Behavioral Interventions to Promote Breastfeeding: Recommendations and Rationale

U.S. Preventive Services Task Force

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*For a list of current Task Force members, go to www.ahrq.gov/clinic/uspstfab.htm.

This statement summarizes the U.S. Preventive Services Task Force (USPSTF) recommendations on counseling to promote breastfeeding, a new topic for the USPSTF. Explanations of the ratings and of the strength of overall evidence are given in Appendix A and Appendix B, respectively. The complete information on which this statement is based, including evidence tables and references, is available in the systematic evidence review[1] on this topic, which can be obtained through the USPSTF Web site (www.preventiveservices.ahrq.gov) and through the National Guideline Clearinghouse™ (www.guideline.gov). The complete USPSTF recommendation and rationale statement on this topic, which contains a brief review of the evidence, also is available through the USPSTF Web site (www.preventiveservices.ahrq.gov), the National Guideline Clearinghouse (www.guideline.gov), and in print through the Agency for Healthcare Research and Quality (AHRQ) Publications Clearinghouse (call 1-800-358-9295 or e-mail ahrqpubs@ahrq.gov).

The USPSTF recommendations are independent of the U.S. Government. They do not represent the views of the Agency for Healthcare Research and Quality (AHRQ), the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

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SUMMARY OF RECOMMENDATIONS

The USPSTF recommends structured breastfeeding education and behavioral counseling programs to promote breastfeeding. **B recommendation.**

The USPSTF found fair evidence that programs combining breastfeeding education with behaviorally-oriented counseling are associated with increased rates of breastfeeding initiation and its continuation for up to 3 months, although effects beyond 3 months are uncertain. Effective programs generally involved at least 1 extended session, followed structured protocols, and included practical, behavioral skills training and problem-solving in addition to didactic instruction.

The USPSTF found fair evidence that providing ongoing support for patients, through in-person visits or telephone contacts with providers or counselors, increased the proportion of women continuing breastfeeding for up to 6 months. Such support, however, had a much smaller effect than educational programs on the initiation of breastfeeding and its continuation for up to 3 months. Too few studies have been conducted to determine whether the combination of education and support is more effective than education alone.

The USPSTF found insufficient evidence to recommend for or against the following interventions to promote breastfeeding: brief education and counseling by primary care providers; peer counseling used alone and ini-

APPENDIX A

U.S. Preventive Services Task Force Recommendations and Ratings

The Task Force grades its recommendations according to one of 5 classifications (A, B, C, D, I) reflecting the strength of evidence and magnitude of net benefit (benefits minus harms):

A. The USPSTF strongly recommends that clinicians routinely provide [the service] to eligible patients. *The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.*

B. The USPSTF recommends that clinicians routinely provide [this service] to eligible patients. *The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.*

C. The USPSTF makes no recommendation for or against routine provision of [the service]. *The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.*

D. The USPSTF recommends against routinely providing [the service] to asymptomatic patients. *The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.*

I. The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that [the service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.*

APPENDIX B

U.S. Preventive Services Task Force Strength of Overall Evidence

The USPSTF grades the quality of the overall evidence for a service on a 3-point scale (good, fair, poor):

Good: Evidence includes consistent results from well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes.

Fair: Evidence is sufficient to determine effects on health outcomes, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies, generalizability to routine practice, or indirect nature of the evidence on health outcomes.

Poor: Evidence is insufficient to assess the effects on health outcomes because of limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes.

tiated in the clinical setting; and written materials, used alone or in combination with other interventions. **I recommendation.**

The USPSTF found no evidence for the effectiveness of counseling by primary care providers during routine visits and generally poor evidence to assess the effectiveness of peer counseling initiated from the clinical setting when used alone to promote breastfeeding in industrialized countries. The evidence for the effectiveness of written materials suggests no significant benefit when written materials are used alone and mixed evidence of incremental benefit when written materials are used in combination with other interventions.

CLINICAL CONSIDERATIONS

• Effective breastfeeding education and behavioral counseling programs use individual or group sessions led by specially trained nurses or lactation specialists, usually lasting 30 to 90 minutes. Sessions generally begin during the prenatal period and cover the benefits of breastfeeding for infant and mother, basic physiology, equipment, technical training in positioning and latch-on techniques, and behavioral training in skills required to overcome common situational barriers to breastfeeding and to garner needed social support.

• Hospital practices that may help support breastfeeding include early maternal contact with the newborn, rooming-in, and avoidance of formula supplementation for breastfeeding infants.

• Commercial discharge packs provided by hospitals that include samples of infant formula and/or bottles and nipples are associated with reducing the rates of exclusive breastfeeding.

• Mothers who wish to continue breastfeeding after returning to work, especially those working full-time, may need to use an electric or mechanical pump to maintain a sufficient breast milk supply.

• Few contraindications to breastfeeding exist. In developed countries, infection with human immunodeficiency virus (HIV) in the mother is considered a contraindication to breastfeeding, as is the presence of current alcohol and drug use/dependence. Some medications (prescription and non-prescription) are contraindicated or advised for use "with caution" and appropriate clinical monitoring among lactating women.[2] Clinicians should consult appropriate references for information on specific medications, including herbal remedies.

The brief review of the evidence and other sections that are included in the complete USPSTF recommendation and rationale statement on this topic are available in the complete Recommendation and Rationale statement on the USPSTF Web site (www.preventive services.ahrq.gov).

References

Guise JM, Palda V, Westhoff C, Chan B, Helfand M, Lieu TA. The effectiveness of primary care based interventions to promote breastfeeding: a systematic evidence review and meta-analysis for the U.S. Preventive Services Task Force. Rockville, MD: Agency for Healthcare Research and Quality. May 2003. Available on the AHRQ web site at: www.preventive services.ahrq.gov.