

Intervention: Professional support

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

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| <input checked="" type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Healthcare providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the Intervention:

Professional support is provided by health professionals such as physicians, nurses, and lactation consultants to mothers both during pregnancy and after they return home from their hospital stay. Support includes any counseling or behavioral interventions to improve breastfeeding outcomes, such as helping with a lactation crisis or working with other health care providers. The primary focus of support is counseling and encouragement; education is a secondary purpose.

Findings from the Systematic Reviews:

There is sufficient evidence of the effectiveness of professional support to improve breastfeeding outcomes. The US Preventive Services Task Force (USPSTF) found that ongoing professional support through in-person visits and telephone contact increased the proportion of women who continue breastfeeding.

A USPSTF meta-analysis of the effects of support alone or in combination with breastfeeding education and counseling showed that the independent effect of support alone on breastfeeding was 6 percent for initiation; 11 percent for continuation for a period of 1-3 months; and 8 percent for 4-6 months. The combined effects of education and support increased breastfeeding initiation 21 percent, breastfeeding for 1-3 months 36 percent, and breastfeeding 3-6 months for 13 percent. However, the effects of combined education and support on initiation and continuation were not higher than the effect of education alone.

Limitations/Comments:

The recommendations in this priority area are largely informed by the Centers for Disease Control and Prevention (CDC) Guide to Breastfeeding Interventions. Although the CDC report draws heavily on the reviews of the Cochrane Collaboration, a well-respected source of research in public health, its methodology for categorizing interventions is not outlined explicitly.

Additional information:

Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC Guide to Breastfeeding Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

Available online at:

http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

Health priority: Adequate and appropriate nutrition

References:

U.S. Preventive Services Task Force - <http://www.ahrq.gov/clinic/uspstf/uspbrfd.htm>

Evidence-Based Practices for Healthiest Wisconsin 2010 - Developed by the Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services, in partnership with the University of Wisconsin Population Health Institute (October 2005). Available at: <http://dhfs.wisconsin.gov/statehealthplan/practices/>