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Q/ Which interventions can increase breastfeeding duration?

EVIDENCE-BASED ANSWER

A/ **Breastfeeding support**, beyond standard care, from lay people or professionals increases both short- and long-term breastfeeding duration (strength of recommendation: **B,** meta-analyses of randomized controlled trials [RCTs] with demonstrated heterogeneity).

Evidence summary

A 2012 Cochrane review of 52 studies (44 RCTs and 8 cluster-randomized trials; N=56,451) assessed the overall effectiveness of multiple supportive measures on decreasing cessation of "any" (partial and exclusive) and "exclusive" breastfeeding compared with usual care.[1] Participants were healthy breastfeeding mothers of healthy term babies. Support interventions were defined broadly but included individual and group interactions, as well as contact in person or over the phone by professionals or lay volunteers. Patients were approached proactively or reactively upon request, and the interventions occurred one or more times.

The interventions reduced discontinuation rates among both "exclusive" and "any" breastfeeding mothers (**TABLE**[1]). The review found lay and professional support to be equally effective at promoting continuation of breastfeeding. Limitations include a moderate to high amount of heterogeneity, as well as the inherent difficulty of blinding subjects in the studies.

Lay support can make a significant difference in the short term

A 2008 systematic review of 38 RCTs (N=29,020) compared any counseling or behavioral intervention initiated from a clinician's practice (office or hospital) with usual care.[2] The review excluded community and peer-initiated interventions. The reviewers defined breastfeeding duration as follows: initiation (up to 2 weeks), short-term (one to 3 months), intermediate-term (4 to 5 months), long-term (6 to 8 months), and prolonged (9 or more months). Investigators also analyzed breastfeeding rates by "exclusive" and "nonexclusive" (formula supplementation) regimens.

For nonexclusive breastfeeding, the review found interventions to promote breastfeeding improved rates only at initiation (18 RCTs, N=7688; relative risk [RR] for cessation of breastfeeding=1.04; 95% confidence interval [CI], 1.0-1.08; number needed to treat [NNT]=38) and in the short term (18 RCTs, N= 19,358; RR=1.10; 95% CI, 1.02-1.19; NNT=7). For exclusive breastfeeding, interventions improved rates only in the short term (17 RCTs, N=20,552; RR=1.72; 95% CI, 1.0-2.97; NNT=3).

The review found that lay support (defined as counseling or social support from peers) but not professional support was significantly associated with improving rates of both "nonexclusive" and "exclusive' breastfeeding, but only over the short term (5 RCTs, N not provided; RR=1.22; 95% CI, 1.08-1.37; and 4 RCTs, N not provided; RR=1.65; 95% CI, 1.03-2.63; respectively). As with the Cochrane review, the results for all study groups demonstrated moderate to significant heterogeneity.

Recommendations

The Surgeon General, the American Academy

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TABLE

How breastfeeding support affects cessation rates: A meta-analysis of RCTs[1]

Primary outcome	Any or exclusive breastfeeding	RCTs (N)	Patients (N)	Cessation of breastfeeding, RR*	95% CI	I^2	NNT
Stopping breastfeeding before 4-6 wk	Any	25	8513	0.88	0.81-0.96	50%	29
	Exclusive	24	7693	0.74	0.61-0.89	98%	8
Stopping breastfeeding at any time before 6 mo	Any	40	14,227	0.91	0.88-0.96	56%	21
	Exclusive	33	11,961	0.86	0.82-0.91	97%	10

CI, confidence interval; I^2, Cochrane index measure of heterogeneity; NNT, number needed to treat; RCT, randomized controlled trial; RR, relative risk.

* Relative risk is calculated in comparison with usual care.

of Family Physicians, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists all recommend that women be educated about the benefits of breastfeeding and receive supportive interventions before and after delivery.[3-6] JFP

References

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