Antenatal breastfeeding education for increasing breastfeeding duration

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RHL summary

This review evaluated the effectiveness of antenatal breast-feeding education for increasing breast-feeding initiation and duration. A total of 19 studies were included, but data from 16 randomized controlled studies (8262 women), mostly from developed countries, were analysed for the objective. Peer counselling, lactation consultation and formal breastfeeding education during pregnancy appeared to increase breast-feeding duration. Peer counselling also achieved higher success rates than routine care for initiating breastfeeding. However, the available studies were of poor quality and the effects of breast-feeding education were small. Hence, it is not possible to recommend any specific breastfeeding educational intervention.

Cochrane review


Abstract

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.

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

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (2 December 2011), CENTRAL (The Cochrane Library 2011, Issue 11), MEDLINE (1966 to 30 November 2011) and Scopus (January 1985 to 30 November 2011). We contacted experts and searched reference lists of retrieved articles.

All identified published, unpublished and ongoing randomised controlled trials (RCTs) assessing the effect of formal antenatal BF education or comparing two different methods of formal antenatal BF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.
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.

We included 19 studies with 8506 women in the review and 16 studies involving 8262 women contributed data to the analyses. We did not carry out 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.

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

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Home > Antenatal breastfeeding education for increasing breastfeeding duration