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[Intervention Review]

Antenatal breastfeeding education for increasing breastfeeding duration

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ABSTRACT

Background

Breastfeeding (BF) is well recognised as the best food for infants. The impact of antenatal BF education on the duration of BF has not been evaluated.

Objectives

To evaluate the effectiveness of antenatal BF education for increasing BF initiation and duration.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (21 April 2010), CENTRAL (*The Cochrane Library* 2010, Issue 2), MEDLINE (1966 to April 2010) and SCOPUS (January 1985 to April 2010). We contacted experts and searched reference lists of retrieved articles. We updated the search of the Pregnancy and Childbirth Group's Trials Register on 28 September 2011 and added the results to the awaiting classification section of the review.

Selection criteria

All identified published, unpublished and ongoing randomised controlled trials (RCTs) assessing the effect of formal antenatal BF education or comparing two different methods of formal antenatal BF education, on duration of BF. We excluded RCTs that also included intrapartum or postpartum BF education.

Data collection and analysis

We assessed all potential studies identified as a result of the search strategy. Two review authors extracted data from each included study using the agreed form and assessed risk of bias. We resolved discrepancies through discussion.

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Main results

We included 17 studies with 7131 women in the review and 14 studies involving 6932 women contributed data to the analyses. We did not do any meta-analysis because there was only one study for each comparison.

Five studies compared a single method of BF education with routine care. Peer counselling significantly increased BF initiation.

Three studies compared one form of BF education versus another. No intervention was significantly more effective than another intervention in increasing initiation or duration of BF.

Seven studies compared multiple methods versus a single method of BF education. Combined BF educational interventions were not significantly better than a single intervention in initiating or increasing BF duration. However, in one trial a combined BF education significantly reduced nipple pain and trauma.

One study compared different combinations of interventions. There was a marginally significant increase in exclusive BF at six months in women receiving a booklet plus video plus lactation consultation (LC) compared with the booklet plus video only.

Two studies compared multiple methods of BF education versus routine care. The combination of BF booklet plus video plus LC was significantly better than routine care for exclusive BF at three months.

Authors' conclusions

Because there were significant methodological limitations and the observed effect sizes were small, it is not appropriate to recommend any antenatal BF education. There is an urgent need to conduct RCTs study with adequate power to evaluate the effectiveness of antenatal BF education.

PLAIN LANGUAGE SUMMARY

Antenatal breastfeeding education for increasing breastfeeding duration

Breastfeeding is well recognised as the best food for infants and the World Health Organization recommends that all infants should have exclusive breastfeeding for at least six months after birth. Complementary foods offered before six months of age tend to displace breast milk and do not give any health advantage. Breastfeeding (BF) can improve the child's health, the mother's health and mother-infant bonding. Infants with BF have lower rates of gastrointestinal and respiratory diseases, otitis media and allergies, better visual acuity, and speech and cognitive development. The impact of educational interventions during pregnancy on breastfeeding duration has not yet been evaluated.

This review includes data from 14 randomised controlled studies involving 6932 women, mostly from developed countries including the USA, Canada, UK and Australia. Peer counselling, lactation consultation and formal BF education during pregnancy appear to increase BF duration. Peer counselling also appears to be better than routine care for initiating BF. However, because most included studies were of poor quality and the effects of BF education were quite small, it is not appropriate to recommend any specific BF educational intervention. The findings of this review are based on single studies and there is a need for well-designed clinical trials with adequate sample sizes.