

FOCUS ON RESEARCH

THE BIG TRIAL: A RANDOMISED CONTROLLED TRIAL TO EVALUATE THE CLINICAL AND COST EFFECTIVENESS OF BREASTFEEDING SUPPORT GROUPS

Researchers

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Aim

Breastfeeding rates in Scotland are amongst the lowest in Europe. Our aim was to determine whether a policy to provide breastfeeding groups for pregnant and breastfeeding women would improve breastfeeding rates and maternal satisfaction and to determine costs to the health service.

Project Outline/Methodology

Breastfeeding rates at birth, day 7, 6-8 weeks and 8-9 months were determined for 2 pre-trial and 2 trial years from routinely collected Child Health Surveillance Programme and newborn screening test databases. Fourteen primary care localities, that were more deprived than the rest of Scotland, took part: 7 were randomised to set up new breastfeeding groups (intervention) and 7 did not increase group activity (control). Breastfeeding rates for non participating areas of Scotland were also collected. Maternal satisfaction, support, group experiences, costs and benefits were assessed by questionnaires. Qualitative focus groups, in-depth interviews and group observations took place to construct case studies to evaluate how the policy was implemented.

Key Results

Breastfeeding groups increased from 10 to 27 in intervention localities and stayed constant at 10 in control localities. There were no significant differences in breastfeeding rates up to 6-8 weeks. Collection of 8-9 month feeding data ceased with implementation of the "Health for all Children 4" report in 2005. There was no significant difference in maternal satisfaction or social support. Groups provided professional and peer support, were valued and had similar NHS costs to home visits. Premises for groups were often unsuitable. For every 2 women attending in pregnancy, 7 attended after birth and 1 attended both before and after birth. Babies were on average 36 days old at first attendance after birth. 83% of women found midwives most helpful, but only 16% of group facilitators were midwives. Breastfeeding group attenders were older and had significantly higher income than postnatal group

attenders. Breastfeeding rates declined in 3 of 7 intervention localities. A model of a hierarchy of health service needs which describes various local operational factors, like staffing, organisational change and partnership working, appears to predict localities where breastfeeding rates declined.

Conclusions

A policy to provide breastfeeding groups at modest cost for pregnant and breastfeeding women, is not effective at increasing breastfeeding rates for babies in the first 6-8 weeks or maternal breastfeeding satisfaction. Local operational factors may determine the effectiveness of the policy.

What does this study add to the field?

This is the first trial to examine the effectiveness of breastfeeding groups and illustrates that trials of public health policy are feasible. It reinforces the value of Scotland's unique infant feeding databases. The integrated case study approach has provided a model for how policies are implemented in practice.

Implications for Practice or Policy

Fostering breastfeeding groups constitutes step 10 of the UNICEF Baby Friendly Hospital Award and is recommended in the NICE Postnatal Care Guidelines. This study suggests that this policy requires review. Groups took place in deprived areas, but attracted higher income women. Local operational issues are important in implementation. Current practice of separate breastfeeding and general parent craft antenatal groups may not be the most effective approach. There should be a review of the loss of routinely collected infant feeding data at 8-9 months, which limits the utility of similar trials.

Where to next?

Research into how breastfeeding rates can be improved in Scotland should focus on antenatal feeding preparation and early postnatal care. The health service needs model should be explored in relation to other public health policies.

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