



<b>Title</b>	<b>Professional breastfeeding support to increase the exclusivity and duration of breastfeeding: a randomised controlled trial</b>
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# Professional breastfeeding support to increase the exclusivity and duration of breastfeeding: a randomised controlled trial

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## KEY MESSAGE

Modest postnatal support interventions such as providing early support with breastfeeding and conducting brief weekly telephone support can improve both the duration and exclusivity of breastfeeding.

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The benefits of breastfeeding are dose-dependent; infants attain better health outcomes with a longer duration of exclusive breastfeeding.<sup>1,2</sup> The World Health Organization recommends that infants be exclusively breastfed for 6 months with continued breastfeeding for up to 2 years of age and beyond.<sup>3</sup> Although breastfeeding initiation rates are high in most developed countries, the proportion of infants exclusively breastfed decreases substantially in the first 3 months.<sup>4</sup> In Hong Kong, >80% of women initiate breastfeeding,<sup>5</sup> but only 30% continue to breastfeed exclusively for 3 months.<sup>6</sup> Inadequate in-hospital and community support are contributing factors to early breastfeeding cessation. Thus, early breastfeeding support and guidance are important to prevent early cessation. This study aimed to assess the effect of early postpartum professional breastfeeding support on the duration of any and exclusive breastfeeding among primiparous women.

In Hong Kong, 724 postnatal women admitted to postnatal obstetric units of three public hospitals between November 2010 and September 2011 were randomised to usual care (n=264), in-hospital support (n=191), or telephone support (n=269). Participants were followed up for 6 months or until their babies completely weaned from breastfeeding, whichever came first.

Compared with the usual care group, the in-hospital support group and telephone support group were more likely to breastfeed (any and exclusive) at all four time points.<sup>7</sup> Compared with the usual care group, the in-hospital support group was more likely to breastfeed (any) at all four time points, but the overall effect of the intervention was not significant. Participants who received the telephone support

were significantly more likely to breastfeed (any) at 1 month and 2 months postpartum and to exclusively breastfeed at 1 month postpartum. Compared with in-hospital support, telephone support was more effective overall, but not significantly so.

These findings suggest that postnatal telephone support can significantly improve the duration of any and exclusive breastfeeding among Hong Kong postpartum mothers. Many breastfeeding problems do not present until after hospital discharge and thus support after discharge may be more beneficial in helping mothers to resolve problems. The benefits of breastfeeding are dose-dependent, with longer duration of exclusive breastfeeding conferring greater benefits. The challenge is to encourage public hospitals to provide both in-hospital and after-discharge breastfeeding support to enhance and sustain breastfeeding.

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