parents groups in pregnancy: A preventive intervention for post-natal depression? In: *Marshalling Social Support*. (ed. B.H. Gottlieb). London, Sage.

Gagne, J., Gendron, N., Pelletier, D. (1991). Le programme grossesse nutrition (OLO), Etude de cas et une analyse critique. Sherbrooke: Department de Service Social, Université de Sherbrooke.

Heins, H., Nance, N., Ferguson, J. (1987). Social support in improving perinatal outcome: The resource mothers program. *Journal of Obstetrics and Gynecology*, 70, 263-266.

Lapierre, J., Perreault, M., Goulet, C. (1995). Prenatal peer counseling: An answer to the persistent difficulties with prenatal care for low-income women. *Journal of Public Health Nursing*, 12, 53-60.

Mahon, J., McFarlane, J., Golden, K. (1991). De madres a madres: A community partnership for health. *Public Health Nursing*, 8(1), 15-19.

Maloni, J.A., Kutil, R.M. (2000). Antepartum support group for women hospitalized on bed rest. *MCN American Journal of Maternal Child Nursing*, 25(4), 204-10.

McFarlane, J., Wiist, W. (1997). Preventing abuse to pregnant women: Implementation of a "mentor mother" advocacy model. *Journal of Community Health Nursing*, 14(4), 237-249.

Svikis, D., McCaul, M., Feng, T., Stuart, M., Fox, M., Stokes, E. (1998). Drug dependence during pregnancy: Effect of an on-site support group. *Journal of Reproductive Medicine*, 43(9), 799-805.

Warrick, L., Wood, A., Meister, J., de Zapien, J. (1992). Evaluation of a peer health worker prenatal outreach and education program for Hispanic farmworker families. *Journal of Community Health*, 17, 13-26.

Childbirth

Hodnett, E.D. (2002). Caregiver support for women during childbirth.(Cochrane Review).In: The Cochrane Review (1):CD000199.

Hodnett ED. [Caregiver support for women during childbirth \(Cochrane Review\)](#). In: The Cochrane Library, Issue 4 2002. Oxford: Update Software.

Klaus, M.H, Kennell, J.H., Klaus, P.H. The doula book: How a trained labour companion can help you have a shorter, easier, and healthier birth. 2nd. Edition. Cambridge, MA: Perseus Books (2002).

Lipson JG.(1982).Effects of a support group on the emotional impact of cesarean childbirth..*Prevention and Human Services*. 1(3): 17-29.

Madi, B.C., Sabdall, J., Bennett, R. et al. (1999). Effects of female relative support in labour: A randomized controlled trial. *Birth*, 26 (1), 4-8.

Scott KD, Klaus PH, Klaus MH. (1999).The obstetrical and postpartum benefits of continuous support during childbirth. *Journal of Womens Health and Gender Based Medicine*, 8,1257-64.

Parenting

Abriola, D.V. (1990). Mother's perceptions of a postpartum support group. *Journal of Maternal Child Nursing*, 19(2), 113-34.

Barclay, L., Everitt, L., Rogan, F., Schmied, V., Wyllie, A. (1997). Becoming a mother: An analysis of women's experiences of early motherhood. *Journal of Advanced Nursing*, 25, 719-28.

Barlow, J., Coren, E. Parent training programmes for improving maternal psychosocial health. (Cochrane Review). In: The Cochrane Library, 2001. Oxford.

Boukydis, C.F., Zachariah, (2000).Support services and peer support for parents of at-risk infants: An international perspective. *Children's Health Care*, 29(2), 129-145.

Clarke, V., Hanna, B., Rolls, C., Grant, A., Bethune, E., Horne, R., Ching, M. (1995). Evaluation of group sessions for first-time mothers provided by the Victorian Maternal and Child Health Service. Geelong: Deakin University.

Cox, A., (1993). Befriending young mothers. *British Journal of Psychiatry*, 163, 6-18.

Creedy, D. Dennis, C.L. (2003). Telephone support for women during pregnancy and the first month postpartum. Protocol for a Cochrane Review.

Cronenwett, L.R. (1976). Transition to parenthood. In: L. Mcnall & J. Galeener (Eds.). Current practice in Obstetric and Gynecologic Nursing. St. Louis: C.V. Mosby

Gordon, J., Robertson, R., Swan, M. (1995). Babies don't come with a set of instructions: Running support groups for mothers. *Health Visitor*, 68, 155-56.

Gosha, J., Brucker, M.C. (1986). A self-help group for new mothers: An evaluation. *MCN American Journal of Maternal and Child Nursing*, 11(1), 20-3.

Hanna, B., Edgcombe, G., Jackson, C., Newman, S. (2002). The importance of first-time parent groups for new parents. *Nursing and Health Sciences*, 4, 209-214.

Hartman, A.F., Radin, M., McConnell, B. (1992). Parent-to-parent support: A critical component of health care services for families. *Issues in Comprehensive Pediatric Nursing*, 15, 55-67.

Hudson, D.B., Campbell-Grossman, C., Fleck, M.O., Elek, S.M., Shipman, A. (2003). Effects of the new fathers network on first-time fathers' parenting self-efficacy and parenting satisfaction during the transition to parenthood. *Issues in Comprehensive Pediatric Nursing*, 26, 217-229.

Johnson, Z., Molloy, B., Scallan, E., Fitzpatrick, P., Rooney, B., Keegan, T., Byrne, P. (2000). Community mothers programme-seven year follow-up of a randomized controlled trial of non-professional intervention in parenting. *Journal of Public Health Medicine*, 22, 337-342.

Kurtz, L., (1997). *Self-help and Support Groups: A Handbook for Practitioners*. Thousand Oaks: Sage Publications.

Mcveigh, C. (2000). Satisfaction with social support and functional status after childbirth. *Maternal Child Nursing*, 25, 25-30.

Mercer, R. (1995). The process of maternal role attainment over the first year. *Nursing Research*, 34, 198-204.

Minde, K., Shosenberg, N. Marton, P., Thompson, J., Ripley, J., Burns, S. (1980). Self-help groups in a premature nursery-a controlled evaluation. *Journal of Pediatrics*, 96, 933-940.

Preyde, M., Ardal, A., Bracht, M. (2001). Mothers' perceptions of the parent buddy program: A program for mothers of very preterm hospitalized infants. *Canadian Social Work*, 3(2), 43-56.

Preyde, M., Ardal, F. (2003). Effectiveness of a parent "buddy" program for mothers of very preterm infants in a neonatal intensive care unit. *Canadian Medical Association Journal*, 168(8), 969-973.

Rogan, F., Schmeid, V., Barclay, L., Everitt, L., Wiley, A. (1997). Becoming a mother-developing a new theory of early motherhood. *Journal of Advanced Nursing*, 25, 866-885.

Roman, L.A., Lindsay, J.K., Boger, R.P., DeWys, M., Beaumont, E.J., Jones, A.S., et al. (1995). Parent-to-parent support initiated in the neonatal intensive care unit. *Research in Nursing and Health*, 18, 385-94.

Sanderson, E., Curry, J. (1996). How postnatal support groups can benefit new parents. *Nursing Times*, 92(3), 34-5.

Santelli, B., Turnball, A., Higgins, C. (1997). Parent to parent support and health care. *Pediatric Nursing*, 23, 303-306.

Schwab, R. (1995). Bereaved parents and support group participation. *Omega: Journal of Death and Dying*, 32(1), 49-61.

Snyder, D.J. (1988). Peer group support for high-risk mothers. *American Journal of Maternal Child Nursing*, 13, 114-117.

Solomon, M., Pistrang, N., Barker, C. (2001). The benefits of mutual supports groups for parents of children with disabilities. *American Journal of Community Psychology*, 29, 113-132.

Strewell, J. and Lovera, D. (2004). Insights from a breastfeeding peer support program for husbands and fathers of Texas WIC participants. *Journal of Human Lactation*, 20(4), 417-422.

Taubenheim, A.M., Silbernagel, T. (1988). Meeting the needs of expectant fathers. *Maternal Child Nursing*, 13, 110-113.

Breastfeeding

Arlotti, J. P., Cottrell, B. H., Lee, S. H., & Curtin, J. J. (1998). Breastfeeding among low-income women with and without peer support. *Journal of Community Health Nursing*, 15(3), 163-178.

Bronner, Y.L., Barber, T., & Miele, L., (2002). Breastfeeding peer counseling: Rationale for the national WIC survey. *Journal of Human Lactation*, 17(2): 135-139.

Caufield, L. E., Gross, S. M., Bentley, M. E., Bronner, Y., Kessler, L., Jensen, J., Weathers, B., & Paige, D. M. (1998). WIC-based interventions to promote breastfeeding among African-American women in Baltimore: Effects on breastfeeding initiation and continuation. *Journal of Human Lactation*, 14(1), 15-22.

Couto de Oliveira, M. I., Bastos Camacho, L. A., & Tedstone, A. E. (2001). Extending breastfeeding duration through primary care: A systematic review of prenatal and postnatal interventions. *Journal of Human Lactation*, 17(4), 326-343.

Dennis, C-L. (2002a). Breastfeeding initiation and duration: a 1990-2000 literature review. [185 refs]. *JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 31(1), 12-32.

Dennis, C-L. (2002b). Breastfeeding peer support: Maternal and volunteer perceptions from a randomized controlled trial. *Birth*, 29(3), 169-176

Dennis, C. L., Hodnett, E., Gallop, R., & Chalmers, B. (2002). The effect of peer support on breast-feeding duration among primiparous women: a randomized controlled trial. *Canadian Medical Association Journal*, 166(1), 21-8.

Haider, R., Kabir, I., Huttly, S. R., & Ashworth, A. (2002). Training peer counselors to promote and support exclusive breastfeeding in Bangladesh. *Journal of Human Lactation*, 18(1), 7-12.

Kistin, N., Abramson, R., & Dublin, P. (1994). Effect of peer counsellors on breastfeeding initiation, exclusivity, and duration among low-income urban women. *Journal of Human Lactation*, 10, 11-15.

Lawrence, R. (2002). Peer support: Making a difference in breastfeeding duration. *Canadian Medical Association Journal*, 166(1), 42-43.

Long, D. G., Funk-Archuleta, M. A., Geiger, C. J., Mozar, A. J., & Heins, Jan N. (1995). Peer counselor program increases breastfeeding rates in Utah Native American WIC population. *Journal of Human Lactation*, 11(4), 279-84.

Martens, P. J. (2002). Increasing breastfeeding initiation and duration at a community level: an evaluation of Sagkeeng First Nation's community health nurse and peer counselor programs. *Journal of Human Lactation*, 18(3), 236-46.

McInnes, R. J. & Stone, D. H. (2000). The process of implementing a community-based peer breast-feeding support programme: The Glasgow experience. *Journal of Public Health Medicine*, 22(2), 138-45.

- Merewood, A., & Philipp, B. L. (2003). Peer counselors for breastfeeding mothers in the hospital setting: trials, training, tributes, and tribulations. *Journal of Human Lactation*, 19(1), 72-6.
- Mongeon, M., & Allard, R. (1995). Essai contrôlé d'un soutien téléphonique régulier donné par une bénévole sur le déroulement et l'issue de l'allaitement. *Canadian Journal of Public Health*, 86(2), 124-127.
- Morrow, A. L., Guerrero, M. L., Shults, J., Calva, J. J., Lutter, C., Bravo, J., Ruiz-Palacios, G., Morrow, R. C., & Butterfoss, F.D. (1999). Efficacy of home-based peer counselling to promote exclusive breastfeeding: A randomized-controlled trial *Lancet*, 353(9160), 1226-3.
- Pugh, L. C., Milligan, R. A., Frick, K.D., Spatz, D., & Bronner, Y. (2002). Breastfeeding duration, costs, and benefits of a support program for low-income breastfeeding women. *Birth*, 29(2), 95-100.
- Raj, V.K., & Plitchta, S.B., (1998). The role of social support in breastfeeding promotion: a literature review. *Journal of Human Lactation*. 14(1): 41-45.
- Schafer, E., Vogel, M. K., Viegas, S., & Hausafus, C. (1998). Volunteer peer counselors increase breastfeeding duration among rural low-income women. *Birth*, 25(2), 101-6.
- Shaw, E., & Kaczorowski, J. (1999). The effect of a peer counseling program on breastfeeding initiation and longevity in a low-income rural population. *Journal of Human Lactation*, 15(1), 19-25.
- Sikorski, J., Renfrew, M. J., Pindoria, S., & Wade, A. (most recent update 2001). Support for breastfeeding mothers [Cochrane Review]. *The Cochrane Database of Systematic Reviews*, 2003(3). Retrieved November 19, 2003, from <http://gateway1.ovid.com/ovidweb.cgi?Titles+Display=1&S=IDNJHKLKGANLPN00D>

Postpartum Depression

- Berchtold, N. Burrough, M. (1990). Reaching out: Depression after delivery support group network. *NAACOGS Clinical Issues in Perinatal Women's Health Nursing*, 1(3), 385-394.
- Brugha, T. Sharp, H., Cooper, S., Weisender, C., Britto, D., Shinkwin, R et al. (1998). The Leister 500 Project: Social support and the development of postnatal depressive symptoms, a prospective cohort study. *PsycholMedicine*, 28, 63-79.
- Chen, C., Tseng, Y., Chou, F., Wang, S. (2000). Effects of support group intervention in postnatally distressed women. A controlled study in Taiwan. *Journal of Psychosomatic Research*, 49, 395-399.
- Cutrona, C.E. (1989). Ratings of social support by adolescents and adult informants: degree of correspondence and prediction of depressive symptoms. *Journal of Perspectives in Social Psychology*, 57, 723-30.
- Dennis, C. L., Hodnett, E., Gallop, R., & Chalmers, B. (2002). The effect of peer support on breast-feeding duration among primiparous women: a randomized controlled trial. *Canadian Medical Association Journal*, 166(1), 21-8.
- Dennis, C.L. (2003). The effect of peer support on postpartum depression: a pilot randomized controlled trial. *Canadian Journal of Psychiatry*, 48(2):115-24.
- Eastwood, P., Horrocks, E., Jones, K. (1995). Promoting peer group support with postnatally depressed women. *Health Visitor*, 68(4), 148-50.
- Foyster, L. (1995). Supporting mothers: An interdisciplinary approach. *Health Visitor*, 68(4), 151-2.

- Jones, A., Watts, T., Romain, S., (1995). Postnatal depression. Facilitating peer group support. *Health Visitor*, 68(4), 153.
- Milgrom, J. (1994). Mother-infant interactions in postpartum depression: An early intervention program. *Australian Journal of Advanced Nursing*, 11(4), 29-38.
- Mills, E.P., Finchilescu, G., Lea, S.J. (1995). Postnatal depression: An examination of psychosocial factors. *South African Medical Journal*, 85, 99-105.
- Morgan, M., Matthey, S., Barnett, B., Richardson, C. (1997). A group programme for postnatally distressed women and their partners. *Journal of Advanced Nursing*, 26, 913-20.
- Munro, P. (2002). Help seeking behaviours of mothers who have experienced postpartum depression [Master's Thesis]. Vancouver (BC): School of Nursing, University of British Columbia.
- Olson, M.R., Cutler, M.A., Legault, F. (1991). Bittersweet: A postpartum depression support group. *Canadian Journal of Public Health*, 82, 135-6.
- Paykel, E.S., Emms, E.M, Fletcher, J., Rassaby, E.S. (1980). Life events and social support in puerperal depression. *British Journal of Psychiatry*, 136, 339-46.
- Pitts, F. (1995). Comrades in adversity: The group approach. *Health Visitor*, 68(4), 144-5.
- Roman, S.E., Walton, V.A., McNoe, B., Herdinson, G.P., Mullen, P.E. (1993). Otago women's health survey 30-month follow-up. 1: Onset patterns of non-psychotic disorder. 11: Remission patterns of non-psychotic psychiatric disorder. *British Journal of Psychiatry*, 163, 733-46.
- Romito, P., Saurel-Cubizolles, M.J., Lelong, N. (1999). What makes new mothers unhappy: Psychological distress one year after birth in Italy and France. *Social Science Medicine*, 49, 1651-61.
- Small, R., Johnston, V., Orr, A. (1997). Depression after childbirth: The views of medical students and women compared. *Birth*, 24, 109-15.