

Cochrane for Clinicians

Putting Evidence into Practice

These brief overviews are summaries of reviews from the Cochrane Library.



This clinical content by Drs. Seehusen and Ledford conforms to AAFP criteria for evidence-based continuing medical education (EB CME). See CME Quiz on page 173.

The series coordinator for *AFP* is Kenneth W. Lin, MD, Department of Family Medicine, Georgetown University School of Medicine, Washington, DC.

A collection of Cochrane for Clinicians published in *AFP* is available at <http://www.aafp.org/afp/cochrane>.

Impact of Breastfeeding Support

DEAN A. SEEHUSEN, MD, MPH, and CHRISTOPHER LEDFORD, MD, *Fort Belvoir Community Hospital, Fort Belvoir, Virginia*

Clinical Question

Does providing support to breastfeeding mothers improve rates of long-term (more than six months) and exclusive breastfeeding?

Evidence-Based Answer

Proactive support in many forms, provided by health care professionals or laypersons, increases the duration of any breastfeeding (including partial and exclusive) and exclusive breastfeeding. Face-to-face support is superior to telephone-based interventions. Support for continued breastfeeding is more effective in areas where baseline rates are high, underscoring the continued need to encourage breastfeeding in general. (Strength of Recommendation: A, based on consistent, good-quality patient-oriented evidence.)

Practice Pointers

Breastfeeding has been shown to reduce rates of infant mortality, gastroenteritis, and respiratory disease, and the incidence of type 2 diabetes and obesity.¹⁻³ Exclusive breastfeeding and the overall duration of breastfeeding are positively correlated with its protective effects. Therefore, the World Health Organization recommends exclusive breastfeeding of infants until six months of age. This Cochrane review evaluated patient-level supportive measures to increase the duration of exclusive and any breastfeeding. In all, 52 studies and more than 56,000 mother-infant pairs from 21 countries were included. Most studies randomly assigned women to standard care or standard care plus additional support.

Overall, women who received support were less likely to discontinue all breastfeeding by six weeks (risk ratio [RR] = 0.88; 95% confidence interval [CI], 0.81 to 0.96) and six months postpartum (RR = 0.91; 95% CI, 0.88 to 0.96). In the 33 studies measuring exclusive breastfeeding at six months, the risk of discontinuing exclusive breastfeeding was significantly less among the support pairs (RR = 0.86; 95% CI, 0.82 to 0.91).

Face-to-face support led to 20 percent less cessation of exclusive breastfeeding before six months; telephone interventions had no effect. The number and timing of interactions did not have a clear impact on outcomes. Support programs had a larger effect in countries where the baseline breastfeeding rate was high. Layperson support may be slightly more effective than that delivered by professionals, but both were superior to no support. Of note, another recent systematic review found that peer support may not be effective in high-income countries.⁴

Several studies found that formal breastfeeding support benefited infants, leading to decreased risks of atopic dermatitis and gastrointestinal infections. Studies with the highest risk of bias tended to have larger effect sizes than those at lower risk. For example, when evaluating the impact of support on exclusive breastfeeding for at least six months, studies at low risk of bias had an RR of 0.94 (95% CI, 0.90 to 0.98), whereas those at high risk of bias had an RR of 0.63 (95% CI, 0.45 to 0.89). The authors suggest that this implies that all interventions might not be effective in all situations, and that support programs should be designed to meet the needs of individual communities.

Author disclosure: No relevant financial affiliations to disclose.

The views expressed in this article are those of the authors and do not reflect the official policy or position of the U.S. Government, Department of the Army, or Department of Defense.

SOURCE: Renfrew MJ, et al. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database Syst Rev*. 2012;5:CD001141.

REFERENCES

1. Quigley MA, et al. Breastfeeding and hospitalization for diarrheal and respiratory infection in the United Kingdom Millennium Cohort Study. *Pediatrics*. 2007; 119(4):e837-e842.
2. Horta BL, et al. *Evidence on the Long-Term Effects of Breastfeeding: Systematic Reviews and Meta-Analyses*. Geneva, Switzerland: World Health Organization; 2007.
3. Ip S, et al. Breastfeeding and maternal and infant health outcomes in developed countries. *Evidence Rep Technol Assess (Full Rep)*. 2007;(153):1-186.
4. Jolly K, et al. Systematic review of peer support for breastfeeding continuation: metaregression analysis of the effect of setting, intensity, and timing. *BMJ*. 2012; 344:d8287. ■