



What works to support Breastfeeding?

Policies and programs that encourage breastfeeding have shown to have exhibit favourable increases in breastfeeding duration. The Cochrane Collaboration, the WHO and several other peak bodies have conducted literature and systematic reviews investigating successful practices in increasing breastfeeding, and have thus established relatively strong evidence of interventions increasing the establishment and duration of breastfeeding (Department of Education & Early Childhood Development, 2010).

Peer Support

- The La Leche League International (LLL) was developed in 1956, with a mission to assist mother's worldwide in breastfeeding through mother to mother support, encouragement, information and education (La Leche League International, 2012) LLL provides training to breastfeeding peer support counsellors
- A Canadian study divided first time Mothers into a control group, or intervention group that received peer support from a trained woman with breastfeeding experience. Results exhibited 81% of women in the intervention group were still exclusively breastfeeding at 3 months, compared to 66% of women the control group
- A study conducted in Britain illustrated not only an increase in breastfeeding duration, but an improvement in mental health and self-confidence as a response from participating in the program
- Breastfeeding support groups help 'normalise' the experience by reinforcing the decisions and complexities associated with breastfeeding through role models and supportive networks, thus enhancing cultural acceptability (Australian Breastfeeding Association, 2007).
- The Australian Breastfeeding Association states counselling programs provide necessary psychosocial support that allows women to increase their confidence and gain greater satisfaction from breastfeeding.
- Some studies have exhibited the most promising results in breastfeeding peer support have been shown in low income settings. The British Medical Journal's (BMJ) systematic review revealed the risk of not breastfeeding was 30% lower in low income settings, yet only 7% lower in high income post breastfeeding support group programs. The study hypothesised this may be due to these women being able to readily access such healthcare support when needed (Jolly et al 2012).
- Universal evidence suggests both lay and professional support have a positive effect

For more information please visit <http://www.la lecheleague.org/nb.html>
<https://www.breastfeeding.asn.au/>

Type of Support Program

- The Cochrane Collaboration identified face-to-face support as having the greatest effect on exclusive breastfeeding as opposed to telephone contact
- Women who received face to face support were 20% less likely to have ceased exclusive breastfeeding at six months compared to women that experienced phone contact (Renfrew et al, 2012).
- Programs that entailed women to be proactive and seek support were less effective than interventions that freely offered support to women on a scheduled basis (Renfrew et al, 2012).
- The WHO's (2003) literature review revealed those women who received home based breastfeeding counselling were associated with a significant increase in exclusive breastfeeding and reduction in infant diarrhoea (Amir et al, 2010)
- The less onus required by the Mother, the better the outcome in breastfeeding duration and infant health
- The BMJ authors ascertained more intensive interventions, or those who received five or more counselling contacts had a significantly lower risk of breastfeeding cessation (Jolly et al, 2012).
- Cochrane Collaboration review were unable to determine a clear 'dose response' relationship the most pronounced effects were seen in those who received between four and eight contacts (Renfrew et al, 2012).
- 'Needs-based' interventions have proven more effective in comparison the generic formal information sessions. The authors of the Cochrane Collaboration's review concluded, repeated informal education sessions that were tailored to individual needs were associated with larger increases in breastfeeding as opposed to a general breastfeeding information session. However these results are based on low income settings and may limit the generalisability to the wider community.
- Breastfeeding promotional material has shown limited evidence to suggest an increase in breastfeeding duration and initiation, with the Cochrane Collaboration's review revealing it made no impact on women's breastfeeding.

Reference List

Amir, L, Forster, D, McLachlan, H, Moorhead, A, Chamberlain, C & McKay, H, 2010, '*Breastfeeding in Victoria: A Report*', La Trobe University; on behalf of Department of Education and Early Childhood Development

Renfrew, M, McCormick, F, Wade, A, Quinn, B & Dowswell, T, 2012, '*Support for Healthy Breastfeeding Mothers with Healthy term babies*', Iss.5, Cochrane Database of Systematic Reviews, Cochrane Collaboration

Renfrew, M, McCormick, F, Wade, A, Quinn, B & Dowswell, T, 2012, '*Support for Healthy Breastfeeding Mothers with Healthy term babies*', Iss.5, Cochrane Database of Systematic Reviews, Cochrane Collaboration

LINKAGES, 2010, Benefits of Breastfeeding, Womenshealth.gov, U.S department of health, <http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/>

WOMEN'S HEALTH GOULBURN NORTH EAST

challenging inequity, embracing diversity

57 Rowan Street | PO Box 853, Wangaratta VIC 3676

P: 03 5722 3009 | F: 03 5722 3020 | W: www.whealth.com.au