An Overview of Recommendations

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Behavioral Interventions to Promote Breastfeeding

What Does the USPSTF Recommend?

The USPSTF recommends structured breastfeeding education and behavioral counseling programs to promote breastfeeding. The USPSTF found insufficient evidence to recommend for or against brief education and counseling by primary care providers; peer counseling used alone and initiated in the clinical setting; and written materials, used alone or in combination with other interventions.

What Are the Characteristics of Effective Breastfeeding Programs?

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.

The most effective interventions use brief, directive health education combined with behaviorally-oriented skills training and problem-solving counseling. They all use face-to-face sessions conducted outside the routine clinical visit.

There is evidence that providing ongoing support for patients, through

in-person visits or telephone contacts with providers or counselors, increases the number of women who continue to breastfeed for up to 6 months.

Structured programs combining breastfeeding education with behavioral counseling promote the initiation and continuation of breastfeeding.

What Is the Effectiveness of Counseling to Promote Breastfeeding?

The USPSTF found no evidence that counseling alone by primary care providers during routine office visits, or peer counseling initiated in the clinical setting with no additional intervention,

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More detailed information on this subject is available in "The effectiveness of primary care-based interventions to promote breastfeeding: systematic evidence review and meta-analysis for the U.S. Preventive Services Task Force" and in the USPSTF Recommendations and Rationale, which can be found on the Agency for Healthcare Research and Quality (AHRQ) Web site (http://www.preventiveservices.ahrq.gov) and through the National Guideline Clearinghouse (http://www.guideline.gov). The evidence review and the USPSTF Recommendations and Rationale are available in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov).

are effective in promoting breastfeeding. Whether the combination of provider or peer counseling with structured programs is effective in promoting breastfeeding requires further study.

Counseling alone is not as effective as structured programs in promoting breastfeeding.

What Is the Role of Primary Care Providers?

No studies have evaluated whether advice by a woman's primary obstetric provider or by the infant's primary pediatric provider are effective on their own in increasing breastfeeding rates. An effective role of the primary care obstetric, pediatric, or family medicine provider is to refer women to structured programs, such as those described above.

For more information on breastfeeding education, contact the following organizations:

Centers for Disease Control and Prevention

http://www.cdc.gov

healthfinder®

http://www.healthfinder.gov

Health Resources and Services Administration

http://www.hrsa.gov

National Institute of Child Health & Human Development http://www.nichd.nih.gov



U.S. Department of Health and Human Services





U.S. Preventive Services Task Force

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