

Step 10: the breastfeeding support paradox

In the cluster randomised controlled trial by Marcel Yotebieng and colleagues (August, 2015)¹ the addition of Step 10 of the UNICEF Baby Friendly Hospital Initiative (BFHI)—that is, the provision of additional support for breastfeeding—did not enhance the effects of steps 1–9, and may even have lessened them. Consistent findings were reported for a trial of Step 10 in Scotland between 2005 and 2007.² In this large cluster-randomised trial, the BIG (Breastfeeding in Groups) trial, 14 primary care organisations were asked either to set up new breastfeeding support groups to cover their geographical area, or to leave their existing group provision for pregnant and postnatal women unchanged. More than 18 000 babies were followed up and there was no significant difference between the two groups in change from baseline in rates of exclusive, or any, breastfeeding 8 weeks after birth.

In December, 2012, new standards for BFHI accreditation were introduced and the UNICEF UK 10 steps were updated. Before the BIG trial, Step 10 read: “Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic”. In the new standards this now reads: “Identify sources of national and local support for breastfeeding and ensure that mothers know how to access these prior to discharge from hospital”.³ This change removes the expectation that hospitals and primary care organisations should routinely establish breastfeeding support groups, with consequent cost savings to national health services.

Findings from Yotebieng and colleagues’ trial¹ and the BIG trial² are not consistent with Cochrane systematic review evidence that professional or lay support increases

the duration of exclusive breastfeeding at 4–6 weeks (RR 0.74, 95%CI 0.61–0.89).⁴ Since 2000, no UK-based large-scale trials of additional support have reported a significant effect on breastfeeding outcomes. However, a pilot trial of intensive, proactive telephone-based care from a feeding team shows promise.^{5,6} This person-centred intervention is consistent with new UNICEF-UK standards that aim to avoid making women feel pressured to breastfeed, or judged to have failed as mothers if they do not breastfeed.³

Attitudes and norms surrounding breastfeeding will vary not only between individuals, social groups, and health services but also differ considerably both within and between countries. These contextual factors, in addition to baseline breastfeeding prevalence, are likely to affect outcomes for interventions to promote breastfeeding. We cannot assume that results are generalisable, even those from rigorous systematic reviews.

I declare no competing interests

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