

# Providing interventions during pregnancy and after birth to support breastfeeding recommended

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The U.S. Preventive Services Task Force (USPSTF) recommends providing interventions during pregnancy and after birth to support breastfeeding. The report appears in the October 25 issue of *JAMA*.

This is a B recommendation, indicating that there is high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial.

There is convincing evidence that breastfeeding provides substantial health benefits for children and adequate evidence that breastfeeding provides moderate health benefits for women. However, nearly half of all mothers in the United States who initially breastfeed stop doing so by 6 months, and there are significant disparities in breastfeeding rates among younger mothers and in disadvantaged communities. To update its 2008 recommendation, the USPSTF reviewed the evidence on the effectiveness of interventions to support breastfeeding on breastfeeding initiation, duration, and exclusivity. The USPSTF also briefly reviewed the literature on the effects of these interventions on child and maternal health outcomes.

The USPSTF is an independent, volunteer panel of experts that makes recommendations about the effectiveness of specific preventive care services such as screenings, counseling services, and preventive medications.

## **Interventions**

Primary care clinicians can support women before and after childbirth by providing interventions directly or by referral to help them make an informed choice about how to feed their infants and to be successful in their choice. Interventions include promoting the benefits of breastfeeding, providing practical advice and direct support on how to breastfeed, and providing psychological support. Interventions can be categorized as professional support, peer support, and formal education, although none of these categories are mutually exclusive, and interventions may be combined within and between categories. Interventions may also involve a woman's partner, other family members, and friends.

## **Effectiveness of Interventions to Change Behavior**

Adequate evidence indicates that interventions to support breastfeeding increase the duration and rates of breastfeeding, including exclusive breastfeeding.

## **Harms of Interventions to Change Behavior**

There is adequate evidence to bound the potential harms of interventions to support breastfeeding as no greater than small, based on the nature of the intervention, the low likelihood of serious harms, and the available information from studies reporting few harms.

## **Implementation**

Not all women choose to or are able to breastfeed. Clinicians should, as with any preventive service, respect the autonomy of women and their families to make decisions that fit their specific situation, values, and

preferences.

## Summary

The USPSTF found adequate evidence that interventions to support breastfeeding, including professional support, peer support, and [formal education](#), change behavior and that the harms of these interventions are no greater than small. The USPSTF concludes with moderate certainty that interventions to support [breastfeeding](#) have a moderate net benefit for women and their children.

**More information:** *JAMA*, [DOI: 10.1001/jama.2016.14697](https://doi.org/10.1001/jama.2016.14697)

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