

Online Supplementary Material

Guise JM, Palda V, Westhoff C, Chan BKS, Helfand M, Lieu TA. The effectiveness of primary care-based interventions to promote breastfeeding: systematic evidence review and meta-analysis for the US Preventive Services Task Force. *Ann Fam Med* 3002;1:70-78.

<http://www.annfammed.org/cgi/content/full/1/2/70>.

**Supplemental Table. Populations and Interventions
 in Studies of Clinically-based Interventions to Promote Breastfeeding**

Quality	Number in Control/Intervention Group Design Population	Timing of Intervention	Intervention(s) Conducted	Total Time Spent	Breastfeeding Outcome Measured
Sjolin et al, 1979,⁴³ Sweden					
Poor	71/75 Non-RCT Last 2 women to deliver on Mondays Swedish maternity ward	Postpartum	Support: Pediatric visit in hospital on days 1 and 4; in home at 2 wk, 6 wk, and 3 mo; calls weekly while breastfeeding; home visit if problems	Not specified	Short-term Long-term
Kaplowitz & Olson, 1983,³² United States					
Poor	22/18 RCT Low-income pregnant women reporting having bottle-fed or unsuccessfully breastfeeding before WIC program in NY	Antepartum	Written Materials: Series of 5 pamphlets mailed over 5 wk to home	Not applicable	Short-term
Wiles, 1984,³⁴ United States					
Poor	20/20 RCT Pregnant women registered to take prenatal classes ≥ 32 wk	Antepartum (≥ 32 wk)	Education: Group education program	Not specified	Short-term
Jones & West, 1985,³⁷ United Kingdom					
Poor	355/228 RCT Postpartum women attempted to breastfeed at least once Maternity ward, district general hospital	Postpartum	Education: Individual assistance in hospital and home Support: Home visits	Not specified	Short-term Long-term
Lynch et al, 1986,²⁸ Canada					
Fair	135/135 RCT Mostly low income Urban maternity ward	Postpartum	Support: Home visits 2 h, calls weekly	2 h plus	Long-term
McEnery & Roa, 1986,³³ United Kingdom					
Poor	34/35 RCT Women < 16 wk pregnant Indian subcontinent or Asians from East Africa London prenatal clinic	Antepartum	Education: 90-min lectures	12 wk, 1 1/2 h each	Initiation
Frank et al, 1987,²⁷ United States					
Fair	160/163 RCT Women who had breastfed at least once in hospital (65% black) Urban maternity ward	Postpartum	Education: Individual "counseling" 20-40 min in hospital Support: Phone contact after discharge multiple times and 24-hr pager availability Written Materials: Research discharge pack given at discharge	20-40-min counsel, 8 phone calls	Long-term

Quality	Number in Control/Intervention Group Design Population	Timing of Intervention	Intervention(s) Conducted	Total Time Spent	Breastfeeding Outcome Measured
Hill, 1987,²² United States					
Fair	33/31 RCT Low-income pregnant women University prenatal clinic	Antepartum	Education: 40-min lecture/slides/discussion, 5–10-min question and answer after slide Support: Offered to all women breastfeeding Written Materials: Reinforced information in slide show after slide show in mail	40 min	Initiation Short-term
Kistin et al, 1990,²⁰ United States					
Fair	56/38 group/36 individual RCT Low-income pregnant women attending midwife clinic before 24 wk Cook County	Antepartum	Education: 50–80-min individual or group classes	50-80 min	Short-term
Oakley & Rajan, 1990,²⁴ United Kingdom					
Fair	254/255 RCT Pregnant women at risk for low-birth-weight infant Prenatal clinics for 4 hospitals	Antepartum (wk 14, 20, 28)	Support: Home visit or phone call by certified nurse-midwife between 3 visits, also carried beeper available 24 h/d	92% seen at least 3 times	Initiation
Roman, 1992,⁴¹ United States					
Fair	89/90 Non-RCT Pregnant women at 6 mo in prenatal clinic	Antepartum	Education: 2-hr individual audiovisual training session	2 h	Initiation
Serafino-Cross & Donovan, 1992,²⁵ United States					
Fair	26/26 RCT Pregnant women intending to breastfeed, first time or previously unsuccessful Prenatal clinics in Springfield, Mass	Antepartum	Support: Home visit in 1st 2 mo lasting 30-60 min, average 5-8 visits, also available by phone	5-8 visits of 30-60 min	Short-term Long-term
Kistin et al, 1994,⁴⁷ United States					
Poor	43/59 Non-RCT Pregnant or postpartum women intending to breastfeed and requesting support from counselor, low-income delivered at public hospital in Chicago	Antepartum Postpartum	Support: Peer counselor	Not specified	Initiation Short-term
Rossiter, 1994,³⁵ Australia					
Poor	86/108 RCT Pregnant women > 12 wk Vietnamese immigrants 3 hospitals in Australia	Antepartum (> 12 wk) timed with visits	Education: 25-min video followed by 3, 2-h small-group discussions Written Materials: Controls received breastfeeding pamphlets	25 min, plus 3, 2-h discussions	Initiation Long-term
Brent et al, 1995,²³ United States					
Fair	57/51 RCT Low-income pregnant women Prenatal clinics in Pittsburgh	Antepartum Postpartum	Education: Individual education 2-4 visits for 10–15-min sessions with lactation consultant Support: Lactation consultant visits	2-4 visits of 10-15 min, phone call 8 h after discharge, lactation clinic visit and lactation consultant at each clinic visit for 1 year	Initiation Short-term Long-term

Quality	Number in Control/Intervention Group Design Population	Timing of Intervention	Intervention(s) Conducted	Total Time Spent	Breastfeeding Outcome Measured
Redman et al, 1995,²⁹ United Kingdom					
Fair	85/81 RCT Primiparous women intending to breastfeed Suburban Australia Postpartum	Antepartum (24-28 wk)	Education: 3-hr teaching classes by lactation specialist, Discussion groups at 6-8 wk postpartum Support: Visit in hospital lasting 34 min, home visits at request, calls at 2-3 wk and 3 mo and at request Written Materials: Written package given during hospital visit	Not specified	Short-term Long-term
Sciacca et al, 1995,²⁶ United States					
Poor	34/34 RCT Pregnant women Intervention group received many financial and gift incentives WIC program in Arizona	Antepartum Postpartum	Education: 60-120-min session for patient and partner Support: Peer counselor available for assistance for both groups Gift incentives for intervention include pump, gift bag, football tickets for partner	1-2 h	Initiation Short-term
Serwint et al, 1996,³⁶ United States					
Poor	75/81 RCT Low-income nulliparous pregnant women between 8-28 wk University prenatal clinics	Antepartum (32-36 wk)	Education: Visit by pediatrician	Not specified	Initiation
Barwick et al, 1997,⁴² United Kingdom					
Poor	19/19 Non-RCT Urdu-speaking pregnant women intending to breastfeed United Kingdom	Antepartum	Education: Home video		Short-term
Curro et al, 1997,³⁰ Italy					
Good	97/103 RCT Primiparous women with healthy infants with birth weights ≥ 2500 g, exclusively breastfeeding on enrollment Outpatient pediatric clinic of Catholic University of Rome	Postpartum 10-12 d after birth	Education: Both groups received 10-min individual counseling on breastfeeding Written Materials: Instructions for breastfeeding	10 min plus booklet	Long-term
Duffy et al, 1997,¹⁹ Australia					
Fair	35/35 RCT Primiparous women > 36 wk gestational age Public hospital maternity ward	Antepartum	Education: 1-h class teaching position and attachment of baby		Short-term
Loh et al, 1997,³¹ Ireland					
Poor	95/98 RCT Pregnant women > 36 wk gestation, in prenatal clinic in University College Galway	Antepartum (> 36 wk)	Written Materials: Fact sheet covering 8 benefits of breastfeeding with reinforcing questionnaire	Not applicable	Initiation Short-term
Reifsnider & Eckhart, 1997,⁴⁵ United States					
Poor	24/23 Non-RCT Pregnant WIC participants intending to breastfeed Oklahoma	Antepartum	Education: Breastfeeding education in group classroom format Support: At follow-up visits patients offered food voucher or formula voucher	Not specified	Initiation

Quality	Number in Control/Intervention Group Design Population	Timing of Intervention	Intervention(s) Conducted	Total Time Spent	Breastfeeding Outcome Measured
Caulfield et al, 1998,⁴⁴ United States					
Poor	57 control/64 video/55 peer counselor/66 video + peer counselor Non-RCT African American pregnant women who were WIC eligible receiving prenatal care before 24 wk 4 Baltimore prenatal clinics	Antepartum	Education: Motivational video played continuously in waiting room for intervention group: 8 vignettes 2-5 min each barriers, benefits - largely prenatal Support: Peer counselor - before and after delivery, attitudes, misconceptions, 1-on-1 and group support. 3 or more times in pregnancy then weekly up to 16 wk postpartum at clinic, home or phone Written Materials: Pamphlet given to video-intervention group and breastfeeding by WIC service providers	Not specified	Initiation Short-term
Pugh & Milligan, 1998,²¹ United States					
Fair	30/30 RCT Primiparous women within 24 h of vaginal delivery at term Community hospital	Postpartum, 3-4 d and 12 d after delivery	Education: 2 visits from community health nurse to observe technique and teach, second visit offered nonnursing help (eg, dishes, child-care) Both visits included advice on dealing with fatigue and depression Support: 1 phone call by lactation specialist	Not specified	Long-term
Schafer et al, 1998,⁴⁶ United States					
Poor	64/72 Non-RCT Pregnant and postpartum women in 2 intervention counties and 6 control counties in Iowa (differences in breastfeeding rates preintervention, lower in intervention counties, 22.5% vs 27.5%)	Antepartum Postpartum	Support: 1-on-1 education, in-person and phone support addressed concerns	Variable	Initiation Short-term
Howard et al, 2000,³⁹ United States					
Poor	235/209 RCT Pregnant women attending first prenatal visit in 1 of 6 outpatient clinics in Rochester, New York	Antepartum	Miscellaneous: Commercial discharge packet including formula advertising and can of formula	Not applicable	Initiation Short-term
McInnes et al, 2000,⁴⁸ Scotland					
Poor	472/447 Non-RCT Low-income prenatal clinics in community Glasgow (target communities with community control selection arbitrary)	Antepartum	Support: 2 prenatal and 2 postnatal visits	Not specified	Initiation Short-term
Escobar et al, 2001,³⁸ United States					
Good	506/508 RCT Low-risk postpartum women with healthy infants with birth weights 2,500-4,600 g Within Kaiser Permanente Medical Care Program Santa Clara Home Health Services area, postpartum unit	Postpartum	Support: Control group received hospital-based follow-up (group visits, 1-on-1 clinic visits, breastfeeding consultation)		
Kramer et al, 2001,⁴⁰ Canada					
Fair	141/140 RCT Postpartum women breastfeeding healthy singleton infants at a University postpartum unit in Montreal	Postpartum	Miscellaneous: Encouraged not to use pacifiers		Long-term

Note: Control groups received usual care unless otherwise specified.
RCT = randomized controlled trial; WIC = Women, Infants and Children.